

# CONNECTIONS

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## Greetings City of Madison Employees and Family Members!

As we continue to receive new and evolving information on COVID-19/ coronavirus, many aspects of our daily work and personal routines are requiring adjustments. The City's Employee Assistance Program recognizes that the unpredictability and changes in routines resulting from COVID-19 is creating a collective shared experience of stress on employees, the workplace, and our families.

This newsletter is a follow-up to last month's Accessing Mental Health Services issue. When people experience stress, we naturally want to escape it, usually by finding something that feels familiar, comforting, and routine.

**COVID-19 is unique because it is not only adding stress to our lives, but has also taken away predictable outlets for dealing with that stress.**

Though a global pandemic does make many of our stresses and coping strategies (or lack thereof) more noticeable, it also **brings out many things we do very well**. For some, emergencies provide opportunities to **re-examine whether the things we once found stressful are really that important**. You might find that those things just don't matter quite as much these days. Many are also required to self-isolate, and yet despite that **we see resilience and capacity to come together** through other means.

In this newsletter, we are including guidance on accessing support for "regular times" as well as providing online and tele support resources to help you support yourself and perhaps others during this time.

If the changes in your daily routine have caused you stress, are impacting your sobriety, or have uncovered a problem you previously didn't realize existed and you would like to talk to someone about it, please know that the Employee Assistance office and resources stated in this and previous newsletters, (see [February's Connections newsletter](#)) are options for you.

Humans are incredibly resilient. We may have helpful, harmful, or odd behaviors from time to time when we experience stress, but ultimately we have the capacity for a great deal of growth that comes after times of stress and trauma.



## Examples of Outlets for Dealing with Stress

- **Counseling:** Some counseling agencies are utilizing tele therapy which can feel strange to some people but allows you to gain the mental health support you need right from your home.
- **Support Groups:** Those in recovery from an addiction often depend on the routine of their support community for sobriety. Some of these support groups may now be required to meet online, which in turn can expand your list of potential recovery support persons.
- **Socializing:** Many community programs are temporarily canceled. Those who prefer to engage in face-to-face socializing may not have that social outlet, however some community agencies are now offering virtual classes and social groups for free or donation based. For some this could be an opportunity to try something new from the comfort of your own home.
- **Traveling:** Some people travel away from home and work in order to manage their stress. There's no getting around that a missed vacation can be a bummer, but due to the quarantine protocols of Covid19 we are starting to see air and water quality improvements, as well as a strong interest in finding positive ways to manage stress at home.



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# What You Can Really Expect From Couple's Therapy

By Robert Taibbi, L.C.S.W., *Psychology Today* (Used with the author's permission)

Maybe you're both tired of having the same arguments over and over without resolution. Or the arguments change but they always wind up in the same stalemate; you make up, but then days or weeks later you're back in the same rut. Or perhaps you don't argue but you essentially live parallel lives—you eat dinner together, focus on the kids or small talk, then one drifts off with the kids or goes and watches TV while the other gets on Facebook. At 11:00 you go to bed and the next day do it again.

And you haven't had sex in months.

Obviously you're having a hard time working out your problems, and so now you're thinking it may be time to consider couple counseling. Good idea: research indicates that 60-70% of couples make some improvements in their relationships with even a relatively short stint in therapy.

Here are some steps you can take to help you move forward:

## Do your research.

The starting point is finding someone who may be a good fit. In pre-Internet days, you'd have to have whispered conversations with your best friend about whether he or she knew of any couple therapists. Or you might have asked your family doctor. You still can, of course, but now you can get additional help by going online and looking at therapists' profiles. Do it.

## Compare and contrast.

You probably have some idea of what you do or don't want—that you would rather talk with a therapist of a particular sex, for example. Or maybe you and your partner don't agree on the preferred sex of the therapist. Or you want someone more "Dr. Phil-ish" who can give you specific suggestions and advice rather than spending months wading through your childhood. Or maybe you really want to figure out some things that have haunted you since childhood and include that in the mix. If you have been in therapy before, either individually or as a couple, think about what you did and didn't like about the experience to help know what you do and don't want now.

## Make a call.

Most couple's therapists are willing to talk to you on the phone about their approach, what their assessment process is, whether there are forms to fill out in advance, as well as specifics about insurance, appointment times, etc. Have your list of questions ready, but keep in mind that what most couple therapists are *not* likely to do is spend a lot of time on the phone hearing your story. This is partly because they don't want to do free therapy on the phone, but mostly because it unbalances the relationship. If your therapist has heard your perspective

in advance, your partner will come into the first session feeling that the counselor is already biased—not a good start.

## Agree to go together.

Ideally you have both agreed on a therapist, are both willing to go together the first time, and know what you want to fix. If your partner is reluctant about going, ask if they are willing to go one time, just for you, to have a safe place to get some things off your chest. Most partners are worried about getting dumped on in therapy sessions or of getting locked in to going forever. Get a commitment to go once. Then it is up to the therapist to try and pull your partner into staying. That said, it's common even in the best of circumstances for one person to be more *in*—more motivated to go to therapy and work on the relationship—and one person to be more *out*—more ambivalent about therapy or even about working on the relationship. That's fine; your therapist is probably aware of this and part of their job is to work around these differences. (While most therapists want to see you both the first time, some do like to see each of the individuals separately first.)

## If need be, go alone.

If your partner is unwilling to go, go yourself, because it is possible to change relationships with only one person in therapy. Many relationship problems are about changing dysfunctional patterns in a relationship that create stuck points to problem solving. A therapist can help you learn how to break these patterns and give you tools to communicate better so that conversations can move forward rather than getting stuck in emotional mud. You can learn how not to overreact so as not to trigger your partner's, or your own, old hurt wounds.

You may want to go yourself, too, if you need help figuring out what you really want so you can present that to your partner; or if you are uncertain how committed you are to the relationship, or just to clarify what you may want to ultimately get out of therapy. Figuring these out will help you both hit the ground running if you decide to go together. (It also gives you an opportunity to see if the therapist is a good fit.)

If you go the individual route and want to or can bring your partner in at some point, talk about this scenario upfront with the therapist. If you go too far down the individual therapy road, beyond a few sessions, your partner would be entering the mix feeling like an outsider and at a disadvantage because the system is unbalanced because the therapist will know you much better. Some therapists will try to balance this out by seeing your partner individually for several sessions to rebalance the system before seeing you as a couple. Others might suggest that you both start fresh with a different therapist.

**Give it a realistic shot.**

However you start, give it a few sessions before deciding to bail, unless you find out the therapist’s approach is clearly not what you had in mind or you really have a sense that you can’t connect or feel supported, safe, and heard. That said, do speak up when you are not getting what you need within sessions. This can feel difficult to do, but think of this as *your* therapy, not much different perhaps than buying a car or refrigerator that you find wasn’t working as it should. Don’t be a passive passenger.

**Have an agenda.**

To maximize your time, be proactive and come prepared knowing what it is you want to talk about. While the therapy session is a safe place to be honest and have deeper conversations than you can at home, therapy should not be endless “fight of the week,” with divorce-court-type sessions in which you expect the therapist to act as mediator or judge. Instead, the ultimate goal of therapy is to help you learn the skills and develop the courage to productively solve problems *on your own*.

**Be careful of the pseudo-affair.**

Finally, if you do wind up going alone for whatever reason, you want to be careful that you don’t get emotionally pulled into what is essentially an emotional affair. The intimacy of individual therapy can unwittingly provide just enough support and meeting of your needs, and take just enough of the edge off of the angst you feel at home that rather than working on changing your relationship, you don’t. You stay in therapy forever but do little to really tackle the real problems in the *relationship*. This can be understandably seductive on both sides and more intense if the therapist is of your preferred sex or around your age. It is also unethical for the therapist to do this. While clinical approaches vary, the therapist’s job is to help you solve the problems in your life, not merely increase your tolerance for mistreatment.

*That’s it. Hope this is enough to get you started. As the old saying goes, the journey begins by taking the first step.*

**Take the first step.**

*The City of Madison EAP can help get you started by providing a referral for couple’s therapy or talking over different options for you and your partner.*

## Telehealth through City Healthcare Providers

The current COVID-19 outbreak has many of us looking to online service options to replace the face-to-face services we have come to rely on. Telehealth services through Dean, GHC, and Quartz have been available for a while but it seems like a good time to point out some of their benefits:

- No appointment, no waiting room.
- Available anytime, though the response time may not be immediate.
- Less expensive than Urgent Care or ER visit and your insurance may cover part of the cost.
- Access on your computer, tablet, or smartphone.
- You may be able to use Telehealth to request verification of illness to provide to employer or school.
- Available for several medical issues and particularly recommended if you have symptoms that may be caused by COVID-19/coronavirus.

### GHC

**Telehealth Product Name**

- Care OnDemand

**What to Expect**

Activate your account and choose a doctor to consult with 24/7/365.

**Is Telepsych available?**

Yes, GHC offers teletherapy by phone or video. From the GHC Care OnDemand home page, you will be able to choose a therapist and schedule an appointment. For video appointments, you will be asked to download a secure video application.

### Dean

**Telehealth Product Name**

- Virtual Visit

**What to Expect**

- Online questionnaire takes 5-15 minutes to complete and response guaranteed within 12 hours during normal operating hours:
  - » Monday through Friday from 7 am to 8 pm
  - » Saturday and Sunday from 8 am to 5 pm

**Is Telepsych available?**

Not at this time but physician will consult about symptoms and make appropriate referral.

### Quartz

**Telehealth Product Name**

- UW Health Care Anywhere

**What to Expect**

Download an app or access from your desktop. Access to health care providers 24/7 for non-emergency health issues.

**Is Telepsych available?**

Not at this time but physician will consult about symptoms and make appropriate referral.

## Post Trauma Therapies

Brain-based trauma therapies work under the premise that everything we experience in our environment goes to our brain via our physical senses to be processed and stored as memory. Sometimes memory is processed routinely and effortlessly and sometimes when higher degrees of stress are involved, it requires a little more effort on our brain's part to integrate that memory. A light example of this might be:

- **Regular Memory:** Recalling eating breakfast at a restaurant you enjoy.
- **Stress or Trauma Memory:** Recalling there was a bug in your breakfast at a restaurant you enjoy.
- **Vicarious or Secondary Memory:** Recalling someone else describe accidentally eating a bug for breakfast at a restaurant you typically enjoy.

Sometimes information we take in through our senses, such as something we heard, saw, felt, tasted, or smelled, or would have sensed if we were physically there, gets stored in the brain and body as a stress or trauma memory.

An example of this is a 911 dispatcher who hears a trauma taking place, but is not physically at the location of the incident. The brain may choose to "fill in the gaps" to better understand and gain control over the stressful situation. That dispatcher may have a combination of memories which might include:

- **Hearing** something traumatic.
- **Seeing** a vicariously created visual memory of a scene even though they were not actually present.
- **Feeling** the body-based sensations they might notice while helping that caller obtain emergency services, such as their heart-rate increasing and perhaps a tightness in their stomach.

Trauma does not necessarily need to be one significant and disturbing event that people commonly think of. It can also be the accumulation of many stressors over time. Trauma can also still impact a person even if it took place long ago. For example, if as a child you were frequently required to relocate due to a caregiver's job, or you lived in a household that was unpredictable due to violence or addiction, that stress or trauma might impact how you grow and relate to the world as an adult in your personal life, or even at work.

Below we have descriptions of three forms of trauma therapy with links for you to learn more about them. If you are looking to obtain a referral for one of these therapies or would like to consult on whether it would be appropriate for you or a loved one, particularly EMDR or Brainspotting which are available as an EAP benefit or may be covered through your insurance, contact the City of Madison EAP at 266-6561 for more information.

## EMDR

Eye Movement Desensitization and Reprocessing (EMDR) is a form of therapy designed for people who have been exposed to trauma and feel like something about the traumatic event, which can be the accumulation of several stressors or traumas over time, is "stuck" for them. It is less focused on the traumatic event and more on the emotions and negative feelings associated with the event. Works by stimulating your left and right hemispheres of the brain to access traumatic memories and move them to a place where your brain can integrate them. Read more about EMDR on [GoodTherapy.org](https://www.goodtherapy.org).

## Brainspotting

Brainspotting is another form of brain based trauma therapy which helps people access, process, and overcome trauma. Brainspotting differs from EMDR in that the practitioner helps you locate a specific brain "spot" associated with uncomfortable feelings that come up when you think about a trauma or particularly stressful situation. Read more about brainspotting on [GoodTherapy.org](https://www.goodtherapy.org) or watch a [video](#).

## TRE

TRE uses a series of exercises that safely activate a natural reflex mechanism of shaking or vibrating that releases muscular tension, calming down the nervous system. An example of this is the shaking you might experience in holding a particular yoga pose or during or after moderate exercise. If you have ever seen an animal, for example a horse that gets startled or a gazelle that just escaped being eaten by a lion, you will notice that they tend to have spasm-like shaking right after the stressor and then they return to "normal routine." They essentially "shake it off" in a very literal sense. Trauma Releasing Exercise does not take the place of professional trauma therapy, but can supplement it or be used in maintaining a healthy releasing of stressful memories. The website [TRE for All](https://www.treforall.com) is a great resource to learn more.

# FIRST RESPONDER FOCUS

If you are a first responder and you believe you are struggling with drinking or drug use and want to seek out treatment or consultation, **Rosecrance** is a local option that offers a first responder specific treatment program. You can contact them directly or call the EAP at 266-6561 for assistance with a referral.

How to Contact:	1-844-711-5106 <a href="https://rosecrance.org/addiction-treatment/florian-program">https://rosecrance.org/addiction-treatment/florian-program</a>
Hours of Operation:	24/7
Location:	Rockford, IL
What insurance do they accept?	Quartz, Dean, and GHC. However always check with your individual insurance carrier to receive confirmation of that.
Who answers the phone?	A Clinical Specialist
What should I tell them/ what will they ask me?	A caller will be transferred to a department clinical specialist who will ask questions to determine what will be the next best step in terms of addressing a substance use disorder or co-occurring substance use disorder and mental health issue.
What will they provide me?	Initial screening. They will then schedule an assessment to determine the level of care, preferably in person but it can be done over the phone if needed.
Can I do this process online?	You can initially request more information online, but the assessment process needs to be over the phone or in person.
Is there anything unique about this network that would be helpful to know?	Some police officers ask whether they could lose their right to carry their service weapon if they voluntarily admit themselves for treatment. Rosecrance staff has stated that the answer to that is: No. You do not lose your right to carry. This would only happen if it is an involuntary psychiatric admission, and the Rosecrance Florian program is a voluntary substance abuse treatment center.

## Support Groups

If you or someone you know is experiencing an addiction or mental health disorder and you want support, there are many support group options available in person and online. While we do not have permission to reprint it here, we would like to point out this helpful article on [VeryWellMind.com, How Can I Find a Support Group Meeting Near Me?](https://www.verywellmind.com/how-can-i-find-a-support-group-meeting-near-me/) which lists many common support groups and how to access them. Common issues people seek support groups for include:

- Drinking or drug use for you or a loved one
- Eating disorders
- Sex addiction
- Depression, anxiety, and other mood disorders for you or a loved one
- Gambling



# What Should I Look for in a Mental Health App?

by Martha Neary of PsyberGuide, [Mental Health America](#)

Mental health is personal—because there are many different ways to experience mental health problems, the best treatment can depend on the individual. The same can be said of mental health apps. When you're looking for a mental health app, it can be helpful to look at objective ratings, such as those found on [PsyberGuide](#). However, there is no “magic number” which can tell you which app to choose. Different people value different things in a mental health app—some people prioritize an app that has strong research evidence, while others focus on the design and feel of the app. Here are three things to look out for when choosing an app that's right for you.



## Credibility

### How likely is it that the app will actually work?

Some apps have direct evidence and have been investigated in research studies and clinical trials. These studies may have shown that using the app leads to improved outcomes, when compared to outcomes of people who used something else. But the number of mental health apps that have been explored in these types of studies is relatively small, when we consider that there are thousands of apps available for download. Other apps may be grounded in established research principles—for example, although not every mindfulness app has been examined in a research trial, there is research to suggest that mindfulness can be helpful for anxiety and depression. A good place to start investigating the research evidence for an app is the app website—many good quality apps will clearly document the research supporting the app's use on their own site, whether that's direct or indirect research support.

## Privacy & Data Security

### What does the app do with your data?

It's important for you to know what happens with the data you enter into any app. Every app should have a privacy policy which should inform you about how the app handles your data—unfortunately, often these policies are written in complicated language and can be hard to read. At the very least, make sure the app actually has a privacy policy, which will be linked in the iTunes or Google Play store. If you are unsure of the security of an app, avoid entering any identifiable information.

## Engagement & Design

### What is the experience of using the app?

“User Experience”, sometimes referred to as just UX, is the overall experience of using an app or program—is it easy, fun, engaging, interesting to use? Even if an app is likely to work, if the experience of using the app needs is negative, we are less likely to use it continuously and reap its benefits. An objective measure of User Experience is the Mobile App Rating Scale, which we use at [PsyberGuide](#). Looking to screenshots of the app in the app store can help give you an idea of the look and feel of the app before you download it. If you are put off by apps or websites that aren't designed well, have glitches or are slow to function, it's unlikely you will use an app that has a poor user experience.

Many people use a ‘trial and error’ method of app selection—they download some apps, try them for a little while, and figure out if they like them. With so many free apps out there, this is a good option if you have the time and resources to put into a process of investigation.

If you don't; a resource that provides all of this information in one spot is [PsyberGuide](#). Apps are scored on credibility, user experience, and data transparency, so you can choose an app based on the score that's most important to you. For more information on how we rate apps, [click here](#).

Not sure how to start searching for a mental health app? You could start by checking out the [January 2019 issue of \*Connections\*](#) where we provide a list of some of the top apps reviewed at that time.

It is important to stay connected during this time of social distancing, so our Caregiver Specialists are available if you need to talk to someone.

Taking care of someone else can be stressful, under 'normal circumstances'.

Please let us know how we can help.



### We are here for you!

- Talk to a Caregiver Specialist over the phone
- Telephone Support Groups
- Online Stress-Busting Programs
- Caregiver Teleconnection sessions

#### Contact us:

P: 1-866-390-6491

E: [caregiversos@wellmed.net](mailto:caregiversos@wellmed.net)

W: [www.caregiversos.org](http://www.caregiversos.org)



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

**You can reach any of us by calling the  
EAP Office at (608) 266-6561**

**External Available 24/7:  
FEI Workforce Resilience (800) 236-7905**

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