

CONNECTIONS

AUGUST, 2023

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What's New at EAP?

Welcome, Tara!

In June, we welcomed our new Confidential Program Assistant, Tara Armstrong. She comes to us from CDA Housing but has been with the City of Madison since 2013 in different roles. Prior to CDA, she spent several years working in Parking Utility. She has a Bachelors of Science in Psychology and Social Welfare from UW-Madison. Past employment includes Mendota Mental Health and Dane County Sheriffs' Office. She is likely to be your first point of contact if you reach out to the EAP office. In her new role as office manager, she supports EAP staff by scheduling counseling appointments, maintaining the EAP's website and utilization data, and coordinating the EAP newsletter and trainings. She also handles payroll, purchasing, contracts, hiring, and budget tasks for our small office. Outside of work, Tara enjoys traveling, home improvement projects, cooking and family time. She is looking forward to working with other City employees in her new role.



Changes to Health Insurance Coverages

As we navigate harmful changes to insurance coverage of gender affirming care, please remember that within your toolbox, FEI provides Medical Advocacy services and we encourage you to request those as additional support in accessing the medical care that you need and deserve. To request Work-Life Issues services, please create your profile on the [FEI portal](#).



Greetings City Employees!

Where has summer gone? We hope that you have all had time to spend with family and friends, getting outdoors or anything else you enjoy about the warmer weather in the City of Madison. Back to school is the signal for the wonderful, colorful upcoming fall season. Returning to school can be a stressful time for the whole family so we have included some resources and information that we hope you find useful.

Highlights of this newsletter are:

- » EAP News & Updates
- » 5 Signs of Trauma-Bonding
- » Human Trafficking
- » The 3 Stages of a Toxic Relationship
- » EAP Guide for Complex Supervisory Workplace Issues
- » Back to School
- » Targeted Trauma Treatment
- » Upcoming EAP trainings

Thank you for reading. We hope you are able to find some useful information in this newsletter. Have a wonderful fall. Please drop us a line if you would like us to address a certain topic in a future newsletter. We also welcome any feedback you have for us, after all we are here for you.

Be well,

~ The EAP Team



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5 Signs of Trauma-Bonding

By Stephanie Sarkis, PhD, **Psychology Today**

You may develop a trauma bond in relationships with toxic people, whether they have narcissistic or sociopathic tendencies. A trauma bond occurs when you have become emotionally attached to someone that abuses you (Reid, 2013).

You may have heard of a trauma bond named Stockholm Syndrome after an event in which hostages develop emotional attachments to their captors. Trauma bonding can be common in toxic relationships, whether those relationships are with partners, parents, siblings, or friends.

These are some of the signs of being trauma-bonded:

1. You Realize You Don't Even Like This Person

When you spend time with a toxic person, you realize you dislike being around them. You feel angry toward them but know it's unsafe for you to express your feelings. You may have physical reactions to being near the person or having them touch you. Your skin may crawl, or you feel sick to your stomach. Getting some time to yourself is a huge relief. Yet you find yourself drawn to this person and don't know why since you don't like them.

2. Your Relationship Is Built Around Guilt and Shame

A toxic person uses fear, obligation, and guilt to keep you in their grasp. If you speak up for your needs, you are told you are selfish and demanding. Worse yet, you are told you have no right to those needs. When you set boundaries, they are systematically dismantled. When you plan to go out, you are guilted into staying home. They may tell you that you "owe" them after "everything I've done for you." You are told you can't do anything right. Your parenting is criticized, and you are told your kids would be better off if you weren't their parent. The more you try to break free, the more you are guilted and shamed.

3. You're Not Sure You'd Leave if the Abuse Increased

The longer you are with a toxic person, the more the abusive behavior is normalized. Because of the guilt and shame you are subjected to, you may be less likely to leave if the abuse increases. If you leave, you, your family, and your pets may have been threatened. You may have been isolated from others, leading to you not getting support outside your relationship. Before this relationship, you may have had difficulty understanding why victims of abuse don't leave their partners. Now you understand.

4. You Have Been Lovebombed, Devalued, and Hoovered

Your relationship with a toxic person may have an extreme push-pull cycle. At the beginning of your relationship, you are showered with attention, gifts, and verbal affirmation. You are told by the toxic person that you are perfect, and they have never met someone like you. This is the love-bombing phase.

When you set a boundary or exert independence, you experience being devalued by the toxic person. You go from being someone who can "do no wrong" to someone who can "do no right." When you try to leave the relationship, the toxic person tries to get you to stay so they can continue to feed their "narcissistic supply." If you have left the relationship, the toxic person may go to extreme lengths to contact you. This is referred to as hoovering. If you do return to the relationship, you may experience a short period of love bombing, but it will return to the same level of toxicity.



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5. You Are Hypervigilant

A healthy relationship is consistent; you can be reasonably sure of each others' behavior and how you react in different situations. However, you may be "walking on eggshells" in a toxic relationship. You are careful about what you say and do so you don't set the toxic person "off." Sometimes you are treated reasonably well by the toxic person — then suddenly, you are treated terribly and blamed for this treatment. When you are experiencing hypervigilance, you are on high alert, and relaxing is almost impossible. You try to predict what behaviors to expect from the toxic person — but their behavior is unpredictable. When you are hypervigilant, your brain reacts not unlike the way prey reacts to a predator.

Conclusion

If you may be trauma-bonded to someone, talk to a licensed mental health professional (MHP) about your experience. You may be carrying guilt and shame, making it even more challenging to leave the relationship. An MHP can help you understand the power of the trauma bond and how to break free from it. One of the most effective ways to free yourself from a trauma bond is to go no-contact or low-contact with the toxic person. However, that can be a complex process that requires a great deal of thought. An MHP can assist you through that process.

For more, see my book *Healing From Toxic Relationships: 10 Essential Steps to Recover from Gaslighting, Narcissism, and Emotional Abuse*.

Stephanie Sarkis PhD is a psychotherapist and best-selling author of *Toxic Relationships and Gaslighting*.
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Human Trafficking

As we navigate a recent uptick in conversations about Human Trafficking, we recognize the importance of keeping these conversations happening in an ongoing basis as well as addressing certain myths that may be also circulating. Some important take-aways from this video that we would like you to consider processing are:

- Human trafficking is happening all across the globe, including here in Wisconsin
- Just because we may not notice the signs of it, it does not mean that it is not happening even if front of us
- This is an issue that does not discriminate amongst people. Victims come from a variety of backgrounds and identities; however intersecting layers of systemic oppression can increase the likelihood of being victimized
- There are certain signs that could possibly indicate someone is being victimized
- Social media, as expected, can be used by perpetrators as a tool for grooming and identifying possible victims
- People causing harm are usually people the victim and their safe people trust
- Always believe victims. The way in which people respond to victims' disclosures of their trauma will play a huge role in their healing process and whether they feel safe or not sharing their story in the future

If you think someone may be a human trafficking victim, please call the National Human Trafficking Hotline toll-free at **1-888-373-7888** or text a message to **233733** "BeFree".



Human Trafficking: A Look Inside "The Life," part 1

The 3 Stages of a Toxic Relationship

By Stephanie Sarkis, PhD, **Psychology Today**

Toxic relationships generally follow three stages: idealizing, devaluing, and discarding. Learn about each of these stages and the impact it has on you.

Idealizing

Love-bombing is a clear sign of the idealizing phase. You are told you are the best thing to happen to your partner, and they push for commitment early in the relationship. They may also use “grand gestures” such as lavish gifts or “surprise” vacations. (You are not consulted about your schedule before these surprise trips.) Many clients describe love-bombing as “I was swept off my feet.” Others describe being “placed on a pedestal.” While it feels good to be told how wonderful you are, consider the purpose of this person’s behavior. It is not to form an emotional connection with you; the goal is to get you ensnared so you are less likely to leave the relationship. Note that the idealizing phase is not without emotional abuse. You may be asked about your worst fears, or what you feel shame about. The toxic person isn’t trying to develop emotional intimacy—they are collecting ammunition for later.

Devaluing

Once a toxic person has verified that you are committed to them (sometimes through incessantly questioning or pressuring you), they will start sprinkling in emotional abuse tactics. They will comment on your body, what you wear, or your life goals. The personal information you divulged to them during the idealization phase is now used against you. If you set boundaries or do something the toxic person doesn’t like, they may dredge up one of your regrets in life. They may say, “Well, now I know why your sister doesn’t talk to you—you’re crazy.”

They may also triangulate and tell you that a trusted friend or family member said something unkind about you. A toxic person might start this conversation with, “Your sister said something about you, and I didn’t want to tell you, but you have a right to know.” The information you are then given is usually a lie. The goal is to isolate you from others who may tell you that this relationship is unhealthy.

Your partner may tell you that only after you quit your job, stop talking to your sister, do more housework, etc., there won’t be any issues in the relationship. Be aware that whatever you do to fulfill a toxic person’s wishes, there will always be a new hoop to jump through. The demands are never-ending. You may blame yourself for this change in your partner’s behavior. During the idealization phase, you could do no wrong—now, you can do no right. The issue is not with you; it is with your partner.

Discarding

Regardless of who leaves whom, the toxic person will try to suck you back into the relationship. They will promise you things they denied you during the relationship and tell you the relationship will be better this time. However, they rarely apologize or take responsibility for their behavior. Be aware that if you return to the relationship, the things you were promised will vanish, and the relationship will be just as dysfunctional as before, if not more so.

You may find your partner cheated on you with multiple people throughout the relationship. Toxic people, particularly those with narcissistic tendencies, discover that it is easier to return to old narcissistic supply (their exes) rather than seek new supply for their ego. You may have noticed that your partner idealizes their exes or calls them derogatory names—the one thing they don’t show towards their exes is emotional detachment. You may be compared unfavorably to your partner’s exes. Sometimes there is a final discard, where the toxic person leaves for good. Sometimes they do this by disappearing and cutting off contact. They may tell you it is your fault. But usually, they have found a new narcissistic supply.

One of the best things you can do with a toxic person is to go no-contact or low-contact with them. Practice good self-care, including letting emotionally healthy people in your life and limiting contact with people who treat you poorly. Speak with a mental health professional about your experiences. You are not alone.

Stephanie Sarkis PhD is a psychotherapist and best-selling author of *Toxic Relationships and Gaslighting*.

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LEADERSHIP *Matters*

EAP Guide for Complex Supervisory Workplace Issues

Summary of Content:

1. **Trauma in the Workplace**
 - » What is trauma and how does it impact the workplace?
 - » Trauma informed supervision, principles, & language
 - » Suicide prevention in the workplace
 - » Grief in the workplace
2. **Critical Incident Stress Management (CISM)**
 - » What is CISM and the services provided?
 - » Supervisors' role in CISM
 - » Checking in after a critical incident
 - » How to make an EAP referral
3. **Substance Use in the Workplace**
 - » Data
 - » Impact of substance use in the workplace
 - » Supervisors role in addressing substance use in the workplace
4. **Managing First Responders**
 - » Unique first responder considerations
 - » Trauma
 - » Substance use
 - » Suicide
5. **EAP Resources**
 - » City of Madison internal EAP
 - » Workplace Service
 - » FEI Workforce Resilience External EAP
 - » Work Life Service

You can view the **full guide online**.



IT TAKES A VILLAGE

Coming back to school can be a fun time as much as it might be a busy time. Kids are generally coming back to a familiar setting with familiar people and community. This can be good and bad depending on the relationships our children may have formed already. The quality and stability of their relationships will impact their sense of community and belonging which then becomes a motivator for individuals to sometimes part-take in activities that they otherwise wouldn't. Our human need for belonging to something larger than ourselves and feeling interpersonally connected may increase the likelihood of our children becoming gang-affiliated. This can happen anywhere and we have seen it happening even here in our Madison community. However, there are things that can be done to disrupt these connections; and this article offers great tips for approaching a similar situation. Even though the author had mental health providers in mind when writing this piece, the tools and ideas offered can easily be utilized by any adult willing to build a trusting and safe relationship with a vulnerable child. We hope this offers you additional knowledge on how to strengthen your connection to your children and their peers in ways that foster healthy relationships, behaviors and social development.

5 Lessons from Working with Gang-Affiliated Children: Providing mental health support to children who need it most.

By Steve Alexander, Jr. M.A., Ed.M., ARM, LMHC, **Psychology Today**

“Why do you work with those people?” asked an inquisitive colleague when I mentioned that I treat gang-affiliated children. Her expression revealed a combination of shock and slight disgust.

She had already broken a cardinal rule of asking why questions. I felt attacked, judged, and alone. It reminded me of the negative reactions I received in the past from other associates.

Throughout my career, I have received a range of responses. Clinicians often inquire about whether I feel concerned about my safety. I also get questions along the line of, “All that training and this is who you decide to work with?” I understand. The media portrays gangs as an intractable and insurmountable problem. Unfortunately, this makes it difficult for these children to get adequate help.

There are not many clinicians who work with gang-affiliated children. In fact, some facilities refuse to treat children who self-identify as being gang members. Conventional wisdom promotes encouraging children to leave gangs in lieu of helping them

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address emotional concerns (i.e., depression, anxiety, trauma, etc.). It is an onerous task to find helping professionals who are interested in the mental health needs of these children.

According to Boxer, Kubik, Ostermann, and Veysey (2015), there are no empirical interventions to support children who are in gangs. To address this concern, we developed a clinical think tank that conducts research on evidence-based practices for helping this population. We regularly invite mental health professionals to have discussions on “what works” with these clients. Through my individual practice—and four years of collecting data from our think tank—there are a few lessons worth sharing:

1. Gang-affiliated children are like most other children.

Most of their time is spent engaged in harmless, non-criminal, activity (Carson & Esbensen, 2019). These children tend to engage primarily in age-appropriate pursuits (i.e., sports, games, cartoons, etc.).

2. They care about how you view them. Clients avoid disclosing their level of involvement in gangs due to fear of how they may be perceived. Society has a myopic view of these children, which results in apprehension about revealing their status to you.

3. It is hard for them to find adequate help. As Harris et al. (2013) assert, “gang-affiliated youth are often outside the bounds of the traditional mental health services and have particular needs.” One of the main places where these children are treated is in juvenile detention centers. One issue to note is that children often do not remain in one housing facility for the duration of their sentence; they may be moved frequently. This makes it challenging for them to develop a strong therapeutic alliance with their providers. Further, children may fear negative consequences of speaking to people within the system.

4. They experience multiple types of traumas. One study of 441 gang-identified participants found that 80% had experienced six or more traumatic events (Nydegger et al., 2019). This is important to note because trauma has deleterious effects on mental health outcomes.

5. They look to us for hope. Our presence matters to them. Clinicians are nonjudgmental (hopefully) and provide a safe space for them to share their worldview. As a result, we are often a source of hope for these children. In a recent session, one client mentioned, “You are one of the people that gives me hope” and “Talking to you eases my pain.”

Mental health practitioners have a lot to offer with regard to helping these children. Here are some themes from our think tank discussions on strategies that work:

- **Spend time developing rapport** (Estrada, Hernandez, & Kim, 2017). It is normal for clients to be guarded at the beginning of the therapeutic relationship. As I have mentioned before, there is a lot of mistrust of mental health professionals. Taking the time to form a genuine connection could mean the difference between clients opening up versus shutting down.



- **Emphasize strengths.** I invite clients to tell me what is good about them early in treatment. I encourage them to tell me what they are proud of or perceive themselves to be adept at. If they struggle, I offer my own positive observations (i.e., they show up on time, are energetic, fashionable, etc.). Though seemingly simplistic, it is drastically different from how people usually engage them.
- **Approach them holistically** (Hughes, Hardcastle, & Perkins, 2015). We are all complex. Most people appreciate being recognized for their unique qualities. Meet them where they are and show a genuine curiosity for all aspects of their lives.
- **Help them get their needs met.** In addition to basic needs—such as food, clothing, and shelter—we can help them identify and achieve more nuanced needs such as feeling valuable, significant, and powerful.
- **Allow alternate means of expression.** Children do not always have the language that enables them to label their feelings. In addition to helping them build their emotional vocabulary, we can encourage other forms of expression (i.e., poetry, dance, music, etc.).
- **Help them build self-esteem.** Low self-esteem is one predictor of children joining gangs in the future (Dmitrieva, Gibson, Steinberg, Piquero, & Fagan, 2014). One way to improve self-esteem is by providing them with opportunities for success (Capuzzi & Gross, 2019).
- **Engage parents and other family members.** It has been found that parental warmth is associated with less antisocial behavior (Backman, Laajasalo, Jokela, & Aronen, 2021). In addition to providing warmth to clients yourself, consider engaging families and encouraging them to do the same.

This is not meant to be a comprehensive guide. For instance, there are other promising interventions—that include mental health components—such as the Arches Transformative Mentoring Program (Cespedes, 2020). However, the strategies mentioned above are simple ways that we can start connecting with some of our most vulnerable children.

We all deserve access to quality mental health services. These clients are no different. They are not “those people,” but our children.



Back to School Checklist for Parents and Families

Back to school is an important time for parents and families to prioritize their children's health and well-being. Follow this checklist to prepare your family for the new school year.

Prepare for a New School Year

- Shop for school supplies.** Contact your school if you are not sure what supplies your child needs for the school year. Don't forget tissues, hand sanitizer, and face masks.
- Have a plan in place in the event your child needs to stay home from school.** If your child is sick, they should not go to school. They will also need to stay home from school and away from others to quarantine if they have close contact with someone with COVID-19 and they are not fully vaccinated.
- Make an action plan to address any health-related conditions and share with your child's school.** If your child has a health-related condition, such as asthma or diabetes, plan how you will communicate this information with your child's teacher and school.

Stay Safe and Healthy

- Make sure your child is up-to-date on all routine childhood vaccinations – and don't forget their annual flu vaccine in the fall!** You can check your child's vaccination record through the Wisconsin Immunization Registry.
- Keep up with routine childhood health care visits or well visits.** Routine visits with a health care provider can help prevent conditions and illnesses and ensure your child is healthy.
- Take steps to protect your child from getting COVID-19.** Remember to wash hands frequently, wear masks at school and on the bus, stay 6 feet from others when possible, and get vaccinated when eligible.
- Get your child tested if they have symptoms or have been in close contact with COVID-19.** COVID-19 testing may be offered through your child's school. In order for your child to be tested, you will need to provide your consent for the testing program.

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Support Mental Health and Well-Being

- Talk with your child about their mental health.** Let them know that this is a hard time for many young people, but they can talk to you and other adults if they need help.
- Safety-proof your home.** Even seemingly healthy children and teens can be tempted to hurt themselves when they are very upset. Lock up or safely store medications, knives, and firearms to reduce this risk.
- Make sure to know the what resources are available for your child if they struggle with or begin to struggle with their mental health.** Talk with your child's school as they may have resources available.

Encourage Healthy Social Behaviors

- Talk about bullying.** Encourage your child to speak up if they or someone they know is hurting, struggling, or in danger.
- Encourage positive social connections and relationships.** Feeling supported by friends and having a sense of belonging are especially important for a child's psychological health.
- Stay in the know with tobacco, including e-cigarettes.** Become familiar with new tobacco products like vapes. Have a talk with your child about the damage tobacco products do.
- Talk to your child about the dangers of underage drinking.** Having small conversations with your child, starting around 8 years old, can help prevent underage drinking.

Get Support and Practice Self-Care

- Take steps to support your own health.** Set aside time for you to stay active, connect with people who support you, and practice self-care.
- Stay healthy and on track with adult vaccinations, including your COVID-19 vaccine.** When you are fully vaccinated, you have a far lower risk of getting severely sick, being hospitalized, or dying from COVID-19.



Get connected with resources for back to school.

Visit dhs.wi.gov/parents

FIRST RESPONDER FOCUS

Targeted Trauma Treatment for Workplace Critical Incidents

Even though first responders may experience critical incidents more frequently, any City employee may request to access this service as it relates to a critical incident that they experienced.

At EAP, we are committed to serving all employees to the best of our ability, as well as to thinking critically about the most effective and safest ways of supporting them. For this reason, we have focused our clinicians' training on **EMDR (Eye Movement Desensitization and Reprocessing)** treatment as an opportunity to offer this form of therapy to individuals who have been exposed to potentially traumatic experiences in the workplace. As stated by the EMDR International Association, EMDR is a well researched structured form of therapy that encourages a participant to simultaneously focus on a trauma memory and engage in bilateral stimulation to decrease the emotional activation and vividness associated with that memory. EMDR has been proven to be highly effective at healing emotionally disturbing and painful experiences in potentially as short as one session. Despite it being well-established that EMDR produces minimal to no negative side-effects, we have come up with certain requirements that seem necessary to maintain the safety of the participants of this program:

- The participant must be a City of Madison employee. At this moment, due to capacity constraints, the program isn't open to family members.
- Considering the issue of capacity, participation in this program should be tied to a critical incident with the understanding that these may vary greatly depending on the City department that is impacted.
- Additionally, these requirements include that the participant should be willing to engage in longer-term support after participating in this program and we can assist with connecting participants to community providers. This will ensure continuity of care and that regardless of what may come up during the EMDR session, the participant is receiving the necessary support to take care of themselves.
 - » EAP can assist employees in identifying a provider within their insurance network to meet their treatment needs.
 - » All participants will be encouraged to connect with the identified resources before their EMDR session and, in some cases, the provider may determine it is clinically necessary to delay the completion of the EMDR session.
 - » The provider reserves the right to determine, based on their clinical judgment and expertise, best course of action for treatment.
 - » This program should not be seen as a miracle cure and replacement for longer-term care.

To conclude, participants are encouraged to complete the 4 sessions allotted for this program. The structure of this program has been thoughtfully and carefully determined to ensure the safety of all participants. Though this program is voluntary, participants are encouraged to participate in all sessions, especially the follow up where any mishaps or challenges will be explored and support will be offered. However, participants may ask the clinician to stop the process at any point, including while completing the EMDR protocol. If this is done, participants will be offered time, space and resources to process and explore options for care that feel appropriate.





EMPLOYEE ASSISTANCE PROGRAM RESPONDING TO CRITICAL INCIDENTS IN THE WORKPLACE

Have you experienced a stressful, perhaps traumatic event in the workplace? As a supervisor or manager do you feel prepared to handle and support your staff through these abnormal events? Join us to learn more about critical incidents, how they present in the workplace, normal reactions your employees may experience, and your role as a supervisor. We will share resources, skills, and information to better prepare you for handling these events in a trauma-informed way that will leave your staff feeling supported and will provide a smoother transition back to normal operations.

Learning Objectives:

- » Discussing what a critical incident looks like and how it impacts employees
- » Increasing awareness about supervisor's/manager's role in addressing the critical incident and supporting employees who were impacted
- » Learning about resources to assist when a critical incident occurs and how EAP will be involved in the response

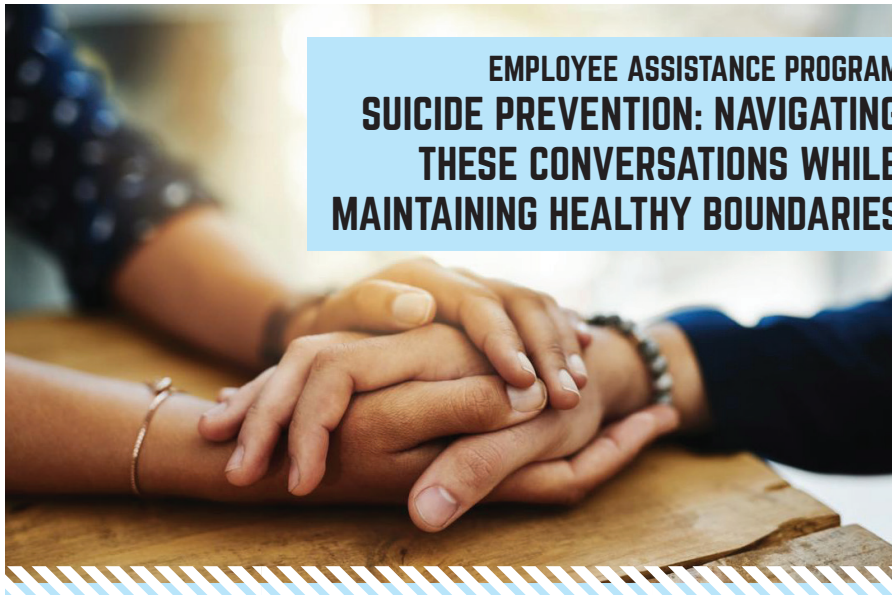
Note: Because this course is interactive, we request that you join from a computer or smart device. Phone-only participation is not recommended.

Thursday, November 16, 2023: 9:00 - 10:30 AM



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





EMPLOYEE ASSISTANCE PROGRAM SUICIDE PREVENTION: NAVIGATING THESE CONVERSATIONS WHILE MAINTAINING HEALTHY BOUNDARIES

This training is intended for folks who would like to learn ways of supporting individuals struggling with thoughts of ending their life. We hope to offer foundational information on suicide risk identification and effective ways of offering support while working toward safety. In this training you will learn about suicide warning signs, protective and risk factors, how to have a conversation about this topic in ways that minimize potential for harm, and how to apply the learning within a workplace setting. This training may cause unintended reactions in participants due to the sensitivity of the content. Please take care of yourself as you navigate this topic.

Learning Objectives:

- » Increasing awareness about suicide risk signs and factors impacting it
- » Establishing language and ways of communicating with a person experiencing risk that would lead to safety and support
- » Learning approaches to safely supporting individuals experiencing risk in the workplace

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

Wednesday, September 13, 2023, 10:00 - 11:30 AM



Registration required.

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



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

**You can reach any of us by calling the
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To learn more about your external EAP services, please contact FEI at 1-800-236-7905 or sign in to **FEI/AllOneHealth member portal** (for instructions on how to create your account, please visit the **EAP web site**).