

CONNECTIONS

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It's OK to Not Be OK: 4 Ways to Manage Difficult Times

By Tracy Hutchinson, Ph.D., **Psychology Today** (Used with the author's permission)

Learn the skills mentally strong people use to manage stressful times.

It's been two years since the onset of the COVID-19 pandemic and the world shutting down. And if the pandemic-related ups and downs of the past 24 months weren't enough, there were also myriad simultaneous socio-political events that occurred over the same time period.

Stressors such as civil unrest, political protest, domestic terrorism, natural disasters, global warming, inflation, and impending (now ongoing) war are unsettling for most people, and some have even argued that they resulted in a kind of collective trauma. On top of that, each of us has had to balance our own personal challenges, including births, deaths, financial issues, health problems, marriage, divorces, and more.

It's little wonder that many are feeling stressed, anxious, worried, and overwhelmed. It's not just the content of the occurrences but their duration that is causing people, even the mentally resilient, to not feel "OK" at times.

What Makes Someone Mentally Resilient?

Mentally resilient people—those who bounce back from setbacks and grow from life's challenges—generally have personality traits that are adaptive and flexible and that demonstrate emotional maturity. They also tend to utilize emotion regulations skills during difficult times to reduce their propensity for emotional vulnerability.

In the field of counseling, we rely on theories—such as those underlying dialectical behavior therapy, or DBT (Linehan, 1993)—to teach individuals the emotion regulation techniques that could help them cope with adverse events. Knowing these skills, and knowing when to use them, could help you regulate your emotions during unsettling times. The techniques outlined below, particularly those drawn from DBT, may help you reduce emotional vulnerability and foster positive emotional states.

What Is DBT?

DBT is an integrative approach originally created to treat patients with borderline personality disorder (BPD), and it's the most used and extensively studied approach for this clinical population (Stoffers et al., 2012). For example, a meta-analysis of five randomized controlled trials demonstrated that DBT was effective at stabilizing and controlling self-destructive behavior—including suicidal and parasuicidal behavior—in people with BPD (Panos et al., 2014).

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Greetings City Employees,
As we were putting the final touches on this issue of *Connections*, we heard the terrible news that a fatal shooting took place outside of the City-County Building. Many City and County employees witnessed the incident or its aftermath and are struggling to make sense of what happened. Coupled with our daily updates on the war in Ukraine, ongoing political and cultural divides, and our continuing pandemic concerns, this violent incident occurring so close to our workplace is a stressor that will need to be added to the list. We found this month's article *It's OK to Not Be OK: 4 Ways to Manage Difficult Times* to be a timely read amidst these many unsettling events.

What else is in the line-up this month? Read about the benefits of spending time in nature to improve psychological wellbeing, watch a video about the opioid crisis, and listen to a conversation with Daniel Pink about how to move past regret. We included some highlights from our popular course on Trauma Informed Customer Service, this month's tip on raising resilient kids, another feature from FEI's Member Portal, and a reminder about the resource page on our website including resources for veterans.

And please be sure to read about how to subscribe to *Connections* on the **EAP website** if you or your family members prefer to receive this newsletter at a personal email address.

Take care and call us if you need some support during these trying times!

~ The EAP Team



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DBT has also demonstrated efficacy for other psychiatric disorders and mental health concerns, including post-traumatic stress disorder (Harned et al., 2014), depression (Lynch et al., 2007), anxiety, and hopelessness (Lothes, 2014). The hallmark of the theory behind DBT is that emotion regulation and distress tolerance skills can be taught to reduce suffering and decrease mental health symptoms.

4 Techniques to Reduce Emotional Vulnerability

Drawing on theoretical tenets from both DBT and CBT may help you manage stressful times by helping to “check” your emotional mind. Start with the below:

1. Realize you can feel “bad” but be “doing well.”

How you *feel* is different than how you’re *doing*. One of the most common misconceptions I see in my clients is the belief that it’s not “normal” to have good days and bad days. I’ve heard things like, “I woke up this morning in a funk and I don’t understand why—what’s wrong with me?” or “I’ve had a bad few days, but I don’t know what’s going on!”

It’s unrealistic to expect that you will feel happy and content most or all of the time—especially after the last two years. It’s important to realize that one may be feeling sad, anxious, or overwhelmed, but still be “doing well” overall.

What does this mean? From a clinical mental health perspective, having problems in one’s life that are unmanageable often leads to what we call *impairments in social and occupational functioning*. In contrast, it’s normal to feel poorly from time to time but still be able to manage life reasonably well.

When someone is feeling irritable, sad, anxious, or “off,” questions to ask themselves include: “Did I go to work today?” “Did I feed my kids?” “Did I do my homework?” “How am I doing in school?” or “Am I meeting the expectations of my work, my family, and my social circle?”

If the answer is yes to most or all of these questions, that likely means that someone may be feeling poorly but still doing “well.” Of course, if the feelings continue over a duration of time or start to have impacts on these areas, then it may be that seeking mental health care is appropriate.

2. Limit news and social media exposure.

Chronic news exposure may worsen distress. For example, researchers found that people who were exposed to the media daily during an ebola outbreak in 2014 demonstrated poorer functioning and increased distress, compared to those who limited their media intake. Similar studies after the 9/11 attacks found that chronically consuming distressing media was associated with impairments in mental health. Therefore, choosing to limit one’s exposure to distressing images and consuming media in manageable doses is vital.

3. Implement PLEASE skills.

Linehan (2015) used the acronym PLEASE to highlight those factors that may increase your emotional vulnerability on a daily basis.



Taking stock of these factors each day can help guard against your emotional mind taking over.

- » PL: Have you treated *physical illness*? Are you attending to your physical health? Are you taking prescribed medications?
- » E: Balanced *eating*. Are you eating regularly? Eating healthy nutritional foods whenever possible is key.
- » A: *Avoiding* mood-altering substances. Research suggests that both alcohol and drugs can damage the brain and increase negative mood states.
- » S: Balanced *sleep*. Adequate amounts of REM sleep restore both the mind and body, especially over time.
- » E: *Exercise*. Exercise leads to healthier brain states (Amen, 2018), and both outdoor activity and exposure to the sun have other health benefits (such as boosting vitamin D). Some research suggests exercise may have even offered some protection against the omicron variant.

4. Implement radical acceptance.

Linehan also coined a useful technique, known as radical acceptance, that entails accepting reality for what it is—even when we don’t want to.

Radical means all the way and completely. *Acceptance* means that you stop fighting reality because you don’t want to deal with it. Rejecting reality does not change it and only serves to turn temporary pain into ongoing suffering. Therefore, radically accepting those things you cannot change—such as war, civil unrest, or the death of a loved one—may help ease your suffering.

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After radically accepting, perhaps you can think of positive actions that are within your control—like making a donation to a worthy cause or engaging in advocacy work. Radical acceptance can help you come to terms with the fact that life is full of both beauty and pain—and that no one moves through life without either. Accepting that life is well worth living and experiencing, even though there are painful moments, is key. You may even grow wiser and stronger along the way.

References may be found in the [online version of this article](#).



Americans are besieged by stress, poll finds

How Much Time in Nature Is Needed to See Benefits?

By Lydia Denworth, [Psychology Today](#) (Used with the author's permission)

Being in nature is good for us. It can improve our physical and psychological health. But does nature work like exercise or eating vegetables? Is there an amount of exposure that we ought to aim for to reap the benefits? And what kind of exposure does that have to be? What if, like me, you live in a big city and have only a park nearby to provide a hit of green? A study of nearly 20,000 people published today in *Scientific Reports* answers these questions. For the first time, **researchers have established a threshold** at which spending time in nature starts to be associated with good self-reported health and high self-reported well-being: 120 minutes per week.

To their surprise, the two hours could consist of several short visits to the outdoors or one long Sunday hike. And while sitting on a park bench in a lovely green area doesn't necessarily provide as strong a boost as climbing a mountain (or even gazing at a mountain), there was a clear benefit to sitting on a park bench over not sitting on a park bench if you did it for long enough.

The study is notable both because of the large, nationally representative sample (19,806 people across England) and because it is the first to examine weekly exposure as opposed to the effects of one visit to the outdoors. The authors see it as a first step toward a public health message around nature that doctors could conceivably recommend just as they do getting 150 minutes of exercise per week or eating five servings of fruits and vegetables per day.

There are some limitations. The study is cross-sectional, which means that it compared time in nature with self-reported mental and physical health for just one week. To prove that one thing causes the other requires a study that follows people over time and doesn't rely only on self-report. But the size of the sample and the strength of the association, even when health and other factors were taken into consideration, are promising.

I spoke to lead author **Mathew White**, an environmental psychologist at the University of Exeter, to talk about the significance of this new study.

Will doctors prescribe time in nature?

We're not at this stage yet where we can say, yes, 120 minutes a week. More research needs to be done. But we think this is the first study on that path. We're increasingly talking to doctors about social prescribing. Doctors are saying: how much time should I be saying to patients? We've been trying to get a realistic time that you can embed within a week.

What was really interesting for us was that it doesn't have to be a two-hour slot. It can be accumulated bits of 30 minutes if you can fit that in your week. Or if you're really busy and you can only go at the weekend, then two one-hour slots or a two-hour slot seem to be just as effective.



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How do you know it's not just that healthier people go outside more?

Yes, the main problem [with a cross-sectional study] is that it could be that's what we're effectively detecting. However, because we've got such a large sample, a big proportion of the people, nearly 4,000, have a long-term illness or disability. And yet, they were showing exactly the same 120-minute benefit as people without that. So we know that it's not just that healthy people visit nature. And we've done a lot of work experimentally outside of this showing [the health benefits of] a 30-minute time in nature. This [study] is completely consistent with experimental work. What we really need is a prospective longitudinal study which follows people's health and well-being following changes in their amount of exposure they get. That's the next step.

What does the experimental work show 30 minutes in nature does for your health?

When we've put people in [natural] environments, it decreases heart rate, decreases blood pressure, decreases **stress** cortisol, [and] improves psychological well-being.

What is it about nature that has this effect?

One mechanism is it encourages more exercise. In terms of the passive benefits, what I think is happening is that modern urban living is placing so many cognitive demands on us. This is downtime for our brain, giving us the chance to have space to think. Greg Bratman at the University of Washington **has done work on rumination** and people with mild depression. He's showing reductions in negative rumination when people are spending time in a natural environment. That kind of process applies to everybody, whether we have a clinical diagnosis or not. I think a lot has to do with giving us mind space. The more tranquil the setting the better.

Resources for Veterans

During this difficult time, we want to acknowledge the impact that the conflict between Ukraine and Russia may have on our employees, particularly those who are veterans or currently involved with the military or those who have family or loved ones in the military. As this complex issue continues to develop, we want to remind you all that EAP is here to support you and that we also offer **resources for veterans** on our website.



Is a city park as good as the sea or the mountains?

The type of environment does matter. There's really good evidence to suggest that the marine environment and mountains are the top hitters. But the point here is that most people are going to urban parks. When you look at the data, it's still okay. The 120-minute threshold still applies. The park is better than walking down a busy street.

And you don't have to be exercising?

Exercise in nature is really valuable. But here we're controlling for that statistically, so this is the effect over and above exercise. Because we've got such a large sample, we looked at people who don't do any exercise, or very little, and we looked at whether their time in nature, which is largely sitting on benches and having picnics, is good. And it was as well. We know exercise is good, we know exercise in nature is good, but this effect applies even if you spend time in nature for relaxation.

Regret

Regret is one of our most powerful emotions - and also one of the most misunderstood. Over the past two years, author Daniel H. Pink has collected a trove of more than 16,000 regrets from people in 105 countries in an effort to better understand this mysterious emotion. He shares the key patterns that emerged (it all boils down to the same four core regrets, he says) and explains how to transform your own regrets in order to create the life you've always wanted to live. This is a **TED Membership event** hosted by TED current affairs curator Whitney Pennington Rodgers.



Daniel H. Pink: What regret can teach you about living a good life | TED Talk

The Opioid Crisis

How America Got Hooked on Opioids

“Around 58,000 Americans were killed in the Vietnam War. But in 2017 alone, 70,237 Americans died of drug overdoses; the War on Drugs is like a Vietnam War every year. This is the story of the North America Opioid Crisis – how an oversupply of the prescription drug oxycodone collided with fifty years of drug prohibition to create an epidemic every bit as serious as COVID-19. This terrifying crisis reaches every corner of American life, far beyond the clichés of the ‘inner-city drug user.’”

Be aware of **increased drug overdoses** in our community.

THE OPIOID EPIDEMIC BY THE NUMBERS



70,630

people died from drug overdose in 2019²



10.1 million

people misused prescription opioids in the past year¹



1.6 million

people had an opioid use disorder in the past year¹



2 million

people used methamphetamine in the past year¹



745,000

people used heroin in the past year¹



50,000

people used heroin for the first time¹



1.6 million

people misused prescription pain relievers for the first time¹



14,480

deaths attributed to overdosing on heroin (in 12-month period ending June 2020)³



48,006

deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)³

SOURCES

1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

FIRST RESPONDER FOCUS

5 Myths and Truths about Officers and PTSD

By Johanna Wender, MA, LMHC, LPC, [Police1.com](https://www.police1.com) (Used with the author's permission)

As a mental health provider and specialist in the treatment of posttraumatic stress exclusively serving law enforcement, first responders and members of the military, I regularly meet people who are severely traumatized. According to one study, 35% of police officers meet the criteria for PTSD. [1] Compare this to the lifetime prevalence of PTSD among the general population of 3.6% for men and 9.7% for women. [2]

It is encouraging to see how far law enforcement culture has progressed in recognizing the critical role of mental health in officer safety and wellness. Even so, PTSD continues to impact thousands of officers each year. Sadly, many of these officers receive little or no help, leading to significant time away from work, to leave their chosen profession prematurely, and sometimes end their own lives.

To encourage law enforcement officers in their efforts to understand PTSD, I want to address five common myths I hear about PTSD in the police community. By squashing these myths, my goal is to improve LEOs' ability to know when to seek help, and to strengthen their capacity to get the support they need to heal.

MYTH 1: AS A LAW ENFORCEMENT OFFICER, IT'S ONLY A MATTER OF TIME BEFORE I GET PTSD.

Fact: Most LEOs will not develop PTSD.

While officers are exposed to traumatic events at alarmingly high rates compared to the general public, trauma exposure alone does not necessarily lead to PTSD.

Humans are wired for resiliency: we are built to withstand severe hardship and trauma. Researchers don't fully understand why some people develop PTSD and others don't. We do know that there are known risk factors, including social isolation and a history of childhood trauma, as well as protective factors, including strong connections with others and healthy living habits.

MYTH 2: HAVING PTSD MEANS I'M WEAK.

Fact: PTSD impacts some of the strongest people among us.

No amount of physical or mental toughness can completely prevent the onset of PTSD. There is a misperception that "tough" people handle things effortlessly, that nothing gets to them. I often hear stories from my clients about some of their fellow officers, whom they believe are bulletproof. They typically describe these officers as incredibly physically fit and stoic. But sometimes, these are the very kinds of officers who avoid, rather than confront their emotions, and use coping



mechanisms like alcohol, busyness, or other compulsions to push away difficult feelings. Unfortunately, avoiding, rather than confronting our reactions to traumatic events is very often a precursor to the development of PTSD.

It is normal to experience distress after an abnormal event like a critical incident. Working through the discomfort, often beginning with speaking with a trusted peer or participating in a critical incident stress debrief (CISD), rather than pushing it away, is helpful in reducing the long-term negative effects of a critical incident. However, it's important to note that even when officers handle a difficult experience well, they can still develop PTSD. PTSD is not a choice.

MYTH 3: PTSD WILL NEVER GO AWAY.

Fact: PTSD is one of the most treatable mental health conditions.

Many of the officers I meet believe that once someone has PTSD, they must live with it forever. Nothing could be further from the truth!

People often ask me how I'm able to do my job, listening to stories of people's worst memories and experiences day in and day out. My answer is always the same: I get to see officers recover and reclaim their personal and professional lives. PTSD is not something just to be managed; it really can go away. The memories will always be there, just like lingering pain from an old bone fracture, but with the right treatment, the hypervigilance, irritability, fear and lack of control over the memories will lessen and disappear.

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MYTH 4: PTSD REQUIRES A LIFETIME OF THERAPY.

Fact: PTSD typically can be treated in months, not years.

One of the best parts of treating PTSD is being able to see people feel better quickly. For this to happen, it's important for LEOs to find a clinician specifically trained in an evidence-based model for treating PTSD, not merely someone who says they treat PTSD or trauma on their website without any further information.

The three models with the most consistent research to support their effectiveness are **Prolonged Exposure (PE)**, **Cognitive Processing Therapy (CPT)**, and **Eye Movement Desensitization and Reprocessing (EMDR)**. In my work, I've seen people recover from PTSD in as few as five or six sessions, but four to six months is often a reasonable timeline. It's also important to mention that treatment is more effective when LEOs work with a clinician they trust who understands and respects the unique challenges of police work.

MYTH 5: I DON'T DESERVE THERAPY. THERE ARE OTHER PEOPLE WHO HAVE IT WORSE THAN I DO.

Fact: Everyone experiencing PTSD, regardless of the severity of the traumatic event or their symptoms, deserves to feel better.

It's always possible to find someone who has it harder. I have had clients tell me that they feel guilty for taking a spot on my schedule, believing that it should go to someone who "needs it more." And while it is understandable that LEOs, who voluntarily risk their lives to protect others, might see it this way, it's vital for LEOs to prioritize their mental health and get the help they need. As the saying goes, put on your own oxygen mask first. PTSD drastically impacts people's ability to move through life: it can lead to physical health complications, withdrawal from social and interpersonal connections, and even suicide. I meet many officers each year who are unable to function effectively at work or at home because of the debilitating effects of PTSD. No matter the cause or severity of the PTSD, nobody deserves to live with PTSD longer than they must.

References may be found in the **online version** of this article.

Our Most Popular Training Offering: Trauma Informed Customer Service

By Mary Eldridge, MSW, LCSW, City of Madison EAP

Recently, we decided to offer one of our trainings, Trauma Informed Customer Service, more broadly. To our surprise, the training filled up really quickly and requests started to pour in. Here, we thought of giving you a bit of an idea about what this training is about.

The premise of Trauma Informed Customer Service is to recognize that our past experiences influence our present and ways in which we engage with the world. Using a trauma informed care lens in our interactions with the public acknowledges that their anger and frustration may be impacted by some of their past experiences and allows for us to create some separation from them being angry at the situation instead of being angry at us. This approach is influenced by the Adverse Childhood Experiences (ACEs) study conducted in the '90s where it was found that 64% of adults have experienced at least one adverse childhood experience in their lives. Some examples of ACEs are having experienced one or more of the different forms of child abuse and neglect, witnessing violence within the household, having a parent who battled with substance use, and more.

Our Trauma Informed Customer Service training assists folks in incorporating the basic tenets of Trauma Informed Care of safety, choice, collaboration, trustworthiness, and empowerment into their interactions with the public to better support customers in getting their needs met while also maintaining staff wellbeing. Part of this process involves learning how language impacts our interactions and how to transform our usual ways of communicating into trauma informed ways of engaging. Finally, we dive deeper into the following steps which give us a roadmap into incorporating what we have learned into a practical approach to offering trauma informed customer service.

Step 1: Self-Regulation

Process of returning to internal baseline, which can be achieved through grounding (i.e., noticing your feet firmly planted on the ground), breathing (i.e., inhaling for 5 seconds and exhaling for 7), compartmentalizing (i.e., creating some emotional separation from what's been triggered to the present moment), etc.

Step 2: Validation

Using statements that acknowledge their concern and empathize with their feelings. Examples: "It sounds like you're angry and it makes sense considering how this issue is getting in the way of..."; "I hear that this is making you angry and I'm sorry we haven't found an alternative yet".

Step 3: Problem-Solving

Process of identifying options and executing a solution. Remember to offer choices, follow policies, and script your answer for when similar situations arise.

If you would like to participate in this course, please check **Organizational Development's website** for upcoming dates. More dates will be offered this Fall.



EMPLOYEE ASSISTANCE PROGRAM ENCENDIENDO EL CRECIMIENTO/ SPARKING GROWTH

Encendiendo el Crecimiento es una sesión completamente en Español enfocada en explorar áreas como el duelo, la ventana de tolerancia y estrategias para facilitar el balance y la salud mental. Acompáñanos en esta sesión interactiva donde descubriremos componentes de salud mental y practicaremos estrategias para ayudar con la regulación emocional y el balance. Partirás de este entramiento con técnicas prácticas y conocimiento para desarrollar tu bienestar en casa y tu espacio de trabajo.

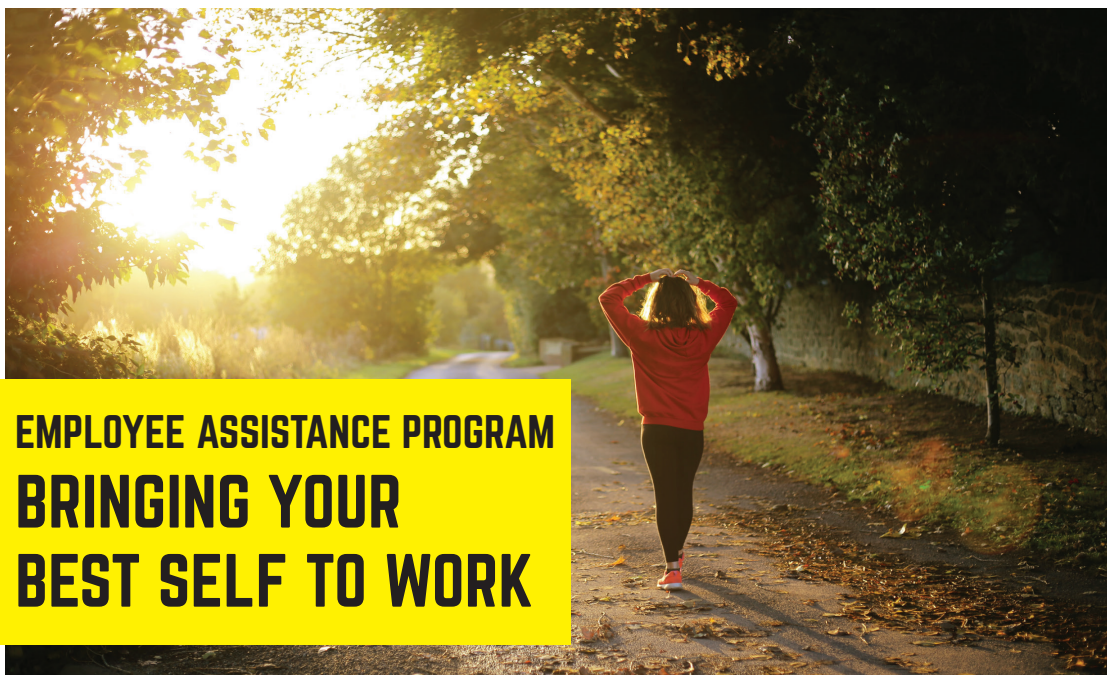
Sparking Growth is a training, completely in Spanish, focused on exploring topics like grief, the window of tolerance, and strategies to foster balance and mental health. Join us for this interactive session where we will explore components of mental health and will practice skills to assist with emotional regulation and balance. Leave the space with practical tools and knowledge to foster your wellbeing at home and workplace.

» Thursday May 5, 2022: 10-11:30am



Registration required.
Questions? Call the EAP Office at (608) 266-6561.





EMPLOYEE ASSISTANCE PROGRAM BRINGING YOUR BEST SELF TO WORK

An important component of bringing your best self to work is to bring your authentic self to work. This course strives to show you how being vulnerable while setting appropriate boundaries may improve your work relationships and reduce the impact that work stress has on your personal life.

Additionally, we will discuss the benefits of self-care in order to boost your resiliency and emotional intelligence, two important factors that contribute to feeling more fulfilled in your job.

Please join us for this interactive course and make a plan to manage stress and improve your overall wellness.

» Tuesday June 21, 2022: 9-10:30am



Registration required.

Questions? Call the EAP Office at (608) 266-6561.



Tips for Raising Resilient Kids

Tip #11 – Failure is a part of life

Children must learn that mistakes may happen and that they will eventually fail at things. Teach children that failure and mistakes are an opportunity to learn rather than quit. When failure happens this is a chance to learn and try again. Praise your child for working hard and trying. The reality is that skills are perfected through practice. When children start a new activity and may want to quit due to feelings of inadequacy, encourage them to keep trying despite things getting difficult.

FEI Member Portal

FEI's calculators can help you with assessing your choices in a number of areas related to finances and health. Whether you are saving for a mortgage, paying off credit cards, determining blood alcohol levels, or managing a monthly budget – there's a calculator for it!

Do you need help to set up your account at AllOne Health? There are detailed instructions on the **EAP website**.

Subscribe to the EAP Newsletter

It's now even easier to share EAP's Connections newsletter with your family members by having them subscribe with their own email address. Subscribers will receive an email when our newsletter is available and occasionally when we have other updates to share but we will not bombard our subscribers too frequently. Sign up on the **EAP website** if you would find this convenient!



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

**You can reach any of us by calling the
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