

# CONNECTIONS

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## LEADERSHIP *Matters*

### How to Talk About Mental Health at Work

By Julie Sharp, **FEI Workforce Resilience** (City of Madison external EAP provider)

The fallout from the pandemic has disrupted the workplace and is re-shaping it in ways that are yet to be realized. A silver lining from this cataclysmic change is that mental well-being has moved from a conversation on the periphery of workplace culture to center stage.

Employers are realizing that it's important to prioritize employees' mental well-being. It's an essential piece of the formula for creating a happy and productive workforce, and a successful organization.

So, how do you start having discussions about mental health? Here are a few practical suggestions for weaving mental-health conversations into the fabric of your workplace.

#### Create a workplace culture that supports mental well-being

Mental well-being can be understood as a continuum, where someone's position is not fixed but can range from distressed to thriving. Similarly, workplace wellness also exists on a continuum.

A healthy workplace culture is characterized by things like clear expectations, frequent and transparent communication, effective leadership, a sense of community and a collective effort toward a meaningful goal. It's also free of stigma, discrimination and bullying.

It's also characterized by **psychological safety**. This is an environment where employees feel a basic sense of belonging, acceptance and respect.

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Greetings City Employees,

Hope you are keeping cool and taking good care of yourselves! This time around we are offering information to read and also to listen to since there are so many great resources available in a variety of media these days. Moving forward, we hope to include more options for you to consume information on being well in our somewhat traditional newsletter.

For instance, we are enthusiastic to share a podcast interview with you this month featuring Nedra Tawwab, whose new book on setting boundaries is getting **rave reviews**. This is definitely an issue that many of us struggle with. Ms. Tawwab has also allowed us to include her worksheet on Setting Healthy Boundaries as a quick reference guide.

Our *Leadership Matters* segment features an article geared toward managers and supervisors called "How to Talk about Mental Health at Work". The article provides good information but also includes several links to other documents on leading a mentally well team – consider adding them to your manager's toolbox.

Please read on!

~ The EAP Team



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To create a healthy workplace culture that supports mental well-being, it's helpful to:

- Normalize mental health conversations by increasing awareness and educating employees through digital and physical channels.
- Set an example of openness and transparency from the top of the organization on down.
- Select the best mix of benefits and resources and continually promote them.
- Establish policies and procedures that support and reinforce the culture that you are trying to create.

An unhealthy workplace, which is at the opposite end of this continuum, is characterized by poor leadership, poor communication, incivility, unfair practices, discrimination, microaggressions, bullying, distrust, or an unsafe or chaotic environment.

A **study out of Australia** found that an unhealthy or toxic workplace can triple the risk of employees developing depression. So, the overall tone and culture of the workplace can either exacerbate difficulties or help employees thrive.

*“If business leaders model caring for their physical and mental/emotional well-being and have transparency in speaking out about their own challenges, it will have a huge impact on company culture. If they articulate their tools for resilience as well as ask those that report to them how these domains of their life are going and how they can be supportive of employee well-being, they enable others to do the same.”*

Leah Weiss, Ph.D  
Speaker, Author, Researcher

## Initiate mental health conversations

Check in with your colleagues and direct reports on a regular basis. Ask them how they're doing and really listen to the answer. Expressing care, interest or appreciation goes a long way toward helping someone feel seen and valued. This helps them move in the direction of thriving on the continuum of mental well-being.



**Research** suggests that simply noticing a nonverbal emotional cue, like a frown or grin, and mentioning it as a question or statement, such as “You look upset” or “You seem excited” is very powerful in building trusting relationships. Even if you guess wrong, the act of noticing builds trust and opens the door to future conversations.

Equip yourself with resources to know the **practical steps in having a conversation** as well as what **phrases and language to avoid**. Ask, listen, and provide appropriate support. Avoid alienating people by unintentionally shaming them by your choice of words or phrases. Be sensitive to the nuance and connotations of current usage. For example, instead of saying that someone is a “victim of mental illness,” you might say they're “living with a mental health condition.”

*“Burnout, stress, anxiety, depression, and coping with trauma are part of the fabric that makes us human. We all have periods of thriving and periods where we are deeply challenged. If we frame cycles of thriving and struggle as normal, we can foster environments that people can express their challenges rather than hide away in shame and social isolation. They can ask for the help that they need. They can offer it to others, which provides purpose and creates strong relationships.”*

Leah Weiss, Ph.D  
Speaker, Author, Researcher

## Recognize and address issues early

If you see a problem developing, it's imperative you intervene early. To do so, you need to recognize the warning signs and take appropriate action. For more guidance, please refer to our flyer, **Recognizing and Responding Effectively to Behavioral Warning Signs**.

The earlier a person can connect with their EAP or other well-being resources, the better their chances of navigating through those challenges and thriving. Similarly, the issue is less likely to escalate into a full-blown crisis that requires intensive intervention.

*“The most crucial step in creating a culture that supports mental health is to frame mental wellness as a process that requires active engagement for everyone throughout their lifespan. People who struggle with mental health are not different from us, they are us. We all need to engage with mental/physical well-being efforts throughout our lives.”*

Leah Weiss, Ph.D  
Speaker, Author, Researcher

# 8 STEPS TO SETTING HEALTHY BOUNDARIES



1. **IDENTIFY** areas where you are exhausted, resentful or angry. Check in with your core values.
2. **DEFINE BOUNDARY:** what do you not want to hear, see, or do?
3. **TRUST YOUR INTUITION:** Moments of "I feel it in my gut". "Something doesn't feel quite right". Intuition tells you what you need to hear, not what you want to hear.
4. **SAY NO:** don't apologize or give long explanations; you will dilute the power of NO. Don't lie. Lying will most likely lead to guilt and/or anxiety.
5. **BE ASSERTIVE,** calm & polite. Pay attention to people's reactions. If someone gets upset about you setting a boundary. It's more evidence that a boundary was needed.
6. **DEFINE CONSEQUENCES** and address boundary violations early.
7. **LET GO OF GUILT.** Your 'no' may empower the other person to take responsibility or to make better choices instead of enabling them to keep doing what they're doing.
8. **USE SUPPORT.** If someone is being abusive or crossing boundaries, talk to a therapist, mentor, life coach, or read a book on setting boundaries.

This free guide is provided by

*Nedra*  
GLOVER TAWWAB

NINE  
nineretreat.com

For more tips on setting boundaries, check out Nedra Tawwab's new book  
**Set Boundaries, Find Peace.**



# SIMPLE PHRASES TO SAY 'NO'

|

No.

No, thanks.

I think I'll pass.

I'm not taking on new things.

It doesn't sound like the right fit.

I'd rather not, thanks.

That doesn't work for me.

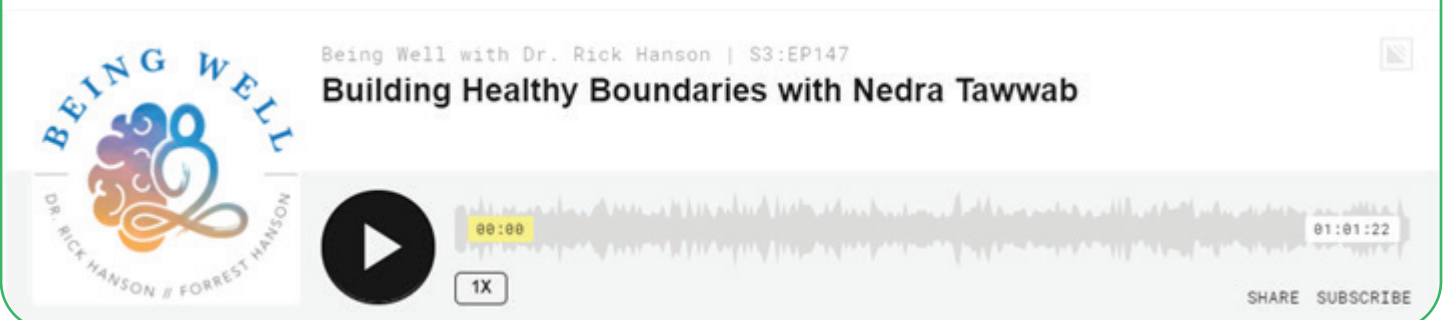
I appreciate your time, but no thank you.

This free guide is provided by

*Nedra*  
GLOVER TAWWAB

NINE  
nineretreat.com

Forrest Hanson interviews Nedra Tawwab on the **Being Well** podcast.





## IT TAKES A VILLAGE

### 8 Beneficial Strategies for Dealing with your Teenager

By Dan Mager, MSW, *Psychology Today* (Used with the author's permission)

*Maintaining sanity and equanimity in the face of adolescence can be a challenge.*

It should come as no surprise that teenagers can present special challenges for parents. The central developmental task of adolescence is to move toward becoming independent while continuing to live at home. Separation-individuation requires teenagers to distance themselves from their parents psychologically in preparation to part from them physically.

This process can be extremely difficult to negotiate for teens as well as their parents. But with enhanced, conscious awareness and mindful action, both you and your kids can weather the storms of adolescence and come out of it without capsizing.

#### 1. Expect complaints.

Adolescents are supposed to be oppositional, rebellious, and moody, expressing dissent, disapproval, dissatisfaction, and resentment. Most parents naturally interpret this as disrespect and ingratitude, though that's not necessarily the case at all. Teenage complaints are part of the process of separating and individuating. Just because your teenage kids complain frequently doesn't mean they lack gratitude for what you have done and continue to do for them. Conscious awareness of this supports your capacity for distress tolerance, making the barrage of complaints more bearable.

#### 2. Be selective when picking your battles.

Be mindful in determining what to make an issue. When is it truly necessary, and when is it more about needing to be right or be in control? Make allowances for some oppositional attitudes and behaviors that assert independence. Conflict with your teenagers will find you; you don't need to go looking for it.

Separation-individuation takes many forms that drive parents crazy but don't have to, from the infamous adolescent eye roll, bottomless sighs, and sarcastic comments to the off-putting assortment of other nonverbal and semi-verbal responses when you ask questions or try to engage your teenagers in conversation, not to mention the rapid escape strategies they deploy to end their interactions with you ASAP. Mindfulness practices can help you become less reactive to these.

If you can give your teens the space to control most of their choices unrelated to safety and welfare, such as how they dress and other aspects of their appearance, it will serve your relationship with them well. You can let them know that you don't especially like their choices, but they are their choices, and you respect them as such. This helps reduce the likelihood of power struggles in more pressing areas.

#### 3. Moderate your expectations.

As research confirms, the human brain doesn't fully develop until about the age of 25; therefore, your teenager's brain is very much a work in progress. It's natural to want to treat teenagers who are so close to chronological adulthood like they're fully capable of logical reasoning, decision-making, and impulse control. But they just aren't there yet.

Adolescents operate largely from the areas of the brain responsible for emotions. Those areas in charge of rational, longer-term thinking and awareness of potential consequences are still under construction. Instead of assuming they will act and think like adults, prepare yourself for the possibility of impulsive and seemingly irrational behavior from them.

#### 4. Be vigilant without becoming peremptory.

Separation-individuation includes a certain degree of secretiveness and dishonesty, and some experimentation with alcohol and other drugs is normal. Maintaining ongoing connection and dialogue with your children is vital during this phase of development. Be aware of significant changes in mood and behavior and become informed about those that correlate with problematic alcohol and other drug use, as well as mental health challenges, such as depression and anxiety.

For parents in recovery themselves, these are particularly emotionally charged issues that hit close to home, and the impulse to react strongly and rapidly is understandable. However, many changes in mood, attitude, and behavior that are normative in adolescence also correlate with potential substance abuse and mental health issues. Importantly, correlation does not equal causation. While further discussion of problematic substance use, substance abuse, and addiction is beyond the scope of this article, there are many excellent books that address this important issue.



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Keep an eye out for substantial shifts in school performance and attendance, unfulfilled responsibilities, and excessive argumentativeness or moodiness. Do your teenage kids seem depressed or self-injurious? Do you see any indication of self-harming, cutting, or suicidal potential? Monitor these areas, and strive to keep an open dialogue with your teenagers about them, being mindful that anything that comes across as blaming, non-constructive criticism, or shaming will obstruct such dialogue.

If your teenagers come to you with problems, ask if they just need you to listen or if they want you to respond. Potential ways to provide input include, “May I give you some feedback?” “Would it be OK if I made some suggestions?” and “Would you mind if I offered some guidance?”

Although I suggest reserving intensive outside intervention for situations in which your teenager’s health, safety, and/or welfare is at risk, when in doubt, I encourage erring on the side of seeking professional assessment and guidance.

## **5. Emphasize empathy.**

Adolescence is stress-filled for both parents and teenagers. Think back to what it was like when you were a teenager, and consider that adolescence has only become considerably more complicated and challenging. Try to understand, have compassion for, and empathize with the pressures your teens face.

Attempting to coalesce their identity—to figure out who they are and how they fit in the world—is no small task. Ask about and express interest in their experience. If they refuse to talk about it, give them space and let them know you are there for them.

At this crucial time in their lives, among their greatest needs is for someone to appreciate what they’re going through. Your teenagers don’t need you to fix their problems for them. They’ll figure that out for themselves. Rather, they need someone who will listen and empathize with them.

Parents commonly dismiss the opinions of their teenage kids—after all, most teenagers think they know everything. Surprise them by asking for and demonstrating respect for their opinions, even when you disagree with them. Giving your adolescents the experience of feeling seen and heard strengthens the connection between you and has a mitigating influence when conflicts erupt. If or (hopefully) when your teenagers come to you with problems, again, ask them if they want you to respond or just want you to listen: “Can I/Would it be OK for me to give you some feedback, make some suggestions, or offer some guidance?”

## **6. Give your teenagers opportunities to earn the more adult-level privileges they seek.**

Far from being entitlements, privileges such as access to a car, smartphone, or spending money should be earned by contributing to the daily functioning of the family, including chores. Connect the dots between such privileges and specific responsibilities with your teenage (and young adult) kids, so they clearly understand the link between more adult-level privileges and certain responsibilities. If they choose to opt-out of this arrangement or shirk their assigned responsibilities, they also choose to relinquish the associated privileges.

The experience of having this level of choice and being able to influence part of their destiny helps build teenagers’ sense of self-efficacy and deepens their understanding of the relationship between their actions and the consequences of those actions—both positive and negative.

## **7. Don’t let off-putting attitudes and oppositional behaviors push you away.**

Adolescents are experts when it comes to acting in ways that irritate the hell out of their parents. Whenever we feel threatened—whether it is a threat to life and safety or simply a perceived threat that makes us feel anxious, angry, or stressed—the thinking part of our brain (the prefrontal cortex) shuts down, and the emotional, survival-oriented part of our brain in the limbic system takes over. This is one of the things that happens during an intense argument with your teenager, and it helps explain why parents can become so emotional and irrational in the midst of heated conflicts with their teenage children.

Try not to get hung up about being rebuffed or rejected when you reach out (remember how separation-individuation works), and continue to make efforts to connect with your teens. Send the message that you can tolerate their oppositional attitude and behavior, and you’re not going anywhere. In interactions with your teenagers, look for opportunities to express kindness, appreciation, compassion, and love: a warm smile, a hand on the shoulder, a hug with feeling, a kiss on the forehead or cheek, or a heartfelt “I love you.” These small actions have inestimable value and meaning, even if your adolescents don’t show it in the moment.

## **8. Remember, adolescence is temporary.**

Mark Twain once said, “When I was a boy of 14, my father was so ignorant I could hardly stand to have the old man around. But when I got to be 21, I was astonished at how much he had learned in seven years.” Like other difficult circumstances (and intense emotions), adolescence can feel like it’ll last forever. And yet, the only thing permanent is impermanence. The challenges of adolescence may last longer than you’d like them to (perhaps much longer), but these are precious years nonetheless, and they will come to an end.

## A Lesson on Resilience

We all go through periods in life when the path we thought we were on takes an unexpected turn. Suddenly, we're faced with a loss or crisis.

For many of us, 2020 was one of those periods. But instead of one crisis, we faced a series of challenges. They not only impacted us personally, but also our children, parents, schools and workplaces.

To move beyond these hardships, it's helpful to develop resilience. Resilience is an inner strength that helps you navigate challenges and bounce back, stronger than before.

Mental health professionals say we can all develop resilience—even children can learn. The following tips can help:

- If you can, remind yourself and your loved ones that suffering and loss are part of life.
- Although these experiences take so much away from us, they can also reveal what is most important.
- Be mindful of your thoughts. Even though you cannot change your circumstances, you can control your attitude.

While resilience can be taught, some of us may need additional help. If you or a family member seems to be struggling, reach out for professional support. It can provide hope and healing.



### NEED HELP?

Your EAP can provide additional guidance and resources.

**2021** WEBINAR  
SERIES

**AUGUST 25, 11 am CT**

**Silver Linings From the Pandemic**

**REGISTER**

Many of us are glad 2020 is in our rearview mirror. Despite the losses and challenges we've endured, many of us are seeing signs of hope. In this webinar, participants will be encouraged to share thoughts on what we've learned, how we've grown and why it's important to recognize the positive.

**Presented by Raquelle Solon**  
Director, Organizational Development  
FEI Behavioral Health

# Clearing misconceptions: 5 things to know about hoarding disorder

Rogers Behavioral Health (Used with permission)

*It's the time of the year when many of us are rolling up our sleeves and engaging in an annual "spring cleaning." While this leads to relief for some, the idea of doing so can cause a lot of stress to someone who has hoarding disorder. Below, Sanjaya Saxena, MD, explains what hoarding disorder is and clears up common misconceptions.*

## What is hoarding disorder?

Before addressing misconceptions, let's better understand what hoarding disorder is.

- Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
- The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
- The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi syndrome).
- The hoarding is not better explained by the symptoms of another mental disorder (e.g., obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).

Now that we have a good idea of what hoarding disorder is, let's learn more about what it isn't.

## Hoarding disorder isn't a subtype of OCD

Since 2013 and the publication of DSM-5, hoarding has been classified as its own unique disorder. Because this recognition is so recent, Dr. Saxena says that there are still a lot of clinicians who haven't been trained on assessing for it.

"They don't ask if you have clutter in your home or difficulty discarding things," he says. "The educational component is very important for clinicians, housing authorities, health departments, and fire departments. A lot of these folks get evictions or fines instead of being referred for treatment."

## Hoarding disorder is more common than you think

Hoarding disorder is often thought of as a rare disease, but it may be twice as common as OCD. Studies in the United States and Europe have found a lifetime prevalence of OCD in 2-2.5% of people, while hoarding disorder is found in 3-5%.

"The reason it doesn't come up as much is that clinicians aren't asking, and the people with it are embarrassed or ashamed, so they don't mention it" Dr. Saxena says. "Most don't realize it's a treatable disorder. That's one of the reasons to increase awareness because the overwhelming majority of people with hoarding disorder never receive clinical care."

## Throwing away someone's clutter won't treat their hoarding

Cleaning up someone's space will not magically cure them of their disorder. Instead, Dr. Saxena says family members or friends can let the person know that help is available.

"Ask if they do want to get help for the problem, beyond a professional organizer coming in and cleaning out the house," he says. "Get help for the core problem. The vast majority of people that I've seen with hoarding disorder describe feeling overwhelmed. People don't want to feel that way."

Effective treatment for hoarding disorder includes cognitive-behavioral therapy (CBT) that utilizes exposure and response prevention (ERP), training in organizational and decision-making skills, control of excessive acquisition, and medication.

Cleaning is only a part of treatment and should be done hand-in-hand with ERP. Similar to OCD, exposures follow a hierarchy where you start with something easy to throw away like old clothes before moving onto something that might be more difficult to let go of, like old documents. Cleaning is done by focusing on one pile at a time, in one room at a time.



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## Hoarding is more than what you see on TV

Like other mental health disorders, symptoms for hoarding are on a continuum, and most cases are not the extremes that are seen on TV. Dr. Saxena says that moderate levels of hoarding are much more common. In these cases, significant clutter might occupy a quarter or half of a home. The degree of dysfunction and impairment varies as well.

“Some people with hoarding disorder can discard things more easily, while the most severe cases might have difficulty discarding anything,” he says. “A lot of people have what we might consider subclinical levels of symptoms. They have excessive saving, excessive acquisition, difficulty discarding, and clutter, but they might not have significant distress or impairment in functioning that requires treatment.”

The earliest symptoms for hoarding disorder are usually general indecisiveness and difficulty knowing what to discard, and typically begin around age 12 to 13. During the early years, a teen’s clutter is often cleaned up by their parents. Excessive acquisition of items starts later in life, after people have an income, but it usually includes acquiring free items.

## Hoarding disorder isn’t harmless

People with severe hoarding disorder experience risks of falls, infestations, mold, and fire. But even those with a moderate level of hoarding experience social impairment and feel isolated.

“People are embarrassed and will often stop letting people into the home,” Dr. Saxena says. “They won’t allow repair people to come in so lights, stoves, and plumbing can become broken or dangerous.”



Dr. Saxena continues, saying that in many cases, people live in fear of being evicted, marriages break up, and people become estranged from their family.

## Rogers can help

If you or a family member is struggling with mental health or addiction, help is available. To schedule a free, confidential screening:

- Call 800-767-4411 for inpatient, residential, or outpatient care in Brown Deer, Oconomowoc, or West Allis.
- Call 888-927-2203 for **all other outpatient locations**.
- Use our **online form**.

**Rogers Behavioral Health** is a private, not-for-profit provider of specialized mental health and addiction services. Opening in 1907, today Rogers offers evidence-based treatment for adults, children, and adolescents with depression and other mood disorders, eating disorders, addiction, obsessive-compulsive and anxiety disorders, and posttraumatic stress disorder.

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

**You can reach any of us by calling the  
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