Presentation

Delivering Calm After the Storm: Crisis and Continuity in an EAP Setting

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<image>All Crisis is a fuman Crisis

"We knew within the first day that, even though we are a financial services company, we didn't have a financial crisis on our hands: we had a human crisis. After that point, everything was focused on our people." - Ray O'Routke. Director. Global Comporte Aftairs, Morgan Stanley





Business continuity + human continuity = organizational continuity
 EAPs are essential to an integrated approach







<u>Phase</u>	Pre-incident	Impact (0-48 Hours)	Rescue (0-1 Week)	Recovery (1-4 Weeks)	Return to Life (2 Weeks-2 years)
<u>Goals</u>	Preparation, Improve coping	Survival, Communication	Adjustment	Appraisal/ Planning	Reintegration
<u>Behavior</u>	Preparation vs. denial	Fight/flight/freeze, surrender, etc.	Resilience vs. exhaustion	Grief, reappraisal, intrusive, memories, narrative formation	Adjustment vs. phobias, PTSD, avoidance, depression, etc.
Role of All Helpers	Prepare, train, Gain knowledge	Rescue, protect, stabilize	Orient, provide for needs	Respond with sensitivity	Continue Assistance
Role of Mental Health Professionals	□Prepare	Basic Needs Psychological First Aid Monitoring the impact on environment Technical assistance, Consultation and Training	On-going Needs Assessment Triage Outreach and Information Dissemination Fostering Resilience and Recovery	☐Monitor the Recovery Environment	□Treatment



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Business Continuity Industry – Intro

- Designed by IT Recovery processes initially
- More about "Managing Downtime"
- Think in terms of "time" increments to business (IT) infrastructure recovery
 - 1 Hour
 - 4 Hours
 - 48 Hours
 - 5 Days
 - 30 Days













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Communications

- Speed vs. Structured
- Personal vs. Legal
- Holding Statements
 Press Beleases
- Press ReleasesInternal Communications
- Stakeholder Communications
- Media Engagement



R3 CONTINUUM

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R3 Data Findings (Shooting)

- Organizational Continuity (Human and Business) occurs in phases
- There are 3 key phases:
- 7 days
- 30 days
- 12 months
- It is possible to forecast number of disrupted employees to help understand the business recovery.
- It is possible to forecast the level of disruption employees will suffer and therefore lose productivity.

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R3 Data Findings (Shooting)

- Approximately 125% of those on-site at the time of an event use services initially.
- On average **50%** of those on-site use services during the first month.
- Approx. 30% of those on-site may be impacted by re-activating events.
- On average 10% of those on-site need long-term support services.
- Traditional EAP DEM contracts will likely not be enough to get through days 1-7 of the acute phase.
- Moving to an alternate site will create disruptions sense of place as a recovery factor.
- Understand the impact of re-activating events.
- Synching Human Continuity and Business Continuity supports the entire process with a view of ultimately RTW (functional resilience).

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Case Study

- Perpetrator fatally shot 3 coworkers, then self
- EAP contacted R3 at approx. 10:30 AM
- R3 responded and had to wait for law enforcement to clear the area. By 1:00 PM, we were onsite, but scene was very chaotic
- Acute Phase response on-site lasted for 7 days (normal)
- Transition Phase response on-site lasted for 21 additional days (30 days post event, permat)
- Approx. 60 were still impacted after first month (13% of 450) Long Term Phase lasted for 1 year (normal)





Case Study (cont.)

- R3 was incorporated into Case Management and RTW
- Manage the high risk for lengthy, costly claims (approx. 10% of 450 were moved into longer term support 46 employees). • As a result of Long-Term support:
- Approx. 45% of the managed long-term cases RTW within 3 months. (21 of the 46)
- Approx. 70% of the managed long-term employees RTW within 12 months. (32 of the 46)
- Approx. 82% of the managed long-term employees ultimately did return to work. (38 of the 46)
- Additional claims reaching settlement or closure.

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Summary

- Human Continuity + Business Continuity = Organizational Continuity
- Understanding BC objectives enhances the delivery of EAP DEM Services, and vice versa
- A key indicator of individual functional resilience is RTW





Starting and Running an EAP 2.0

Presenters

Mikel Klaybor, Ed.D., CEAP

Marina London, LCSW, CEAP

EAPA 2019 Conference and EXPO



Introductions





Introductions...

- •Where are you in the EAP planning process?
- •What do you hope to get out of this precon?
- •Any specific questions you want us to address?



Questions to Consider

- What services are you offering?
- •What are your outcomes, measures and tracking systems?
- •What are barriers you need to address to grow your program?
- How comfortable are you with tech?



Pre-contemplation

- If you are a licensed clinician watch the Introduction to Employee Assistance
- Get the CEAP
- Attend EAPA's annual EAP Conference and EXPO
- Become an EAPA member so you can access: <u>http://www.eapassn.org</u>
- JEA Archive goes back to 2007 searchable
- Annotated Bibliography of EAP Statistics and Research Articles 2000 present
- EAP Newsbrief archived issues back to 2012
- Conference Recordings
- EAP Buyer's Guide



Define the Scope of Services

Do it right from the start – offer a digital EAP https://www.wayforward.io/eaps/

Document: EAP Contract Scope of services (1)



Staffing - Hiring

If you are hiring: masters level clinicians - psychologists, social workers, RNs.

Have watched the Introduction to Employee Assistance or require it

With CEAP or require it

Search

Member Directory: <u>https://www.eapassn.org/Directories/Member-Directory</u>

CEAP directory: <u>http://www.eapassn.org/Directories/CEAP-</u> <u>Directory</u>



Staffing

Building your affiliate provider network:

EAPA member directory

https://www.eapassn.org/Directories/Member-Directory

Get copy of license, degrees, liability insurance

Online providers <u>https://inpathy.com/how-it-works/meet-our-providers/</u>

Trust Risk Management Services (TRMS)

https://eapa.trustrms.com/





- Account manager
- Director of Clinical Services
- Sales
- EAP consultants both office based and online





Ancillary Services

EAP specific software

Daybreak

http://www.daybreakeapsoftware.com/eap-software.html

EAPExpert http://www.eapexpert.com

After hours coverage

Protocall http://protocallservices.com/what-we-do/

BHR <u>https://www.bhrworldwide.com/</u>



Ancillary Services (part 2)

- Childcare/Eldercare
- <u>http://www.workplaceoptions.com/product-category/dependent-care/</u>
- Legal
- <u>http://www.clcincorporated.com/</u>
- Budget and Credit Counseling <u>http://www.consolidatedcredit.org</u>
- Fitness for Duty
- http://www.psybar.com/



Ancillary Services (part 3)

CIR

https://r3continuum.com/workplace-resilience/

Workplace Violence Prevention http://www.taginc.com/

Sexual Harassment Prevention

Diversity Training

http://www.operationsinc.com/trainingdevelopment-services/harassment-diversitysensitivity-training/

Change Management



Ancillary Services (part 4)

Wellness

Nutritional counseling

Smoking Cessation

Mindfulness Meditation



EAP Fees and the Budget Worksheet

Fees: PEPM

When to charge a flat fee

When to charge by the case

K-Mart versus Nieman Marcus pricing

EAP Account Budget worksheet (2)



Rolling out the Program Homework

Sample EAP implementation letter (3) Client Company Profile template (4) Client Company Health Insurance Profile (5) Client company implementation checklist (6) Sample EAP Announcement Memo (7) Sample personnel handbook policy (8)



Rollout EAP employee orientations - video

- Explaining EAP
- traditional
- https://youtu.be/xgV_MRI8nuQ
- newer
- https://youtu.be/bUgBJU1pgpY



Rolling out the program

Management consultation

https://www.theeap.com/video-library/esi-employervideo

CIR

https://youtu.be/OHyVobUR890

Aspirational

https://www.ispot.tv/ad/A4zL/talkspace-talkspacereview-lindsay

Video – best practices http://sandwichvideo.com/



Running the Program

Employee orientation PowerPoint (9) EAP Manager Training PowerPoint (10)



Running the Program - Clinical

- EAP Statement of Understanding (11)— never see a client until this has been signed
- EAP Consent to release information (12)
- EAP Consent to release information to a supervisor (13)



Running the Program (part 2)

Evidence based assessment tools all public domain validated assessments attached for your use.

- The AUDIT & DUDIT EAPA endorsed
- <u>AUDIT Manual</u> (Links in blue)
- <u>AUDIT Form</u>
- DUDIT Manual
- DUDIT FORM
- Brief PHQ Instruction Manual
- <u>Brief PHQ</u> (Links WHO Endorsed for all)
 - PHQ-9-Depression
 - PHQ-9 Health Questionnaire
 - GAD-7-Anxiety

Workplace Outcomes Suite

WOS CGS Website (Link)

- Suite-WOS 25 Item
- WOS Cluster 2
- WOS 5 item
- WOS Health Coaching
- WOS-Satisfaction Survey
- CAGE Questionnaire
- DAST Questionnaire
- EAP Satisfaction Questionnaire
- ORS-Outcomes Rating Scale

Outcomes Rating Scale (ORS)

Running the EAP (part 3)

- EAP Case Opening template (14)
- EAPA Management Consultation form (15)
- EAP Progress Notes (16)
- EAP Satisfaction Survey (17)
- EAP Staff Manual (18) http://eapinabox.com/boxes/9



Running the EAP – Acct. Mgmt.

Utilization

http://www.eapassn.org/Portals/11/Docs/HOME/Utilization.pdf

- Newsletters/EAP blogs/communications geared towards employees and managers <u>http://eapinabox.com/boxes/5</u>
- Wellness programs
- •Quarterly/annual account management report contents



Marketing Packet Components – The Client List

You may want to include a complete or "representative" list of your current client companies as part of your marketing effort. It can be powerful to group your existing clientele by category.

- BANKS AND FINANCIAL INSTITUTIONS
- COLLEGES AND EDUCATIONAL INSTITUTIONS
- CORPORATIONS
- HOSPITALS AND HEALTH CARE ORGANIZATIONS
- SCHOOL DISTRICTS



Marketing Packet Components

EAP Marketing PowerPoint Template (19)EAP marketing document (20)EAP ROI "Value of EAP" (21)Sample EAP brochure (22)Use of technology



Your EAP Website

- Study the good, the bad, and the ugly
- •http://www.theeap.com
- http://www.ccainc.com/home
- <u>http://www.e4healthinc.com/</u>



Preparing for the Sales Call

Sales call questions (23)


Executive Coaching Topics

- Executive coaching for managers, supervisors and new leaders (not therapy)
- DiSC profile questionnaire to assess role behaviors type and style--<u>DiSC Profile</u>
- 360 Evaluations
- Conflict resolution program
- Communication styles
- Leadership style assessment (Birkman Method)
 - Birkman Method
- Stay interview



EAP 2.0

- •EAPs and EA professionals are threatened by advances in AI, web based platforms, and apps.
- •You need to incorporate tech from the inception of your program
- •We will review the key disruptive technologies and how to compete with them.



The Threats

Understand what is already hereUnderstand what's coming



The Threats: <u>https://www.lyrahealth.com</u> platform

- Connect with local high-quality therapists and digital care apps in just a few clicks.
- Get Care How, When, and Where You Want It
- Choose care that is convenient for you in-person, live video, or self-guided therapy.
- Effective Care Backed by Research
- Only 20% of therapies are proven to work. Lyra's top providers only use these evidence-based methods.
- No Claims, No Co-Pays
- Your benefit covers the cost of your sessions. No paperwork or insurance hassles.



The Threats:

https://www.lyrahealth.com/employers/

- Lyra replaces hard-to-navigate EAPs with an innovative approach that engages **10X more employees** and helps them become measurably healthier, happier, and more productive. Lyra makes it easy for employers to support and improve workforce behavioral health and emotional well-being.
- Lyra replaces your EAP with a new approach to mental health that is intuitive, intelligent, and effective. From anxiety and depression to stress and relationships, we deliver the right care, right away and help members feel better quickly. That's why 94% of members love Lyra.



The Threats: Who is behind Lyra?

David Ebersman - COFOUNDER & CEO

Former CFO of Facebook, Genentech, On board of SurveyMonkey, Castlight

Elaine Yang - VP OPERATIONS

Extensive finance and operations experience, Led teams at Genentech and Facebook

From 2015-2018, Lyra Health raised a total of $\frac{83.1M}{1000}$ in funding over <u>3</u> rounds (!).



TalkSpace app

•Flat fee for "unlimited texting" from a clinician

<u>https://www.ispot.tv/ad/A4zL/talkspace</u>
<u>-talkspace-review-lindsay</u>



X2AI

•<u>https://vimeo.com/161880231</u>



What do these companies do better than EAPs?

- •They sound cool, use great marketing and exhibit social media savvy.
- •They trumpet evidence based interventions up front and central.
- Promise hi tech anywhere anytime service delivery
- •User friendly offer "fun" visual tracking of progress typically through apps.



What do EAPs do better than these companies?

- •CBT is the new Kool-Aid and pretty much the only approach used.
- •Missing: the powerful and valuable EAP assessment that delivers customized counseling and/or referrals to the treatment approach and level of care needed by the employee
- •AND an evaluation of the workplace factors and impact relevant to each case. 36

EAP 2.0 imperative

- Technology seamlessly incorporated into all EAP services. Anytime anywhere and anyhow access. Use text to make appointments, speak with EAP counselor via video. And all of this should be EASY to use.
- •As tech progresses, EAP 2.0 is ahead of the curve, incorporating virtual reality, chatbots with machine learning, and anything else that we can't even imagine into the services provided by the EAP.



EAP 2.0 – cont.

- Instead of reinventing the wheel, EAP 2.0 forms partnerships with apps and other tech startups to offer the latest in treatment modalities and delivery systems.
- •EAP 2.0 uses the latest in marketing and sales techniques to market themselves to corporations and employees. This should include sophisticated social media campaigns.



EAP 2.0 – final

- EAP 2.0 focuses exclusively on evidenced based service modalities.
- EAP 2.0 partners with the mental health tech sector and VC companies developing tech so we know about the latest and greatest stuff as it is being developed.



Offer video counseling

- •Skype is HIPAA compliant and other misconceptions.
- Myths about EAP counseling across state lines.
- •There are many platforms explore
- •<u>https://www.wayforward.io</u> focused on Stress, anxiety and depression – uses CBT



Offer video counseling (cont.)
https://ginger.io on demand coaching anytime, anywhere

- •<u>http://insighttelepsychiatry.com</u> leading national telepsychiatry service provider organization with a mission to transform access to behavioral health care through innovative applications of technology.
- in the United States physicians are no longer required to see a person in person before seeing them virtually.



Website manner

- •Online is different than in person.
- •Technology factors need to be mastered
- •Behavior: when you're on camera all your actions are magnified. Sitting 6 feet away from your counselor, in person, you might not mind or notice slouching, fidgeting, or gesticulating.
- But a webcam's intimate vantage point augments these actions in ways that patients can find distracting or off-putting. 'And that's just for starters.

Website manner –part 2

- •Disable video chat's picture-in-picture feature.
- •'Turn it off and look at the client. Tricky: To appear as though they're making eye contact, clinicians are taught to look not at the patient on their screen, but directly into their device's webcam.

http://www.iwebu.info/2018/03/web-secret-512-webside-manner.html



Clinical apps

Since EAP counseling is typically short-term, recommending an app to a client can help fill a waiting period while the practitioner searches for a good referral.

Collaborating with a client on an app can also deepen a relationship that otherwise would be more superficial. For example, reviewing progress on an app with a short-term client may make three counseling sessions seem like more than that.

There are also times when a client may be waiting for a session opening. Apps can also address this gap. <u>http://www.eapassn.org/Publications-Resources/Journal-of-</u> <u>Employee-Assistance/Read-a-back-issue/Top-10-Well-Being-Apps-</u> for-2018



Your App Competition

Lantern https://golantern.com/

Instead of therapy, "coaching." Users share problems via text and receive highly structured strategies for feeling better in that moment, such as guided meditation or breathing exercises. Starting at \$49 a month. In 2016, Lantern raised \$17 million for its mobile-based mental health coaching program.

T2 Mood Tracker <u>http://t2health.dcoe.mil/apps/t2-mood-tracker</u> Free app enables its users to track their own mental health, helping them to identify patterns and triggers by which they might gain greater insight and control over changes in mood.

Talkspace



Incorporating apps (cont.)

PsyberGuide is a non-profit website dedicated to helping those seeking to make responsible and informed decisions about computer and device-assisted therapies for mental illnesses. <u>https://psyberguide.org/apps/</u>

If you go to their "Product Listing," you will note that each app is listed along with a PsyberGuide rating that corresponds to the amount of research and support backing the product. In addition, there is an App Quality Score on a scale of 1 to 5. Finally, there is a link to an expert review - if one exists.

http://www.iwebu.info/2017/08/web-secret-479-psyberguide.html



EAP Apps

- •Can be expensive if app is complex
- •Can be done for free if basic
 - <u>http://www.appmakr.com</u>
- •ESI
 - <u>https://itunes.apple.com/us/app/esi-employee-assistance-program/id949847392?mt=8</u>
- Morneau Shepell
 - <u>https://itunes.apple.com/us/app/my-eap/id436292883?mt=8</u>



AI, VR, and Avatars

Digital eldercare service <u>https://www.care.coach</u>. For about \$200 a month, a human-powered avatar watches over a homebound person 24 hours a day. <u>https://www.wired.com/story/digital-puppy-</u> <u>seniors-nursing-homes/</u>

The cutting-edge, fully immersive, sexual harassment training program experienced in Virtual Reality.

https://www.tryvantagepoint.com/



WOS – Workplace Outcomes Suite

- EAPA endorsed <u>http://www.eapassn.org/WOS</u>
- demonstrates effectiveness of EAPs in quantifiable business terms.
- 2018 24,000+ cases compiled from 30+ different EAPs across 28 countries demonstrated 16% improvement across 5 outcomes: absenteeism, presenteeism, work engagement, workplace distress, and life satisfaction.
- Consists of only 5 questions pre and post EAP.



Marketing EAP must Include Selling the Latest Delivery Systems

Texting

At minimum use texting to make EAP appointments

- Must use an encrypted texting platform WhatsApp
 - <u>https://www.whatsapp.com/</u>

Be aware/learn from highly funded texting apps that compete with the traditional EAP model

- Talkspace for Business is invading the world of corporate mental health and EAP.
 - <u>https://www.talkspace.com/online-therapy/therapy-for-business/</u>
- 7cups.com
 - <u>https://www.7cups.com/</u>



Sell the latest Delivery Systems

Video counseling

SkyTherapist.com –a platform that enables clients to interact with a therapist through a secure interface. Aims to source clinicians to USA, and entire world.

<u>http://skytherapist.com/</u>

Be aware/learn from highly funded video therapy apps and websites

- <u>https://ginger.io</u> Ginger io for Employers
- <u>https://www.betterhelp.com/</u>



Implications

Texting and video across state lines

Impact on affiliate provider list – must contract with tech sophisticated providers

May need to train staff and affiliates without the skills

Ethical Framework for the Use of Technology in EAPs

• <u>http://www.eapassn.org/TechinEAPs</u>

Online Therapy Institute

<u>http://onlinetherapyinstitute.com/</u>



Video EAP Counseling

- •Setup, informed consents, backup plans, time zone considerations, online etiquette
- •Zoom.us
 - <u>https://zoom.us/j/6306092296</u>
- •Vsee.com
 - <u>https://my.vsee.com/download</u>
- •Appear.in
 - <u>https://appear.in/klaybor</u>



Why Participate in Social Media?

...showcase yourself as an expert. Or acquire expertise. Multiple levels of engagement.

- Easiest: read blogs and follow people
- •Next easiest: read blogs, follow people and comment, recommend apps

If you are willing to do some work do it!

- •Tweet/Instagram/LinkedIn
- Most work but most powerful: blog



How Many Channels Should You Use?

- •Starbucks employs 6 full time people to manage 11 channels
- Most can only handle two and do a great job
- Each channel has its own "culture," but each culture is not right for each and every person.

You Only Need 150.....

...friends, followers, connections, etc.

- <u>Robin Dunbar</u> there is a cognitive limit to the number of people with whom one can maintain stable social relationships. **150** is <u>Dunbar's Number</u>.
- Average Facebook user has 130 friends.
- Average Twitter user has 126 followers.
- •Average LinkedIn users has around 60 connections.



Blogging—the Queen of Social Media

EAP blogs – a wide open space

- <u>http://www.compeap.com/blogs</u>
- <u>http://blog.workhealthlife.com/</u>

Mental health – many – but quality hard to find

- <u>http://www.whatsyourgrief.com/</u>
- <u>http://www.wheretheclientis.com/</u>



Blogger

•Allows you to write and schedule your blog posts in advance

<u>http://www.blogger.com/</u>

Usual

Usual long



Other Channels

- •LinkedIn
 - <u>http://www.linkedin.com/groups?mostPopular=&gid=94553</u>
- •Twitter
- Instagram
- Facebook



My Social Media Routine

- •HINT: you need one too
- •Generally, routines rely on a degree of automation
- •Automation prevents insanity



Follow

Look at LinkedIn once a day (5 days a week)

4 blogs

- <u>https://whatsyourgrief.com/</u>
- <u>http://waitbutwhy.com</u>
- <u>http://www.refinery29.com</u>
- <u>https://www.brainpickings.org/</u>

Facebook – once a day (7 days a week)

Twitter once a week on Hootsuite



The Biggest Challenge—Content

- •<u>http://www.stumbleupon.com</u>
- http://www.ted.com
- <u>http://www.google.com/alerts</u>
- •guests

Emphasisweb Usual short


Twitter

Hootsuite write postings months in advance and schedule them for publication at a later date. Can be used for Twitter, Facebook, LinkedIn, etc.

<u>https://hootsuite.com/login</u>

Prune once a month

<u>https://manageflitter.com/unfollow</u>

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It May Pay to Hire an Expert

Upwork

<u>https://www.upwork.com/</u>

Fiverr

<u>https://www.fiverr.com/</u>



Best Practices

- It's a challenge being a counselor in a wired world. Clients are increasingly involved with social networks. They will Google their therapists and therapists can be tempted to do the same.
- Most people don't think twice about disclosing their personal information online.



- •Self-disclosure online is almost inevitable.
- •Often it is initiated by clients who want to learn more about their counselors.
- •Some clients may do more than a Google search: they may join social networking sites, join professional listservs/chat rooms, or pay for online background checks or online firms to conduct illegal, invasive searches.



- Create and maintain a formal social networking site policy as part of the informed consent process.
- Informed consent processes should at the very least acknowledge the risks and benefits of using social media and other technology.
- Policies should lay out expectations for using such sites, namely that counselors do not "friend" or interact with clients on social networking sites.



- •Counselors should develop online technological competence - understand the nature and requisite technology of social networking sites.
- •They should proactively set controls that limit who sees their personal information.



- •Clinicians should find out whether their professional and personal liability insurance covers social networking sites.
- Counselors should avoid think about the potential impact of their posts, even if they use high privacy restrictions and other protections, such as pseudonyms.



Facebook, fully public post and comments (all names and identifying information have been changed):

- The post Abby writes: "Hi Bob, do you accept Aetna insurance?" (Note: Abby's full name and photo are posted.)
- First comment, posted by Bob the counselor: "Hi Abby. Can you send me a copy of your insurance card? What about using your EAP benefit? I'm affiliated with a number of Employee Assistance Programs. I would be happy to work with you."

http://www.iwebu.info/2015/03/web-secret-354-clueless-about.html



2nd comment, a response from Abby:

• "The Acme Widget Company has an EAP. I have a counselor assigned to me. He wants me to see you due to our previous work together. He says I need more help with my issues than can be offered through the EAP. Do you know Dr. Phil in Oak Grove, IL? He is my new psychiatrist."



- •Cybersecurity. Every company is a "tech company" because we all use technology to operate.
- •The necessary corollary to this fact: We are all vulnerable to cyberdisruption, whether from hackers or our own or others' incompetence.
- Every enterprise will need cyberprotection in ways that haven't historically been necessary.

Iwebu cybersecurity posts



Online Therapy Institutes Ethical Frameworks

- Ethical Framework for the Use of Technology in Mental Health
- Ethical Framework for the Use of Technology for Career and School Guidance
- Ethical Framework for the Use of Technology in Disaster Mental Health
- Ethical Framework for the Use of Social Media by Mental Health Professionals
- Ethical Framework for the Use of Technology in Coaching
- Ethical Framework for the Use of Technology in EAPs
- Ethical Framework for the Use of Technology in Supervision

http://onlinetherapyinstitute.com/ethical-framework/



EAP 2.0 opportunity number one

- 2017: FDA grants 23andMe authorization to offer ten genetic health risk reports including late-onset Alzheimer's disease, Parkinson's disease, celiac disease, and a condition associated with harmful blood clots."
- •23andMe does not offer services to help users consider the impact of this info
- •2018: Iceland eliminates Down Syndrome.
- Huge opportunity for EAPs to provide supportive genetic counseling services. Who will be first?

EAP 2.0 opportunity number two

- Silicon Valley is struggling to limit the screen time of its children: "the benefits of screens as a learning tool are overblown, and the risks for addiction and stunting development seem high."
- •"...no phones until the summer before high school, no screens in bedrooms, network-level content blocking, no social media until age 13, no iPads at all and screen time schedules enforced by Google Wifi that he controls from his phone. Bad behavior? The child goes offline for 24 hours."
- Reality: opinions about best practices vary. And friends may have the banned tech.

EAP 2.0 opportunity number two

- •There is a dearth of research on the subject, in part due to the lightning speed with which technology evolves. As soon as we establish best practices, we are faced with a new evolution. Watch out when virtual reality is perfected and we can disappear into worlds that have no reality.
- EAPs have the opportunity to develop presentations about how to limit screen time.
- Individual counselors can develop this expertise to help their clients of all ages. 76

Learn More

- http://www.eapassn.org/i4a/pages/index.cfm?pageid=901
- my blog about tech for EA and mental health professionals
 - <u>http://iwebu.info</u>
- 12 Social Media Facts and Statistics You Should Know in 2016
 - http://www.makeuseof.com/tag/12-social-media-facts-statistics-know-2016
- Dunbar's Number
 - <u>http://www.iwebu.info/2011/02/web-secret-141-dunbars-number.html</u>
- EAP blogs
 - http://www.compeap.com/blogs
 - <u>http://blog.workhealthlife.com/</u>
- Mental health blogs
 - <u>http://www.whatsyourgrief.com/</u>
 - <u>http://www.wheretheclientis.com/</u>
 - <u>http://www.blogger.com/</u>
- EAPA LinkedIn group
 - http://www.linkedin.com/groups?mostPopular=&gid=94553
- Talkspace
 - <u>https://www.youtube.com/watch?v=J_wy9tgxLP8</u>



Learn More (part 2)

- Sandwich Video http://sandwichvideo.com
- What's Your Grief http://www.whatsyourgrief.com/
- Where the Client Is http://www.wheretheclientis.com/
- Wait But Why http://waitbutwhy.com
- Refinery 29 http://www.refinery29.com
- Brain Pickings https://www.brainpickings.org/
- <u>http://www.stumbleupon.com</u>
- http://www.ted.com
- <u>http://www.google.com/alerts</u>
- <u>https://hootsuite.com/login</u>
- <u>https://manageflitter.com/unfollow</u>
- Make an app http://www.appmakr.com



Learn More (part 3)

- Ethical Frameworks
 - <u>http://onlinetherapyinstitute.com/ethical-framework/</u>
- Hire my daughter
 - <u>http://www.iwebu.info/2015/01/web-secret-344-why-you-should-hire-my.html</u>
- On the Internet nobody knows you are a dog
 - <u>http://www.iwebu.info/2012/02/web-secret195-nobody-knows-youre-dog.html</u>
 - <u>http://www.slideshare.net/wollberg5/wisconsin-social-media</u>



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Learn More

- Tech Trends a quarterly column in the Journal of Employee Assistance since the 2nd quarter 2010 issue <u>http://www.eapassn.org/i4a/pages/index.cfm?pageid=901</u> (EAPA members only)
- Marina London's blog about tech for EA and mental health professionals <u>http://iwebu.info</u>
- EAPA LinkedIn group http://www.linkedin.com/groups?mostPopular=&gid=94553
- EAP Newsbrief. Free weekly electronic newsletter -subscribe here <u>http://www.eapassn.org/</u>
- Journal of Employee Assistance archive. Quarterly publication. <u>http://www.eapassn.org/JEAArch</u> (EAPA members only)
- Annotated Bibliography of EAP Statistics and Research Articles 2000 present features articles are from a broad range of journals and other print media, listed in reverse chronological order, and alphabetized by author within each year. <u>http://www.eapassn.org/EAPresearch</u> (EAPA members only)
- Workplace Outcomes Suite. Demonstrates the effectiveness of EAPs in quantifiable business terms. <u>http://www.eapassn.org/WOS</u>
- EAPA Conference on Demand <u>http://eapa.sclivelearningcenter.com/index.aspx?PID=8163</u>
- Future EAP Conferences
- EAP in a Box https://eapinabox.com/



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R3 CONTINUUM

Presentation

Gender Transition in the Workplace: Doing the Right Thing

Dr. Tyler Arvig Kevin Hayford, SHRM-SCP

Agenda

- What is Gender Dysphoria
- Important issues to consider
- Process for Sex Reassignment
- Functional impacts
- Return to Work



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What is it **Clinically?**

Diagnosis-Then and Now

DSM-5 (2013)

Gender Dysphoria

- Distress that accompanies the incongruence between one's experienced gender and one's assigned gender
- Affective and cognitive distress is the issue
- No longer pathologizes the fact that one feels as the other gender
- Focuses on clinical distress as the disorder, not behavior or identity

DSM-IV (1994)

Gender Identity Disorder

- Focuses on the cross-gender identification
- Distress is required, but is not the primary focus
- Pathologizes behaviors that were non-sex conforming ¹

Take away: Gender identity issues are not pathological, the distress associated with it is

Gender Dysphoria

- Marked incongruence for at least 6 mo.
- Desire to be rid of sex characteristics
- Desire to have sex characteristics of other sex
- Desire to **be** the other gender
- Desire to be *treated as* other
- A strong conviction that has feelings and reactions of the other gender
- Causes clinically significant distress in social, occupational functioning.

- Onset
 - Childhood
 - Adolescent/Adult
- Prevalence < .015
- Course is somewhat different for natal males than females
- Substantial % of males remain with natal females (later ID as Lesbian)
- Occurs across cultures ¹

Take Away-Gender Dysphoria is required before any medical intervention will be undertaken

Useful Terms

- Sex = Label based on biological sex characteristics
- Gender = how one identifies/perceives self or is identified socially
- *Gender Reassignment* = a biological and legal change of gender
- *Transgender* = those who either transiently or persistently identify as the other gender
- Cisgender = someone who's biological characteristics match their identified gender (not transgender)
- Non-Binary = Someone who's gender identity does not fall into male or female categories

Take Away: It's not easy to stay on top of what terms mean, and they may not be used the same way by all people. If unsure, ask!



Beginning the Transition Process

- Surgery is not always pursued or may be pursued on a limited or extensive basis. For those who elect surgery:
 - Have Gender Dysphoria with a desire to become the opposing gender
 - Detailed mental health evaluation (or two) to verify
 - Understanding of process/risks/benefits
 - Mental Stability
 - Rule out other severe BH conditions
 - Hormone treatment for at least one year.
 - Living "true life" test for a minimum of one year. ²



Undergoing Surgery

- Approx. 3200 performed in US in 2016 ³
- Most insurers (including Medicare) cover if medically necessary.
- May seek employers with specific insurance policies that are known to cover procedures.
 - Variation in coverage may be based state
- Costs vary, but Female to Male tend to be more.
 - \$7,000 \$50,000 ⁴

Comorbid Health/Risk Factors

Substance Use Disorders

- 25-30% abuse alcohol/drugs (LGBT) (9% general population)
- More likely to smoke cigarettes ⁵

HIV

• Greater than 3x national average ⁶

Anxiety (33%)

Depression (44%)

Suicide

- >40% have attempted suicide
- 78% attempt suicide in response to gender bullying behavior ⁵

Transgender Life

1. Large-scale study of over 1000 transgender individuals found

- "63 percent of respondents experienced some form of discrimination due to bias about their gender identity, including the loss of a job, bullying and even physical and sexual assault."
- "As many as 41 percent of respondents reported they had attempted suicide a rate 25 times higher than that of the general population." ⁷
- 2. 42 percent of transgender people said they received verbal or even physical abuse at their doctor's office or were denied equal treatment because of their gender identity ⁸
- 3. SHRM
 - 50% of respondents reported being harassed at work.
 - 26% said they lost a job because they were transgender or gender-nonconforming.
 - 20% said they were removed from direct contact with an organization's clients because of being transgender.

(https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/employingtransgenderworkers.aspx)

What is HR's and the EAP's Role?

HR & EAP Role

- Ensure company policies are up to date
- Educate Managers and Coworkers
- Assist in Navigating the Changes at Work
- Provide Support in a Safe Work Environment



Ensure company policies are up to date

- Employee Handbooks and Policies & Procedures need to be up to date
- Remove or modify policies that are not gender neutral
 - \circ Dress Code
 - Restroom or Locker Room Policies
- Gender Identity and Gender Expression Workplace Review
 - Health Insurance Coverages
 - \odot Leave Policies
 - Preferred Name usage



Educate Managers and Coworkers

- HR Facilitated Meetings
 - Employee discuss expectations
 - Manager provide information and review policies
 - Employee & Manager create transition plan and address concerns
 - Coworkers provide basic information about the plan, review policies, expected behavior
- Having an experienced EAP provided clinician present
- Provide resource information and educational links
 O HRC, GLAAD, SHRM, PFLAG



Assist in Navigating the Changes at Work

- The HR / EAP team is a vital resource for the employee
- Talking Pronouns
 - Why does it matter?
 - Which one to use?
 - When does it change?
 - \odot When is a transition complete?
- Helping co-workers accept or adjust
- Expect Confusion or Resistance



Provide Support in a Safe Work Environment

- Degree of success of transition
 - Amount of Support in the Work Environment
 - Ability to maintain job stability
- Building Cultural Competency
 - Examine your workplace climate
 - Ensure clear guidance through policies
 - Provide Diversity Training
- Create Gender Transition Guidelines
 - Clearly states responsibilities and expectations
 - Assigns a designated person to help the employee manage their workplace transition
 - Defines a procedure to implement transition-related changes
 - Create a communication plan
 - Addresses additional resources and training available
Work Ability/Disability

Gender Dysphoria is not an acute behavioral health condition

- Causes distress and functional impact related to gender identity
- Is pervasive and typically longstanding
- In *isolation* should not impact functional ability at work

However:

- Highly associated with other severe conditions such as
 - O Depressive/Anxiety Disorders
 - Suicide
 - Substance Use
- Increased:
 - Social isolation
 - Discrimination, etc.
 - Exacerbation of other co-occurring symptoms

Return to Work

- Workplace stressors may impact RTW
 - \odot Actual or perceived discrimination
 - Managing coworker reactions/questions
 - Transgender friendly workplace
- Life Stressors
 - Family/Social
 - Financial

Need for ongoing support

Successful transition ≠ end of challenges

Ongoing support/treatment

- Psychotherapy to manage
 - ○Life Changes
 - Ongoing Symptoms
 - $\bigcirc \text{Co-morbid diagnoses}$
- Support Groups
- Psychiatric Care
 - Likely to be part of process and should continue after transition if warranted

Our Presenters

It has been our pleasure to talk with you today. Please do not hesitate to contact us should a follow up question arise.



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Presentation Decoding an FFD: You Have a Report, Now What?

By George Vergolias, PsyD, LP Medical Director, R3 Continuum

Presenter

Dr. George L. Vergolias Medical Director, R3 Continuum – Forensic Psychologis^t

20 years of experience:



Workplace violence

Emergency/crisis management

CIT Law enforcement training

R3 CONTINUUM





- Describe 3 common recommendations that arise from FFD evaluations, how they
 can assist in return to work, and common barriers to their effectiveness
- Ability to assess when a recommended intervention is not effective, and plan a response to promote functional recovery and return to work
- Apply a conceptual model for a continuum of post-FFD interventions that can expand an EAPs ability to promote return to work



Three Guiding Assumptions

- 1. Human behavior is a complex, multi-determined phenomena, requiring such an approach towards its understanding
- People don't "snap"! There are warning signs. We can be trained to see them, and early identification does make a difference
- 3. Resilience is ubiquitous it IS the typical response to adversity and trauma (Bonnano, 2004)

R3 CONTINUUM









1 year after disability leave, returned to worksite 9/14/1989

Killed 7, injured 13, including himself







What do the Dali Lama and Joseph Wesbecker have in common'























































Employer vs Clinical Version Reason for Referral

Report Questions

Statement of Confidentiality Psychiatric and Personal History Current Symptoms Psychological Testing Results Mental Status Observations Collateral Contact Clinical Analysis & Diagnosis



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FFD: Common Report Domains

- Capacity → Can the employee perform the essential functions of his/her job? Safety → Does the employee pose a general safety risk to himself? Limitations → Are there conditions/limitations that could affect work capacity? Duration → If unable to perform what is the probable duration of the leave of absence? Modifications/Accommodations → What recommendations should employee complete prior to return to work? FFD-VS Safety Question

"Considering the limitations of violence risk screening, and within a reasonable degree of medical certainty, is there evidence that the employee presents a prominent, foreseeable, and clinically significant risk for violence to self or others within the workplace context?"









Tx Recommendations vs Accommodation

Limitations → What one *cannot* do - Concentration – cannot focus longer than 5 minutes - Anxiety/Mania – cannot maintain composure through a shift

Restrictions → What one *should not do* otherwise they will likely cause harm to themselves or others. - Air-traffic controller, Surgeon - Police Officer, News Anchor

Treatment recommendations are focused on alleviating presenting symptoms associated with a given behavioral health diagnosis, with the implication that functional improvement will occur.

Workplace Accommodations are adjustments made at the workplace that can "accommodate" or "work-around" an adjustment that is required for one to continue working given limitations posed by their diagnosed condition.

```
Action of the EAP
Different EAPs have varied approaches to how they manage FFD situations. The following are common core aspects to an EAPs response.
Network Development →
Maintain a network of FFD providers to meet client's needs.
Build or outsource
Facilitat →
Assist client in navigating the decision to pursue FFD, and make referral
Case Management → (some do this, some do not)
Assist client in navigating post-evaluation recommendations
Linking to community resources
Implementing charges (accommodations) at the workplace
Monitoring treatment progress
```











Our Presenter

It has been our pleasure to talk with you today. Please do not hesitate to contact us should a follow up question arise.



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R3 CONTINUU

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Learning Objectives:

- Definition of cybersecurity
- Your chances of being hacked
- How IT Forensic Analyst help EAPS
- References to National Standards for Cybersecurity



DEFINITIONS OF CYBERSECURITY:

 Merriam Webster
 Cybersecurity definition is measures taken to protect a computer or computer system (as on the Internet) against unauthorized access or attack.

www.merriam-webster.com/ dictionary/cybersecurity

<u>Tech Target</u>

Cybersecurity is the protection of internet-connected systems, including hardware, software and data, from cyberattacks. Security comprises cybersecurity and physical security -- both are used by enterprises to protect against unauthorized access to data centers https://searchsecurity.techtarget.com/d efinition/cybersecurity

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•Data	a breach/loss of data can happen in many ways
•	Ransomware
•	Servers/inadvertently exposed to internet
•	Database hacking/exploits
•	Phishing (usually employee credentials)
•	Spear phishing (usually - "executive" credentials
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We Are New World Hackers Yew Bern Rein Rocker By: MILLING MILLI	We've got some problems
M3\$\$@GE FOR ADMILAL •D	ata breach/loss of data can happen in many ways Ocops, your files have been encrypted!
	not so enough time. You can decrypt some of your files for fire. Try now by clicking «Decrypt». If you want be decrypt all your files, you need to pay: the source of the source Allos, if you don't pay in 7 decrypt you won't be able to recover your files forever. Won't have free events for users who are so poor that they could the you is a montha.
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We Are New World Hand Yes New Area Area Area (Second Barry Second	We've got some problems
	•Data breach/loss of data can happen in many ways
	Ransomware
	Servers/inadvertently exposed to internet
	Database hacking/exploits
	Phishing (usually employee credentials)
	Spear phishing (usually - "executive" credentials
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A Brief List of Topics

•DISCLAIMER (super important)

Something happened

•What to do next, first

•What to do next, after the first next is done

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SOMETHING ISN'T RIGHT....

Do you have a data breach?

Do you have the internal staff and expertise needed to make that determination?



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Do you have someone in mind in the event that something happens?





















Terms to Know

FISMA Federal Information Security Modernization Act of 2014

ISO International Organization for Standardization

IEC International Electrotechnical Commission Service and Organization Controls

SOC

Health Information Trust, Certified Security Framework **C-Suite** Chief Officers

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NIST

Institute FIPS

Processing Standards

National Institute

of Standards and Technology

American National Standards

Federal Information

Chief Information Security Officer

Responsibilities: communications, applications and infrastructure, including the policies and procedures which apply

Who is the HIPAA Privacy & Security officer for your organization?

It is the person managing your IT security or the liaison to the IT vendor **managing** your IT security.







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National standards we utilize

HIPAA Security Matrix - Website PDF

NIST Cybersecurity Framework

NIST Risk Management Framework





• ASPR

- Preparedness, Resiliency, Response
- Cybersecurity with Hacking Healthcare blog
- **Open Minds**
- **Telebehavioral Health Institute**
- **Xtelligent Healthcare Media**

















COMPLIANCE — HOW TO PREPARE YOUR EAP

RESOURCE GUIDE

2019 EAPA presentation by Diana Wicker, Director of Compliance and Reporting



Specialists You Need to Know

- 1. Forensic IT analyst firm
- 2. Security specialist
- 3. HIPPA compliance auditing firms
- 4. SOC II auditors from AICPA

Sample Documents

1. Sample list of policies and procedures <u>https://hipaacow.org/resources/hipaa-cow-documents/privacy-security/</u>

Additional Training Available

1. Web based webinars on security available at: <u>https://www.hhs.gov/hipaa/for-professionals/training/index.html</u> <u>https://www.nist.gov/video/flexible-methodology-manage-information-security-and-privacy-risk</u>

Important Links

- 1. HIPAA regs can be found at:
 - 1. <u>160</u> General administrative requirements
 - 2. 162 Administrative requirements
 - 3. <u>164</u> Security and privacy
 - A. (Admin safeguards)
 - B. (Physical standards)
 - C. (Technical standards)
 - D. (Policy & procedure & documentation requirements)
 - 4. <u>https://www.hhs.gov/hipaa/for-professionals/privacy/index.html</u>
 - 5. https://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html
 - 6. <u>Sign up for the OCR Security Listserv</u> to receive the OCR cyber awareness newsletters in your email inbox.
- 2. HITECH regulations can be found at: <u>170</u> <u>Health Information Technology Standards</u>, Implementation specifications, and certification criteria and certification programs for health information technology
 - 1. <u>https://www.hhs.gov/hipaa/for-professionals/special-topics/health-information-technology/index.html</u>
 - 2. Learn more about the Privacy and Security Framework and view other documents in the Privacy and Security Toolkit, as well as other health information technology resources.
- 3. Confidentiality of alcohol and drug abuse patient records can be found at: <u>Part 2</u> <u>Confidentiality of Substance</u> <u>Use Disorder Patient Records (1975)</u>
 - 1. https://www.samhsa.gov/laws-regulations-guidelines/medical-records-privacy-confidentiality
- 4. Breach notification
 - 1. https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html
- 5. State legislature
 - 1. <u>http://www.ncsl.org/research/telecommunications-and-information-technology.aspx</u>
- 6. FTC: Federal Trade Commission Act 5 <u>https://www.ftc.gov/enforcement/statutes/federal-trade-commission-</u> act
 - 1. Yes! This is important!
 - A. <u>https://healthitsecurity.com/news/12-states-sue-business-associate-for-2015-health-data-breach?eid=CXTEL000000394242&elqCampaignId=9600&elqTrackId=00b61d7320b141d8ac378006837aab76&elq=f62fb0384da44bd0a4c06d06f29be064&elqaid=10095&elqat=1&elqCampaignId=9600</u>
 - 1. Unfair and deceptive practice named in HIPAA breach lawsuit

- 7. Mobile health apps
 - 1. <u>https://www.hhs.gov/hipaa/for-professionals/special-topics/developer-portal/index.html</u>
- 8. Cloud computing
 - 1. <u>https://www.hhs.gov/hipaa/for-professionals/special-topics/cloud-computing/index.html</u>
- 9. Nice reference for all federal security protection acts: <u>https://www.itgovernanceusa.com/federal-</u> cybersecurity-and-privacy-laws

Other good regulation integration links:

- https://www.hhs.gov/hipaa/for-professionals/special-topics/related-links/index.html
- https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-ftc-act/index.html
- <u>https://www.iso.org/isoiec-27001-information-security.html</u>
- <u>https://www.nist.gov/itl</u>

You May Ask Yourself

- Do you have a company website? Do customers and clients interact with it? Is it secure? Do you have BAA where necessary?
- Do you utilize email with your customers and clients? Is it secure? Do you have BAA where necessary?
- Do you utilize SMS texting (cell phones) with your customers and clients? Is it secure? Do you have BAA where necessary?
- Do you utilize messaging/chat services no video, text only (smart phones, tablets, computers) with your customers and clients? Is it secure? Do you have BAA where necessary?
- Do you utilize video conferencing services (smart phones, tablets, computers) with your customers and clients? Is it secure? Do you have BAA where necessary?
- Do you utilize/provide to your customers and clients with any smart phone/tablet apps? Wellness, behavioral health, mental health Do these apps include live interaction with a counselor or coach? Do you have a BAA with the company providing the database BEHIND the app that gathers client information? Did you know that these items will soon be regulated as medical devices?
- Do you utilize/provide an AI SMS/chat service to your customers and clients for their cell/smart phones? Is it secure? Do you have BAA where necessary? Did you grant permission for conversations to be used in research? Did you update your Notice of Privacy Practices to include this?
- Do you maintain your own computer server/network? Do all the testing!
- Do you work from individual computer work stations via a private cloud VPN network? Do you have the testing for your private cloud provider? Is it secure? Do you have BAA where necessary?
- Do you work from individual computer work stations utilizing cloud applications? I login to an online service via my web browser. I login to an App (application/program) that I downloaded that syncs to the online service when the Internet is active. Is it secure? Do you have BAA where necessary?
- Do you work from individual computer work stations that record and store PHI directly to the hard drive of that physical machine? Is it secure? (Are you very sure?)

Other Considerations:

- Do you serve 10K+ US citizens per year? Consumer Privacy Protection Act of 2017
- Do you serve European citizens? EU-US Privacy Shield
- Do you serve federal employees? The Privacy Act of 1974, 5 U.S.C. § 552a
- Do you serve clients IN ANY state that has data security laws? <u>http://www.ncsl.org/research/telecommunications-and-information-technology/data-security-laws.aspx</u>
 - Example: South Carolina Insurance Data Security Act <u>https://www.doi.sc.gov/918/Cybersecurity</u>

Top 10 recommendations to Begin your Cybersecurity Setup

SEPTEMBER 2019

- 1. The generally accepted **<u>FIRST STEP</u>** is to conduct a Risk Assessment.
 - A. One option to meet this requirement is an external HIPAA Compliance audit
 - B. This is an Annual event/process. There are many checklists available on the web for the audit.
- 2. A **SECOND STEP** is to assure that all of your PHI data is encrypted.
 - A. Encrypt data (A) at rest, (B) during transfers (C) on backups
 - B. This is your "Safe Harbor" if you are hacked. Very Important.
- 3. To <u>HELP YOU BE SURE YOU ARE MEETING CYBERSECURITY</u> standards, contract for annual audits by an external group.
 - A. Implement an audit using one or more of the following standards:
 - (a) ISO Standards,
- (c) Soc II requirements,
- (b) HiTrust standards, or
- (d) NIST standards.

This will help your EAP organize your P&P to assure you meet the "Trust Services Criteria" in Security, Confidentiality, Availability, Privacy and Process Integrity.

- B. Complete a HIPAA Compliance Audit internally or again have an external group complete this review. To assure yourself that you know where all of the data resides that needs to be protected, complete a PHI Inventory.
- C. Complete or have completed Penetration Tests. Conduct annually using available software or an external group.
- 4. Something you can do next week to strengthen your security are:
 - A. Add strong passwords (15 or more characters).
 - B. Begin to plan adding 2F Authentication to your sign-ons.
- 5. **Equipment** recommendations:
 - A. Update your firewall daily if needed.
 - B. Updated anti-virus and malware software daily if needed.
 - C. Update software and firmware at least weekly
 - D. Put a time limit on how long monitors are allowed to display data.
- 6. Appoint a CISO or have one on retainer.
- 7. Backup your data nightly and keep off-site 1-night p/week.
- 8. Have Disaster Recovery & Business Continuity Plans & conduct tests.
- 9. Don't have PII on same network (segmented networks).
- 10. See Our List of Recommended Policies and Procedures and if you are from the European Union you need to be aware of and comply with GDPR.

<u>DISCLAIMER</u>: This list is in no way a declaration of either priorities or all-inclusive tasks to prepare your EAP for Cybersecurity. There are many more standards, but these will go a long way to introducing you to the complex, standards that you need to implement. The external audits will provide a very detailed list of Policies and Procedures you need to meet.




















	78% of employees believe that employers should assist them during work years
U.S. Employee Benefits Employees Watt Employers to Provide Help	81% of employees agree that a financial wellness program will help reduce their stress
Trends Study 81% of Miliennial employees and 75% of Gen X employees aid other companies look more attractive than their current workplace if that company "cares more about their financial well-being" than their current workplace.	20% of employers currently offer a financial wellness program to their employees
Source: Mett Je's 17th Annual U.S. Employee Benefit Trends Study 2019	50% of employers either plan to offer or would like to offer a financial wellness program in the future





















































Financial Stress

Likelihood of mental health problems are 3X higher.

Mental health involves our emotional, psychological and social well-being. Agencies against positive mental health include depression, anxiety disorders, psychotic disorders and suicide rates.

People who commit suicide are 8X more likely to be in debt.



Financial Stress



Americans are paying with their health.

1 in 4 Americans avoid healthcare.
 1 in 3 Americans avoid healthy lifestyle choices.

56% of employees with chronic conditions forgo medication because of cost.

Employees with high financial stress are **twice as likely** to report poor overall health and are more **than four times as likely** to complain of headaches, depression, or other ailments.

Source: Patel MR, Kruger DJ, Cupal S, Zimmerman MA. Effect of Financial St and Positive Financial Behaviors on Cost-Related Nonadherence to Health Regimens Among Adults in a Community-Based Setting, Prev Chronic Dis 20

Integrating Financial Wellness

Facilitate	Increase Awareness	Make a Connection
Facilitate opportunities to educate employers on signs and symptoms of a financially stressed employee	Increase awareness of the comorbidity of financial issues with many presenting EAP issues, therefore creating a more bolistic intervention	Help employees make the connection between their financial situation and their behavioral health issues















The Workplace Outcome Suite

(WOS) developed by Lennox & Sharar (2010) *Journal of Workplace Behavioral Health*, Vol. 25, April-June, Pages 107-131.

- Workplace focused (not a clinical measure)
- Validated with demonstrated psychometrics
- Short but precise (sensitive to change)
- FREE with signed license agreement
- EAPA has endorsed "super" short 5-item version.



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WOS Constructs

5 constructs, one item per construct

- Absenteeism (# hours away from work in past 30 days)... can also use this scale to monetize
- Presenteeism (proxy for productivity: extent to which problems inhibit work)
- Engagement (measure of "over" involvement with the job)
- Life Satisfaction (affective sense of well-being)
- Workplace Distress (looks at "distress at work")









Work Engagement - WOS Items 11. I feet stimulated by my work. 12. I often think about work on my way to the work site. 13. I feel passionate about my job. 14. I an often eager to get to the work site to start the day. 15. I often find myself thinking about my work at home. Response: Rate level of agreement on 1 to 5 Likert type scale

What EAPs can do...

- WE remains a "hot topic" over 53% of organizations measure it.
- EAP intervention "moves" WE but improvement is low compared to other scales.
- Impact of EAP on WE is indirect or "distal".
- EAP have an opportunity to impact WE with organizational interventions.

Superstar

- Designed around the Self Concept
- Work Self is the basis of PWE
- Training involve developing PWE
- Uses cognitive behavioral tools

Superstar Scales

- Work Self Scale
- Psychometrically based
- PWE For Job
- PWE for Organization

Superstar Curriculum

- A new approach to work
- Developing the work self
- Cognitive behavioral for managing work self
- Measurement scale
- Uses cognitive behavioral tools
- Tracking PWE job and organization

Superstar Section

- A new approach to work
- Developing the work self

Superstar Section

- Building the Work Self
- Tracing work experiences

Superstar Section III

- Cognitive Behavioral tools
- Recall
- Reflecting
- Imaging

Superstar Section IV

- Focus
- Focusing on good experiences
- Managing bad experiences
- Forget the mistakes of the past

Superstar Section V

- Tracking progress in building PWE
- Work Self Scales
- PWE for the job
- PWE for the Organization

Conclusions

- EAP have a training role for work engagement
- Training can be sold a way to supplement tradition WE interventions that don't work
- Can be group administered or as an individual
- A web based platform is also used to allow users to refining their work self concept.





Learning Objectives:

- Definition cybersecurity
- · Likelihood of being hacked
- Steps to take to stop hackers
- Examples of 'hacking'
- Steps to cybersecurity remediation





Merriam Webster

Cybersecurity definition measures taken to protect a computer or computer system (as on the Internet) against unauthorized access or attack.

https://www.merriam-webster.com/ dictionary/ cybersecurity

DEFINITIONS OF CYBERSECURITY:

<u>Tech Target</u>

 Cybersecurity is the protection of internet-connected systems, i.e. hardware, software & data, from cyberattacks. Security involves protection of cyber & physical unauthorized access of data centers & other systems. https://searchsecurity.techtarget.com/definition/ cybersecurity

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8. Spam blocking service for email 9. Secure/encrypted online fax











We've got some problems

Rough estimate of a breach cost is ~\$158 per record lost ----- Healthcare record lost is over double at ~\$355 per record

A very small business, holding 5,000 records, estimated breach cost is roughly \$1.75 million

- Is your business in a position to handle an unexpected \$2 million cost?

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We Are New World Back Yes war here seeded grit methods of the seeded grit war here were and the selection of the selection of the selection of the selection of the selection of the Mark Seeder Seeder Seeder Seeder M3\$\$\$@GE FOR ADM	We've got some problems
	•Data breach/loss of data can happen in many ways
	Ransomware
	 Servers/inadvertently exposed to internet
	Database hacking/exploits
	Phishing (usually employee credentials)
	Spear phishing (usually - "executive" credentials
	© CyberGroup, 201





We Are New World Hackers	We've got some problems
M3\$\$@GE FOR ADM!N	•Data breach/loss of data can happen in many ways
New Growtity Liddler, myles yns allt haw hetter beite fan kwat Lidd Lidz	Ransomware
	Servers/systems inadvertently exposed to internet
	Database hacking/exploits
	Phishing (usually employee credentials)
	Spear phishing (usually - "executive" credentials
	© CyberGroup, 2019
19	

We've got some problems	
Data breach will cost more than just \$\$\$	
Loss of trust	
Loss of trust of confidentiality	
Loss of reputation	
Loss of utilization	
Losing any one of these items will negatively impact revenue. Losing them all, combined with the cost of a breach, can jeopardize your EAPs financial viability.	
© CyberGrout	o, 2019

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The Good News

- •Proactive response is paramount • Don't have to be 100% perfect. Just have to be better than some/most
 - Can leverage third party resources to determine cost vs risk valuation.

Just like any business decision

There is truth to: "An ounce of prevention is worth a pound of cure"





THEENDD To view this session again along with the PowerPoint, go to the EAPA Web Site in 2 – 3 weeks. OR – go to www.hartingeap.com/eapa2019







- Women in the workplace have different health and wellbeing challenges than men. We need to better understand why.
- Barriers to women succeeding are different than for men. We want to help organizations understand how to strategically remove them.
- > There is limited funding for women's health, wellbeing and leadership research.
- > We need to fund quality research to empower women become healthy leaders.
- With women representing 50% of the workforce, it is critical that the next generation of women are better supported so they are more prepared to step into leadership positions.

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Tokyo - September 2018



Buenos Aires - October 2018

Chicago - October 2018











Gender Specific Issues

- Women still provide the majority of care giving to children and aging parents/family members We need better support.
 Most health research has been done on men and male animals Women have different physiology.
 Women, on average, get 20% less pay then their male counterparts financial stability impacts our health and wellbeing.

1.5 x more in women than men

Prevalence: Men vs. Women (U.S., 2017) Disease

- Arthritis and Musculoskeletal Disorders
 1.5 x more in women than men
- 3 x more in women than men Autoimmune Diseases • 2 x more in women than men
- Depression and Anxiety Alzheimer's
- 9











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9/27/2019







Health concerns
 Financial stress

> Breast cancer
 > DV/Sexual harassment/assault

> Managing healthcare decisions for others



Financial stressors
 Managing healthcare decisions for others







Health and Wellbeing Mid Career - 40s/50s

Women, Wealth, Wellbeing and the Workplace

Menstruation/don't get pregnant
 Sexual assault/harassment/violence/DV
 Pregnancy / hormonal shifts / post partum depression
 Breast Feeding
 Migraines
 Childrenia (thick a pains)

Steep deprivation
 Battling stress and mental health challenges
 Career choices / career building

Early career - 20s/30s

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Work harder

Child rearing/child caring Sleep deprivation

Work/life balance Financial stress/college debt

Health and Wellbeing

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()GW4W Health and Wellbeing

- <u>Chronic Disease</u> One in four women in the United States dies from heart disease. (15 Desenteed for the data service 2004)
- <u>Mental Health</u> Women have higher incidences than men of anxiety, depression, & eating disorders (<u>searcertal 2022</u>). 2x more likely to have major depression than men. (<u>Mentan Pythelogical Ann. 2013</u>)
 -Multiple factors may contribute to such conditions, including higher rates of poverty (<u>welln and testar 2020</u>) more responsibility to carbot to such conditions including higher rates of poverty (<u>welln and testar 2020</u>) gender-based violence (<u>ment at 2020</u>).
- <u>Obesity/Weight</u> In the U.S, nearly six in ten women (57.6 percent) 18 and older are overweight or obese.
- <u>Abuse/Trauma</u> Women who have experienced abuse or other trauma have a higher risk of developing a mental health condition - depression, anxiety, or PTSD.

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()GW4W Health and Wellbeing

- There are also many diseases and conditions that are alarmingly more prevalent among women, and medical science has not discovered why.
- Women are up to 4x more likely to have migraines and chronic fatigue, 3x more likely to be diagnosed with autoimmune disorders, and twice as likely to have Alzheimer's, rheumatoid arthritis, and depression.
- Another puzzling finding: Non-smoking women are three times more likely to get lung cancer than nonsmoking men.
- In the meantime, women must be their own advocates. "What we're telling women is, every time you go to the doctor, ask, 'Has this treatment or drug been tested on women?
- Almost all health related research is conducted on men or male animals. When women are treated for health issues, it's likely is based on male physiology.

Health and Wellbeing

- > Women are 7x more likely than men to be misdiagnosed and discharged mid-heart-attack.
- 70% of people with chronic pain are women, yet 80% of pain studies are conducted on male mice or men.
- In the next 20 years, cancer rates will rise nearly 6x faster in women than men.
 1 in 3 women under 50 has experienced physical and/or sexual violence by a partner, or non-partner sexual violence which affects their physical and mental health in the short and long-term.
- Microaggressions/discrimination 64% of women and 71% of lesbian women report microaggressions are a workplace reality. Subjected to demeaning comments.
- > 35% of women have experienced sexual harassment at some point in their career.

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- 12% of the global population will be in menopause by 2025. (Forber, July 2019)
- $\succ~$ Every day, an estimated 6,000 women in the U.S. reach menopause.
- Menopause stigma leads to negative impacts on self-confidence, mental health, relationships, productivity, disease onset, and financial health.
- Some women have faced disciplinary action due to the impact of menopausal symptoms on their work.

use-policies-uk?sfns=mo

- > Menopause is 1 of 3 top conditions driving employer drug costs.
- Hormonal health impacts ALL women at some stage in their life no one addresses this in the workplace.

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- https://www.theguardian.com/society/2019/aug/25/mandatory-workplace
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Women, Wealth, Wellbeing and the Workplace






























 Observation
 Observation

 Observation
 Observation









Women, Wealth, Wellbeing and the Workplace































The Health and Wealth Connection

Health Issue ¹⁵	High financial stress	Low financial stress	
Migraines/headaches	44%	15%	
Severe depression	23%	4%	
Insomnia/sleeping problems	39%	17%	
Severe anxiety	29%	4%	
High blood pressure	33%	26%	
Heart attack	6%	3%	
Ulcer/digestive problems	27%	8%	()GW4W
Muscle tension/low back pain	51%	31%	









Women and Work

- > Women are more than half the workforce globally.
- Women spend at least twice as much time as men on domestic work, and when all work is considered paid and unpaid women work longer hours than men.

- Often feel on guard, pressure to perform, and left out. - Almost 2x as likely to have been sexually harassed during the course of their career.

- $\succ~$ One in five women is an Only, and report they are having significantly worse experiences than women who work with more women.

- > Too many "Onlys"—women who are the only or one of the only women n the room.

It's expected to take at least 100 years to have gender equity in the workplace, according to the World Economic Forum.

Babies and Work

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> Breastfeeding – does the workplace make this harder or easier for women? WHO recommends at least <u>6 months of breastfeeding</u>, which is challenging for working mothers without generous paid-leave policies. Parental/Mat leave – How much? For how long? Paternity leave matters too. In family-friendly nations like Sweden, parents are given <u>480 paid</u> days per child. U.S. – paid maternal leave is <u>optional</u> – only <u>14%</u> of employers chose such a benefit. Did you know? The only countries that do not mandate paid maternity leave are Papua New Guinea, Suriname and the U.S.

> Child bearing / child raising years are spent at work.

Women and Leadership

- > Only 5.4% of CEOs in S&P 500 Companies are women
- > When you go from zero to 30% qualified female leadership at the top of an organization, on average you get a 15% bump in your profit margin. There is a strong economic case for getting women into leadership positions.
- Women are rated by their peers, their bosses, their direct reports, other associates as better overall leaders than their male counterparts.
- Women's health and its impact on career performance are rarely addressed in the workplace, with insufficient resources and lack of support from management.

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Good for Organizations

- > Organizations with a greater percentage of women in leadership roles perform better financially.
- Organizations in the top 20% of financial performers have 37% of their leaders as women. Those in the bottom 20% have only 19% of their leaders as women.
- Organizations with women in at least 30% of leadership roles are 12 times more likely to be in the top 20% of financial performers.

"When it comes to leadership, gender shouldn't be an issue, but it is—a business issue

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Sexual Harassment

- In the U.S. est. 3 out of 4 sexual harassment incidents go unreported for fear of retaliation. 2016 EEOC reports that almost ¾ of ee's who did speak out later said they faced retaliation.
- > Bad behavior too often has little negative consequences.
- > Extreme power imbalance creates lack of trust lack of safety.
- > Toxic masculinity can lead to abuse of power, which leads to abuse of women.
- > Shout out to Pat Herlihy's work on sexual violence and EAPs role in better assessing and supporting victims. (Sexual Violence on the Workplace - Sept 2017)

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- Flexible work schedules. More options for work/life flexibility.
 Breast feeding / lactation rooms make it convenient for women to come back to work.
- > Longer parental leave / on-site childcare
- > Ongoing financial mentorship and targeted financial education
- Menopause support / normalize and de-stigmatize
- > Treated with dignity and respect and fairness
- \succ To not be harassed, bullied or left out
- > Have equal / level playing field to promotional opportunities True Equity = Leadership Equity, Health Equity, Pay Equity

CW4W



How to Help

- Awareness campaigns call out gender imbalances; show more data and create exposure to the financial benefits of more women at the top.
- Create gender equity focused resource groups with women and men committed to strengthening equity at work.
- Establish zero tolerance for sexual harassment. Zero.
- > More women at senior levels data shows less harassment.
 - AWARNESS. ACTION. ACTIVATE. ADVOCATE. ALLIANCES.

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Action

- Provide a whole person perspective to your practice social worker, coach, advocate and activist. You often only have 2-6 sessions to make someone's life better.
- Screen for domestic violence as part of your overall assessment for every female client. Workplaces Respond to Domestic and Sexual Violence - National Resource Center
- $\succ~$ Screen for ACES ACE and Resilience quiz
- Practice through a lens of trauma informed care and learn to recognize social determinants of health and its impact.
- Re-think sexual harassment training. The ones who need it the most aren't going to change with just a training. If there has been little consequence, then why change?

WTMH Pab

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Activate and Advocate

- Partner with your leadership and development teams, HR and Benefits. Learn what they are trying to accomplish.
- Talk to leaders about employee wellbeing. How can you help them with their own wellbeing?
- Make the connection for your organization between gender imbalance and and wellbeing. Be an advocate for inclusion and equity.
- When possible, help employers take steps to reduce sexual harassment and microaggressions and promote a culture of civility and respect.
- Speak up and speak out. Be visible.
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A Call to Action

- More funding is needed for research around women's health, caregiving and financial wellbeing. Help us fund and conduct quality research.
- More workplace training, support and solutions are needed for caregiving responsibilities and improving financial wellbeing for women at work. This will more effectively allow for women to rise into leadership.
- 3. By **connecting and collaborating**, we can integrate the siloed knowledge and resources to provide better strategies.
- Help us build more awareness of the issues and biases not being addressed and accelerate development of impactful strategy and policy changes at the company and government level.
- 5. Let's work in partnership with male allies to move strategies to the forefront.

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People, Resources, and Organizations Doing More Good

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Tony's 2010 TED Talk has been named by *GQ Magazine* as one of the "Top 10 TED Talks Every Man Should See."













A Guidebook for Adults Caring for their Aging Parents Fern Pessin, GW4W Member

entressin, every member

I'll Be Right There:

Dementia Sucks: A Caregiver's Journey – With Lessons Learned

Tracey Lawrence, GW4W Member

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EAPA Ethical Decision-Making Model

- 1. What are the potential ethical issues in this situation?
 - What are the competing values or interests? (x vs. y)
 - What are your personal values on this issue and which ones are in conflict?
 - Are there any ethical guidelines (laws, corporate policies, codes of ethics, practice standards, etc.) that apply to this issue?
- 2 Who are the stakeholders? (i.e., any individual or group impacted by the decision, e.g., the corporation, employee, family, public, yourself)
- 3 List all possible choices of action
 - Which choice benefits the client?
 - Which choice benefits the sponsoring organization?
 - Which choice benefits you?
 - Which choice benefits society?
- 4. Make your decision



Employee Assistance Professionals Association

Group Exercises

Exercise #1: Age Discrimination

A client employee presents to you that she feels that she is being treated unfairly by her new manager. She has been a productive and valued employee of this company for the past twenty years, and her former manager recently left the company. The new manager has made no secret, to this client and to others in his management team, that he resents having to pay someone a high salary because of the years she has been working, when he could hire two young people in her place for about the same amount of pay. Whenever the client proposes a new initiative to the manager, it is denied, with no reason given. She is concerned that since she is getting close to retirement age, she would not be able to get another position, so she has determined to "stick it out" until she can retire. For the first time in her entire 40 plus year career, she has received a bad evaluation from the manager, and she does not know what to do. HR has not been helpful, and she feels at a loss for what to do.

You have heard from other clients that this new manager has shown great favoritism to young employees, and you are aware that at least one other older employee in this management team was treated similarly and decided to leave the organization.

Exercise #2: Alcohol, Drugs or Medical Issues

Jamie, a railroad industry employee of 24 years, has been working in a remote position for the past 2 years. Jamie has faithfully joined virtual staff meetings and has been an active participant. About 4 months ago, Jamie's significant other was killed in a car accident. Jamie returned to work quickly and was reluctant to talk about the loss with colleagues. Over the past year Jamie began complaining of migraines. The colleague thought that Jamie was planning to schedule a doctor's appointment. Jamie is a very private individual and did not discuss anything further about his own health condition.

During a virtual staff meeting Jamie's speech seemed slurred, had difficulty following the conversation and was unable to read a document that was shared on the screen. There were several periods in which a question was posed to the group and Jamie seemed unable to participate as there appeared to be some difficulty in forming words to complete a sentence. Jamie left the meeting as soon as it was over, not saying goodbye or inquiring about the next meeting.

Jamie calls the EAP soon after the meeting to schedule an appointment to discuss "a number of issues". Within minutes of Jamie's call, the supervisor calls to say that he is making a formal referral to the EAP for Jamie because of his drinking problem.



Employee Assistance Professionals Association

Exercise #3: An Email Gone Wrong

Bill was sending his client Brenda R. Smith, a department manager, a list of substance abuse treatment programs and let her know they all have openings for immediate admission. Brenda usually responds to your emails quickly.

The next day you still have not heard from Brenda and when you check your email you notice you have an email from Brenda N. Smith stating "wrong Brenda Smith" with your email attached below. You also notice Brenda N. Smith works in the same division as Brenda R. Smith.



Employee Assistance Professionals Association















































































An Email Gone Astray Bill was sending his client Brenda R. Smith, a department manager, a list of substance abuse treatment programs and let her know they all have openings at the moment. Brenda usually responds to your emails immediately. The next day you still have not heard from Brenda and when you check your email you notice you have an email from Brenda N. Smith stating "wrong Brenda Smith" with your email attached below. You also notice Brenda N. Smith works in the same division as Brenda R. Smith.




























Aspiring to a Zero Suicide Mindset at Work: Developing National Guidelines

Maggie G. Mortali, MPH, American Foundation for Suicide Prevention Sally Spencer-Thomas, PsyD, United Suicide Survivors International Jodi J. Frey, PhD, LCSW-C, University of Maryland



Session Objectives

At the end of this presentation, participants will be able to:

- 1. Create a plan to bring together diverse stakeholders in a collaborative public-private mode
- 2. Describe data and resources to advance the cause of workplace suicide prevention
- 3. Utilize recommendations for easily deployed tools, trainings and resources for short-term action inside of long-term system-wide change



Session Outline

Overview and justification Mission, vision, and intended audience Exploratory analysis and results Proposed solutions Development and implementation



"The workplace is the last crucible of sustained human contact for many of the 30,000* people who kill themselves each year in the United States. A co-worker's suicide has a deep, disturbing impact on work mates. For managers, such tragedies pose challenges no one covered in management school."

> Sue Shellenbarger (2001) Impact of Colleague's Suicide Is Strongly Felt in Workplace, Wall Street Journal

> > *In 2017, 47,173 people died by suicide



Overview

Project Origins

2010 \rightarrow National Action Alliance for Suicide Prevention established the nation's first Workplace Task Force

2016 \rightarrow CDC's reports on suicide rates by industry

2017 to 2019 → Workplace Task Force enrolled partners and forged core partnership with United Suicide Survivors International and the American Foundation for Suicide Prevention



Justification

Why should workplaces care about suicide prevention?

- Work as a social structure and its relationship to suicide
 The cost of suicide and suicidal behavior on workplaces
- Suicide waves in industries and the impact on companies
- Job strain and suicide
- Workplace fatalities



Mission

To change the culture of workplaces, to reduce job strain and negative, fear-based, prejudicial and discriminatory thoughts, behaviors and systems regarding suicide and mental health while at the same time promoting psychologically healthy norms and environments.

The overarching goals of the best practices are twofold:

- To engage employer/professional association leadership to address suicide prevention in a comprehensive way.
- To provide a roadmap to workplace leaders who wish to engage in this culture-change process.



Vision

We envision a world where workplaces and professional associations join in the global effort to aspire to zero suicides by sustaining a comprehensive suicide prevention strategy as part of their health and safety priorities.



Vision

- We seek to achieve our vision by developing a set of guidelines that: • Give employers and professional associations an opportunity to pledge to engage in the effort of suicide prevention.
- Demonstrate an implementation structure for workplace best practices in a comprehensive approach.
- Provide data and resources to advance the cause of workplace suicide prevention.
- Bring together diverse stakeholders in a collaborative public-private model.
- Make recommendations for easily deployed tools, trainings and resources for shortterm action inside of long-term system-wide change.



Intended Audience

Leadership: Employer/professional association/labor leadership and internal change agents who are inspired to promote this process.

Implementors: HR, management, safety, wellness, legal professionals and others tasked with implementing this process.

Collaborators: Community partners who will partner on the process.

Investors: Investors who will contribute resources to the development and sustainability of this process.

Evaluators: Researchers who will assess the effectiveness of workplace suicide prevention. Peers: Co-workers, friends and family who want to help.



Why an Exploratory analysis?

Gain buy-in by listening to the needs of various different stakeholders.

Better understand the resources that already exist to support workplace suicide prevention. Identify champions and storytellers who can share lived experience stories of suicide grief as well as stories of living through a suicide crisis of their own, a coworker or family member.

Gather baseline data against which we can benchmark future change.

F

Develop a comprehensive strategy and identify best practices (upstream, midstream, downstream) for workplace suicide prevention.

Identify tactics that will help engage workplaces and professional associations to move along a stage-of-change model as they integrate these best practices into their health and safety culture.



Data Gathering Approaches				
13 Focus Groups	Employee Assistance Programs, Human Resources, Construction, First Responders, Legal and Employment Law, Workplace Violence, Individuals with Lived Experience, Peer Support, Safety, and Wellness.			
15 In-Depth Interviews	Executive Leaders from International Workplace Safety, Healthcare, Risk Management, and Finance, Industry Hygiene Leaders, Judge, Healthcare Insurance (Strategies Director), Labor Health Fund Director, Occupational Health Sciences Researcher, Child Medical Officer national crisis services, Integrated Leaves and Accommodations Manager, Venture Capitalist (technology), President entertainment industry association, Lawyers in member assistance programs			
National Survey	16-Item national survey distributed through Task Force member networks and social media from July to August, 2018.			

Results – Workplace Readiness

Motivations

86% Increase employee health and well-being72% Right thing to do

56% Prevent workplace homicide-suicide

55% Increase employee safety and productivity

43% Improve employee engagement and retention

30% Decrease presenteeism and absenteeism



Results – Workplace Readiness

Barriers

47% Getting leaders to buy-in

39% Lack of funding

30% Time

19% Rather focus on mental wellness and resilience

18% Branding concerns – not wanting to be labeled as having a "suicide problem"

12% Unsure of a need for suicide prevention

10% View suicide prevention as a personal/individual matter









Upstream Solutions

Recruitment, On-Boarding & Work Transitions

Sense of Purpose and Belonging

Suicide Prevention Literacy

Recognize and Reward Resilience, Recovery and Compassion

Wellness Fairs and Safety Milestone Celebrations

Connect the Dots among Health Concerns Like Sleep, Pain and Addiction



Midstream Solutions

Building Out Safety Net (or Pyramid) Annual Multi-Component Suicide-Specific Training Program Build a Support Network: Power of Peers Communication — Baked In to Health and Safety Culture Screening Navigate the Perceived Legal Barriers, Workers Compensation, Disability Rights and Performance Standards



Downstream Solutions

Evaluate and Promote Mental Health Benefits and Local Services Protocol Needed for Suicide Crises



Make suicide prevention a health and safety priority.

WORKPLACE SUICIDE PREVENTION

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Questions?

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Traditional Generation – Approach to Help-Seeking

- Strength: Experience
- Less likely to use mental health services (stigma).
- May encourage others to utilize supportive services

 Will support leadership strongly out of loyalty and sense of duty

6

• "Work is my life"

R3 CONTINUUM

Baby Boom Generation











Millennial Generation



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Millennial-Approach to Help-Seeking of social networking for comfort

- Strength: Creativity
- Less likely to attend structured MH services, open to multiple avenues of support including informal peer connections
- More likely to seek alternative avenues

R3 CONTINUUM

- Leadership messaging must be swift and relational ("We care about you.")
- "Life is my work"

1

Panel Discussion

13

Questions

- As an HR professional, what are the biggest gaps in EAP services and the millennial population? (i.e. how it's marketed, delivered, expected outcome, etc.)
- $\circ~$ What do you wish EAPs knew about you as a millennial in the workplace?
- $\circ~$ If you were trying to help an employee or friend in distress, where would you direct them?
- $_{\odot}~$ How has technology changed the landscape of help-seeking?
- How can EAPs position themselves in both the short and long term to best serve this emerging demographic?

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	TYPES OF EAP ST (Ledimo & Ma	
	PRIMARY	SECONDARY
INTERNAL	Within the organisation and directly benefit from EAP	Within the organisation and indirectly benefit from EAP
EXTERNAL	Outside the organisation and directly benefit from EAP	Outside the organisation and indirectly benefit from EAP

INTERNAL: PRIMARY

INDIVIDUAL: Beneficiary and User

Needs
 Empowerment
 Capacity Building
 Functioning
 Balance on and off work







Supervisor or line manager training in EAP engagement and capacity building can focus on the following (Mogorosi, 2009) :

- Emphasis on management's programme support;
- Explanation of supervisors' or line managers' role in programme implementation; and
- Demonstration of how programmes can be helpful to supervisors and managers in their job responsibilities.



Engagement of management and leadership in the organisation is normally in the managerial support of EAP.

- This support is crucial in ensuring the realization and utilisation of the programme as well as communication of the vision of the programme at different levels within the organisation (Rakepa 2012).
- It is critical that organisational management endorses EAPs and what it sets out to do.
- Employee perceptions greatly influence their decisions and behaviour, and therefore management must be seen to be driving and contributing to EAPs if employees are to utilise them.
- Mogorosi (2009) indicates that EAP endorsement can be demonstrated by management's vocal
 and practical endorsements of activities being carried out by the programme.

Evidence of management and leadership Engagement in EAPs (Ledimo & Martins, 2018):

- · Improved leadership commitment to EAPs.
- Ensuring adequate budgets and resources for EAPs.
- Facilitating clear and unanimous communication from EAPs to personnel.
- Enforcing management **participation** in and dedication to EAPs through carefully constructed performance agreements.
- · Development of an overarching policy.





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INTERNAL : PRIMARY / SECONDARY

LABOUR UNION:

Rakepa (2012:32) present the following benefits of engaging unions as key stakeholders:
When dealing with the initiation of formal disciplinary measures, co-operation between organisations and unions regarding the EAP has yielded positive results (i.e. a better understanding of processes amongst all involved).

- Majority of employee problems can be resolved before disciplinary measures are
- called for.

 Co-operation is vital to prevent the situation from reaching the point of dispute.

When unions are involved, they will support the programme.

UNISA









A CASE OF DISCOVERY MEDICAL AID

 SA Council for Medical Schemes is a statutory body established by the Medical Schemes Act (131 of 1998) to provide regulatory supervision of private health financing through medical schemes.

Council for Medical Schemes in South Africa has 79 accredited medical aid schemes; including Discovery Medical Aid .

Discovery Executive Wellness :

- Is a personalised experience that supports clients across areas of mental and physical wellbeing.
- Through a team of highly qualified experts and through access to the latest health and wellness technology.
- Comprehensive assessments and consultations consider both the personal and professional circumstances of clients.



WHY STAKEHOLDER ENGAGEMENT IN EAP Strategy development Common goal and consensus Buy-in Implementation Multidisciplinary approach Inclusive vs Exclusion Outcome orientation



• Govender (2009) asserts that while the policy is important, it is not sufficient to guarantee success.

• Hence **policy must be put into operation** to be effective and its services must be compatible with:

- · Performance appraisal systems,
- · Grievance processes,
- Disciplinary procedures,
- Insurance policies and
- Above all the protection of employee privacy through strict confidentiality in order for the EAP to be viable.

UNISA

MARKETING EAP

(Ramokolo, 2004):

- To increase employees' knowledge of the EAP and its services;
- To increase familiarity and comfort with EAP's operations and to enhance the acceptance and use of the programme service;
- To increase utilisation of the programme services;
- To enhance the integration of the EAP within the host or contract organisation and promote a feeling of ownership by all stakeholders (managers, other staff and employees); and
- To maintain the visibility of the EAP and its presence as vital contributor to organisation's productivity, efficiency, work life, and employees' wellbeing.

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EAP STAKEHOLDER ENGAGEMENT

• It is aimed at strengthening **internal and external corporate image** by encouraging participation in EAP initiatives.

• Provides access to decision making processes and to actively participate in the activities of EAP.

• **Positive engagement** can be achieved through the three elements which infer that the core issues of all stakeholders should be made known understood and addressed.

UNISA -

STAKEH	OLDER THEORY AND STAKEHOLDER ENGAGEMENT PRIN. IPL -S (SLABBERT 2015)
PRINCIPLES	STATEMENTS
Stakeholder Theory	 The organisation has high ethical and moral standards. General stakeholders' ethical and moral standards are congruent with the organisation's ethical and moral standards. Relationship between all stakeholders is mutually beneficial. Stakeholders have shared objectives in realising the success of the organisation.
Stakeholder Engagement Principles	Materiality: All stakeholders are aware of one another's most prominent concerns. Completeness: There is an understanding amongst stakeholders about their concerns related to their views, needs and performance expectations. Responsiveness: All stakeholders concerns should be actively addressed where general employees are involved in the resolution of organisational concerns raised by management.



delivery:

Be knowledgeable about the program and the referral procedures.

Encourage members to use the Employee Assistance Program.

Maintain a strict level of confidentiality with all cases.

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• Outcome evaluation is necessary to ensure that the EAP is correctly designed for the organisation in which it is operating and to ensure that it meets the needs of the employees and the organisation

• **Process evaluation** which is aimed at ensuring that programme agreements, policies and procedures are adhered to.

UNISA



• Implementation: To measure how well the programme is operating.

• Utilisation: To measure how well the programme is utilised.

• Effectiveness: To measure how well the output and objectives of the organisation have been achieved.

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REPORTING

 Quality review reports are based on the findings of the EAP gap analysis, impact assessment and programme evaluation process.

• The findings are used to develop a **continuous improvement plan** with activities and deadlines.

UNISA



Thank You UNISA



Kelsey Loushin, LICDC-CS, CDP President, Eldercare Professionals of Ohio, LLC

Agenda

- Review the relationship between EAP's & Work Life programs
- Define and describe how elder care-giving impacts employees
- Describe interventions to support employees who are caregiving with special attention focused on eldercare

Work Life

- Most prevalent of optional EAP services
- Typically includes childcare, eldercare services, financial & legal consultations
- Introduced in the early 80's primarily with childcare
- Eldercare is usually in the form of information & referral services, support groups & eldercare publications

• 1988 Paul	ployee Assistance Program (EAP) Funct	m published The Core T	Care (MC) Law ⁽⁴⁾ Relate
Parrity Madente	Substance Substance Professional (SAD) Sovieta	es that chould not be covered by HCMID leves ⁽⁴⁾	reen L
Logal/Tinencial	EAP Core Technic	ology Functions are:	Chronal Chaptons Physics and Chaptons Characteristics Characteristics Manual Humath, Transformer Manual Humath, Transformer
Cut-Placement/	assistance to work organization leadership (managers, supervisors, and union stewards) seeking to manage the	diagnosis, treatment, and assistance, plus obsernontioring and follow-up services. #E Consultation to work organization in	Indeed developes the appendix to be
Welfare-to- Work Programs	troubled simployee, enhance the work environment, end terprove employee job performance; end, ostreach to and education of employees and their family	establishing and maintaining effective relations with treatment and other service providers, and in managing provider contrasts.	Managed Care Bervices" Manages events fatherits 400 Systems ethosetis
Americans with Disatilities Act (ADA) Teama	members about availability of EAP services. #2 Confidential and What poolson islentification/sissement acryclass for employee stants with personal concerns that much established	#E Consultation to work argunization to encourage availability of and employee access to employee health benefits covering medical and behavioral problems, training, but not limited to, alcoholern,	 EAT's that are constantiat with third parties may be conversel. EAT's that are part of theOodBoOts can equal to be converse.
Cardhot Maragement/ Vitolence Prevention/	performance. #9 Use of constructive contronitation, motivation, and short-term intervention with employee clients to address	drug abuse, and mental and amotional disorders. #7 Identification of the effects of EAP services on the work on the work organization and tackwala job	B. Stratum an RAP in proof of each BE/VBO prime or its preventing integrated treatments, the events are and trajk participation scalarood and therein integrate trajket individual therein integrate trajket restorements, where the prevents are to prevention which transverse the RAP of the prevention of the preventio
Assessment			

Why should EAP's care about caregiving?

- No-one will escape care-giving...whether you have been, will be, are currently or will be cared for. Most caregiving occurs between children & parents, <u>informal care</u>; <u>unpaid care</u>
- Caregiving greatly impacts employee attendance, productivity, & commitment to employment



Types of care-giving

- 3 distinct groups of informal caregivers, roughly defined by the age of who they care for: (1) children with chronic illness & disability are typically cared for by young adult parents, (2) adult children with such conditions as mental illness are cared for by middle-aged parents, & (3) older individuals are cared for by their spouses or their middle-aged children (<u>largest number</u>)
- <u>Sandwich generation</u>; (47%) of adults in their 40's & 50's have a parent age 65 or older & are either raising a young child or financially supporting a grown child (age 18 or older). About 1 in 7 middle-aged adults (15%) is providing financial support to both an aging parent & a child

Eldercare-giving expansion

- Increasing life expectancy & lower fertility rates have increased the elderly dependency ratio in most industrialized countries
- Increased numbers of older adults living with worse health has resulted in a higher demand for care. Families have reduced in size, we move to secure careers, more single parent families, all result in the growth of the eldercare industry
- According to the Bureau of Labor Statistics (2015), 39.6 million people in the U.S. age 15 & over engage in elderly care

Caregiver characteristics

- Most caregivers <u>don't</u> disclose to their employer their caregiving situation
- Most caregivers have a close relationship with the recipient
- Typically informal caregivers have had no professional care-giver training
- Have no working contract
- Receive no pay or equivalent pay for their duties
- Have diverse & wide range of care duties that can change daily
- No official hours (never really off the clock)

The day of a care-giver; your employees; 63% of caregivers spend more than 11 hours per week on eldercare related tasks

- than 11 hours per week on eldercare related tasks
 Imagine adding these elements to an existing workday
 Awaken an hour earlier to prepare for the day
 Awaken your parent & prepare them for their day; toilet, feed, medicate, dress
 Before leaving for work, meet with homecare aid, review care plans for the day
 Travel to work & get a call from the aid about your parent's lack of cooperation
 During lunch, call aid & review morning. Make Dr. appt, for your parent & call insurance regarding coverage issues. Contact Medicaid office to schedule homecare wiver program to can get more assistance
 In the director part of the schedule to the day of the schedule homecare waver program to can get more assistance In the afternoon, interrupt staff meeting to take a call from the Dr's office

- In the atternoon, interrupt start meeting to take a call from the Dr's office
 Leave work 30 mins early to buy adult diapers & medication
 Relieve aid, eat dinner with parent, clean up, talk about "the old days"
 Give medications, check & record their BP & blood sugar
 Prep parent for bed; toilet, dress, attempt to manage mood swings & poor sleeping
 Manage the mail, organize new medical bills, return calls/e-mails
 Prep for the next day, go to bed...Set your alarm for 2:30 am for medication This is an example of a care day without problems!

Caregiving impact on employees

- 70% of working caregivers suffer work-related difficulties due to dual roles
- 49% arrive to work late/leave early/take time off
- 15% take a leave of absence
- 14% reduce their hours/take a demotion
- 7% receive a warning about performance/attendance
- 5% turn down a promotion
- 4% choose early retirement
- 3% lose job benefits
- and 6% give up working entirely
 [National Alliance for Caregiving and AARP. (2015). Caregiving in the U.S.]
- A sense of obligation is higher in caregivers that provide 21 or more hours of care per week (59%) & live-in caregivers (64%)

Caregiving impact on employees

- Care-giving is time consuming, so combining it with regular employment is difficult
- Care-givers often need to reduce or adjust work hours & even quit to provide sufficient care
- Those who are unemployed or work part-time have more time therefore are more likely to be caregivers
- Those who provide care for long hours over a longer period are far more likely to adjust their job participation or leave employment
- 49% of caregivers feel they have no choice about taking on caregiving responsibilities (no other sibling or they live elsewhere, care recipient has no financial resources, "guilting" from recipient)

Resignation

- 39% of caregivers leave their job to have more time to care for a loved one
- 34% leave because their work does not provide flexible hours. [National Alliance for Caregiving & AARP. (2015). Caregiving in the U.S.]
- 17% of caregivers of people diagnosed with dementia quit their jobs either before or after assuming caregiving responsibilities
- 54% arrive to work late or leave early, 15% take a leave of absence, & 9% quit their jobs in order to continue providing care. [Alzheimer's Association. (2015). 2015 Alzheimer's Disease Facts & Figures.]



The decision to care; implications for caregivers

- EAP's can discuss several considerations with caregiver *before* they begin
 1) Most care recipients stay & receive care in their own homes; family members need to consider how to do so or to bring in formal care if accessible & affordable
- 2) Caregivers need to remember their duties are stressful & involve major responsibility that are time consuming
- a) Eldercare may involve another older adult spouse or partner which adds another dimension of responsibility, limited assistance & stress
- 4) Caregivers are commonly employed &/or have other household obligations, therefore if choosing to be caregiver, may add challenges to their existing job and/or their own family/personal life

How EAP's can help caregivers

- Bring in experts for lunch & learns
 Provide a library of resources
 Organize health-fairs with experts available

- Organize health-fairs with experts available
 Encourage onsite support groups
 Contract with eldercare specialists to design care plans & assist with education & referrals
 Help with designing difficult conversations for elders about driving, medical care, safety, money & end-of-life issues
 Provide legal referrals for assistance with health care proxies, wills, trusts & other documents
 Information about transportation options, financial consultation, home health care workers & senior living options
 Referrals to Medicare, Medicaid, VA professionals
 Referrals to care managers who can help with planning or make home or hospital visits

- Referrals to care managers who can help with planning or make home or hospital visits
 Referrals to special needs specialists to help with disabilities
 Home modification referrals for ramps, chairlifts, & other tools for improved daily living
 Pre-vetted lists of assisted living options, including pricing & availability

Interventions

- EAP's should be familiar with local resources:
 - Area Agency on Aging: Eldercare Locator; https://eldercare.acl.gov/Public/About/Aging Network/AAA.aspx
 - Respite care resources: <u>https://archrespite.org/</u>
 - Geriatricians: <u>https://www.healthinaging.org/</u>
 - Hospice organizations: <u>https://www.nhpco.org/</u>
 - Disease specific organizations; Alzheimer's Association; https://alz.org/ , Cancer support; https://www.cancersupportcommunity.org/, Parkinson's; https://www.parkinson.org/_Grief & Loss organizations; https://hospicefoundation.org/_etc.
 - Geriatric Care Managers: <u>https://www.aginglifecare.org/</u>
 - Free educational publications on aging: <u>https://order.nia.nih.gov/</u>

Caregiver resources

- Family Caregiver Alliance National Center on Caregiving (415) 434-3388 | (800) 445-8106 Website: www.caregiver.org <u>FCA CareJourney</u>: www.caregiver.org/carejourney <u>Family Care Navigator</u>: www.caregiver.org/family-care-navigator
- ✓ Caring.com (800) 973-1540 https://www.caring.com
- ✓ National Alliance for Caregiving https://www.caregiving.org (301) 718-8444

Summarize

- There is a strong likelihood that your employees are care-takers
- Provide education on a regular basis; through table toppers, posters, newsletters, podcasts, webinars, health fairs, support groups, and lunch & learns
- Discuss with other EAP's how they support their companies
- Call or write me to brainstorm!

Kelsey Loushin President Eldercare Professionals of Ohio, LLC 440-212-4987 <u>www.eldercareofohio.com</u> kelsey@eldercareofohio.com



Welcome!

Disclosure: The presenter of this webinar has no known conflicts of interest or monetary incentive related to the content of this presentation.

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Today's Learning Objectives

- Describe the differences between normal and abnormal cognitive aging in order to recognize warning signs in employees.
- List the primary cognitive domains impacted by aging and be able to apply that knowledge during employee evaluations.
- Be able to assess an employee with interview and/or mental status exams in order to make useful referral decisions.

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What is neuropsychology?

- The Study of Brain-Behavior Relationships
- Assessment of Brain Function
- How Functioning Translates to Daily Living



Aging American Workforce

2010 – 19% of workers 55 or older

2020 – 25% of workers
 55 or older (projected)



Aging American Workforce

More individuals are working past the age of 65







Normal Course of Aging

Rapid development/changes through childhood

- procedural learning (skills)

- crystallized/semantic knowledge

Normal Course of Aging

Rapid development/changes through childhood

- cellular growth and death

- synaptic pruning

 a process of axon/dendrite elimination that occurs between early childhood and puberty




Normal Course of Aging

Learning from adolescence into adulthood

- continued with vast knowledge acquired
- brain structure is more fixed
- efficiency of learning continues into the 3rd decade of life
- after this point, certain skills begin a slow decline

Types of Intelligence

- · Fluid intelligence
 - less dependent on prior learning
 - mental flexibility
 - speed
 - problem solving



Types of Intelligence

- · Crystallized intelligence
 - semantic knowledge (what a person knows)
 - dependent on prior learning, _

education, and experience







Types of Intelligence

- Fluid intelligence tends to decline with age
- Crystallized intelligence remains stable or increases with age























Super Agers

- Cognitive Reserve in those with higher IQs and education
- Is all cognitive aging abnormal?
- · Consider the individual!

Key Con

Non-Normal Aging

Cognitive decline that is beyond what is expected in a healthy individual is considered abnormal and signifies the presence of additional influencing factor(s)

Organic versus Non-Organic

- Organic factors are those tied to some physiological condition.
- These can be neurological or nonneurological.



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Non-Normal Aging

Impact of Injury and Health Conditions

Traumatic Brain Injury Epilepsy Stroke Dementia Mild Cognitive Impairment

Non-Normal Aging









Non-Organic Influences

- Psychiatric conditions
- Substance use/abuse































Putting This Knowledge To Work

- Timeline
- Age
- Onset
- Course
- Insight
- Physical appearance
- Speech
- · Interpersonal interactions

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Example 1 - Margaret

- 55-year-old woman who has been with the company for 14 years.
 Problems emerged in the last year and gradually worsened over time.
- •
- time. Early symptoms included changes in personality, being somewhat disinhibited and saying inappropriate things to coworkers. In the last couple of months, she also has had more trouble learning a new computer system, not seeming to "get it" despite being coached numerous times. .
- She has made some bad judgment calls, has left her computer unattended and posted the password on the monitor, and she has had trouble articulating her thoughts clearly. She denies anything is different and instead blames her supervisor for purposefully setting her up to fail.
- •

Example 2 - Joe

- 59-year-old man who has been with the company for 3 years.
- Se-year-out main who has been with the company lot 5 years. Over most of this time, he has shown variable performance. He can be argumentative some days but easy going on other days. His work attendance has been spotty, sometimes taking days off for no apparent reason or coming in late without explanation.
- At times he has slurred speech but this is inconsistent. Very defensive about these problems when brought up to him by his .
- Very detensive about these process and the supervisor. He is able to perform the assembly tasks he normally does, but during some shifts he is slower to finish, makes more mistakes, and his coworker expressed concern about "unsteady hands."

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Example 3 - David

- · 50-year-old man with 18 years of solid employment.
- In the past week, his performance has dropped off considerably and he has had noticeable problems expressing his thoughts and understanding others.
- His memory seems to be very poor.
- · His handwriting has also become illegible and he seems confused.

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Example 4 - Emily

- 55-year-old woman with 11 years at the company.
- She has been given awards for strong performance but periodically her performance declines considerably.
- More recently, she has appeared disheveled and she is not getting her work done. She is withdrawn and has trouble keeping track of her workload.
- She can respond to questions appropriately but her speech is limited in output.
- Her coworkers notice that she easily distracted and unfocused on her work. .
- While this has happened in the past for about a month or two, the current presentation is more significant and company management has concerns.

Example 5 - Reginald

- 60-year-old man who has 5 years with the company.
- In the past four months, he has been coming to work a bit late.
- He is missing details in his work, making mistakes, and having trouble finishing his tasks on time.
- Although less outgoing, his personality is not much different than before.
- During meetings, he tends to zone out, sometimes not responding to questions.

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Example 6 - Marcus

- 60-year-old man who has 5 years with the company.
- In the past four months, he has been coming to work a bit late.
- He is missing details in his work, making mistakes, and having trouble finishing his tasks on time.
- Although less outgoing, his personality is not much different than before.
- During meetings, he tends to zone out, sometimes not responding to questions.

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EAP interactions with employee

- · Meeting with employee
- · Use of collateral information
- · Discrepancies between info sources

Mental Status Exams

- Mini Mental State Exam (or Folstein)
- Montreal Cognitive Assessment (MoCA)

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Mental Status Exams

Mini Mental State Exam (or Folstein)

•Orientation •Language •Working Memory/Concentration •Short-Term Memory •Visual-Spatial

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Caveats

- Age discrimination
- Diagnosing based on symptoms
- Understanding sensitivity/specificity of MMSE

Summary of Objectives

- Describe the differences between normal and abnormal cognitive aging in order to recognize warning signs in employees.
 List the primary cognitive domains impacted by aging and be able to apply that knowledge during employee evaluations.
- Be able to assess an employee with interview and/or mental status exams in order to make useful referral decisions.



KEPRO.

BECOMING AN INDISPENSIBLE PARTNER TO YOUR CLIENT ORGANIZATIONS

ANN TURNER, PHD, LCSW-C, CEAP SUSAN BAKER, MSW

INTRODUCTION

Ann Turner, PhD, LCSW-C, CEAP Senior Account Executive, KEPRO

Susan Baker, MSW, Vice President, KEPRO

LEARNING OBJECTIVES

- Learn about expanded definitions of partnership between your EAP, your client organization, and their other vendors
- Hear about successful case studies for expanding your partnership with your client organizations
- Be inspired to find new ways to enhance your EAPs value proposition and greater engagement by employees and their families



WHY IS THIS IMPORTANT?

- Generates customer intimacy
- Increases utilization
- Find ways to add value

HOW DO YOU DO IT?

- Start where the client is....."
- Listen to their needs
- Stay "top of mind"

EXAMPLES OF KEPRO CUSTOMER PARTNERSHIPS

- Health conditions (Diabetes, Cancer)
- Customizing a teambuilding training to address collegial communication-align with "Don't be a Jerk" Culture
- Corporate mental health initiatives (THRIVE)
- Communication challenges in a department
- Cross-referral with insurance companies-train operations stafftheirs and yours about each other's services

How can you wrap your services around the customer's other benefit programs so you remain part of their whole package?

CASE EXAMPLE #1: CANCER HUDDLE

- Virtual roundtable of vendors who review approximately three cases twice a month for an hour
- Participants include cross functional group of vendors and professionals
- RN from insurance plan selects medically complicated cases and "presents" to the vendor team
- Vendors (including a medical doctor) ask and answer nurse's questions and make comments related to their specialty
- KEPRO provides the only psychosocial input to the primarily medical team

CASE EXAMPLE #1: CANCER HUDDLE

MIKE, AGE 52, NORTH CAROLINA

- Stage IV Pancreatic Cancer
- Metastasis to Liver
- Type 2 Diabetes
- Anemic
- Gastrojejunostomy ("G-J Tube")
- Radiation treatments to spine for pain management

CASE EXAMPLE #2: TEAMBUILDING TRAINING

SAMPLE POPULATION

 $400\ employees$ who work over three shifts with varied experience and educational backgrounds, large international company

WHY WAS IT REQUESTED?

Annual Employee Engagement Survey revealed need to understand strengths and weaknesses, have difficult conversations, confront corrosive behavior

WHAT DID YOU DO TO DETERMINE BEST WAY TO PROVIDE TRAINING?

On-site counselor/trainer met with manager over several months then piloted it on the managers







CASE EXAMPLE #2: TEAMBUILDING TRAINING

HOW DID YOU EVALUATE IT? Post-session evaluation

HOW DID YOU TWEAK IT AFTER MANAGER TRIAL RUN? Encouraged employee engagement via individual, small and large group exercises, hands-on activities, took as many questions as possible

LESSONS LEARNED FOR THE TRAINER

- Groups enjoyed peer interaction/activities
- You can't please everyone-always someone who didn't want to be there/gave negative feedback
 Hard to find material that all could relate to

CASE EXAMPLE #2: TEAMBUILDING TRAINING

LESSONS LEARNED FOR THE CUSTOMER

- Employees need basic communication tools to engage in straight talk/confront corrosive behavior
- Three Step Perception Checking process beneficial
- Employees felt heard
 Participants recommended the workshop be presented annually

Head of department was impressed with survey results/audience satisfaction-"Quality people aren't known for giving 5s"

¢









WHAT COULD YOU DO? BRAINSTORM EXERCISE

Given what we talked about can you think of an opportunity to partner with your customer in a non-traditional way?

EXAMPLES:

- Wellness program
- Disease management
- Employee engagement

DIABETES FORUM

Meet monthly with combined vendor and customer team (onsite health coach, occupational health nurse manager) look at ways to help the organization with high claims costs related to Diabetes

Things we've considered

- Food in their cafeteria (teaching healthy alternatives)
- Trial run of changes at one site initially
- Whose buying the food that they eat
- How to promote (home mailing if male workforce and women are doing shopping)
- What about their children's health

THRIVE INITIATIVE

- Large employer partnered with New York City Mayor's wife to make mental health care more accessible by training New Yorkers in Psychological First Aid
- The customer provided the space and participants
- KEPRO provided an EAP Orientation in the middle of the eight hour training
- There was a LOT of interest from employees across the organization to learn about mental health

> It was a great way to spread the word about EAP services



CONCLUSION

To stay competitive in the EAP space we must become indispensable to our customers

"Start Where the Client Is" look for ways to provide "out of the box" ideas to partner with your customers

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- CT#1 Consultation with, training of, & assistance to work organization leadership seeking to manage troubled employees, enhance the work environment, & improve employee job performance
- CT#4 Use of motivation & short-term interventions to address issues that affect job performance
- ✓ CT#8 Evaluation of effects of EA services



















EBP Coaching Practice Models

HEALTH/WELL-BEING

PERMA – Positive emotions, **E**ngagement, **R**elationships, **M**eaning & **A**ccomplishment (Seligman, 2011)

Transtheoretical Change Model – (Prochaska & DiClemente, 1984)

COGNITIVE-BEHAVIORAL

ACT – Acceptance & **C**ommitment **T**herapy (Hayes, Bond, Barnes-Holmes, & Austin, 2007)

SPACE – Social context, **P**hysiology, **A**ction, **C**ognition & **E**motion (Edgerton & Palmer, 2005)



Coaching Improves Performance Outcomes

Recent meta-analytic studies have demonstrated the effectiveness of workplace coaching in generating improvements in skill learning and performance outcomes; while noting the differential impact of specific coaching factors as moderators of those outcomes.



(Linley & Harrington, 2006; Biswas-Diener, 2010; Theeboom, Beersma & Van Vianen, 2014; Jones, Woods & Guillaume, 2016)

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Solution-focused Coaching Enhances Outcomes



When coaching utilizes a solutionfocused over a problem-focused approach, outcomes showed a subjective perception of an increase in goal attainment, selfconfidence, resilience, well-being, insight, situational understanding, and competency.

(Snyder, Rand, & Sigmon, 2002; Grant & O'Connor, 2010; Neipp-López, Núñez-Núñez, Carmen & Martínez-González, 2016; Wehr, 2010)

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- Randomized controlled trial of cognitive behavioral solution-focused executive coaching showed significant increase in goal attainment, well-being & stress reduction (Grant et al., 2010).
- Quasi-experimental study of executive performance & job satisfaction after coaching through self-rating & supervisor-rating for performance. Career satisfaction & supervisor-rated job performance significantly increased in coaching group (Bozer et al., 2012).
- In manualized 6-session coaching effort for goal setting & strengths development, participants showed highly statistically significant increases in transformational leadership behavior & this difference was perceived at all levels within organization (MacKie, 2014).











Applying Evidence-Based Research for More Effective Workplace Coaching - Bernie McCann, PhD, CEAP

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Learning Objectives

- * Increase understanding in how team dynamics impact employees
- Improve your awareness in the relationship between team dynamics and mental
- health
- Share learnings on work team interventions
 - Systems theory
 - High performance teams
 - Passive leadership and the incivility spiral
 - Learning organization
 Psychological safety
- Do a tabletop exercise in team intervention





Think of the System

- How often have you worked with an employee who was impacted by an unhealthy system?
- Rather than trying to put humpty dumpty back together, wouldn't it be better to keep him on the wall?
- Effective EAP professionals have an opportunity to impact the system rather than just helping employees put the pieces back together.



4

Why Employee Assistance Professionals?

- We have special training and expertise in behavior and systems theory.
- * Few see the impact these unhealthy work environments have on employees like we
- do.
- * We can build relationships with HR, safety, business leaders, legal, security and others (specific to your organization) to impact real change.
- If you want a seat at the table, you must bring something to the table.
- Companies do not need mental health counselors. This is provided by health insurance. They need experts in workplace behavioral health and human interaction.



5

It Has Been A Journey

- An amalgamation of concepts
- Systems theory
- Team building/dynamics
- Effects of passive leadership
- Learning organization/human performance
- Psychological safety





System Theory

- Just like employees are impacted by their family system, they are impacted by the work system.
- * Often there is some recreation of their family system within their work system, particularly if it is an unhealthy system.
- Looking for problems within the system helps us avoid blame and shame.
- As the system becomes healthier, employees are less stressed, more engaged and better able to manage the challenges of work and life.



7

High Performance Work Teams are Built on . . .

- 初初
- TrustMutual Respect
-
- Communication
 Shared Vision/Alignment

8

High Performance Workteam Training

- First created as an attempt at addressing team dynamic issues.
- Team building training introduces the basic concepts of high-performance teams.
- Helps the team gain the vision for how a team can perform.
- · Provides information on what can derail a team.
- Often doesn't seem to address core issues.



Passive Leadership and Incivility Spiral

Often where there is team discord and dysfunction, there is passive leadership.

Passive leadership creates an environment where workgroup dysfunction can build.

- Starts with the perception of an unkind or uncivil act returned in kind
- If not addressed, becomes tit for tat
- Spreads throughout the group
- Cliques form, gossip spreads
- · Descends from incivility to hostility



10

Human Performance/Learning Organization

- Based on work being done in Health, Safety, and Environment (HSE).
- * A departure from Root Cause Analysis but seeks to understand weaknesses within
- the system.
- * Moves a culture past simplistic "blame and punish," but seeks to understand the context and the system.







Human Performance Assumptions

1. People make mistakes.

- 2. People's actions are rarely malicious, but well-meaning behaviors intended to get the job done.
- 3. Unexpected events may be a symptom of a weakness in our systems.
- 4. We can detect, manage and prevent most error-likely situations.
- Understanding the context surrounding error, and implementing 5. defenses based upon learning can help reduce severity of incidents.
- 6. Leaders and organizations influence individual behavior.
- 7. How leaders respond to failure matters; suspend judgment and respond with curiosity.

Be curious → Learn → Communicate

≯ Improve

13

Human Performance Assumptions (Non-Safety)

- 1. Numerous factors influence how the work gets done
- 2. We have good leaders who are doing their best to effectively manage processes and lead people.
- 3. We have capable, hard-working employees doing their best to get the work done 4. People's actions are rarely malicious, but well-meaning behaviors intended to
- get the job done. 5. Unexpected outcomes may be a symptom of a system that is not functioning



6. Understanding the context surrounding outcomes, and how the system functions can help us create a system that functions as intended

4

7. How leaders respond to failure matters; suspend judgment and respond with curiosity. Learn

> С

14

well.

What is a Learning Team?

A Learning Team is a group of people from any level of the organization

To discuss how work gets done and then develop their own ideas to improve operational performance

Studying either success or failure, without looking for cause or blame, gives an explanation of \boldsymbol{how} 'this something' happened and most importantly what should we learn from it.

A blame-free environment where everyone has something meaningful to contribute



_

Learning Teams

Work well to:

- Explore unexpected outcomes
- · Give voice to employee concerns
- Uncover unspoken rules or expectations
- Help employees and leaders gain insight Change hearts and minds



17

Psychological Safety in the Workplace

Psychological Safety - the belief that one can take intelligent risks to innovate, openly express concerns, and appropriately challenge peers and leaders without damaging status, reputation or career.

Psychologically safe employees are:

- More creative
- More engaged
- Feel their contribution is valued
- Willing to appropriately challenge leadership
- · Willing to innovate and take smart risks



WILEY

Micro-Messaging

Our brains automatically and constantly scan the world for threats. They are constantly interpreting the messages (large or small) being sent in the workplace as either "I am safe" or "I am in danger".

- · Leaders tend to overestimate their approachability.
- Employees tend to play it safe and underestimate a leader's approachability.

A leader must be intentional about building psychological safety.



19

The Keys to Psychological Safety

- 1) Framing the work
- 2) Show fallibility and humility
- 3) Embrace messengers and respond with curiosity



20

Framing the Work

The way a leader presents the work will impact the way the team approaches it.

The team needs to:

- Understand why the work is important
- Recognize it is complex with a high degree of uncertainty
- Believe everyone's ideas and voices are needed to create the best outcome



Fallibility and Humility

Great leaders are competent, self-confident, vulnerable and humble.

- Humility and fallibility are not the opposites of being competent and self-confident.
- If you already know all the answers, employees will be reluctant to contribute.
- Being willing to say, "I may miss something", "I don't know" or "anyone have any ideas," allows for better decision making.

Examples: Daini Nuclear Powerplant in Japan United Flight 232



22

Embrace Messengers and Respond with Curiosity

- Employees are watching carefully to see what happens when an uncomfortable message is brought to the leader.
- Leaders with a high degree of expertise may dismiss non-feasible ideas without considering if some portion of the idea might be useful. They may also fail to consider how a dismissive response could prevent other messages being brought forward.
- Curiosity is a key to creating a learning organization.





Conclusion

- 1) Organizations and leaders want help creating a positive work environment for employees.
- 2) Learn the company culture, embrace what you can embrace and seek to influence what you cannot.
- 3) Develop your skill in work team interventions and become a trusted resource.
- 4) There are few things more impactful to an employee's mental health than a healthy work culture.



25











COACHING RESILIENCE AND MENTAL TOUGHNESS IN THE WORKPLACE

The FAB 5 – Tools and Building Blocks

#1 Self-Regard

#2 Self-Actualization

#3 Optimism

#4 Social Responsibility

#5 Interpersonal Relationships

Pam Borton | ICF Senior Executive Coach | Professional Speaker | Author pam@pambortonpartners.com | 612.418.7776 | pambortonpartners.com



5 COACHING STRATEGIES TO DEVELOP RESILIENCE & MENTAL TOUGHNESS

1.Energy

2. Self Care

3. Adaptability

4. Sense of Belonging

5. Connectedness

Pam Borton | ICF Senior Executive Coach | Professional Speaker | Author pam@pambortonpartners.com | 612.418.7776 | pambortonpartners.com





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Presentation Outline

- Overview of Current EAP Development in China
- Key to EA future in China: building professional competence
- A New Vehicle for Building EA Competence: the Shengxin Institute
- EA Professional Development Model

















Shengxin's Training Approach: Training + Experience + Work Opportunities Graduates are encouraged to pursue CEAPA credential with EAPA 54 hours experience building/practice Three streams (specialties) of training: EAP counseling, training, account management 45 hours online instructions +16 hours mentoring EAP Basics 30 hours online instruction +15 hours mentoring

8

















5

Questions

- What were your initial concerns regarding this case?
- How did you determine which organizational department to involve in the case?
- What was the long-term outcome of this case?
- Did this case precipitate any policy or business changes?

EAPA Connecting, Educating & Supporting EA Professionals Worldwide

• Looking back, is there anything that you would have done differently?





8

Questions

- What were your initial concerns regarding this case?
- How did you determine which organizational department to involve in the case?
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9

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Translating Coaching into Therapy

Lynn Grodzki, LCSW, MCC Therapywithacoachingedge.com

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Bio:

Psychotherapist, LCSW-C Master Certified Coach, MCC Therapist in private practice since 1988 Business & Life Coach since 1996 Faculty, Coach Inc Author of 5 books on practice building



Lynn Grodzki

Psychotherapy w/ coaching =

- See tangible, immediate results
- Improved client retention
- More client control of treatment
- Faster progress, ideal for short-term counseling



The Coaching Edge

By Lynn Grodzki Psychotherapy Networker Magazine Nov/Dec 2012

A new, additive (+) shorter-term model of therapy using adapted coaching skills & strategies



Translating Coaching into Therapy

By Lynn Grodzki **Psychotherapy** Networker Magazine Aug/Sep 2018

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Positioning Skills Integration





<u>"Getting to Yes"</u> session structure

- Set goals to merge both wants and needs
- Sessions have thru line: beginning, middle and end
- Learn to spot and articulate results

"Getting to Yes" session structure

• Set goals to merge both wants and needs

"Getting to Yes" session structure

• Sessions have thru line:

Beginning: set compelling goal and markers of success Middle: working through, frequent check on progress Ending: leave time for ending well, take-aways

"Getting to Yes" session structure

• Learn to spot and articulate results



Positioning <u>Skills</u> Integration

Skills for Partnership

#1: Ask Effective Questions

#2: Be a Strategist with a Twist

#3: Add Humor and Lightness skills for <u>Action</u> #4: Call a Client into

#5: Add Shared Accountability

Action

#6: Deliver a Coaching Edge

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Skills for Possibility

#7: Align with Core Values

#8: Find Metaphors that Matter

#9: Design a Plan for Life

<u>Coaching</u> <u>Edge Sk</u>ill:

#1: Ask Effective Questions



Open-ended

Direct

Create an "ah-ha" moment

Learn to intentionally ask effective questions

Enhance insight

> Challenge limiting beliefs

Prompt new options

Timing and pacing is everything.

Coaching Edge Skill:

#4: Call a **Client into** Action



Assist readiness.

Prochaska's Stages of Change:

- Precontemplation
- Contemplation
- Preparation
 Readiness
 Action

Skill #4: Call a Client into Action

1. Set goals, but lower the bar.

2. Make action steps relevant.

3. Its an experiment. Debrief all action attempts between sessions and ask:

- What did you learn?
 What do you need to do more of? Less of?
 How are you stronger for trying this?

Coaching Edge Skills:

#6: Deliver a Coaching Edge



For the benefit of the client

Face to face

With clarity & compassion



Integration:

What will you take away?



The strategies presented in this workshop can be found in the book: **Therapy with a Coaching Edge**. To see inside the book, go to: www.Therapywithacoachingedge.com

For EAP team training and coaching, contact: Lynn Grodzki, LCSW, MCC Email: info@privatepracticesuccess.com

PH: 301.434.0766 www.Privatepracticesuccess.com

W.W. Norton, 2018





THE ESSENCE OF EAP

- Micro and Macro
- Reactive and Proactive
- Self-Promoting

Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union afficials) seeking to manage troubled employees, enhance the work environment, and improve employee job performance EAP Core Technology 1

A SAFE HARBOR • A Peek Behind the Curtain • Power Dynamics • Family Dynamics • Keeping It Real

4

5

PUTTING THE COUNSEL IN COUNSELING

- Advice; opinion or instruction given in directing the judgment or conduct of another.
- It Feels Good to Talk
- Question their answers
- "This feels like a plan."
- Levelling the Playing Field

<section-header> WHY THEY CALL 9. Employee Relations 9. Employee Performance 9. Critical Incidents 9. Strategic Planning 9. Sit Me or Them?

WHEN THEY CALL

Before taking disciplinary action As part of a PIP Prior to termination In response to a critical incident After it's too late

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8

IMPORTANT QUESTIONS

• Did you come from within or without?

Did you come up through the ranks?Did you inherit someone else's problems?

• How many "toxic people" do you have?

• Do you have the support of your leaders?



THANKS, BUT NO THANKS. 1 Team building exercises 1 The "we're a family" analogy 2 Satisfaction surveys 3 Time management studies 3 Slogans Open door policy





"IFYOU WANT TO MAKE EVERYONE HAPPY, DON'T BE A LEADER, SELL ICE CREAM" – STEVE JOBS

- You can't motivate people to do things, you can only demotivate them. The primary job of the manager is not to empower but to remove obstacles. Scott Adams
- The less people know, the more stubbornly they know it. OSHO
- People will always be tempted to wipe their feet on anything with 'welcome' written on. Andy Partridge
- A camel is a horse designed by committee. Sir Alec Issigonis



FOOD FOR THOUGHT

 They're not problem children, they're problem adults.
 It's not you, unless it is.
 Supervise others, manage yourself.
 The "employee whisperer."



13
























Dwnership		
Indicator	% of Females (aged 15 - 19 years old)	
Percentage of women who own a house: Alone or Jointly	32	
Percentage of women who own a land: Alone or Jointly	12	
Decision on own healthcare,Major household purchases, Visit to her family or relatives	85	
Percentage of women who have and use a bank accounts	22	
Percentage of women who have and use mobile phones	86	



































ICAS

SOME FACTS

While South Africa has one of the most progressive constitution in the world which clearly anchors equal rights for women, women's wellbeing and reality is severely impacted by high levels of genderbased violence and the disproportionate impact of poverty on black and rural women.

- 32% of Supreme Court Judges are women
- 31% of advocates are women
- 30% of ambassadors are women
- 24% of heads of state-owned enterprises are women
- **32%** of managers are women
- Women account for 43.8% of total employment and more women are unemployed than men (average unemployment rate of 30%)
 Women are more likely to be working in the informal sector than
- men and more women are involved in unpaid work than men.Women dominate domestic workers and clerk/technician
- occupations with men dominating all other employment categories

In the light of poor public health infrastructure, high levels of crime & violence and high prevalence of both physical and mental health challenges, the ICAS EAP is highly effective in providing access to mental health and practical support for women (and men).

























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TELEHEALTH TERMS	SPOKE AND HUB MODEL
 Telemedicine – the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance Originating or "spoke" also – where the patients is located at the time the service is located Distant or "hub" alte – where the physician or other provider who is delivering the service is located Telepresenters – Suff at the spoke site who facilitate the delivery of the service is to located a communication or viscon and forward', technology – transfer of data from one site to another through the use of a camera or similar device that records at migge that is servi va telecommunication to another site for consultation Reinhumment – Con include and provider fac (and to growide at the hub and) and is facility for goald to the spoke and in some cases may induce reinhumsement for transmission charges and equipment costs 	Karsing Hore Hores CSBs HUB Julis CSBs HUB Schools PCP Forviders Offices Providers Health Departments EDs
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Direct	Sourceling (aka "Email Consultation", "Email Therapy", "Private Therapy", "One on-one Counseling") is the fastest and simplest way to receive ling from one of our highly qualified therapists for any of your needs. Key features include:
1.	Personalized - the therapist we match you with is dedicated to your issue. They have years of experience in the real world and provide counseling to people with similar or identical issues.
2.	Qualified - our therapists are internationally based, and go through a strict selection process where we only choose those with post- graduate degrees. Literated in psycholdwarge, and having at least 2+ years if experience providing counsel. Once you submit your information, we include the east qualification and destails of your counsel for your passe of mid.
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	For more information about MyTherapyCouch and our team of therapists please visit the "About Us" page
	https://www.mytherapycouch.com/











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Billing & Coding

Coding and seminars: https://telehealth.org/webinar/telemental-health-billing/

https:// tetesteutinorg/ webindi/ tetestentat neutin bi

Secure Telehealth Billing Codes: http://www.securetelehealth.com/frequently-asked-questions/12-frequentlyasked-questions/122-what-cpt-codes-are-covered-for-telehealth.html

79.

Medicare Covers Telehealth Psychotherapy Services: https://apa.org/monitor/nov01/telehealth.aspx

79









September 25th, 2019 EAPA St. Louis

BRING YOUR WHOLE SELF TO WORK: GLOBAL PERSPECTIVE OF PROMOTING WOMEN'S WELLBEING

KAORU ICHIKAWA AYUMI NISHIKAWA NANCY BOARD ANDREA LARDANI

grupowellnesslatina

WHAT HAPPENS IN LATINAMERICA?

ANDREA LARDANI

Director at Grupo Wellness Latina andreal@grupowellnesslatina.com www.grupowellnesslatina.com

GLOBAL GOOD NEWS

More women than ever before are both **educated** and participating in the **labor market**. (1)

There is greater awareness that gender equality is of paramount importance in efforts to reduce poverty and boost economic development. (1)

The proportion of women in executive positions is increasing globally (2).

73% of companies in the world have Diversity and Inclusion Programs.(2)

1) World Employment and Social Outlook: Trends for Women 2018 – Global snapshot International Labour Office – Geneva: ILO, 2018) (2) Las mujeres en la gestión empresarial: argumentos para un cambio / Oficina Internacional del Trabajo – Ginebra: ILO, 2019)



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NOT SO GOOD...





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Compared with men, women spend three more hours a day on domestic chores.

Women earn an average of 10% less than men.









An estimated 1 of every 3 women over the age of 15 has experienced sexual abuse. According to WHO it has become an epidemic.

The World Bank, 2018.



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WOMEN'S HEALTH IN LATIN AMERICA



Mortality rates 2016 (100.000 pop)

PRINCIPAL CAUSES OF DEATH RATES



Pan American Health Organization / World Health Organization, Evidence and Intelligence for Action in Health// Health Analysis, Metrics and Evidence. Health Situation in the Americas: Core Indicators 2018. Washington, D.C., United States of America, 2018.



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MATERNAL MORTALITY RATIO IN LATIN AMERICA

Every 100.000 live births per year

Latin America = 58.2		
BRAZIL	64.4	
	73.8	

CENTRAL AMERICA	75.0
SOUTHERN CONE	34.5
MEXICO	36.7
ANDEAN AREA	73.3

In Canada the ratio is 6.0

Pan American Health Organization / World Health Organization, Evidence and Intelligence for Action in Health// Health Analysis, Metrics and Evidence. Health Situation in the Americas: Core Indicators 2018. Washington, D.C., United States of America, 2018.

WOMEN'S RISK FACTORS INDICATORS



Pan American Health Organization / World Health Organization, Evidence and Intelligence for Action in Health// Health Analysis, Metrics and Evidence. Health Situation in the Americas: Core Indicators 2018. Washington, D.C., United States of America, 2018.



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LATIN AMERICA – BREASTFEEDING & WORK -

8

8 OUT OF 10 WOMEN CONSIDER THAT COMBINING BREASTFEEDING AND WORK IS DIFFICULT.

73%	63%	43%	88%	65%
Felt uncomfortable asking where to breastfeed or express milk.	Felt uncomfortable talking about the issue with their direct boss.	Felt uncomfortable talking with colleagues.	Consider there is lack of information from the employer and that they do not know who to ask questions when	Express milk in the bathroom.
One of the most comm women stop breastfee	non causes for which ding is returning to work.		returning to work.	

- Lardani A. (2019). Breastfeeding & Work in Latin America. Is there a role for EAPs? Journal of Employee Assistance, 49 (2): 28-30. - Voices Research & Consultancy (2018)



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Days AR	GENTINA	
Days	CHILE y MEXICO	
Days	СОLОМВІА	12 Minore Mar
0 Days	ECUADOR y PERU	7
3 Days	URUGUAY	
4 Days	VENEZUELA y PARAGUAY	L'AND
0 Days	BRAZIL	a la
	arental leaves reduces inequality and benefits fathers, nildren and companies	

LATIN AMERICA – MENTAL HEALTH -

Life time prevalence



Panamerican Health Organization (2013)



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LATIN AMERICA – SURVEY -

11









• My company offers wellbeing activities that take into account specific physical and emotional aspects of women.

• My company takes into account women's specific needs (for example, has a lactation room).

• I cover information about my personal life to avoid having less growth opportunities at work.

• In my organization men and women have the same opportunities to develop at work.

Sample size: 277 women from private, public and Non-profit organizations from Argentina, Chile, Bolivia, Colombia, Paraguay, Perú, Panamá, Méxco, Venezuela, Costa Rica, Puerto Rico & Ecuador. Ages from 18 to 60 or more. Grupo Wellness Latina 2019.

LATIN AMERICA - SURVEY -

12

Which wellbeing topics would you like your company to incorporate?





ONE SIZE DOES NOT FIT ALL

13

14



LEVELS	EAP AS STRATEGIC PARTNERS
Organizational	 Designing policies and guidelines related to women's issues in the workplace. Providing specialized professional recommendations related to women's issues. Suggesting / designing communications to promote women's wellbeing in the workplace.
Management	 Training managers, supervisors and Human Resources in specific aspects related to women. Preparing women managers to become mentors who may share their personal experience with other female employee. Promoting Management EAP consultations.
Employees & Families	 EAP and wellbeing services that address specific issues related to women. EAP triage services reduces treatment gap. Onsite and online workshops for employees and families (to promote health and wellbeing)

LATIN AMERICA – ADDRESSING WOMEN'S NEEDS -

EAP'S as strategic partners to promote a culture of diversity and "real" inclusion – Example -

Organizational Level	Management Level	Employees and Family Level
▼	▼	▼
 Breastfeeding policies and procedures. How to incorporate onsite breastfeeding, pumping and storing facilities and promoting proper use. Communications to promote a culture of breastfeeding. 	 Onsite and online trainings about maternity, breastfeeding and how to support their employees. Telephonic management consultations about maternity leave and return to work issues of employees. Preparing managers to become mentors by sharing the experience about conciliating breastfeeding and work. 	 24/7/365 line for breastfeeding mothers during and after maternity leave. Telephonic and face to face counselling Online workshops with specialized information with resources recommended (such as books and articles).



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Onsite and Online Workshops www.grupowellnesslatina.net

OTHER TOPICS ADDRESSED

HEALTHY PREGNANCY

DOMESTIC VIOLENCE AND SEXUAL ABUSE PREVENTION

WOMEN'S HEALTH & WELLBEING

HEALTHY HEART

HEALTHY NUTRITION

HEALTHY LIFESTYLE

AGEING & MENOPAUSE



www.grupowellnesslatina.com

LATIN AMERICA - Addressing women's needs -



Onsite and Online Workshops www.grupowellnesslatina.net

grupowellnesslatina

www.grupowellnesslatina.com

THANK YOU!

ANDREA LARDANI

Director at Grupo Wellness Latina andreal@grupowellnesslatina.com





WORK LIFE BALANCE

STRESS MANAGEMENT

MINDFULNESS

RESILIENCE

SOCIAL SUPPORT

LEADERSHIP















***EAPA** Women's well-being :SOME FINDINGS Presenting Problem, EAP users by gender 60.0% 52% 50.0% 40.0% 30.0% 20% Female n=1269 20.0% 10.0% 0.0% Medical leave. workproblem oreanitational. Career^{issue} BUINING Medical other 60.0% 50.0% Male n=1436 40.0% 33% 32% 30.0% 20.0% 10.0% 0.0% Nort. Medical Bullying Other Interp. Medic. catee... life orean Source: Ichikawa, K. Japanese Journal of Occupational Mental Health 2015(23)p132











The Ohio State University







OHIO STATE's EAP HYBRID PROGRAM

Who makes up Ohio State's EAP? A team of behavioral health and daily living providers employed at the OSU Health Plan and IMPACT Solutions. The result is a blended EAP model leveraging the best of an internal EAP model with the full service capability of a vendor partner. IMPACT Solutions is an Ohio based, regional EAP firm that started in 1981. IMPACT serves higher education, hospital systems, municipalities and corporations. The partnership with Ohio State launched July 1, 2011 and allows faculty, staff and their extended family members to benefit from a large national network of providers that serve all of OSU's campuses and extension offices regardless of where they live and work.



IMPACT Solutions was selected by the Inter-University Council of Ohio's Purchasing Group as the preferred EAP provider for Ohio Colleges and Universities in 2010 and again in 2015 for an additional 5 years

KEY BENEFITS TO OSU FACULTY and STAFF Improved ACCESS to the EAP so users of all ages can

use the resources that are most relevant to them.

◆24/7/365 immediate phone support by licensed, master's prepared mental health professionals.

◆5 complimentary counseling sessions (*Face to Face Counseling or Telemental Health Counseling*) per person, per occurrence.

•Online Service Request Form to seek services when it's most convenient for you.

• Telephonic Coaching Sessions: Mindfulness, Expanded Eldercare Services, Nutrition and Tobacco Cessation.

• Daily Living experts for assistance with Legal, Financial, and Identity Theft Prevention & Recovery assistance services.

• Emotional Support Chatbot (January 2020).

EAP on the Web offers thousands of vetted articles and resources, assessment tools, on-demand webinars, personal & professional skill development programs. Everything on the site is mobile and tablet friendly.

Highly, credentialed local and national network of Masters and Ph.D. level clinical providers.

Access to OSU EAP counselors on site (main campus location and embedded in some colleges & hospitals).

OSU & IMPACT resources are so well integrated that we are able to offer additional referrals to campus services.

O)

The Ohio State University

- In the last 3 years, we have seen a 62% increase in direct EAP client files.
- Utilization is continuing to trend up in 2019 and is anticipated to be 20% higher this year than it was last year.
- Prior to OSU's partnership with IMPACT Solutions, **Regional Campuses** had no access to EAP resources. In 2018, thanks to the hybrid model, utilization (without web) hit **27%.**



LAST YEAR'S RESULTS

WE SURVEYED OVER 400 FACULTY AND STAFF IN 2018 AND WE LEARNED THAT 92% WERE SATISFIED WITH THE SERVICE THEY RECIEVED. HERE IS WHAT ELSE WE LEARNED.



Considering the Hybrid Model? Contact IMPACT Solutions 216-292-6007 or info@myimpactsolution.com

Guiding You Through Life

The Hybrid EAP: The Best of Both Worlds

Sharon Saia, LISW-S, CEAP, Director, Ohio State Employee Assistance Program Mona Fitzer, M.Ed., LPCC, Director of Education & Healthcare, IMPACT Solutions





The Ohio State University ~ Who are We?

- Established 1870 as a Land Grant School in Columbus, Ohio
- Regional campuses in Mansfield, Lima, Marion, Newark, Wooster, Ohio
- Columbus Campus enrollment (Fall'18) : 61,170
- Total enrollment (includes regionals): 68,100
- 15 Colleges, 168 Masters Degree Programs, 114 Doctoral Programs, 200 + undergraduate majors

he Ohio State University

EXNER MEDICAL CENTER

36,095 faculty and staff





Who are We?

7 Hospitals: Behavioral Health, Cancer, Brain & Spine, Heart, Rehab and two General Hospitals

- Patient Admissions (FY19) 64,534
- Outpatient visits (FY19) 1.92 million

(impact solutions[®]

- Emergency Department visits (FY19) - 132,632

- **Physicians -** 1,753
- Residents and Fellows 879
- Nursing Staff 4,949



Did I say sports?







Why a Hybrid EAP Model?

Ohio State

Columbus campus had a traditional internal model since early 1990's; Director with two full-time onsite counselors.

But, OSU is made up of five Regional Campuses AND extension offices in all counties of the state (88) 2010 Incident

A Workplace Violence Incident occurred on campus

Timing was right AND cultural fit was important

People wanted more from the EAP

Access needed statewide

Desire to expand eligibility beyond the individual

Need for increased confidentiality

24 hour response/phone

Increase depth of services

Increase EAP provider specialty



The Solution: The OSU EAP Hybrid Program leveraging the BEST of Both Worlds







Accessing the EAP online









Our Hybrid Services Internal Team External Team

- Counseling of Clients
- Referral to OSU resources and community linkages
- Case Management
- Fitness for Duty Consults
- Health Fairs
- Embedded EAP counselors
- Organizational interventions
- Threat Assessment Team
- Training
- Collaborative Partnerships Across Campus

- Answers dedicated EAP line 24/7
- Conducts initial assessment and triages callers
- Warm transfers to schedule with internal team
- Authorizes referrals to campus and network EAP providers
- Manages EAP Provider Network
- Data Collection & Reporting
- Financial, Legal & other daily living referrals
- Dedicated Account Management
- Regional campus support

OSU Hybrid EAP: Services we partner on...

- Critical Incident Response and debriefings
- Strategize on difficult clinical cases
- Formal Management Referrals
- HR & Manager consultation
- Trainings and Orientations (main vs. regional)
- Marketing and EAP promotion
- Managing Stakeholder Expectations



Can Stock Photo


OSU EAP Hybrid Model at it's Best

- Columbus Campus: November 2016, Male OSU student attacked students, staff and a faculty member by driving his car on campus grounds and stabbing people with a knife.
- Regional Campus: February 2019, Female OSU student was abducted at gunpoint on campus by her former boyfriend who was the father of her child.

How did we respond? As a TEAM with an integrated approach...





Is a Hybrid Model Right For You?

Factors to Consider:

- Size of Institution
- Scope and complexity
- Geographical presence
- Depth and Breadth of services needed
- to serve the workforce







What We Are Most Proud Of...

- Mutual commitment to service and quality
- We are clinicians first
- Integration across campus: HR, Integrated Disability, Employee Health, Police, OSU East, Graduate Medical Education, Vet. Med, Public Health
- Enhanced engagement new marketing strategies in 2019



Total EAP Utilization % without Web

What We Are Most Proud Of: Results EAP Client File Count

Findings: Since OSU partnered with IMPACT and we launched the Hybrid EAP model, direct EAP counseling files have increased by **350%**

Implications:

- An internal EAP can thrive and some even grow with a Hybrid model in place & with the right partner.
- We are excited to measure more than utilization and client satisfaction in 2020 and beyond.



WorkPlace Outcomes Suite Pilot



Absenteeism Declined by 27.4% Presenteeism Declined by 10% Work Distress Declined by 5.1% Work Engagement Improved by 10.2%* Life Satisfaction Improved by 9.7%

A Step Further ~ By Presenting Problem



What's Ahead in 2020?

	Jar	nuary				ſ	Ju	ine					
		Emot	ional Supp	oort			Init	ial analy	sis on OS	U			
		Chatb	oot and W	OS launc	h		WC)S data i	s obtained	b			
Ja	an	Feb	Mar	Apr	May	Ju	in	Jul	Aug	Sept	Oct	Nov	Dec

Early 2021, IMPACT will analyze WOS data comparing OSU against Ohio's Higher Education BOB



Questions?

<u>Sharon.saia@osumc.edu</u> 614-688-4448 <u>mfitzer@myimpactsolution.com</u> 216-292-6007











LEARNING OBJECTIVES

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Participants will be able to:

- Describe the problem and impact of suicide on the work environment.
- Identify warning signs and behaviors that signal a person may be at risk for suicide.
- Discuss ways to respond to an individual who is at risk for suicide.
- Create a strategy to develop an effective suicide prevention plan in your work setting.





























































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POTENTIA	L WARNING SIGNS
Suicidal statements	expressions
Feelings of hopeless	ness, failure
Current mental hea	Ith issues
Mood/behavioral ch	anges
Minimal/unresponsiv	ve to supports
Increased alcohol or	drug use
Sleep disturbance	
Social isolation	









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28













 Foster
 Foster communication, belonging, connectedness, respect

 Identify and assist
 Identify and assist those at risk for suicide

 Respond
 Determine suicide risk response and return to work

 Image: Prepared
 The prepared to respond to a suicide death (postvention)

32











10 ACTION STEPS FOR DEALING WITH THE AFTERMATH OF A SUICIDE



37

















FEDERAL GOVERNMENT CONTEXT

Workplace mental health is a priority

- Variety of positive practices currently in place
- Ongoing concerns indicate more can be done
- Adopted a workplace mental health strategy

SGBA+ being implemented across government

- $\mbox{ ~ ties into vision of a diverse & inclusive public service representative of Canada's population$
- Seeks to close key gaps between diverse groups of women, men, and non-binary people









What can Health Canada's EAP do to systematically consider sex and gender (as well as intersecting identities such as age, sexual orientation, and ethnicity) in policies, procedures and services?





	Concepts	Academic
	Sex/gender & mental health	80
. 1	Sex/gender & counselling	36
	Sex/gender & EAP	28
11 M M	General EAP articles	4
	Total	148
	Concepts	Grey
	Sex/gender & mental health	72
	Sex/gender & EAP/counselling	26
	Total	<u>98</u>





✓ targeted outreach

- ✓ training
- ✓ digital services
- ✓ Performance measurement

Targeted outreach: men and underutilization

- Men are the largest group in need of targeted outreach -Men 2.5x substance use problems, 3x suicide, but only half as likely to seek professional help (Statistics Canada, 2018)
- Similar disparities in EAP utilization (Azzone et al., 2009; Brodziaski & Goyer, 1987)
- Targeted brochures and online materials both effective for engaging men (Hammer & Vogel, 2010; Wang et al., 2016).



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Targeted outreach: unique workplace needs

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- Victims and perpetrators of intimate partner violence (Pollack, Austin, & Grisso, 2010)
- Women and gender diverse individuals are more likely to experience workplace-based bullying, discrimination and harassment (Attell et al., 2017; Dispenza et al., 2012).

Targeted outreach: implementation

- Possible to boost utilization by underserved groups with targeted promotional materials, <u>while still increasing</u> <u>utilization overall</u> (Zarkin et al., 2001)
- Tailor to the <u>actual needs and preferences</u> of specific target population (Shepps & Greer, 2018)
- Strategically integrate targeted outreach with broader workplace mental health promotion and diversity efforts





Training

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- Although some EAP clients may have a preference for a closer match (Cabral & Smith, 2011)
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- Training also important for understanding how broader structural inequalities affect the mental health of diverse groups of women and men (Ancis, Szymanski & Ladany, 2008)



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Digital EAP: shifting preferences

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Performance: data collection

- EAP valuation typically weak, relying on limited utilization data and follow-up surveys that may or may not collect information on gender (Jacobson, Jones, & Bowers, 2011)
- Basic quantitative data on clinical outcomes of diverse EAP clients are limited, with few assessments of <u>benefit equity</u> (Milot, 2017)
 - "the equitable distribution of benefits among the different types of employees covered by an assistance program"

Example: Improving Access to Psychological Therapies (United Kingdom)

 Able to track equity gaps in clients moving from intake to treatment <u>because they collect demographic information at</u> <u>intake</u>







Performance: EAP utilization rates

- Reporting the percentage of total EAP clients who are male or female has limited relevance (Spetch, Howland & Lowman, 2011) -especially when include both employees and eligible family
- Calculate as a percentage of eligible employees who are male, female, gender diverse, LGBTQ, etc., to take differences in employee demographics into account. -E.g. two thirds of Health Canada employees are women but two thirds of Fisheries and Oceans Canada employees are men

Performance: outcome reporting

- EAP outcome data need to be strengthened (Csiernik, 2011) -in general
 - -by gender and other identity factors
- Follow-up surveys are weaker than standardized pre- and post-service measures (Jacobson et al., 2011)
- Kessler distress scale particularly suited to EAP mandate (Kessler et al., 2003)

Q1.	During the past 30 days, about how often did you feel	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	nervous?	1	2	3	4	5
b.	hopeless?	1	2	3	4	5
c.	restless or fidgety?	1	2	3	4	5
d.	so depressed that nothing could cheer you up?	1	2	3	4	5
e.	that everything was an effort?	1	2	3	4	5
f.	worthless?	1	2	3	4	5

Example: K6 Distress Scale - self-



Performance: organizational context

- Include high-level GBA+ EAP indicators in organizational performance management frameworks
 - -E.g. male and female employee utilization rates as percentages of total male and female employees
 - -E.g. rates of improvement in distress levels pre- and post-EAP services by gender and other identify factors
- Leverage EAP GBA+ quality improvement efforts -EAP has little direct impact on structural causes of workplace stress such as harassment and discrimination



Implementation accomplishments to date

- Action plan designed and priority areas identified
- Project overview and awareness session for all staff
- Changes made (where possible) to collect additional GBA+ data
- Targeted outreach campaigns planned
- New service delivery modes are being piloted (CHAT, Virtual)
- Some QA data collected can be analyzed with GBA+
- Collection of demographic information of existing client departments for increased analysis
- LifeSpeak web-based wellness platform to include new modules (LGBTQ+ Mental Health and Gender Identity)

Implementation challenges to date

- Alignment of technology with enhanced intake and voluntary surveys and other activities
- Collecting feedback from clients with apprehension about answering additional demographic information (confidential nature of EAP)
- Building the capacity within the affiliate provider network





Thank you!

- Stay tuned: full research article under review by the Journal of Workplace Behavioural Health
- Feel free to contact us: <u>mary.Bartram@mcgill.ca</u> @mary_mbartram <u>alain.contant@canada.ca</u> @AContant_EAS










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MIND THE GAP

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 - "the equitable distribution of benefits among the different types of employees covered by an assistance program"

Example: Improving Access to Psychological Therapies (United Kingdom)

 Able to track equity gaps in clients moving from intake to treatment <u>because they collect demographic information at</u> <u>intake</u>

Figure 18 England,		eived by age group	p ²⁹ and gender,	England,	2015-16	•Female	= Maio		
65 and over		59,761 28,758	 1 	45 and over		44,531	21,218		
35 to 64	385,285		237,825	36 10 64	283,454			170,954	
18 to 35	418,467		226,032	18 to 35	272,184			138,097	
16 to 17		17,498 7,872		16 to 17		10,648	4,062		
Under 16		311 137		Under 16		121	41		
601	0,000 400,000	200,000 00 20	00,000 400,000 600.00	0 400	.000 200.0	00 00		200,000	400.000





Performance: EAP utilization rates

• Reporting the percentage of total EAP clients who are male or female has limited relevance (Spetch, Howland & Lowman, 2011) -especially when include both employees and eligible family

 Calculate as a percentage of eligible employees who are male, female, gender diverse, LGBTQ, etc., to take differences in employee demographics into account.
 –E.g. two thirds of Health Canada employees are women but two thirds of Fisheries and Oceans Canada employees are men

Performance: outcome reporting

- EAP outcome data need to be strengthened (Csiernik, 2011) -in general
 - $-\operatorname{by}$ gender and other identity factors
- Follow-up surveys are weaker than standardized pre- and post-service measures (Jacobson et al., 2011)
- post-service measures (Jacobson et al., 201.
- Kessler distress scale particularly suited to EAP mandate (Kessler et al., 2003)

Q1.	During the past 30 days, about how often did you feel	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	nervous?	1	2	3	4	5
b.	hopeless?	1	2	3	4	5
c.	restless or fidgety?	1	2	3	4	5
d.	so depressed that nothing could cheer you up?	1	2	3	4	5
	that everything was an effort?	1	2	3	4	5

Performance: or	ganizational context
-----------------	----------------------

• Include high-level GBA+ EAP indicators in organizational performance management frameworks

- -E.g. male and female employee utilization rates as percentages of total male and female employees
- -E.g. rates of improvement in distress levels pre- and post-EAP
- services by gender and other identify factors

 Leverage EAP GBA+ quality improvement efforts

 EAP has little direct impact on structural causes of workplace stress such as harassment and discrimination

	Statistics Stat Canada Car	istique lada					
Example:	Subjects Data Analysis	Reference	Geography		Survey		
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Implementation accomplishments to date

• Project overview and awareness session for all staff

- Action plan designed and priority areas identified
- Changes made (where possible) to collect additional GBA+ data
- Targeted outreach campaigns planned
- New service delivery modes are being piloted
- Some QA data collected can be analyzed with GBA+

Implementation challenges to date

Alignment of technology with enhanced intake and voluntary surveys and other activities

• Some feedback from clients with apprehension about answering additional demographic information (confidential nature of EAP)





Thank you!

- Stay tuned: full research article under review by the Journal of Workplace Behavioural Health
- Feel free to contact us: <u>mary.Bartram@mcgill.ca</u> @mary_mbartram <u>alain.contant@canada.ca</u> @AContant_EAS





















Qualifications



















Biographical Questionnaire and Structured Interview:

THE PERSONAL EXPERIENCES INVENTORY (PEI): Questionnaire asks candidates to provide a detailed and comprehensive (21-page) background history, related to:

and comprehensive (21-page) background history, relat -Education -Employment -Military service -Family and social history -Physical health -Mental health (including responses to critical incidents) -Alcohol and fung use -Legal issues -Problematic sexual behaviors -Financial/credit issues

















Benefits to the Hiring Agency

- Make more informed hiring decisions
- Ensure that potential employees are suitable before hiring them
- Assess the potential of a prospective employee to handle the job effectively under adverse conditions
- Reduce the number of problem employees
- Lower the risk of lawsuits
- Save on the cost of high employee turnover

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PEPE Definition:



PEPE VS. FFDE FFDE Definition: Agsychological FFDE is a formal, specialized examination of an incumbent employee that results from:

 objective evidence that the employee may be unable to safely or effectively perform a defined job, and

 pob, and
 a reasonable basis for believing that the cause may be attributable to a psychological condition or impairment.
 The central purpose of an FFDE is to determine whether the employee is able to safely and effectively perform his or her essential job functions. (*MCP* PPSS guideline 3.1)

A preemployment psychological evaluation is a specialized examination to determine whether an applicant (typically public safety) meets the minimum requirements for psychological suitability mandated by jurisdictional statutes and regulations, as well as any other criteria established by the hiring agency.

In most jurisdictions, the minimum requirements for psychological suitability are that the applicant be free from any emotional or mental condition that might adversely affect the performance of safety-based duties and responsibilities and be capable of withstanding the psychological demands inherent in the prospective position.

(IACP-PPSS Guideline 3.1 & 3.2)

**What they both have in common: Violence Risk Assessment



- Beneficience and a second second



Case Study - Workplace Consultation

A large tech company based in Europe is your EAP client. They have 25,000 global employees and their CEO is a Dutch woman who rose up through the ranks after 20 plus years with the company. Most of the senior leadership in the organization are white males.

Their head of HR for the U.S. HQ office reached out to you for consultation noting there were so few women at the executive leadership table, clearly noticing the missing diverse voices. Out of 14 in senior leadership, 2 are women.

This HR Director also noted that the organization is consistently losing women in mid-career, and he doesn't know why. He wants to better understand how to change this dynamic and wants to consult with you about it.

- 1. What are possible reasons women are leaving the organization in mid-career?
- 2. What are some of the systemic issues in this organization that might underlie this lack of equity?
- 3. What questions would you ask in order to help this organization strategically remove barriers for women.
- 4. How will you activate or advocate for change?



Clinical Case Study - 1

32-year-old Latina female, Teresa is referred to you for counseling and reports domestic violence as the reason for her call. She states she told her manager she is concerned for her safety as her partner, (Miles) is also an employee of the same company. They have an 8-year-old daughter together.

Teresa had called the police on Miles two days ago after he threatened to kill her and attempted to strangle her. Police came, and he was taken into custody. She now has a restraining order against him. Though he spent one night in jail, he has been released and she believes he is back at work.

Teresa and Miles work on different floors but in the same building. She reports to you that her manager said her restraining order is not a good enough reason to miss work or to make accommodations for her.

- 1. In viewing this scenario through a gender lens, what questions do you ask to dig deeper and what issues will you address first?
- 2. In what ways does domestic violence impact employee wellbeing at work?
- 3. What systemic issues do you see as you develop a plan for this client?
- 4. How will you advocate for this client?



<u>Clinical Case Study – 2</u>

Diane is a 62 yr old successful while female who has been married for 32 years and has always worked since she was 16 years old. She raised one daughter, now 30, and for the past 12 years has been the primary care-giver for her mother in law (MiL), who lives in her home. Her husband travels weekly for his job working full time too. Besides looking after her MiL who is now in her 90s, she also takes care of 90% of the domestic chores, including healthcare needs for the family.

Diane has suffered depression earlier in her life and takes Prozac and other medication to regulate her B/P, has head multiple health concerns, including ongoing and debilitating migraines as well as battles issues with hormonal changes, temperament, mood swings, and night sweats. She has experienced childhood trauma, physical abuse and has struggled with obesity most of her adult life. Despite all of this, she has had a long career in business development and fund-raising, and reports she plans to work until she is 70 years old in order to meet her financial retirement goals.

She presents for EAP counseling citing work / life balance concerns as she reports she has little time for self-care and is becoming more worried about her health.

- 1. In viewing this scenario though a gender lens, what systemic issues do you see as you develop an action plan for this client?
- 2. In what ways do Adverse Childhood Experiences (ACEs), care-giving responsibilities and health complications impact a successful outcome?
- 3. What is one action step you will take to improve the outcomes for this client and others like her.
- 4. How will you advocate for this client?



<u>Part 2</u>

What will it take to create a more gender-balanced workplace?

What one action will you commit to take to advocate or activate for change?

























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TELEHEALTH TERMS	SPOKE AND HUB MODEL
 Telemedicine – the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance Originating or "spoke" also – where the patients is located at the time the service is located Distant or "hub" alte – where the physician or other provider who is delivering the service is located Telepresenters – Suff at the spoke site who facilitate the delivery of the service is to located a communication or viscon and forward', technology – transfer of data from one site to another through the use of a camera or similar device that records at migge that is servi va telecommunication to another site for consultation Reinhumment – Con include and provider fac (and to growide at the hub and) and is facility for goald to the spoke and in some cases may induce reinhumsement for transmission charges and equipment costs 	Karsing Hore Hores CSBs HUB Julis CSBs HUB Schools PCP Forviders Offices Providers Health Departments EDs
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Billing & Coding

Coding and seminars: https://telehealth.org/webinar/telemental-health-billing/

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Secure Telehealth Billing Codes: http://www.securetelehealth.com/frequently-asked-questions/12-frequentlyasked-questions/122-what-cpt-codes-are-covered-for-telehealth.html

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Medicare Covers Telehealth Psychotherapy Services: https://apa.org/monitor/nov01/telehealth.aspx

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JEFFREY R HARRIS, MA, PCC, CEAP

Objectives

- 1. Learn best practices and essential skills for effective management consulting
- 2. Learn how to build credibility as a consultant to supervisors and managers
- 3. Learn and rehearse a 4-step structured interview for impactful consultations
- 4. Learn how to apply consultation techniques for 4 manager-driven consulting opportunities
- Learn how to apply consultation techniques for 3 event-driven consulting opportunities
- Learn the fundamental supervision skills typically contained in a manager's toolkit, in order to "speak the language" and look for teachable moments

Binder Resources Are Listed At End of Each Topic

Binder includes...

- 27 columns I wrote for the Journal of Employee Assistance. The quarterly column was titled "Effective Management Consultation"
- 10 checklists and 2 bibliographies to define best practices in management consultation
- 8 tools for building managers' skills
- Chapter on MC in "Cannabis@Work"

What Constitutes Management Consulting in an EAP?

EAP Core Technology That Involves Management Consulting

Two of eight core technologies (or 25%) specifically address management consultation.

Do we, in our field of work, spend 25% of effort...

 $^{\circ}$ training new EA professionals in consulting skills?

• seeking our own continuing development?

 surveying our manager-clients for their satisfaction with our consultation services?

EAP Core Technology That Involves Management Consulting

1. Consultation with, training of, and assistance to

 work organization leadership (managers, supervisors, and union officials)
 seeking to manage troubled employees, enhance the work environment, and improve employee job performance

7. Consultation to work organizations

 to encourage availability of and employee access to health benefits covering medical and behavioral problems including, but not limited to,
 alcoholism, drug abuse, and mental and emotional disorders

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How We Teach Management Consulting Skills

MC in EAP is rarely a methodical and purposeful development of these abilities

Instead, this skill set occurs for most EAPCs over time through "teachable moments"

While clinical skills lend some usefulness to consulting, there is more to MC than being a good listener with insights to share.

Differentiating EA-based Management Consulting

- Generic management consultants...
- Are experts in one field or line of business
 Address a single question
- Advocate for management
- Executive Coaching...
- Goals are related to the development of the manager and the success of his/her career
- Advocate for executive
- Organizational development consulting
- Long term, grand plans, such as culture change
 May not interact with or know individual employees
- Advocates for organizational effectiveness, processes

Differences Between EAP Delivery Models

Internal

- Greater credibility
 May be perceived as "too familiar"
- External
- xternal
- Benefits from imposed boundary
 Not familiar with nuances and micro-cultures
- Challenging to establish trust with managers
- Embedded
- Benefits from imposed boundary
 On-site improves access and familiarity with customer

Defining Management Consulting in an EA Role

Having a standardized definition establishes our expertise

The EA Consultant... oworks within a multi-client model oworks within a defined role ois a specialist in the human side of business oprovides support tailored for the manager ocontributes to safety & risk management

Consulting Context

•The EA professional may be the sole consultant in finding solutions to problems, working with H.R., a manager, or a small group.

•The EA professional may sometimes be one of several consultants with different types of expertise, working on a team which attempts to find solutions, which are larger in scope or high in impact. Examples: crisis management team, threat assessment team, etc.

Defining Management Consulting in an EA Role

Most common consults

- The "client dump"
- Job Performance Referral
- Problems of employee conduct
- Reasonable suspicion of substance abuse
- Employee mental health issue that affects performance or conduct
- Employee physical health issue that affects performance or conduct
- Threat of aggression or violence
- Conflict between coworkers

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Defining Management Consulting in an EA Role

Most common consults [continued]

- Training request that masks a behavioral problem
- $^{\circ}$ Assistance with change management or RIFs
- Workplace tragedy or trauma
- $^\circ$ Policy consultation usually proactively initiated by the EAPC



Binder Resources for Defining Management Consultation

Column: Defining Management Consulting in Employee Assistance; JEA 2011 Q1

Column: Observing the DOs and DON'Ts of Management Consulting; JEA 2011 Q3 Checklists: DOs and DON'Ts of Management Consultation (2)

Checklist: ABC's of Management Consultation





The Interviews

- Science & Technology
- Lawrence Livermore National Laboratory EAP Ravtheon EAP
- Sandia National Laboratory EAP
- Sports
- San Francisco Giants EAP Law Enforcement
- A Federal Law Enforcement EAP
- Utilities
- Los Angeles Department of Water & Power EAP
- External EAPs/MBHOs Aetna Behavioral Health
- Concern EAP
- Magellan Behavioral Health United Behavioral Health
- Independent Consultants
- 20/80 Workplace Consultants Blair Consulting Group
- Excello Workplace Behavioral Consulting
- Gerald Lewis & Associates/Compass EAP Kenneth R Collins & Associates
- Masi Research Consultants

Best Practices Survey

Interview questions

- 1. How were your skills in MC developed?
- 2. How would you define MC in EAP settings as different from OD and coaching?
- 3. Do you have a model or philosophy for your MC?
- 4. What skills are essential for effective consulting?



EAP Philosophy of Consulting

Having a philosophy or belief-system of consulting leads to a framework or roadmap for each consultation

- The EA consultant...
- provides role clarification
- coaches on effective communication
- assesses the manager
- $^{\circ}$ assesses the request for consultation
- assesses the problem through the system

EAP Philosophy of Consulting

The EA consultant... [continued]

- works from a strengths-based framework
- $^{\circ}$ provides a framework through which the manager approaches solutions
- $^{\circ}$ tailors interventions and resources to the style of the manager
- builds networks with internal resources

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Essential Skills for Effective Consulting

Effective consultants employ these skills as best practices

Possesses business acumen
 Understands how organizations function

oDraws upon own business or management experience

oBuilds rapport

oBuilds trust

ols able to solve complex problems in a stressful environment

Essential Skills for Effective Consulting [continued]

- Models effective communication
- o Utilizes facilitation skills
- Possesses professional self-esteem
- o Harnesses clinical intuition
- Sets expectations
- Sets boundaries

Essential Skills for Effective Consulting [continued]

MASTERFUL CONSULTATION

Maintains a neutral, objective position

- Takes a history of the problem
- Provides follow-up
- •Seeks, and gives, feedback
- olnitiates outreach and proactivity
- Consumes research

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Binder Resources for Best Practices

Column: Adopting a Manager for an Uninvited Consultation; JEA 2014 Q3

Column: Engagement Success: Polling Manager Satisfaction of Your Consulting Services; JEA 2012 Q3

Column: One Hat Too Many (Avoiding Dual Relationships); JEA 2014 Q4

Column: Are Management Consultations Truly Confidential?; JEA 2015 Q2







Master Class:

Small Group Discussion of Case Study #1

Small group discussion of Case Study #1 – Walking on Eggshells

1. What solutions would you offer this manager?

2. Would you approach the manager about his health? If so, how?

3. What potential landmines exist for the EA Professional in this consultation?



Questions for an Effective Consulting Interview

Well-crafted questions in an initial consultation with a manager may be broadly placed into two categories...

- $^\circ$ those meant to give you more information about the manager's various capacities, and
- "curiosity-inducing questions"... which are intended to bring intentional focus to the manager's own exploration of the problem at hand.

Questions for an Effective Consulting Interview

Consider organizing your questions around the following four themes to quickly develop a plan for your interventions:

- 1. How deep is the manager's skill set for managing people?
- 2. What is the manager's capacity for emotional intelligence?
- 3. What organizational or systemic issues may be contributing to maintaining the problem?
- 4. What is the manager's readiness for change and availability for a partnership with you as a consultant?





1. Sounding the Depth of the Manager's Skill Set

What have you tried so far? What worked? What didn't work? If something didn't work, why?

Have you encountered similar challenges in the past? What worked then?

What coaching have you provided to the employee? (curiosity inducing)

Where is the employee in the corrective action process?

What resources are available? Have they all been tried or exhausted?

2. Some questions to assess the manager's EQ include:

Perspective questions

What do you think is going on for your employee?
 What would <u>your</u> manager state is the problem/need?

What would your employee/team state is the problem/need?

It could be said that all human behavior is communication... what do you think the employee might be trying to communicate with his conduct?

Are you aware of anything with which the employee is struggling to cope? (empathy inducing)

What might be some ways to shape your message so that the employee will understand and lend his cooperation?

Could the employee be feeding off of your frustration?

3. Organizations Create People Problems, Too

Has your department or company been undergoing change or pressure lately?

Are employees having to compete for resources or recognition?

 $^\circ\,$ Jeff's term of "High Concept / Low Resource"

Are other managers or units experiencing similar concerns within their team? (curiosity inducing)

Do you have the support of your manager? What does he/she have to offer in the way of mentoring or guidance for you?

4. Assessing the manager's readiness for change and availability for input

How may I help you? What outcomes are you seeking towards which I might be able to contribute?

Your training/experience/role-models (pick one) may not have prepared you adequately for the current challenge... can we work together to fill in those blanks?

What timeframe do you have to work within? (helps assess for client-dumping or impatience)

Binder Resources for

Column: Bringing Structure to the Consulting Interview; JEA 2011 Q4

a Structured Consultation

Column: Tools for Building Supervisory Skills in Managers; JEA 2012 Q4

Column: Contributing to Emotionally-Intelligent Decision Making; JEA 2013 Q1

Column: Managers Get What They Give: The Neuroscience of Positivity; JEA 2017 Q1

Binder Resources for a Structured Consultation

Column: Managing Millennials: Myths and Opportunities; JEA 2017 Q4

Column: Managing by Fear, Uncertainty and Doubt; JEA 2014 Q1

Column: Workplace Bullying and the Reluctant Manager; JEA 2013 Q4

Tool: Management Communication Tips

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Binder Resources for a Structured Consultation

Checklist: POSITIVE Consultation Interview Model; from Jeff Harris

Checklist: Contact Checklist, Post-Assessment; from Kaiser Permanente

Checklist: Management Consultation Questionnaire; from Kaiser Permanente

Checklist: Don't Forget to Ask Checklist; from Federal Occupational Health



Consultation to Work

SMALL GROUP CASE REVIEW



Four Things Managers Want You to Know

Don't relate to me as a clinical client

- ${\scriptstyle \circ}\ensuremath{\mathsf{Make}}$ it your business to know my business
- Think like a manager
- Trust is everything

Real-World Business Experience Can Contribute to Your Credibility

•Have you been a supervisor or manager of a team?

oHave you started or owned a business?

•Have you worked in a position that was tied to incentives or company profits?

Binder Resources for Building Credibility as a Workplace Consultant

Column: Learning the Culture of Your Customer Organization: JEA 2011 Q2

Column: Developing Your Business Acumen for Greater Credibility; JEA 2012 Q1

Checklist: Building Credibility Through Business Acumen; from Jeff Harris



Case Study 2 – Sandwiched

A supervisor seeks your help with an employee who shows some confusion over tasks, is slow to learn, and whose quality of written communication is poor.

The employee is 30 years younger than the supervisor, and this is her first

When the supervisor has approached the employee in the past with corrective feedback, the employee bursts into tears, calls in sick the next day, and writes 5-page complaints about the supervisor to the director

The director has encouraged the employee to come to him directly in future conflicts, and he has assured her that he will address the supervisor with her concerns

When the supervisor meets with the director, the director is not interested in what steps the supervisor has taken to manage the conduct. Instead, the director gives the supervisor a verbal warning, and offers no tangible solutions when the supervisor prompts for help.

Case Study 3 – Pint Sized Problem

An employee, not in a safety-sensitive position, had been referred by the line manager to report to Employee Health for a UA after reasonable suspicion of alcohol consumption

The employee filed a grievance with the union, who challenged some of the missed protocols, and his union steward was able to get the discipline dismissed

In a separate conversation with you, the union steward admits that the employee was likely inebriated at work, and is ill-at-ease with the fact that his success in the grievance has lead the employee to be arrogant about his ability to continue to drink without consequences

The union steward asks you for advice on how to create an outcome where the employee gets the help he needs $\label{eq:constraint}$

Case Study 4 – We Were Once BFFs

A supervisor informs you that she has just been promoted and has never held a management position before

She now supervises the team within which she was promoted

One employee has been a longtime friend, and had applied for (and not gotten) the same supervisor position, and is openly resentful of her friend getting the position instead of herself

The new supervisor has observed a drop in the friend's performance, and documented several instances of insubordination

The supervisor wants to know the best way to approach the change in the former peer



1. JOB PERFORMANCE REFERRALS

- 2. MANAGING EMPLOYEE CONDUCT
- SUBSTANCE ABUSE, REASONABLE SUSPICION
 CONSULTING WITH UNION OFFICIALS

Job Performance Referrals (JPRs)

What is a JPR?

What does the manager need? The employee? The work organization?

Where is the masterful consultation opportunity?

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Managers often call the EAP to find out how to refer an under-performing employee to the program. This can often turn into a "client dump," where the manager has lost patience or hope, and is just looking for a handoff.

- Goals: o Screen the referral to ensure that the EAP is the right service
- $\,\circ\,$ Educate the referring manager about the EAP services
- o Describe the workflow for a referral
- o Provide some "scripting" for the manager's conversation $\,\circ\,$ Engage the manager, provide support and skill-building

Managing Employee Conduct

What are typical conduct issues?

What does the manager need? The employee? The work organization?

Where is the masterful consultation opportunity?

Managing Employee Conduct

Occasionally, the behavior(s) or conduct of an employee can degrade their performance, and may be disruptive to the workgroup or team. You are likely to find that the calling manager is exasperated and exhausted from trying to exert control over the employee's conduct, often resulting in a power struggle.

Goals

- Assist the manager in depersonalizing their experience of the challenging employee, in order to unlock the power struggle
 Help the manager de-code the human behavior and thus the veiled expression of unmet need
- Explore and suggest ways in which the manager can set limits, and communicate effectively Remind the manager of their toolkit, and empower them to use those tools with consistency

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Substance Abuse, Reasonable Suspicion

What are the workplace impacts of substance abuse and chemical dependency?

What does the manager need? The employee? The work organization?

Where is the masterful consultation opportunity?

Reasonable Suspicion

Managers will be under-trained in reasonable suspicion criteria, and may not be familiar with the company's Drug Free Work Place policies Managers may display misunderstandings or stigma about the disease model of addiction nor have an understanding of the process of treatment and recovery

Goals:

- Connect manager with printed copies of DFWP policies and Reasonable Suspicion steps
- Educate and advocate regarding myths of addiction and benefits of rehabilitation over dismissal
- Know the ADA regarding chemical dependency

Last Chance / Firm Choice Agreements

Risk is that EAP has to say "no" to services required by the author of the document, which may invalidate the LCA in eyes of administrative law judge or arbitrator

Goals

- Adequately educate management and HR about EAP scope of services
 Remind stakeholders to include EAP in review of LCA document before given to employee
- $^{\circ}\,$ Scour document to make sure that EAP services are accurately described

Consulting with Union Representatives

What is the role of the labor union? What does the shop steward or union rep need? The union member? The manager? The work organization?

Where is the masterful consultation opportunity?

Consulting with Union Representatives

The role of the union rep is to ensure a fair process for the union member. Sometimes this contributes to an adversarial process. The effective EA consultant will develop a trusting relationship with the union rep, as an entity that is impartial, fair and calming.

Goals:

- Get to know and build a working relationship with your union reps, <u>before</u> you first need them Find alignment in the best outcome for the member and the work organization
- Always work to establish neutrality and avoid
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Change Management, Workforce Impact

What are some of the common forms of workplace change? What does the manager need? The employee? The work organization?

Where is the masterful consultation opportunity?

Change Management, Workforce Impact

The new normal for business is to evolve rapidly to ever-changing competition and consumer preferences. The pace of technological advances also drives change. Work leadership may invoke change without a change process in place, creating havoc and uncertainty.

- Goals:
- Help leaders understand the human impact of the proposed changes
- Assist leaders in scripting internal messaging* such as the WIFM
 Offer seminars for the workforce on coping with change
- In mergers/acquisitions, continue to consult with managers to help facilitate the merge of the two company cultures

Binder Resources for Change Management

Column: Breaking Up is Hard To Do: Reductions in Force (RIFs); JEA 2013 Q2

Column: It's Not You, It's Me: When Companies Breakup (or Merge); JEA 2016 Q3

Column: Appreciating Change, With Appreciative Inquiry; JEA 2018 Q4

Threat Assessment Management Team

What is the workplace impact of aggression or violence? What is a Threat Management Team? What does the TMT need? The employee? The work organization?

Where is the masterful consultation opportunity?

Threat Management

The EA consultant is an ideal participant on a threat assessment team, with knowledge of human behavior, effective communication and conflict management. Goals:

- Provide insights into mental health, disruptive behavior and conduct
- Share observations about the stressful dynamics in the intersections of people, systems and company culture
 People calming influence on the team, provide a voice that
- Be a calming influence on the team; provide a voice that dissuades reactivity in other TMT members
- Educate TMT on mental health services in the community and be prepared to facilitate a referral of the aggressor

Binder Resource: Column: Serving on a Threat Management Team; JEA 2015 Q3

Workplace Trauma

What are some common forms of workplace trauma? How do they impact the workplace?

What does the manager need? The victim? The work organization?

Where is the masterful consultation opportunity?

Remember that there are two goals: Supporting the employee $\underline{\text{and}}$ restoring workflow ASAP

Workplace Trauma

The EA consultant looks beyond the provision of Psychological First Aid to help the work organization recover the business and help the workforce normalize over the course of a year.

Goals:

- Be present as a source of organizational compassion
- Consult with managers about the human side of workplace trauma (EQ)
- Ask deeper, prompting questions that lead managers to develop a plan for building workforce resilience Identify impaired managers and use your consultation skills to neutralize their negative impact upon the recovery

Workplace Trauma

Critical Incident Consulting to the Trauma-Impacted Manager



Warning signs for the EA Professional that a manager has been impacted

Insufficient & biased search for information Misperceiving the absolute

urgency & constraints Getting locked into models from

the past An inability to look for variations

Setting off in an irreversible direction Lack of cooperation Monumental gaffes

The frantic search for a "solution"

Failure to look at the risks of any given decision

Taken from <u>Preventing Chaos in a Crisis</u> by Patrick Lagadec



















Binder Resources for Workplace Trauma

Column: Consulting with the Trauma-Impacted Manager; JEA 2012 Q2

Column: Case Study: Helping a Manager Who Has Lost an Employee to Suicide; JEA 2014 Q2

Checklist: Critical Incident Needs Assessment; from Jeff Harris

Checklist: Public Affairs Management Guidelines

Bibliography for "Critical Incident Consulting to Management (CICM)



Supervision Fundamentals Overview

Progressive Discipline

Employee Engagement

Constructive Work Dialogues
 Performance Coaching

•The Performance Meeting



Supervision Fundamentals 101:

PROGRESSIVE DISCIPLINE

Progressive Discipline

 Complete knowledge of H.R. P&P's in regard to the performance management and discipline process is essential.

 $\circ \text{Care}$ is to be taken that we do not cross the line of being a resource to the employee vs. being the "executive arm" of H.R.

Progressive Discipline

Incremental increase of consequences and intervention Start with step that matches the seriousness of the infraction

 Step 1: Counseling and verbal warning
 Step 2: Initial written warning and Performance Improvement Plan (PIP)
 Step 3: Suspension and final written warning

Step 4: Recommendation for termination of employment

 Source: https://www.shrm.org/resourcesandtools/tools-and-samples/ policies/pages/progressivedisciplinepolicy.aspx

Expanded Progressive Discipline

Step i: Employee EngagementStep ii: Performance Coaching

THEN

 ${\circ}\mathsf{Step}$ 1: Counseling and verbal warning

 \circ Step 2: Initial written warning and Performance Improvement Plan (PIP)

oStep 3: Suspension and final written warning

oStep 4: Recommendation for termination of employment



Supervision Fundamentals 101: Employee Engagement

Measured by:

- Intention to stay (Employee retention)
 Stay interview
- Discretionary effort
- Enhanced by connection to:
- the organization
- the work itself
- the manager
- the team (coworkers)

Binder Resource: Tool: "Stay Interview" Questions List

Top Ten Supervisor Characteristics to Engage Employee Discretionary Effort

10. Encourages and Manages Innovation

9. Accepts Responsibility for Successes and Failures

8. Breaks Down Projects into Manageable Components

7. Helps Find Solutions to Problems

6. Puts People in the Right Roles at the Right time

Top Ten Supervisor Characteristics to Engage Employee Discretionary Effort

5. Sets Realistic Performance Expectations

- 4. Clearly Articulates Organizational Goals
- 3. Adapts to Changing Circumstances
- 2. Demonstrates Honesty and Integrity
- 1. Commitment to Diversity

Source: Corporate Leadership Council 2004 Employee Engagement Sur



Supervision Fundamentals 101:

CONSTRUCTIVE WORK DIALOGUES

Supervision Fundamentals 101: Constructive Work Dialogues

For a manager or supervisor to effectively give verbal feedback to an employee, there must be a pre-existing positive relationship

It is a form of <u>work-sampling</u>—being there to watch the employee do their jobs—interacting with the equipment, the coworkers, and the customers

Constructive Work Discussions

Amongst the activities, they look and ask questions

- $^{\circ}$ They are casual; they don't carry a clipboard or take notes
- They monitor the work and find out how things are going
- They make it a point not to look just for problems
 They do not ask questions meant to trap employees in
- order to correct them for an infraction



During daily visits, the highest performing supervisors have natural, casual conversations about the work, the equipment, resources, tools, schedules—anything that might influence the employee's performance

And, most importantly, the supervisors make comments about what the employee has done— ° some positive

- some neutral, and
- some corrective

Binder Resource: Article: Constructive Work Discussion Binder Resource: Article: Work Conversations That Lead to Employee Engagement



Supervision Fundamentals 101:

PERFORMANCE COACHING

Supervision Fundamentals 101: Performance Coaching

 Active job coaching by the supervisor, for an employee whose productivity or performance is lagging.

 $_{\odot}$ Best when supervisor provides coaching before problems require progressive discipline.





Supervision Fundamentals 101:

THE PERFORMANCE MEETING





How to Hold Constructive Feedback Discussions

How do I conduct an open discussion?

- Foster an open and positive discussion
- Make employees feel comfortableDiscuss performance weaknesses with your
- employees
- Allow employees to give their perspectives

How to Hold Constructive Feedback Discussions

How do I conduct an evidence-based discussion?

- Focus on facts
- o Explain patterns in performance
- Give clear examples of strengths
- Explain how strengths positively impact performance
- Explain consequences of weaknesses

How to Hold Constructive Feedback

Discussions

How do I conduct a forward-looking discussion?

- Provide tangible steps to address weaknesses
- OMotivate employees to avoid future mistakes
- Show how strengths can improve weaknesses
 Set concrete steps to resolve consequences of mistakes

Supervision Fundamentals 101: Performance Meeting

° "Come to truth" performance script

• Hearsay script

 \circ "Prune & Reclaim" technique for distractors and blamers

Supervision Fundamentals 101: Documentation

Finish this sentence... • "if it didn't get written down..."

Binder Resources for Performance Meetings

Column: Turning from Furious to Curious: Techniques for Depersonalizing Employee Conduct; JEA 2015 Q4

Tool: How to Depersonalize Challenging People

Column: The Performance Meeting, Part I: Intentional Dialogue, JEA 2017 Q2

Column: The Performance Meeting, Part II: Constructive Feedback; JEA 2017 Q3

Tool: Performance script; from Jeff Harris

Tool: Dealing with Hearsay script: from Jeff Harris







Course Objectives - Tamara

- A snapshot of history
- Define the concept of Employee Assistance (EA) and Employee Assistance Programs (EAP)
- Understand the models of service delivery
- Understand the different roles in Employee Assistance

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- Referral Processes
- Resources for clinical and non-clinical services
- Benefits of being an Employee Assistance Professional

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EAP Core Technology: 1-4

- 1) Consultation with, training of, and assistance to work organization leadership
- 2) Active promotion of the availability of Employee Assistance services
- 3) Confidential and timely problem identification/assessment services for employee clients
- Use of constructive confrontation, motivation, and short-term intervention;

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Want to know more? Go to

Core Technology http://www.eapassn.org/About/About-Employee-Assistance/EAP-Definitionsand-Core-Technology

The EAPA Code of Ethics http://www.eapassn.org/Portals/11/Docs/About/EAPACodeofEthics0809.pdf

The EACC - CEAP Code of Conduct
 http://www.eapassn.org/Portals/11/Docs/About/CEAPCodeCond102011.pdf

EAPA Standards and Guidelines for EAPs http://www.eapassn.org/Portals/11/Docs/EAPAStandards10.pdf?ver=2014-12-09-124826-483

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Mental Health Issues in the Workplace (Lucy)

- 18% have an anxiety disorder
- 9.5% have depression
- 4% have attention deficit/hyperactivity disorder
- 2.6% have bipolar disorder
- 1% have schizophrenia

https://adata.org/factsheet/health

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"Six in 10 people say poor mental health has impacted their concentration at work – meaning that they are physically present but seriously underperforming. And then there are
present but seriously underperforming. And then there are millions of work days that turn into sick days each year due to mental health problems – 70 million in the UK, 32 million in France, 18 million in Germany. One in ten employees have taken time off work for depression."
Kathleen M. Pike, PhD - Professor of Psychology & Director of the Mental Health Program at CUMC kmp2@cumc.columbia.edu



















Advantages	Disadvantages
Specific to organization	Cost of Employee Assistance professional onsite
Relationship building with employees/managers/labor/ administrator	Confidentiality concerns – Will everyone know my business?
Customized referrals	Lack of access to diverse provider options
Immediate access to Employee Assistance professional	Cost of EA professional(s) as an individual/department

























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Cross-cutting Themes

- Turnover 🕈 / Vendor loyalty 🖶
- Wide variation in quality and utilization
- Definitions of utilization vary significantly
- Little correlation between price and outcomes
- Technology as an innovation but also a deflection

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* Outcomes defined	
 The end result of your intervention. Occurs <i>AFTER</i> the intervention. Is linked to the intervention. 	
* In this context, it's about if and to what degree EAP correlates with improved work effectiveness or clinical outcomes.	
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 Orienting Employees to Employee

 Assistance Benefits

 How is the EA benefit described to employees?

 Image: Comparison of the second secon









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 Informal referral: suggestion to contact EAP is made by a supervisor, a labor representative, human resources, or other organizational representatives due to concerns for the employee (job performance, overall well-being, etc.)

 Formal referral: directive to EAP by organizational representative. Requested feedback regarding employee compliance is typical. Noncompliance is noted but usually does not result in job jeopardy

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EAPA



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Managers will need to Consult It is useful to sort things out with someone else and get objective feedback. Managers should reach out to: Employee Assistance Program Human Resources Consult with the EAP and HR before you meet with the employee Contact the EAP <u>before</u> you make the referral for

Contact the EAP <u>before</u> you make the referral for services

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 Managers will need to Refer

 • Ask employee to contact the EAP

 • Provide number

 • Specify time frame

 • Explain feedback process

Joe – a manager at the ACME company – calls the EAP and reports that Dave failed a random drug test and was found to have opiates in his system. He has been suspended. He makes a mandatory referral to the EAP which means that if Dave is not compliant, he will lose his job.	
opiates in his system. He has been suspended. He makes a mandatory referral to the EAP which means that if Dave is not	
mandatory referral to the EAP which means that if Dave is not	
,	
compliant, ne will lose his job.	
You are assigned the case. Dave walks into your office, sits down, and states "I have no idea why I'm here, my manager told me to come."	
Take it from here, what do you do? Imagine the course of this	
case from assessment to treatment to return to work.	
A EAPA	





Employee/family self referrals: seeking answers for issues on their own, but motivated by outside influences (legal, medical, financial)

The organization may or may not be aware of referral

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Examples of Self Referral

- Alex, age 24, comes to EAP "I'm beginning to think I party too much on the weekend."
- Frieda, age 52, comes to EAP "I am caring for two elderly parents and I was told that you might be able to give me
- some resources. I'm exhausted.
 Jermaine, age 40, calls EAP "I'm a family member of an employee at XYZ Ketchup Company and was told I could call to get a referral for counseling. I've become depressed since my father died unexpectedly

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Uniqueness of an employee referral An employee is coming to the Employee Assistance Program to keep safe and focused when at work.

- Set expectations for EAP services/referral/follow-up.
- Is there an interaction between the employee's problem and the workplace?

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- Consider asking:
- What is going on at work?
 Are you having difficulties on the job?
 How is this concern affecting your work?
- EAPA Connecting, Edu



Self referral, cont.

Susan assesses Jane's situation. She will screen for any issues with drugs or alcohol

She may use evidence based screening tools such as the Audit https://www.communitycarenc.org/media/toolresource-files/sbirt-audit-forms.pdf

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 Linking to resources that will enhance success in the workplace

 Image: Constraint of the second state of the second state

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Solutions available

- Within the employee assistance program or externally
- Clinical if needed
- Non-clinical services, e.g., coaching, mediation, mentoring
- Organizational training, policy development
- Wellness programs, diversity, fitness for duty,

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- domestic violence programs/services
- Financial, legal and many more

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 Opportunities may include:
 The ability to participate in lunch and learns/health fairs,etc.
 Providing services to organizations all day and everyday, across multiple areas and geographical locations is a tall order for all but the very largest EAP providers.
 Working with EAPs to provide specialized services
 After hours coverage
 Childcare and Eldercare
 Legal services

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	ging situations – Tamara, Libby, Lucy Divide into 3 groups
1	During an assessment, you find the employee just lost her 89 year old mother, and is now caretaking for her surviving father. She is asking you for time off from work. What is your next step?
2	During an assessment, you find the employee has had a workplace accident. He is now asking you to fill out some paperwork to substantiate his disability. What do you do next?
3	A supervisor calls you directly about an employee who was formally referred to EAP asks how long she can anticipate her employee being off work? What do you do next?



Self referral, cont.

Jane meets her counselor Susan. Before the meeting even begins, Jane must sign some EAP specific paperwork, the statement of understanding. This document, which Susan reviews with her client, describes the EAP program, and confidentiality as well as limits to that confidentiality. The EAP must intervene in the case of child abuse, imminent threats of suicide and homicide, etc.

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