

# CONNECTIONS

AUGUST, 2022

VOLUME 8, ISSUE 3



## IT TAKES A VILLAGE

### When Parents Grieve What They Thought Would Be

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

#### *Did you have different expectations for parenthood?*

When we experience a loss, whether physical or perceived, we tend to respond with shock and disbelief. We may then experience an intense flood of emotions, all while trying to accept a reality that we did not want.

As parents, when our child is diagnosed with a medical condition, learning disability, autism, or anything else that could be serious and/or long-lasting, we may experience grief and mourning as we struggle to understand what we are feeling and why we are feeling this way.

In my private practice, parents will often ask me to evaluate their child in order to answer whatever questions they've been asking. These may include:

- Is my child on the autistic spectrum?
- Does my child have ADHD?
- Does my child have a learning disability? What type?
- How does my child's anxiety impact his ability to learn?

By the time they meet with me, most parents have already consulted with their pediatrician and maybe even a neurologist. They see me in order to confirm what their child is struggling with and outline a plan to pursue treatment.

During the seeking information phase, there are a lot of feelings to be felt, most notably a great deal of fear and uncertainty. There may also be anxiety about what your child may be struggling with, sometimes combined with sadness and grieving.

#### **Welcome to Holland**

Emily Perl Kingsley wrote a powerful description of what it is to have had expectations for what you thought your life would be, and how a person feels when the reality doesn't match the fantasy or "the plan." She also describes enjoying your "new destination" although it was not part of the trip itinerary.

In essence, she describes the journey of parenthood as a trip that was planned for Italy. Mid-flight, the itinerary changes, and the flight has changed course and is now going to Holland. Kingsley describes the disappointment, the sadness, the yearning for Italy, and having to accept Holland:

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Greetings City Employees,

We hope you are enjoying your summer and continuing to practice good self-care despite continuing news stories that are not profiling humanity's best side. Are you feeling burned out and a bit stressed? If so, you will find several relevant articles in this quarter's newsletter.

#### **When Parents Grieve What They Thought**

**Would Be:** Being a parent does not always take you where you thought you wanted to go

**Stress and Addiction:** How chronic stress can increase vulnerability to addiction

**Beating Burnout at Work:** Tips for employers and employees to reduce the impact of burnout in the workplace

**The Psychology of Hope:** There are many benefits to being hopeful in the face of adversity

**Vicarious Trauma: A Trauma Shared:** Second hand trauma can be similarly impactful to being involved in the actual traumatic event

We also have some upcoming trainings that we want to let you know about.

**Conflict Management:** Explore tools and strategies to successfully navigate conflict in the workplace

**Taking a Closer Look at Trauma-Informed Supervision:** Scott Webb will help us take a deeper dive into the principles of trauma-informed supervision

**Cultivating Wellness:** This 4-part series explores the many components that contribute to our well-being

If you are struggling with a personal or work-related issue, please reach out by calling 266-6561 or email [eap@cityofmadison.com](mailto:eap@cityofmadison.com) to schedule a confidential appointment with one of our counselors. We can meet with you via Zoom or by phone. Be well!

~ The EAP Team



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“It’s just a different place. It’s slower-paced than Italy, less flashy than Italy. But after you’ve been there for a while and you catch your breath, you look around... and you begin to notice Holland has windmills... and Holland has tulips. Holland even has Rembrandts.”

Part of the process is grieving the loss of the “trip to Italy” before mentally and emotionally embracing a new “location.” The process is analogous to parenting a child who you did not expect to have a disability. It involves both changing your mindset to accepting and embracing the child who is and letting go of the idea of who you thought your child would be.

### **Stages of Grief**

In 1969, psychiatrist Elisabeth Kübler-Ross created an understanding of grief that has permeated our popular and clinical understanding of grief, although the model has not been strongly supported by empirical research. Kübler-Ross defined the 5 stages of grief as denial, anger, bargaining, depression, and acceptance.

Those who have experienced grief know it’s not a linear process; Kübler-Ross herself emphasized this. You don’t check the boxes as you pass through each phase and once you’ve reached acceptance, you have now accomplished your end goal. Instead, we pass through the stages of grief in random orders and can regress and return to an earlier phase.

As much as most of us would love to be able to check each box and receive a prize or certificate when we reach the end, grief is much more complicated than that. It’s OK to stay in one phase longer than the others and to go back and forth. The process will take time as the present grief may also be triggering earlier grief or trauma that was not processed fully.

### **Seek Therapy**

When you’re grieving, it can feel isolating, never-ending, all-consuming, overwhelming, and just dreadful. There are days that you may feel like you don’t want to come out from under your covers, or you’re struggling to leave your couch. You may be struggling to do your job or parent your children. There’s no need to suffer alone. Seek the help of a therapist who can help you to process your grief, accept your reality, and heal.

Support groups are also a place where you can be with others who are experiencing grief as well. It’s validating and healthy to see that some will be “behind” you and others will be “ahead” of you in the healing process.

In therapy, individual or group, speak honestly to your emotional struggles and how your reality is not in line with the way you believed your life would be, or how you wanted it to be. Acknowledge that you had a different plan and process all of the feelings that come with it.

Loss triggers grief, and grief is a process. There’s no shame in how you are feeling and know you are not alone. There exist many of us who can support and guide each other as we process and adapt to being in Holland even though we really wanted to go to Italy.

### **Tips for Raising Resilient Kids**

#### *Tip #12 – Cultivate empathy in kids*

- Develop your child’s ability to empathize with others by helping them consider the struggles faced by others. While reading stories or watching a movie, ask your child to put themselves in a character’s shoes. “How would you feel if you were them?” “How do you think they feel?” “Imagine...”
- Empathize with your child. This will not only help them see how this feels but it will also help increase their bond and attachment to you.
- Children learn from what they witness. Children are always watching us, they notice how you treat people around you especially strangers (like a waiter). Demonstrate empathy for others.

### **FEI Webinar On Demand: Signs & Symptoms of Adolescent Mental Health Issues**

The City’s external EAP, FEI, is part of a larger group of EAPs under the umbrella of All One Health. In order to access many of their free resources, including the webinar below, please go to [our website](#) and follow the instructions to set up an account.

**ALL ONE HEALTH**  
Click Here For resources and tips for keeping you healthy, educated and engaged.

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### **Webinar: Signs & Symptoms of Adolescent Mental Health Issues**

# Stress and Addiction

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

## *Chronic stress can increase vulnerability to addiction.*

Stress is a key risk factor in addiction initiation, maintenance, relapse, and thus treatment failure (Sinha & Jastreboff, 2013). Stressful life events combined with poor coping skills may impact the risk of addiction by increasing impulsive responding and self-medication. While it may not be possible to eliminate stress, we need to find ways to manage it.

Stress normally refers to adversity or hardship such as poverty or grief. Biologically, stressful events cause a rise in blood levels of stress hormones (such as cortisol). Fight-or-flight is a normal response to stress; all the blood goes to the muscles so that you're ready for action.

It is important to distinguish between chronic and normal stress. Moderate and challenging stressors with limited duration are perceived as pleasant. In fact, some individuals, like sensation-seekers, chase "stressful" situations that promote the release of stress hormones. However, intense, unpredictable, prolonged stressors,—such as interpersonal conflict, loss of loved ones, and unemployment—can produce learned helplessness and depressive-like symptoms. Chronic stress increases the risk for developing depression, the common cold, influenza, tension headaches, grinding teeth, and tensing the neck and shoulders (McEwen, 2003).

Trauma in early childhood is a key factor for making people more vulnerable in later life (Keating, 2017). The link from early adversity to later life problems runs through social epigenetics. High levels of stress experienced in early life can cause methylation of key genes that control the stress system. That is, early adversity alters our genetics. When this happens, we live in a constant state of emergency.

The workplace is another context that provides almost routine exposure to chronic stress. Work-related stress may include factors such as the demands of the job, the ability to have control over decisions, and the degree of social support within the workplace. People in jobs where they don't perceive themselves to have a lot of control are susceptible to developing clinical anxiety and depression, as well as stress-related medical conditions like ulcers and diabetes (Marmot, 2006).

The stressful event or circumstance itself is not harmful. What matters is how the person interprets the stressor and how he or she copes with it. One can use reappraisal as a coping strategy by viewing situations differently, for instance by thinking it's no longer a big deal. One can also cope with stress by smoking, drinking, and overeating. What is important is the meaning that the event or circumstance has for the individual (Lazarus, 2006).

There is solid evidence for the link between chronic stress and the motivation to use addictive substances (Al'Absi, 2007). For instance, research shows that adverse childhood experiences such as physical and sexual abuse, neglect, domestic violence, and family dysfunction are associated with an increased risk of addiction. People with an unhappy marriage, employment dissatisfaction, or harassment also report increased rates of addiction.

The experience of childhood abuse and neglect indirectly increases the risk of addiction through decreased self-control (Lovallo, 2013). Young adults at risk for substance abuse are known to have decreased self-control and emotional control. Their addictive behavior is the result of their experiences and the environments in which they were brought up.

The greater the number of stressors an individual is exposed to, the greater the later chances of addiction. The economist Angus Deaton (2015) shows that less-educated white Americans who struggle in the job market in early adulthood are likely to experience a "cumulative disadvantage" over time, with health and personal problems that often lead to drug overdoses, alcohol-related liver disease, and suicide.

One explanation for the strong linkage between stress and addiction is the self-medication theory, which suggests that the person may use drugs to cope with tension associated with life stressors or to relieve symptoms of anxiety and depression resulting from a traumatic event. Thus, drug use functions as a means to regulate emotions and soothe psychological distress.

High emotional stress is associated with loss of control over impulses and an inability to delay gratification. Chronic stress decreases gray matter volume in the brain region that is associated with cognitive control and stress regulation. The part of the prefrontal cortex that is involved in deliberative cognition is shut down by stress. The stressed brain loses the ability to be reflective and becomes automatic. Stressed people are prone to give in to impulses like smoking, overeating, and alcohol and prescription drug abuse to cope with daily stress (Grant et al., 2011).

In sum, more stressful life events and poor coping strategies may impact risk of addiction. This explains the importance of better understanding how stress works and developing skills to prevent and tolerate it in addiction treatments.

References available in the **original article on Psychology Today**.



# BURNOUT

## BEATING BURNOUT AT WORK

### WHAT IS BURNOUT?

Burnout results from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:



#### Exhaustion:

Physically, emotionally, and cognitively, described as feeling like the tank is empty.



#### Negative & Cynical:

Feeling negative and cynical toward work, co-workers, and others in one's life.



#### Ineffective at Work:

Reduced effectiveness or ability to perform one's work.

### THE IMPACTS OF BURNOUT



All aspects of people's lives at work, home, and socially.



Workplace productivity, performance, retention, and more.



Health and well-being because of excessive levels of stress.



Risk of developing mental health conditions like depression, anxiety, and substance use.

### HOW COMMON IS BURNOUT?

**77%** of professionals

reported experiencing burnout at work.

2018 Deloitte survey

**76%** of employees

reported experiencing burnout on the job at least sometimes.

2020 Gallup survey

**88%** of workers

experienced some burnout, with 60% reporting high levels of burnout.

2021 Catalyst survey

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## WHAT CAN ORGANIZATIONS DO TO TACKLE BURNOUT AT WORK?

Small changes can lead to big results in reducing and preventing burnout by addressing six key workplace factors (Maslach, 2016). Here are those factors and tips for addressing them:



### Workload

Ensuring people have the time and tools needed to get the job done.

**Tip:** Remind people managers to check-in on workload, and openly communicate about expectations and deadlines.



### Autonomy and Control

Offering people the chance to have some control over how they perform their work?

**Tip:** Explore ways to give team members more autonomy & control over tasks while still meeting deadlines.



### Reward and Recognition

Ensuring people are recognized and rewarded for a job well done.

**Tip:** Remind everyone of the need to recognize and reward wins and achievements, both big and small.



### Community and Sense of Belonging

Creating opportunities for people to feel like there is trust & mutual support with colleagues.

**Tip:** Find ways for people to connect with peers, supervisors, and across teams, through ERGs, mentorship programs, and in virtual settings.



### Fairness

Offering opportunities for people to be promoted and feel like they are treated fairly at work.

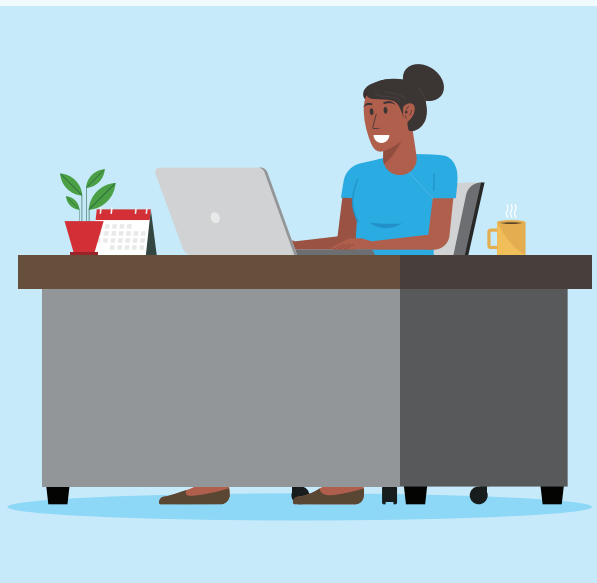
**Tip:** Review opportunities for advancement to ensure alignment exists between performance and promotion.



### Values and Purpose in Work

Supporting people in feeling good about their work and proud of their contributions.

**Tip:** Find ways to relate the meaning of work tasks to organizational purpose and mission and communicate employee contributions to both.



## Employers can also help reduce and prevent burnout by:

- Supporting People Managers:** Remind managers about leading with empathy, scheduling regular check-ins, and encouraging open dialogue with their teams around the factors that contribute to burnout.
- Offering Training:** Offer an interactive training with people leaders that informs them about the six (6) factors and how to effectively address them to reduce or eliminate burnout on their teams.
- Surveying Employees:** Develop a simple survey to assess and prioritize the factors that may be impacting burnout in the workplace. Better understanding how burnout is impacting your organization is key in tackling it.
- Developing an Action Plan:** Work with a small group of thoughtful employees to create an action plan that addresses the issues uncovered in the employee survey. Be sure to address organizational culture, as it impacts performance, productivity, retention, and more.

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## WHAT CAN EMPLOYEES DO TO REDUCE AND PREVENT BURNOUT?

Employees can also take steps to reduce burnout and enhance their mental health and well-being by:



Connecting with support through an EAP, or by talking with a mental health or primary care professional.



Taking time off and addressing sleep issues.



Focusing on self-care by scheduling time for exercise, social connections, and joyful activity.



Making changes that reduce or eliminate factors contributing to excessive levels of stress.



The Center provides training, consultation, and support for organizations working to prevent and reduce burnout.

To learn more contact us at [workplacementalhealth@psych.org](mailto:workplacementalhealth@psych.org).

## REFERENCES

World Health Organization: defining the three elements of occupational burnout:

<https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 15(2), 103–111.

<https://doi.org/10.1002/wps.20311>.

### Links to Burnout Survey Reports:

**Gallup:** Accessed at: <https://www.gallup.com/workplace/282659/employee-burnout-perspective-paper.aspx>

**Catalyst:** Van Bommel, T. (2021). Remote-work options can boost productivity and curb burnout. *Catalyst*. Accessed at: <https://www.catalyst.org/reports/remote-work-burnout-productivity/>

**Deloitte:** Accessed at: <https://www2.deloitte.com/us/en/pages/about-deloitte/articles/burnout-survey.html>

To learn more,  
visit [workplacementalhealth.org](http://workplacementalhealth.org)



CENTER FOR  
**WORKPLACE  
MENTAL HEALTH**

# The Psychology of Hope

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

## *Rebuilding in the face of ongoing adversity.*

Hope may be difficult to measure, but one thing is clear: the pandemic has had a significant toll on many people's sense of hope. Still, what is hope? How does it affect our well-being? And how do we foster hope in the face of ongoing adversity?

### **What is hope?**

The American Psychological Association defines hope as “the expectation that one will have positive experiences or that a potentially threatening or negative situation will not materialize or will ultimately result in a favorable state of affairs.” Hope is also linked to optimism—the attitude or outlook that good things will happen and one's wishes or aims will ultimately be fulfilled. In this sense, hope is essential to setting and ultimately achieving goals.

### **How does hope support social, mental, and physical well-being?**

The impact of hope on our social, mental, and physical well-being is widely documented. Positively correlated with higher satisfaction rates, the consensus is that hope serves as a buffer against negative and stressful life events. But a survey of existing research on hope suggests that it serves as more than a buffer.

Locating hope as a type of “psychological capital,” the authors of a 2010 study found that individuals high in hope demonstrate better athletic, academic, occupational, and health outcomes. But why do hopeful individuals not simply feel better but seem to have measurably higher levels of achievement and even report better health?

One possible explanation is that hopeful individuals are more likely to take care of their careers and health because they are forward-looking (i.e., because they are setting and actively pursuing goals). In other words, hopeful individuals are generally more successful and healthier because they are already proactive about their professional, financial, and physical wellness.

Yet, there are also a host of studies that have found that hope may be an especially important factor when individuals are diagnosed with a serious illness. In a 2008 study of multiple sclerosis patients, for example, Hart et al. found that hope led to positive physical health outcomes because hopeful patients appeared more likely to seek opportunities to alter the course of the disease. Similarly, a 2011 study by Flett et al. found that hopeful patients were more adaptive and, hence, better equipped to deal with the challenges of Crohn's disease and ulcerative colitis. On this basis, it is possible that hope isn't just a buffer against negative experiences but also something that can help us adapt, even when everything we've taken for granted about our lives has been disrupted.

### **How can leaders help build hopeful teams and organizations?**

If you've been leading an organization over the past two years, you've likely already asked yourself how you can cultivate hope across your organization. After all, hope doesn't just make for a stronger workplace culture but can also reduce attrition rates.

There is no single formula, but there are things you can do to help cultivate hope, even in the face of the immense challenges we continue to face as individuals and organizations on a daily basis.

- » Set clear goals: Be clear, crisp, and focused when it comes to goals. Also, monitor the fine line between what is aspirational and achievable. To get started, set goals and then break each goal down into actionable steps. The more you break down each goal into easily achievable steps, the more likely it is that your team will achieve even the most aspirational goals. Remember that hope is also cumulative. The more steps your team members complete, the more hopeful they will become.
- » Cultivate a growth mindset: Help your team members embrace the idea that they can keep growing, even in the face of adversity.
- » Align goals with values: When goals are highly relevant (important to oneself, one's work, one's family, or one's community), it is easier to drive change.



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- » Take perspective on a regular basis: Help your team take perspective at regular intervals. Being able to see one's progress is a great way to foster hope for the future.

### **The future of hope**

As we look ahead, there is reason to believe that the fallout of the pandemic will likely continue to shape our lives and work for some time. Hope is being subject to new strains and stresses, but this is also why it is more important now than ever. Looking forward, leaders will need to be more proactive about fostering hope on their teams and across their organizations.

References available in the [original article on Psychology Today](#).

Related to the benefits of being hopeful, this is an amazing [story](#) about the Survivor Tree at the 9/11 Memorial in NYC.



## **Vicarious Trauma: A Trauma Shared**

By Rodney Luster, Ph.D., [Psychology Today](#) (Used with the author's permission)

From violent scenes depicted through conduits like the Internet, movies, news, or social media, to the traumatic experiences related to us by friends, co-workers, and family, such experiences can alter us psychologically. Perhaps you are reading this now because someone told you something disturbing, or you saw something that you cannot shake from your memory. What may surprise you is that such secondary exposure can have similar effects to directly experienced trauma, and in some cases, even more so. This phenomenon is known as “vicarious trauma” (VT) and it may be what you are experiencing now.

Without a doubt, trauma is a pervasive element of our existence. Many individuals may experience trauma as physical, emotional, or both. Trauma is our emotional reaction to impactful events such as life-threatening accidents, violent encounters, or socio-environmental disasters, according to the American Psychological Association. Such events confront our mortality and usher in dramatic emotional responses that can range from self-denial to unpredictable mood swings, flashbacks, and other manifested physical symptomology.

### **The Emergence of a New Type of Trauma**

In the early 2000s, the term “vicarious” was not commonly used but was mentioned as part of the long-term sequelae of therapists' exposure to their clients' traumatic stories. At that time, I conducted one of the first studies to investigate the possibility of the existence of vicarious trauma in the general populace (Luster, 2005). The results of the pilot study revealed the presence of vicarious trauma in general populations outside of health care. This was just a few years after 9/11. My curiosity began with 9/11 because the carnage was electronically transmitted live, as the disturbing events were occurring in unvarnished reality (Fung, 2021).

Vicarious trauma (VT) is defined as unfavorable changes, both affective and cognitive, resulting from exposure to second-hand traumatic material. (Jimenez et al., 2021b)

### **What We Know About Vicarious Trauma**

Today, with the increase of events from the onset of a pandemic, violence amidst social unrest, policing issues, road rage, airplane violence, and other various “wilding” behaviors, more people are exposed to second-hand accounts of these things. The influence of a ubiquitous social media presence has allowed people to record traumatic experiences as they are happening and share them. As well, co-workers, friends, family, and strangers may share disturbing stories that also stir uneasy feelings. We become hypervigilant to others' traumatic material often without ever knowing what has happened. As a result, we live with fears and avoid situations and certain places, but we have no deeper understanding as to why we alter the course of our lives this way.

Through research in neurobiological science, evidence demonstrates that when trauma is survived, the brain, as well as the body, holds traces of the experience (van der Kolk, 2015). More notably, with VT, researchers have found that such somatic and emotional artifacts (the memories shared by another source) can also imprint on the brain and body of the receiver (the person second-handedly seeing or hearing the account), much like first-hand trauma (Drapeau et al., 2022).

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## Symptoms of Vicarious Trauma

Because the majority of literature concerns, to a great extent, the symptomology of clinicians working with people, I want to extend the same fidelity to symptomology that invariably carries across the general population at large (Suo et al., 2022). And, although empathy is implicated, anomalies aside, it is hard not to empathize by virtue of our human-ness in some fashion when we see others hurt or hear about it. However, here are a few of the symptoms associated with vicariously seeing or hearing other's traumata from the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition:

- Avoidance of situations, places, things
- Bad dreams
- Hypervigilant states
- Safety fears
- Grief
- Anxiety
- Sadness
- Irritability
- Morbid pre-occupation (e.g., doomscrolling)
- Loss of hope
- Decreased sense of purpose
- Physiological symptoms such as headaches, heartburn, and ulcers (Jimenez et al., 2021)

## 3 Ways to Address Vicarious Trauma

### 1. Getting rid of the negative energy

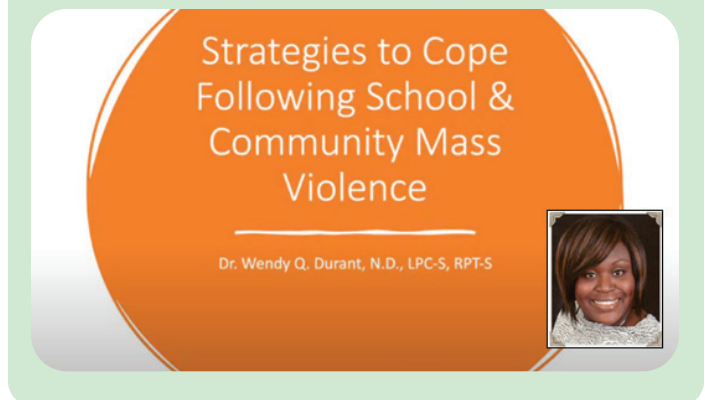
When we feel the things associated with VT, we need to release that negative energy from our body and mind. Engaging in some form of physical activity like running, swimming, yoga, or walking can help to immediately shake out the adrenaline effect. But you can also engage response art, music, or writing, which have all been shown to dilute the intensity of VT, as well as transform such emotions (Drapeau et al., 2022b).

### 2. Becoming mindful of what you are taking in

Try reflectively examining what you have been "orienting" to lately. Orienting is based on what we are preoccupied with and tend to focus on, and VT can influence that response.

We can learn to re-orient by "choosing" what we focus on rather than allowing our habits or curiosity to push us into darker places. (Ogden and Fisher, 2015)

In this 23-minute **video**, Dr. Wendy Durant outlines coping strategies for handling the feelings of grief, stress, and frustration when we are vicariously impacted by mass violence.



People tend to reflexively orient to past experiences, mostly in the hopes of being better equipped to protect themselves. But this kind of reflexive orienting can interfere with your health, promoting ruminating and worry. Such defensive coping literally reminds us to keep our eyes on the doom and gloom of things (e.g., "doomscrolling").

Learning to re-orient away from the things that might continue to effect or invoke VT is important. Instead of being drawn to social media sites with morbidly intrusive content, focus on things that bring you back to healthier perspectives like reading fiction, art, or a mindful walk. Your goal is to always focus on distinguishing things that are healthy for you, and, by doing so, you build competence in your ability to selectively choose the things to take in daily.

### 3. Building healthy practices

Engage in mindful practices before starting your day. Practicing meditation is a great way to down-regulate emotional content. As well, self-talk during your encounters in the day can be helpful. Simple ways to reassure yourself that you are safe and will be OK can be effective.

Vicarious trauma is a topic that needs more attention, especially as the general public encounters more steady streams of stimuli capable of invoking VT. By being mindful, we can learn to build our emotional competence as we approach such challenges.

References available in the **original article on Psychology Today**.





## EMPLOYEE ASSISTANCE PROGRAM CONFLICT MANAGEMENT

During Conflict Management, participants will have an opportunity to increase their self-awareness regarding their common styles to approaching and navigating conflict. Additionally, attendees will be encouraged to recognize different behaviors that they may engage in that lead to inadvertently increasing tension during a conflict. Finally, they will also be offered strategies and tools to defuse and resolve conflict in ways that honor their values, boundaries, and those of the other person involved. In spite of our focus being on the professional and collegial setting during the training, all of these skills are transferable to other contexts.

### Learning Objectives:

- » Increasing self-awareness about one's personal style of managing conflict
- » Recognizing how different behaviors may increase tension
- » Exploring tools and strategies to successfully navigate conflict

Note: Because this course is interactive, we recommend joining from a computer or smart device. Phone-only participation is not recommended.

**Thursday August 25, 2022: 10-11:30am**



### Registration Required

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





## EMPLOYEE ASSISTANCE PROGRAM TAKING A CLOSER LOOK AT TRAUMA-INFORMED SUPERVISION WITH SCOTT WEBB

Even before the COVID pandemic, trauma was widely prevalent in our society. The collective trauma we are all experiencing now as the result of this pandemic has only exacerbated the issue. Moreover, trauma has negatively affected organizations, taxing already stressed systems of care and practitioner wellness. Trauma-informed care (TIC) is an intervention and organizational approach that focuses on how trauma may affect an individual's life and their response to supervision. Trauma-informed supervision (TIS) is taking the key principles of TIC and applying them in a relational way with supervisees. This presentation will take a closer look at how the application of the six values of trauma-informed care in supervisory practice can and will drive connection and can be applied in multiple service settings. We will also examine implicit bias and ways supervisors can address their own biases to better connect with a diverse and inclusive workforce. Never has this topic been more relevant and needed in our workspaces.

### Learning Objectives:

- » Understand the significance of the Adverse Childhood Experiences (ACE's) study as a public health and workplace concern.
- » Understand how past trauma and a traumatized workspace can affect employee engagement, health, and productivity.
- » Define implicit bias and identify ways to overcome it.
- » Become familiar with diversity, equity and inclusion and its place in the trauma-informed workspace.

Note: Because this course is interactive, we recommend joining from a computer or smart device. Phone-only participation is not recommended.

### Two dates to choose from:

- » Tuesday, September 27, 2022: 1:00-3:00 PM
- » Thursday, October 27, 2022: 10:00 AM-12:00 PM

**Recommended for supervisors and managers**



## Registration Required

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





## EMPLOYEE ASSISTANCE PROGRAM CULTIVATING WELLNESS

Are you living a rich and joyful life despite the ups and downs which are often beyond your control? Being mentally well is not just luck, it takes practice to develop the skills to build resiliency and become emotionally intelligent. This work is done from the inside out and empowers you to be your best despite what external circumstances you face.

This four-session course dives deep into the many components that contribute to our well-being: Self-Awareness, Stress Management, Human Connection & Conflict Management, and Positive Psychology & Wellness. We'll work together on skill building and encourage each other through group discussions. Please join us and make a plan to be well!

Note: Because this course is interactive, we recommend joining from a computer or smart device. Phone-only participation is not recommended.

### **Plan to attend all four dates:**

- » Tuesdays: October 4, October 11, October 18 and October 25, 2022
- » Time: 2:00-3:30PM



### **Registration Required**

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



## 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  
EAP Office at (608) 266-6561**

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

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To learn more about your external EAP services, please contact FEI at 1-800-236-7905 or log on to [feieap.com](http://feieap.com) and type username: madison.