

CONNECTIONS

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FIRST RESPONDER FOCUS

Message from City of Madison EAP

While the following article focuses on a particular therapeutic technique called EMDR as it relates to police officers exposed to traumatic events, we wanted to include this as part of our First Responder Focus and encourage all City agencies, not just Police and Fire, to consider reading this content. In the EAP, we work with a number of our police and fire first responders after critical incidents have taken place, and when needed we make referrals to local clinicians who have extensive training and experience providing EMDR services to address lingering effects of these traumatic experiences. While first responders utilize these services more often due to their frequent exposure to critical incidents, it is available to any City employee or employee family member who undergoes a serious critical incident on or off the job that creates distressing memories. If you would like to learn more about this, you may call and speak to us confidentially at our internal office 266-6561 or our external EAP provider FEI at 1-800-236-7905.

—Hailey Krueger

How EMDR can help police officers exposed to graphic images and incidents

Eye Movement Desensitization and Reprocessing (EMDR) is an integrative therapeutic approach that can help a police officer who has experienced a traumatic event find a way to deal with distressing memories

By Doug Wyllie, **PoliceOne** (Used by permission of PoliceOne)

There's an old expression that "there are some things you just cannot unsee." While that may be true, there is clear evidence that with the assistance of a practitioner of Eye Movement Desensitization and Reprocessing (EMDR)—an integrative therapeutic approach for dealing with distressing memories—cops can put much of that trauma behind them.



Hello City Employees,

Preparing a child to leave for college takes a great deal of planning, effort, and a variety of emotions that may range from happiness, emptiness, sadness, frustration, confusion, and excitement. While leaving for college can be an exciting time full of new experiences, we want to express the importance of preparing for your adult child's mental health needs before they leave for or return to school, and have included an article to help you begin thinking about this often forgotten subject, even if your child may still be in high school.

Additionally, the EAP has responded to more critical incidents in the city so far in 2018 than all of 2017, so we wanted to include an article discussing a helpful clinical tool used to address the lingering impact trauma can have on an employee.

You will also find an article borrowed from Mental Health America on the stigma of mental health issues in the African American community. Enjoy these warm summer days, and reach out if you need us!



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Whether it is bearing witness to the death of a child or of a fellow police officer—or some other heinous tragedy—cops frequently are exposed to incidents and images that haunt them for a long time to come. Having experienced either a one-time traumatic event, or by having seen multiple traumatic things over time, some individuals can suffer from nightmares, flashbacks, and other symptoms of PTSD. And sometimes, a traumatic memory can become frozen—stuck—in the brain, where it can continue to be triggered by reminders.

According to one retired police officer who experienced a traumatic event and the doctor who treated him, EMDR can help.

Pat's Story

On November 18, 1974, Pat Monaghan and his partner—Mike Draeger—were en route to an officer-needs-assistance call when their patrol wagon collided with another responding squad. Their vehicle was resting on its passenger side when the gas tank ruptured and exploded. Both men escaped the burning vehicle, but Mike was engulfed in flames.

Monaghan and other responding officers attempted to put the fire out, but the gasoline-soaked uniform kept reigniting. Both men were rushed to the hospital. Monaghan was soon released, but a little more than a month later, Draeger succumbed to his injuries—he had second and third degree burns covering 68 percent of his body.

Monaghan had physically recovered, but he struggled to help his partner's widow and young children while his own grief and trauma went untreated. He was haunted by the image of his partner's injuries and the smell of his burns. Monaghan had flashbacks of his incident, and for a long time his grief was unresolved.

"Sometimes our eyes are forced to see more than our souls can take," Monaghan said. "With training we know our assignments and auto pilot, many times, takes over. But what happens when the incident is outside the norm—like graphic injuries that are disturbing and difficult to get out of one's mind? What about when we know the victim—a friend or colleague? Or when a victim is a child or elderly—a reminder of our children or parents?"

So how does one who has experienced severe visual trauma cope?



Enter, EMDR

Of course, today when an officer experiences severe trauma, there are peer support services and other avenues through which one can seek healing. Back in 1974, there were no support services. In fact, the effects of post-trauma stress were just being learned from returning Vietnam veterans—and Monaghan ended up forming his agency's peer support group. However, sometimes even "talking through the trauma" is not enough. This is where EMDR comes in.

"Talking helps, but does not seem to get to the part of the brain where the memory is 'frozen'," Dr. Roger Solomon told PoliceOne. "This is why distressing events continue to be experienced and relived, despite telling the story or talking about it. These experiences are living in 'trauma time' and may continually be re-experienced. Eye Movement Desensitization and Reprocessing therapy is a therapeutic approach that goes 'beyond words' to resolve the memories that get stuck."

"It was in 1991 that I had EMDR, 13 years after the incident," Monaghan said. "It's never too early or too late for treatment. EMDR made my life more manageable, and I was able to gain control of those intrusive thoughts and images. If you can replace that traumatic image with something positive, that can help."

According to Solomon—a police psychologist and psychotherapist who is on the senior faculty of the EMDR Institute and who provides basic and advanced EMDR training internationally—the therapy targets the past memories underlying present problems, present situations that trigger symptoms, and lays down a positive future template for adaptive behavior.

"EMDR is compatible with elements of other clinical approaches. However, it is a distinct form of psychotherapy, which directly addresses the physiologically stored memories," Solomon said.

In short, EMDR therapy is comprised of eight phases and a three-pronged methodology to identify and process:

- A) Past memories of adverse life experiences that underlie present problems
- B) Current situations that elicit disturbance
- C) Enhance the ability to deal with adverse circumstances in the future.

According to a paper published by Solomon, the eight phases are as follows:

1. **History Phase:** First, the current problems and circumstances are discussed—experiences that underlie the current problems are explored.
2. **Preparation Phase:** EMDR therapy procedures are explained, including what to expect—for example, intense emotions may arise when the memory is being processed.
3. **Assessment Phase:** After the memory to be processed is selected, the client is asked to identify the image that represents the worst part of the incident, and the negative, irrational belief that goes with the incident (“It’s my fault” or “I should have done more” or “I’m vulnerable” or “I’m helpless”) is then discussed. A positive belief—the goal of the session—is identified (“I did the best I could” or “It’s not my fault” or “I’m safe now” or “I have some control”). Emotions—how distressing the event is (0-10, with 10 being the worst it can be and 0 being calm)—and sensations are also identified.
4. **Desensitization Phase:** This is the first reprocessing phase during which memory targets are processed. The therapist uses bilateral eye movements, similar to REM or dream sleep, to stimulate the brain’s information processing mechanisms. Alternating taps on the hands can also be effective. The goal of this phase is to lower the distress, allowing the person to think about the incident without distress. For example, on the 0-10 scale, 0 would be calm. However, EMDR does not take away appropriate emotions—so not everything goes to “0.” EMDR is not a “mind eraser.” The person does not forget what happened—it becomes something that is over and in the past. The person is no longer living in “trauma time.”
5. **Installation Phase:** The individual’s most desired positive self-belief, for example the positive belief identified during the assessment phase, is identified and enhanced to increase its connection with the negative memory. So the person can think of the memory calmly and with an attitude that promotes resilience, (“It’s over” or I’m safe now,” or “I cannot control the situations I encounter but I can control my response to it”).
6. **Body Scan Phase:** The individual identifies and processes residual physical sensations to complete resolution. Since dysfunctionally stored material often manifests through physical sensations, processing is not considered complete until all negative somatic responses are eliminated.
7. **Closure Phase:** This period shifts focus away from the negative memory network, to neutral or positive networks. In this phase, clients are briefed about what to expect between sessions and are instructed to keep a brief log of their psychological experiences/ state of mind to identify potential EMDR targets in future sessions.

8. **Re-evaluation Phase:** The patient is assessed on whether treatment effects have been maintained, and what else may have emerged that needs to be dealt with. Often other aspects of the memory or other distressing memories emerge. These emerging memories can also be treated.

Solomon told PoliceOne that EMDR therapy does not involve detailed descriptions of the event, direct challenging or shaping of negative beliefs or behaviors, extended exposure to the trauma, or daily homework.

“Rather than forcing the client’s attention to remain on anxiety aspects of the event, the goal is to initiate naturalistic processing by accessing the disturbing memory, stimulating the brain’s information processing system, and allowing the client’s attention to move spontaneously to internal associations during the periods of dual attention stimuli,” Solomon said.

This allows the individual to be prepared to “allow whatever happens,” and for the clinician to remain supportive of the client with as little intrusion as possible. This allows the “frozen” memory to integrate within the wider memory network.

EMDR Works

According to Solomon, the efficacy of EMDR therapy for trauma treatment has been confirmed by more than 24 randomized controlled studies, and it has been designated effective in the practice guidelines of organizations such as the American Psychiatric Association, the U.S. Departments of Veterans Affairs and Defense, and the World Health Organization.

“Numerous studies and case reports have found EMDR therapy to be effective with a wide range of disorders,” Solomon said. “Different diagnoses require customized EMDR therapy procedures which incorporate the three-pronged protocol of past, present, and future. EMDR therapy can be integrated with a specialized treatment framework appropriate for a wide range of populations.”

Monaghan added that if a traumatic image becomes stuck—frozen in the brain—it can be difficult to cope.

“Images may continue to intrude, and there are efforts to avoid reminders, thoughts, and feelings about the event. Feelings of agitation, anxiety, or depression may be experienced. Eye Movement Desensitization and Reprocessing can help. This therapy has been used with success on first responders who may be trapped by traumatic memories—including me.”

Preparing for College When Your Teen Struggles with Depression

by Community for Accredited Online Schools (Used by permission)

College should be something that students and parents look forward to with excitement and anticipation. But for those who struggle with depression, it can also fill them with anxiety. While it's impossible to plan for all the unknowns in this next chapter of life, families can take concrete steps to ensure students are well prepared.

What to do Senior Year

Senior year is a busy time for students as they take standardized tests and apply to schools. It's also an important time for students to think about the new demands of college and how to best cope with them.

As your child prepares to leave the nest, the following suggestions can help them build confidence, self-discipline and independence that will serve them well and help lessen triggers that could cause mental unrest.

Build Independence

"Encouraging students to do their own laundry, wash their own dishes and keep their room as they wish helps them begin learning life skills while you're still there to help and assist," counsels expert Kryss Shane. "Rather than stepping in when they make a wrong choice, let them decide whether they will come to you and ask for help."

Increase Responsibilities

Students may be used to having a few chores per week, but parents may want to consider ramping these up during senior year to give their child a sense of the increased responsibilities they'll face at college. This exercise also helps them build time management skills and instills self-discipline.

Focus on School

No matter how great a student your child has been in high school, the reality is that their work load is going to increase dramatically once they enter college. The expectations of professors will be higher, and students will need to spend more than an hour each night completing homework assignments, writing papers and studying for exams. Building good study skills during senior year sets students up for success and helps them manage things like stress more effectively so it doesn't bleed into other parts of their lives.

Bolster Mental Health

College can be a busy, stressful time for all students, regardless of extenuating mental health concerns. One of the best ways to combat stress and all the other negative concerns that come from this season of life is to develop good life practices.

The **University Health Service program at University of Michigan** offers several ideas, including helping students learn to value themselves, take care of their bodies, surround themselves with good friends, meditate, avoid excessive alcohol and all drugs and learn how to set realistic goals.

Get to Know School Resources

Rather than waiting to get to college to use services available at school, encourage students to familiarize themselves with them while still in high school. Professionals like guidance counselors and mental health specialists can help students balance their lives, while student groups and organizations can help break down the stigma of depression and/or suicidal thoughts.



Steps to Take Before the Semester Begins

After putting in the necessary prep work during your child's final year of high school, the next crucial step is to plan for the realities of college. While attending higher education is often one of the most exciting times in a student's life, living away from family for the first time and meeting the more demanding expectations of postsecondary schooling can also take its toll.

For students who suffer from seasonal affective disorder (SAD), the first semester can also be a trying time. It's important to ensure that students are prepared for the emotions they may experience their first few months on campus and know where to turn if they need help.

1. Think about Therapy

Mental health advocate and suicide survivor T-Kea Blackman suggests that parents work with their child's chosen school to find a qualified therapist even before the student sets foot on campus.

"Lots of therapists are accessible via video chat, so students can have a few video sessions to determine that it is a good match if the school isn't close to home." Blackman continues, "This will save the child a lot of stress of having to find a therapist on their own, while also adjusting to all the other changes brought about by college."

2. Have Paperwork in Place

"Parents should make sure students have their insurance cards, a list of contact information for their doctors and details about their treatment plans, and any other documentation that will be needed for students to find new doctors and mental health professionals in their new city," says Blackman.

3. Sort Out Medications

If your child is regularly taking medication to combat depression, anxiety or any other mental health issues, it's important to ensure you have a plan in place for how they will access prescription refills before they move to college. If the college they'll be attending is close to home, it may be possible for them to continue seeing their regular doctor. Otherwise, they'll likely need to find a new doctor.

4. Create a Plan of Action

One of the most important things parents can do for their children is anticipate problems they may encounter once reaching college and develop a practical, concrete plan for what to do if/when that happens. If possible, try to meet with the campus health services team while visiting for summer orientation so your child can meet the staff and familiarize themselves with the services offered.

5. Know all the Options

College is a great time of learning and growing, but sometimes all of the changes that come with a new setting and phase of life can be overwhelming. Mental health professionals can do much to ease these stressors, but those aren't the only options available. Accommodations are also available to help students ease into college, and many schools also allow students to take a leave of absence if their mental health is in jeopardy.



How to Support Your College Student

Many parents may worry they'll become disconnected from their child and perhaps miss warning signs once they reach college. The fear of not being able to protect and support a child is one that has been felt by nearly every parent, but for those with children who struggle with mental health, it can be especially keen.

While your relationship will naturally shift, there are plenty of things parents can do to provide emotional support and keep in touch while kids are away at school.

Set up a Skype date

College schedules are filled to the brim with classes, homework, studying and participation in sports or clubs, but that doesn't mean students can't set aside 30 minutes a week to chat with their parents. By starting this tradition early, students know they have an outlet to talk about what's going on in their lives on a regular basis.

Get to Know Roommates

More so than any other new person your child will meet on campus, their roommate likely spends the most time with them. In addition to working with the school to find a suitable person to share a dorm with, parents should consider getting to know their child's roommate as a way of keeping up with their lives.

Send Mail

Even after your child begins to make new friends at college, it's likely they'll still miss and crave the familiarity that comes from parental or grade school relationships. To combat the loneliness of this season, consider sending your child regular care packages.

Ideas include making some of their favorite cookies or baked goods, sending funny videos of family pets, encouraging grandparents to get in touch or collecting notes from people they were close to and creating a little booklet of encouragement.

The information presented above comes from "A Parents' Guide to Suicide Prevention" at **Community for Accredited Online Schools**. Other topics covered include:

- What to do if Your Child is Suicidal
- Suicide Warning Signs
- Myths About Suicide
- How to Talk to Your High School or College Student About Suicide & Depression
- Choosing the Right College or University
- Campus Resources
- Resources for Parents & Students
- Privacy Rules & Your College Student



Encourage Involvement

When young adults suffer from depression or anxiety, getting involved in new student activities and events can be scary but they can also help them in the long run. Taking part in an open mic night may not be the best fit for an introvert, but there are plenty of activities to suit all types of personalities and interests.

Check in about their Mental Health

Don't be afraid to continue having the same open and frank conversations that were had in high school. Because college students are around people who don't know them as well, it's important for them to have someone check in on how they're doing and if they're taking care of themselves.

Don't Sweat the Small Stuff

While good grades and commendations from the Dean are great things to aspire to, at the end of the day the most important thing is making sure students are healthy and happy at school. If your child calls to say she got a bad grade or had to drop a class, respond in an appropriate and supportive manner that lets them know they can come to you with anything and you won't overreact.

Visit – or Pay for them to Come Home

If your student is feeling overwhelmed by the changes brought about by college, going to visit them or paying for a ticket home allows them to disconnect—even if only for a weekend—and reset. Sometimes even just stepping back for a day or two can help students refocus and start the week feeling rested and loved.

7 Tips for Improved Productivity in Adult ADHD

Maximizing your success and achieving your goals

by Scott Shapiro, MD, *Psychology Today* (Used by permission of the author)

Being more productive doesn't necessarily mean working longer hours or working faster. To me, it means working more efficiently and effectively. Below are seven tips that I teach my patients to help them be more productive.

1. Create your Schedule the Night Before

Many people start their work day spending a lot of time trying to figure out where to start, surfing the Internet, or chatting with colleagues. A great way to start your day with a bang is to write out a schedule the night before. This is not your calendar, but may include some of those items. Focus on your top priorities and anticipate any obstacles.

2. Under-Promise and Over-Deliver

Many of us are overly optimistic about what we can accomplish in a day. Thus, we promise our managers, families, and ourselves that we will get "just one more thing" done. This can create constant pressure and take the "wind out of our sails" when we don't deliver. I recommend that people promise or commit less and then as they are working, to over-deliver. This allows for more success and improved productivity.

3. Cluster Tasks

Answering phone calls, checking emails, and surfing the Internet are huge time sinks in our days. Thus, cluster certain tasks to specific times of day. For example, you might decide to check your emails only once in the morning and once in the afternoon. This allows you to focus on your key priorities without constant interruptions.

4. Reward Yourself

Research shows that rewarding yourself improves productivity and consistency. No matter how small the task is, say to yourself "Good Job" after you have started a business proposal, returned a phone call, or completed filing a pile. When it is a larger project or goal, you might reward yourself with a walk around the park, going out to lunch with a friend to a special restaurant, or going for a massage. It is more important to acknowledge your "wins" than the actual reward.

5. Write Out the Steps

There are many tasks or projects we avoid because they seem daunting or confusing. An effective way to overcome this is to take out a sheet of paper and start writing out the steps. The exact order doesn't matter. If you don't know how to do a particular step, write out "find out how to....". You might also work with a colleague or friend to discuss what the steps are. REMEMBER: Write it out. Don't just discuss the great ideas. Then, decide what the first steps are. After you have some momentum, you can organize the steps and add any additional items.

6. Create Goals

Create goals for different time periods including the year, quarter, and month. The most effective goals are specific and have a deadline. Also, by writing them in the present tense, it sends the message to yourself that you are going to complete it. For example, "I am reaching my sales goal of \$500,000 by December 31st."

7. Develop Protocols

For tasks or projects that are repeated, develop a protocol. If there are ten steps for a specific task, write out a protocol that includes each of these steps. This improves the motivation to do a certain task and also ensures that nothing slips through the cracks. It also allows the task to be accomplished more quickly.

Scott Shapiro, M.D., is an Assistant Professor of Psychiatry at New York Medical College. He specializes in treating adult ADHD, depression and anxiety. He also provides a free newsletter with tips on ADHD, productivity, insomnia and more – register at www.scottshapiromd.com.

Did you know that support group meetings for adults with ADD/ADHD take place monthly in the Madison area? For more information, check the **local CHADD website**.



Road to Wellness: An African American Female's Journey

by Lauren Carson, Founder of **Black Girls Smile Inc.** (Used by permission of **Mental Health America**)

I remember precisely the day that I first heard the word “depression” float into the air and for some reason the word landed heavily on me in a foreshadowing manner.

I was thirteen years old and overheard a conversation between my parents as my father half pleaded and half demanded my mother to “shake off her depression.” Knowing what I know now, I’m baffled that I didn’t learn about mental health and family history of mental illness until years later. But that’s common in the African American community. For too long mental health and illness have been stigmatized in our society, but even more so in the African American community as a “weakness”, “curse”, “craziness” or “character flaw”.

Alarming 1 in 4 Americans suffers from a diagnosable and treatable mental health issue each year. African Americans are 20% more likely to experience mental health issues compared to their White counterparts, yet are 50% less likely to seek mental health assistance. Hearing these statistics, no wonder that my family kept depression under wrap like avoiding Voldemort’s name in Harry Potter.

But this tendency toward avoidance of the issue, even lack of education around mental health in general led me to hide my own clinical depression for years from those closest to me and finally...my mask wore off.

I suffered two suicide attempts resulting in hospitalizations in my early 20’s. I whole-heartedly attribute my desire to end my life to not being able to handle my demons, and lacking the education, support,

and resources that would have helped me, a young black female, lead the mentally well life to which I was destined.

I feel personally blessed yet also saddened that so little focus is paid to mental health issues, that at times we as a society lose sight of the importance of prevention and early intervention. Mental health issues are not just your uncle who everyone just says is a little “off” or the homeless person you walk past who is arguing with a person not actually there. Mental health is how we feel, think and react to life. When I started to realize this, and treat my depression as any other diagnosis, such as diabetes, I re-directed and focused my life on living and being mentally well.

This isn’t taught, it wasn’t taught to me.

We must change this. I am so excited that MHA is focused on continuing to embrace the legacy of Bebe Campbell Moore and her dedication towards addressing the needs of all people, particularly minority communities during Minority Mental Health Awareness Month.

It took me awhile to move beyond the stigma, taboo and shame of suffering from a mental health issue, but when I learned to accept all of me including my depression, I was free, and in all honesty, happy and healthy for the first time in a long time.

Lauren Carson graduated with a BA in Psychology from the University of Virginia. In 2012, Lauren founded Black Girls Smile Inc. based on her personal mental health journey and struggle to find racially sensitive treatment and support.



July was designated as **Minority Mental Health Awareness Month** in 2008 to bring awareness to the unique struggles that underrepresented groups face in regard to mental illness in the United States (US).

While the term 'minority' is traditionally associated with racial, ethnic, or cultural minorities within the US, Mental Health America (MHA) is focused on expanding this term to include individuals from a wide-range of marginalized and underserved communities, including those who may identify as part of the the LGBTQ+ spectrum, refugee and immigrant groups, religious groups, and others who are often overlooked.

By making this term more inclusive, we are broadening our way of thinking and underscoring the need to address mental health issues with a unique lens while integrating the varied needs of diverse communities.

Through our efforts, we aim to shed light on the multitude of mental health experiences within these communities.

*Thanks for reading,
we hope you found the information useful!*

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