

# EAP GUIDE FOR COMPLEX SUPERVISORY WORKPLACE ISSUES



City of Madison Employee Assistance Program

May 2023

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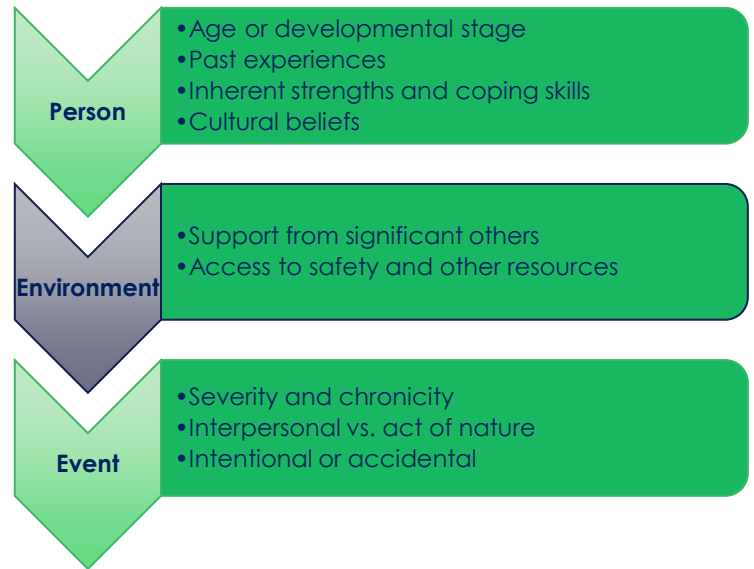
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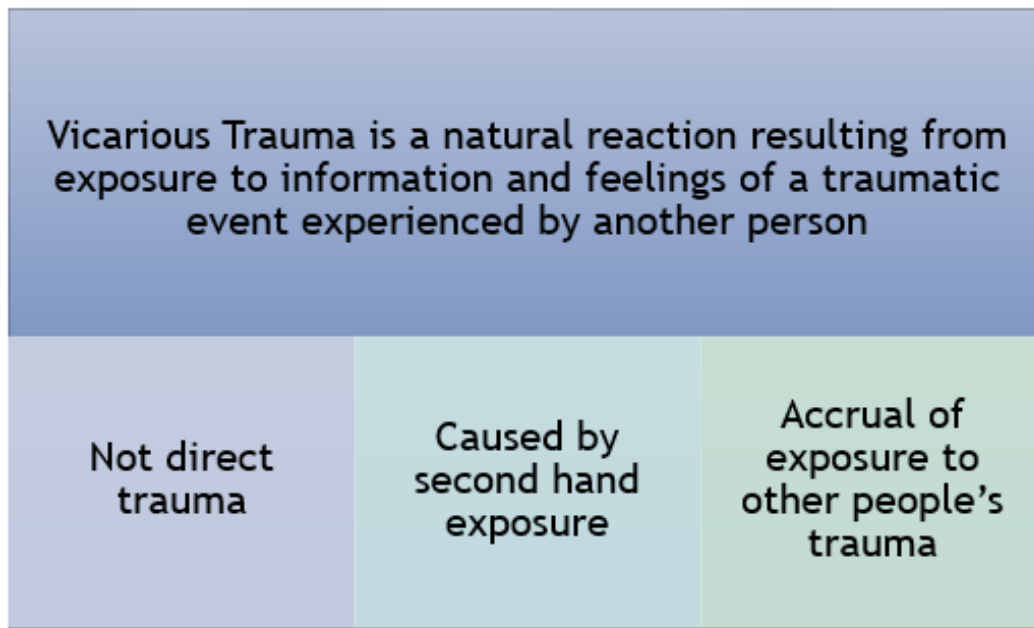
# Trauma in the Workplace

## What is trauma and how does it impact the workplace?

Based on the Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> Edition (DSM V), trauma is the exposure to actual or threatened death, serious injury, or sexual violence. What this doesn't explicitly state is that trauma is based on perception which broadens its definition to an event that leaves the person feeling overwhelmed, out of control, helpless and which one perceives as threatening. Due to trauma being based on perception, there will be a multitude of factors that impact whether a person finds an event to be traumatic or not (as shown in the graphic).

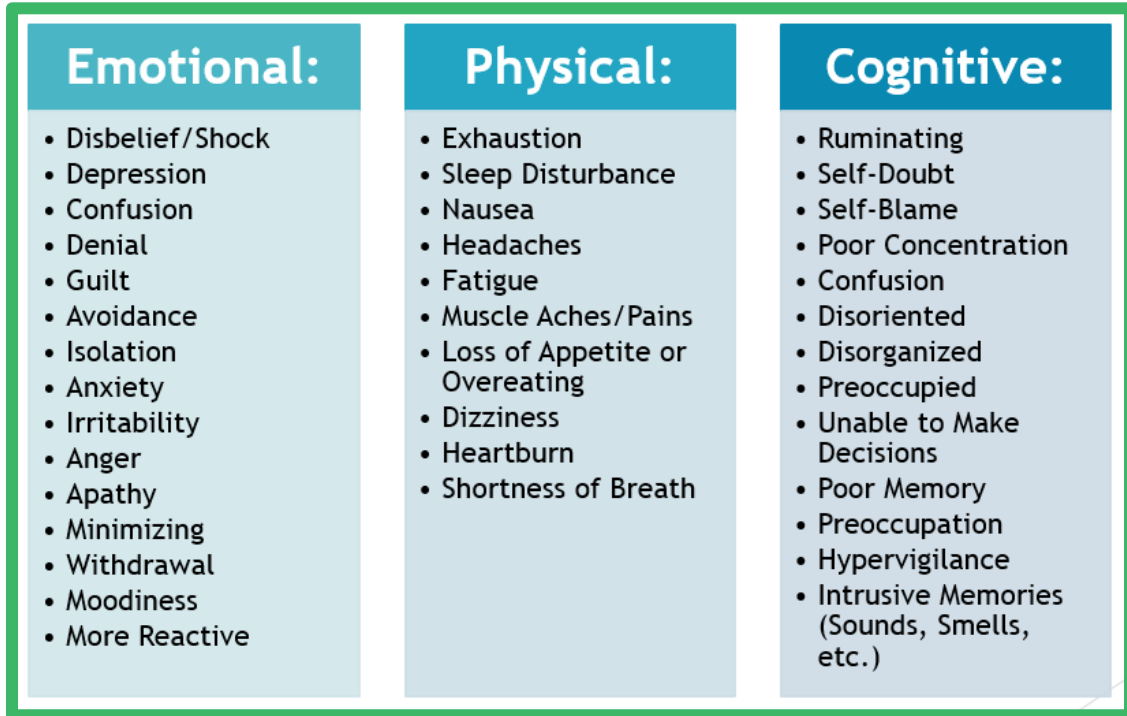


Trauma also has a cumulative impact so multiple "smaller" impactful events can lead to a significant reaction within the individual that can cause changes in a person's worldview, burnout, and even mental health concerns. It is important to mention that trauma is not limited to the effects of an event that we directly experienced or witnessed but may also be a reaction to exposure to information about a traumatic event that we were not involved in. This is called Secondary or Vicarious Trauma.

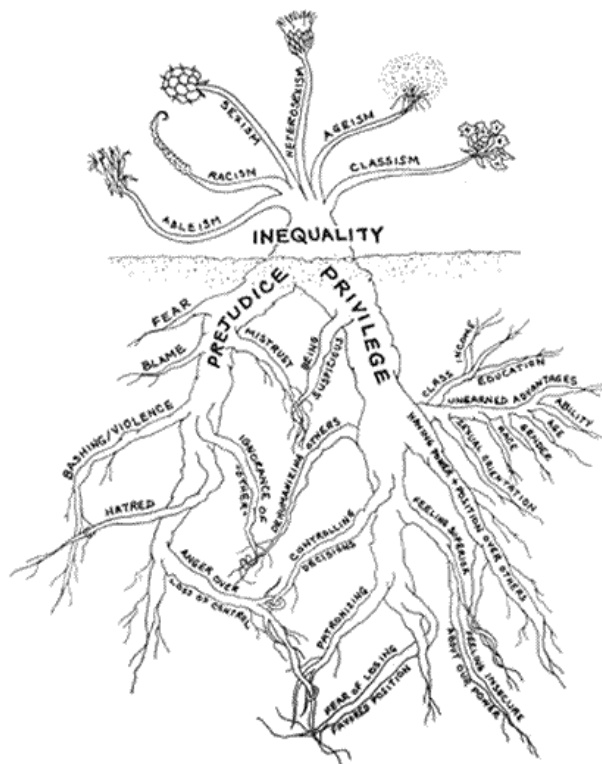


## What trauma looks like

Common stress reactions that a person may experience after a traumatic event include:

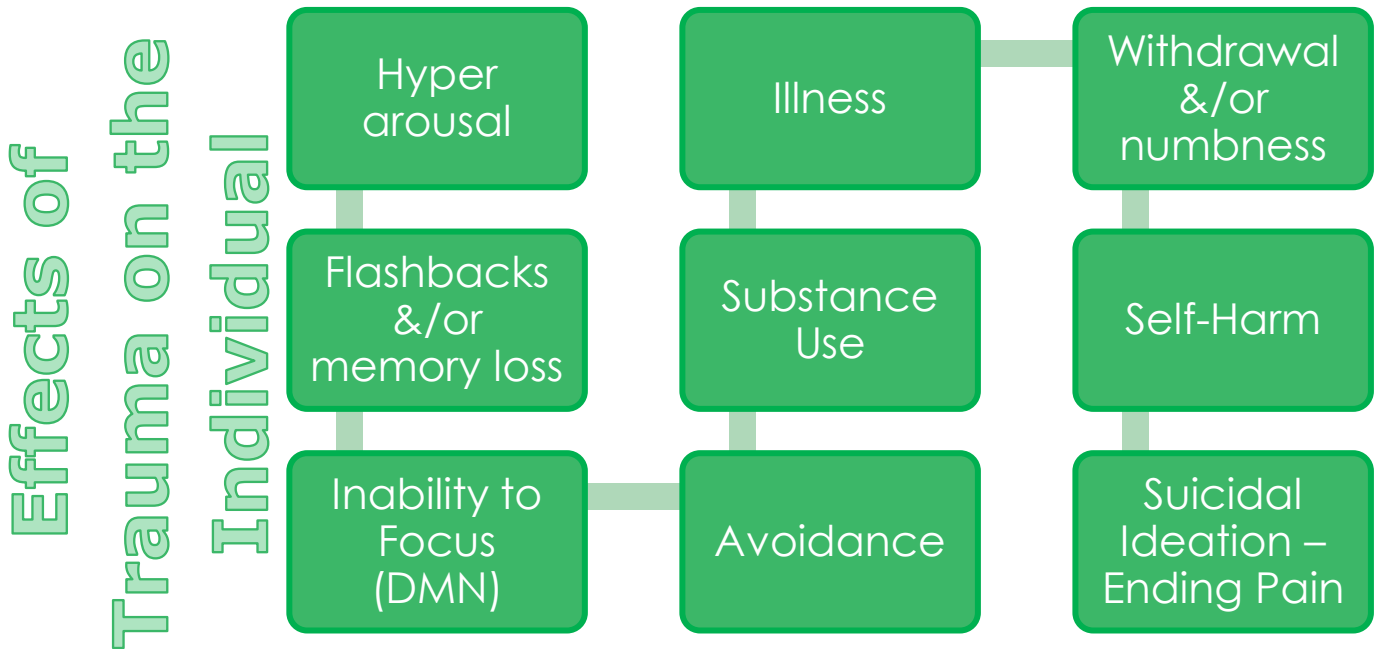


It is important to consider additional factors that impact wellbeing and may even be traumatic for an individual or the larger community. This applies to underrepresented communities and results in multiple layers of social injustice and inequality.

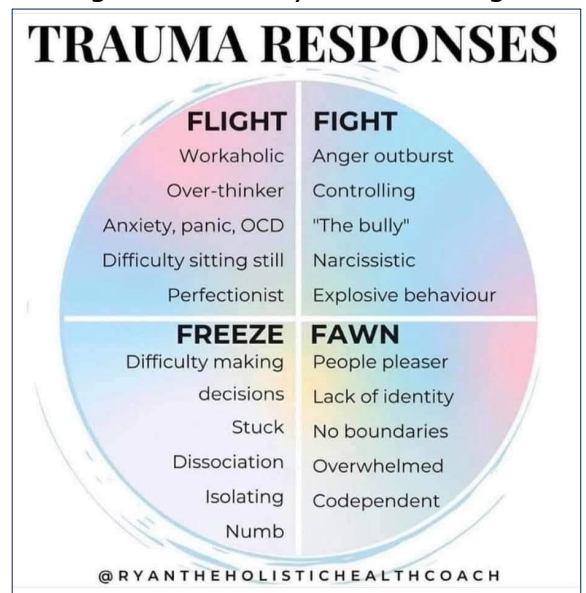


*Responding to trauma*

Trauma has a significant impact on the individual. However, it is necessary for us to acknowledge and recognize that it also affects larger settings like communities, workplaces and overall society. Amongst some of the effects that trauma may have on people, the following are very common. This is not an exhaustive list and folks may experience things that are not represented here just like some of these impacts may not be present for some people.

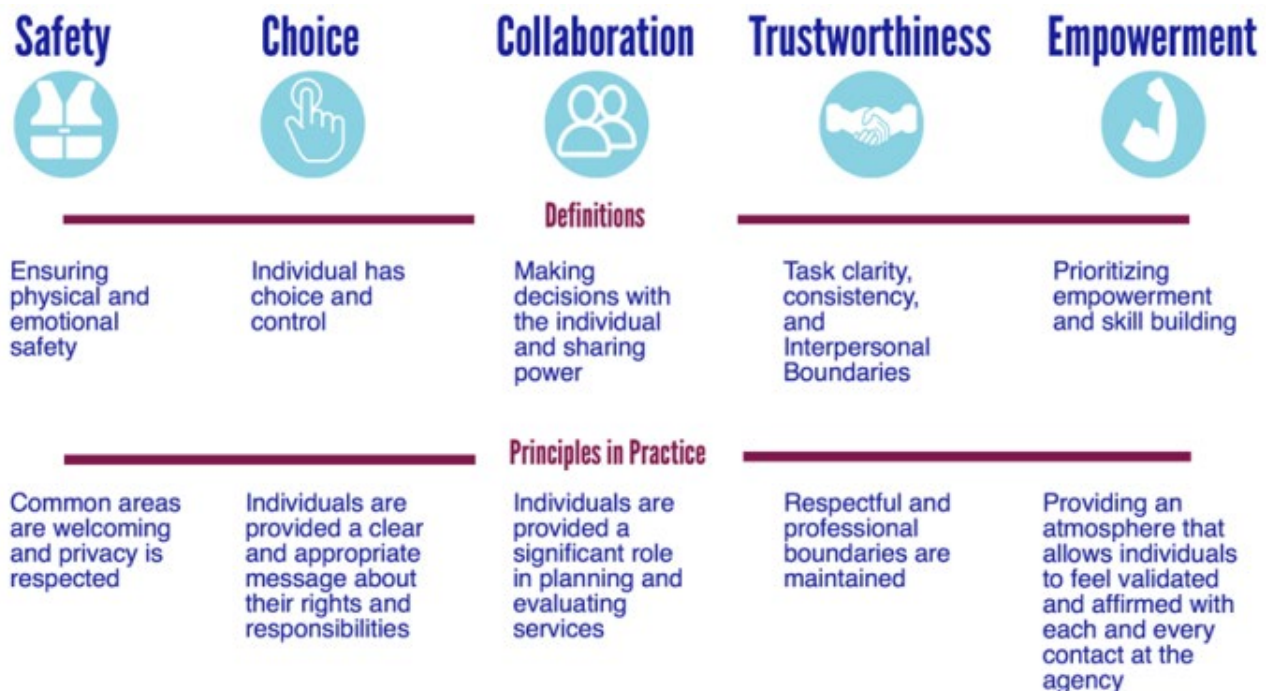


Trauma may also have long lasting effects that may be a representation of their survival responses to overcome that trauma. These survival responses are ways in which our system is trying to survive the actual or threatened death that trauma signals to our system. Amongst these responses, you may already be familiar with Fight or Flight. The first one entails fighting the threat and the second one involves escaping. Other responses that we haven't heard much about up until now are Freeze and Fawn. The Freeze response occurs when our system becomes overwhelmed with the lack of options for us to escape the threat as well as the potential for experiencing more harm if we decide to fight. So our body becomes immobile. You may think of this as "playing possum" because the Freeze response is fairly common amongst mammals. The Fawn response involves doing things that we wouldn't otherwise do in the hopes of appeasing the threat and surviving. It is important to remember that when our system is able to survive a potentially traumatic experience, it is likely to replicate the response previously used when a similar threat is encountered later. However, that doesn't mean that the same response will always be the most appropriate one. Also, these responses may lead to long-term behavioral changes that may be displayed in settings unrelated to the trauma (as shown in the graphic).



## Trauma informed supervision, principles, & language

Trauma Informed Supervision is the process of incorporating the principles of Trauma Informed Care into the practice of supervising employees. This approach recognizes and assumes that an individual may have a history of trauma, hence may be impacted differently by experiences within the workplace. In this way, it acknowledges the role of trauma in a person's interactions. It is a model that hones in on the strengths of a person, removes blame, and normalizes the reactions a person may have to an event that may have overwhelmed their capacity to cope. It recognizes that the problem isn't how a person is reacting and instead looks at those responses as attempts to regain balance and cope. With this model, we move away from the question "what is wrong with you?" and we, instead, ask "what happened to you?". The following image offers more clarity on the five principles of Trauma Informed Care: safety, choice, collaboration, trustworthiness, and empowerment.



One element that may be missing within the Trauma Informed Care model is that of Cultural, Historical and Equity considerations. When it comes to this, it is imperative that we recognize how our context and factors of social inequality have a disproportionate impact on certain vulnerable communities. This means that staff who belong to those communities will navigate that impact differently than staff who do not belong to those communities and hold privilege. As a supervisor, it is your responsibility to honor all of the identities of your staff and recognize how staff from underrepresented communities may be negatively impacted by critical incidents differently. An example of this is when a person of color witnesses a critical incident. Their capacity to cope with that critical incident may be diminished by having to cope with racial injustice on a daily basis. The cumulative impact of racial injustice gets in the way of this person having their full range of capacity to cope and successfully navigate a critical incident.



## Suicide prevention in the workplace

### *Recognize the signs*

Whether the context is that of our workplace or outside of it, it is necessary for us to learn to recognize the warning signs of suicide because generally a person struggling with these thoughts will not initiate these conversations on their own in ways that are direct and clear.

Understanding the warning signs of suicide gives us the opportunity to initiate a life-saving conversation, help someone in need, and prevent harm. People navigating thoughts of suicide may say, do and present themselves in certain ways that can help us identify potential risk. In addition to experiencing concern for our peers or staff, we may also perform duties within a context that interacts with customers at risk of hurting themselves. Whether our employees have encountered a customer threatening suicide or witnessed someone's attempt at it, the impact of these events cannot be measured and we suggest practicing kindness, compassion, and a trauma-informed approach when supporting the employees you supervise and/or work with. Please know that you are not expected to be a mental health provider to be able to help a person be safe and feel supported. Your role is still critical in saving a life. The following table gives us some examples of what to watch for:

TALK	BEHAVIOR	MOOD
What a person may talk about:	What a person may do:	How a person may present:
<ul style="list-style-type: none"><li>• Killing themselves</li><li>• Feeling hopeless</li><li>• Having no reason to live</li><li>• Being a burden to others</li><li>• Feeling trapped</li><li>• Unbearable pain</li></ul>	<ul style="list-style-type: none"><li>• Increase use of alcohol or drugs</li><li>• Look for a way to end their lives, such as searching online for methods</li><li>• Withdraw from activities</li><li>• Isolate from family and friends</li><li>• Sleep too much or too little</li><li>• Visit or call people to say goodbye</li><li>• Give away prized possessions</li><li>• Become aggressive</li><li>• Feel tired</li></ul>	<ul style="list-style-type: none"><li>• Depression</li><li>• Anxiety</li><li>• Loss of interest</li><li>• Irritability</li><li>• Humiliation/Shame</li><li>• Agitation/Anger</li><li>• Relief/Sudden Improvement</li></ul>

Some additional points to remember:

- People have suicidal thoughts for different reasons.
- If you're worried that someone may be having suicidal thoughts, you can talk to them. You can ask them how they're feeling.
- Talking to someone about their suicidal thoughts doesn't usually make them more likely to end their life.
- You can help someone who is feeling suicidal by listening, without judging them.
- You can support someone to think about other options to deal with their feelings. Such as accessing support from their medical provider, charities, or self-help.
- If someone is in crisis, you can help them to get support from mental health or emergency services.



- Supporting someone with suicidal thoughts might have an impact on you, so it might help you to get support.

### *What to do*

You may also encounter folks who are thinking about or engaging in what we call Non-Suicidal Self-Injury. This is just a mental health term to denote that folks practicing this behavior do not have the intention of dying while they still may use coping techniques that involve hurting themselves. Non-Suicidal Self-Injury is different than having suicidal thoughts and/or intent. However, conversations about these topics should always be managed with care, respect and non-judgment with the hopes of supporting the person in engaging in behaviors aligned with safety, self-care, and effective coping strategies.

As a manager or supervisor, you have an additional layer of responsibility to intervene in assisting a person in staying safe. As we say this, we would also like to encourage you to maintain healthy and appropriate boundaries that do not lead you to engage in behaviors that take on the responsibility of keeping someone safe and instead you work on getting them connected to appropriate supports. Here you can find a way to initiate a conversation about this topic with the person you are concerned about as well as recommendations for things to do and things to avoid:

#### **What to do:**

- If you feel you cannot ask this person to seek help, take steps yourself to alert the proper people.
- Tell the person you are worried about that you do not want them to die.
- Say, "I am here" and listen to the person without judging.
- If you believe that a person is at immediate risk of hurting themselves or others, call 911 immediately.
- Point them to resources.
- Make sure you close the loop with resources if you are concerned about someone and tell the involved supervisors and EAP.
- Act on your instincts and take necessary action.

#### **What not to do:**

- Don't say, "I know how you feel."
- Don't say, "you will get over it."
- Don't say, "suicide is selfish."
- Don't compare or say, "There was a tornado in Arkansas. Be thankful for what you have and realize other people have it worse than you do."
- Don't say things that may be interpreted as guilt ridden like "please don't hurt yourself," "I don't want you to kill yourself; I would miss you terribly," "My life would be less full without you," because they may add distress, guilt and shame to the person.
- Do not ignore warning signs.
- Do not keep it a secret.

If you're having trouble getting the conversation started, here are some ideas:

### How are you?

- Be prepared for 'fine' or 'good thanks' and follow up with: How are you really?

### You don't seem like yourself, is everything okay?

- Letting your friend or loved one know you have noticed something different about them shows you care. It's important to let them know you're concerned about them, not upset with them for behaving differently. Make sure to have some examples of what you have noticed.

### I've had a difficult week, how was yours?

- Sometimes it's good to break the ice with the fact that life isn't always great, and to show that you understand. Sharing some of the things you are struggling with can help start the conversation. Be careful not to make it all about you though.

### Is everything okay at home/work/school?

- Making the question specific can get the conversation started, but remember that it might not be one thing. It might be a combination of many things, or maybe nothing in particular – just a general feeling.

### *What to avoid doing*

On the other hand, please consider avoiding the following behaviors since they create an environment that isn't conducive for healthy boundaries and for the person to get the help they need from trained professionals. EAP is always happy to consult with about best approaches for handling a delicate situation especially when you may be concerned about an employee's wellbeing. Here are the behaviors to watch out for:

- Visiting an employee at their home when you are worried about their safety
- Driving an employee you are worried about including driving them to a hospital
- Allowing an employee you're worried about to visit you or stay at your place
- Communicating with an employee about personal matters at all times of the day and/or night
- Serving as the main and/or only source of emotional support to an employee
- Avoiding engaging in disciplinary action when appropriate because you are worried about the employee's mental health
- Agreeing to things that you are uncomfortable with just because you feel like maybe that will help keep the employee safe
- Promising things that you may not be able to follow through with

### *Resources*

Here are some 24-hour resources in the Madison community that you could share with an employee or use yourself for obtaining some support. City of Madison EAP is available for consultation during regular business hours and FEI's call center is available 24/7.

**Suicide and Crisis Lifeline:** dial or text 988

**Dane County Crisis Line:** 608-280-2600

**Crisis Text Line:** Text or use Whatsapp to message HOME to 741741

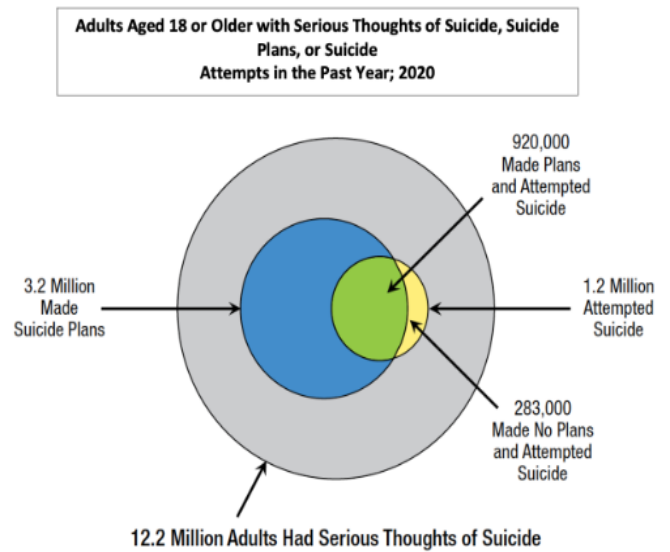
Internal EAP  
608-266-6561

External EAP  
1-800-236-7905

## Statistics

### 50 YEARS ADDRESSING THE LEADING CAUSE OF DEATH

- ▶ Every 40 seconds someone in the world dies by suicide, yet very few clinicians are trained to work with suicidal people using evidence-based treatments.
- ▶ 800,000 individuals across the globe die by suicide each year, 48,000 of them in the USA.
- ▶ There are over 12.2 million adults and 3 million teens in the United States with serious suicidal ideation each year.
- ▶ Funding for suicide research in 2020 was \$68 million versus breast cancer research funding of \$709 million.
- ▶ Suicide deaths have doubled over the last 50 years while every other leading cause of death has decreased.

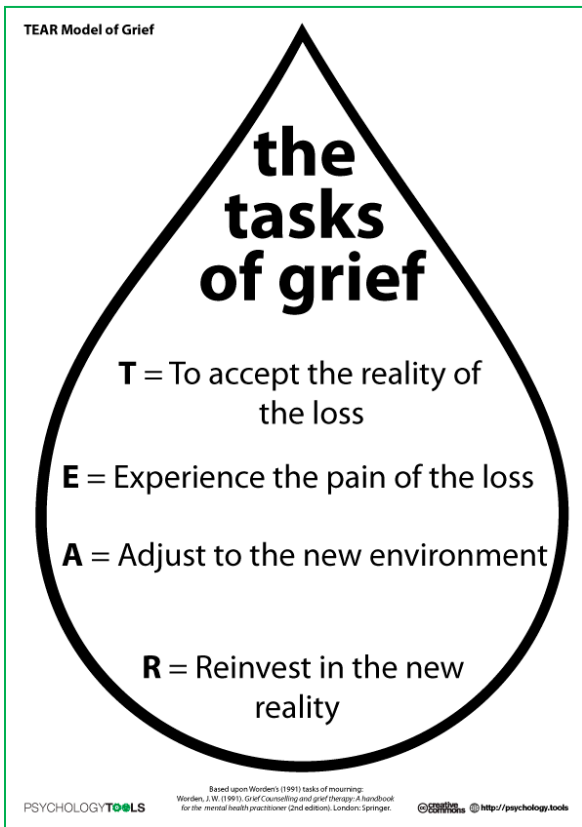


Data Source: SAMHSA-Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (PDF)

## Grief in the workplace

Grief is the psychological process we experience in the face of a loss. Grief is both a universal and a personal experience considering we all experience grief at some point in our lives but we all navigate it differently. Our [handout on Grief and Loss](#) can be a good resource on identifying signs of grief. A loss does not only have to be a physical one due to a death; it can also be an emotional loss. Some examples of this are grieving the loss of our sense of safety, the loss of a relationship, the loss of comfort and stability due to changes including in the workplace like job duties, retirement, etc.

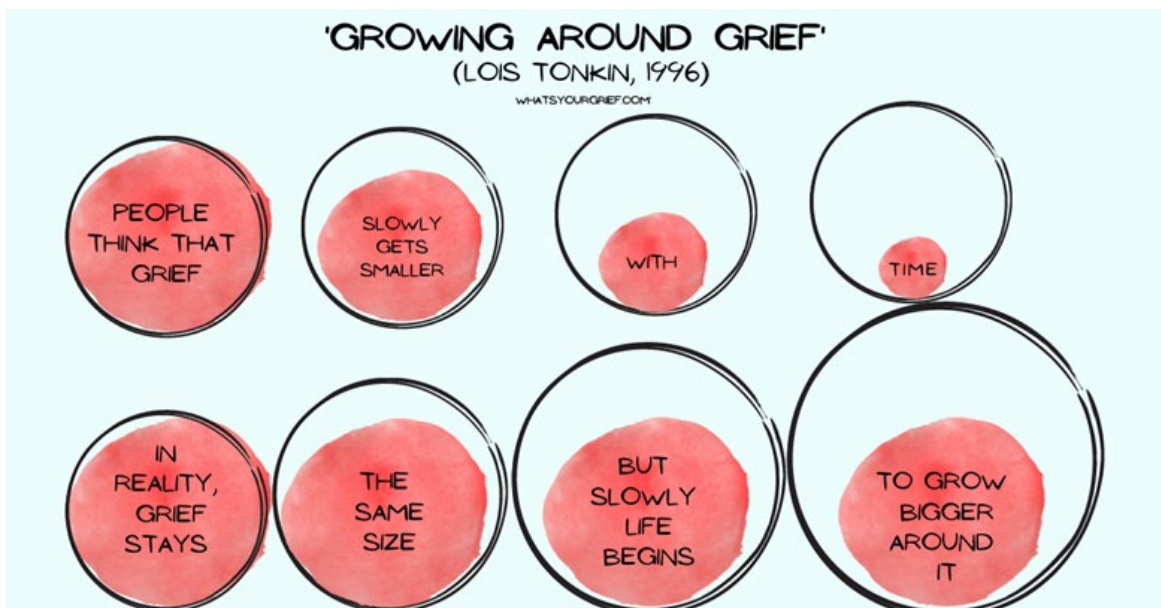
Based on Elisabeth Kübler-Ross' model, when experiencing grief, we navigate five stages: **denial, anger, bargaining, depression, and acceptance**. Even though some folks may go through these in a linear way, grieving individuals may skip stages, jump back and forth, and overall not go through it in a straight forward manner. When Kübler-Ross designed this model, it was with the intention of providing some clarity regarding what was occurring internally for folks who had been given a terminal medical diagnosis. However, this model still seems fairly applicable to the experiences of many individuals navigating grief.



The goal of this process is to accept the loss, to regain balance and to assist the person in adapting to what life looks like after experiencing that loss. The hope is that the person experiencing grief will find ways to create meaning and adjust their life to something that makes sense to them now that they have experienced that loss. This can include adjusting to new or different job duties, finding ways to regain a sense of control and safety, filling up free time with meaningful activities, etc.

### Supporting staff

When it comes to supporting staff who are navigating grief, it is important that we center the person's experience and offer empathy. In society, we have had the tendency to overestimate the power of time and say things like "time heals everything" or "you will feel better with time", etc. The following image gives us a good idea regarding what grief actually looks like as time goes by. Our grief does not become less painful or smaller; however, in that process of making sense and accepting the loss, we bring things into our lives that help us adapt to the changes.



As you have conversations with grieving employees, please consider checking out this [handout on Grief and Loss](#) in the appendix, as well as the following suggestions which are applicable even in a workplace setting:

**Grief**

**Comfort vs Support**

**Don't Do**

[www.thefuneralfriend.com](http://www.thefuneralfriend.com)

Don't Do	Do
Goal is to take away or ease the pain.	Goal is to be a supportive presence bereaved can lean on. To provide help and assistance.
Search for a silver lining.	Allow the pain to exist.
Focus only on what you can say to make the person feel better. This often leads to phrases that begin with 'At least...' or 'Don't despair...'	Actively listen, acknowledge and validate the person's thoughts and emotions, sit quietly if appropriate.
Push the person towards feeling better. Encourage the person to be strong.	Allow the person to grieve in a way that feels natural. Meet the person where they are in their grief and follow their lead.

# Critical Incident Stress Management ([CISM](#))

## What is CISM and the services provided?

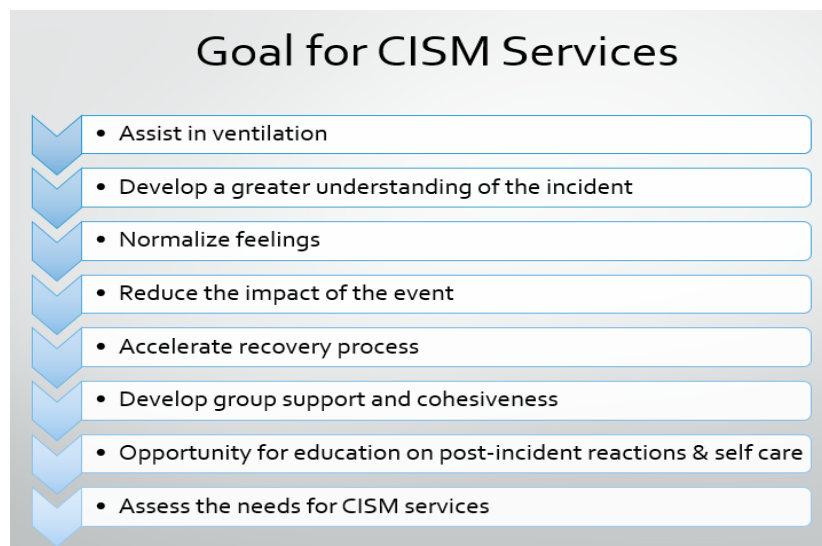
Critical Incident Stress Management (CISM) services, also referred to as Trauma Response (TR) or Critical Incident Response (CIR) are offered by the Employee Assistance Program (EAP) for helping the organization and its employees prepare for and recover from traumatic events in the workplace.

When a traumatic event occurs in the workplace we refer to it as a **critical incident**. This is an event which is **outside** the **usual** range of experience for most people and which would be markedly distressing to almost anyone.

When navigating an event that may be considered a critical incident, it is important to be flexible regarding our assumptions about how something may affect us versus how it may affect other people. In fact, a critical incident is a situation that could cause an unusually strong emotional reaction and that has the potential to interfere with our ability to function in the present moment or later on. Examples of a critical incident might include:

- Incidents involving vulnerable populations like children, the elderly and folks with disabilities.
- Serious injury or death of an employee or member of the public while performing job duties.
- Suicide/homicide of an employee.
- Having engaged in unsuccessful rescue attempts.
- Prolonged or extraordinary rescue even if successful.
- Senseless human acts.
- Excessive media coverage.
- Perceived association with the victims.
- Serious injury to a peer and/or events occurred within workspace.
- A series of incidents leading to cumulative impact.
- Any incident which can be considered a serious physical or psychological threat to an employee while performing work duties.

It can be helpful for supervisors to activate a CISM response for their employees because it can accelerate the recovery process and help employees return to work in a productive state more quickly.





## Supervisors' role in CISM

<b>Immediately Following a Critical Incident</b>	
<b>Collect information</b>	<p>Time and date of the incident.            Where was this located?            What happened, who was involved, are there injuries?            What level of involvement or exposure (direct/indirect) did each staff have to the incident?            What symptoms, behaviors, or concerns are being voiced, if any?            Are there any other important circumstances EAP should know?</p>
<b>Inform the supervisor or manager</b>	<p>Are immediate or timely safety plans needed?</p> <p>Consider if staff should be sent home, offer this as an option if appropriate. Refer to your agency's administrative leave policy for time off following a critical incident.</p>
<b>Inform/consult with other relevant agencies as needed</b>	<p>EAP: The incident will then be evaluated by EAP/CISM staff along with the supervisor/other staff to determine an appropriate level of response.</p> <ul style="list-style-type: none"> <li>• Human Resources: Benefits, personnel issues, medical leave, etc.</li> <li>• Risk Management: If there is an employee injury, potential workers comp claim, safety concern, etc.</li> <li>• Professional Association or Union</li> <li>• Mayor's Office: If the incident may make the news, or if it is a very significant event.</li> </ul>
<b>Fill out relevant incident documentation:</b>	<p>Relevant documentation may include:</p> <ul style="list-style-type: none"> <li>• Incident report</li> <li>• Employee injury report (employee) + Employee injury report (supervisor)</li> <li>• Medical Status Report</li> <li>• Safety Action Form</li> </ul> <p><b>These forms can be found at:</b>            City of Madison EmployeeNet &gt; Finance &gt; Risk Management and Workers' Compensation</p>
<b>Email to staff</b>	<p>Contact the EAP if you would like guidance on sending an email out to staff informing them of the incident. Use caution with private information.</p>
<b>Follow up with employees</b>	<ul style="list-style-type: none"> <li>• Ask how they are doing and what you can do to support them</li> <li>• Remind them of EAP and provide contact information</li> <li>• Explain what their options are if they need to request off from work</li> <li>• Inform them if any changes are being made or considered to better support them</li> <li>• Assess if a return to work conference would be appropriate</li> <li>• Next step arrangements to pass along to staff (funeral, go-fund-me, court date, office changes, or training needs, etc.)</li> <li>• Be on the lookout for               <ul style="list-style-type: none"> <li>○ Loss of concentration, focus, decision making ability</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Visibly upset, irritability, anger, sadness, fear, behavioral changes</li> <li>○ Withdraw from other staff</li> <li>○ Requests to go home</li> <li>● Assess if an after action review with management is needed</li> </ul>
<p><b>Setting Up a Defusing or Debriefing</b></p>	<p>Always consult with EAP before scheduling a defusing or debriefing</p> <p>A <b>defusing</b> occurs the same day a critical incident occurs, before staff have left to go home. This is when a counselor checks in to provide immediate mental health care.</p> <p>Language for defusing:</p> <ul style="list-style-type: none"> <li>● Because this was such a significant event, someone from the EAP is going to come on site to check in with you before you go home. Though they will be coming in at our request, your participation with them is completely voluntary and confidential.</li> </ul> <p>A <b>debriefing</b> occurs a few days (or at times longer) following a critical incident. Only staff who were present during the incident and/or directly involved will be invited to attend.</p> <p>Language for debriefing:</p> <ul style="list-style-type: none"> <li>● "Per the Critical Incident APM, a debriefing will be held due to the nature of this incident. Your attendance and participation is voluntary."</li> <li>● <i>Confidentially</i> to an employee: "I know you <b>&lt;example: have a kid that age, have a parent with that condition, knew the victim, have been on a few infant PNB calls lately&gt;</b> and some people find it helpful to just check in with EAP, you can always give them a call."</li> </ul> <p>Even if staff state they are "fine" consult with EAP if you feel a defusing may be necessary.</p> <p>Please try to find a private close doored space for EAP to debrief staff away from coworkers seeing or hearing. If no space is available, see if arrangements can be made for involved staff to come to the EAP office.</p>

*Language to use with the impacted employee/s following a critical incident*

- ✓ "This was a tough situation/we've had several of these incidents lately so EAP has suggested we debrief this."
- ✓ "Due to the nature of this event, we will be calling EAP and making sure folks are getting their needs met and taking care of themselves."
- ✓ *Confidentially* to an employee: "I know you **<example: have a kid that age, have a parent with that condition, knew the victim, have experienced something similar lately>** and some people find it helpful to just check in with EAP, you can always give them a call or I can assist you in getting connected if you would like that."
- ✓ Remind staff **before** a critical incident takes place that they can confidentially call EAP or notify their shift supervisor if they feel an incident should be debriefed.

## Examples of what not to say

- ✗ "Do any of you need to debrief this?"
- ✗ "Do you want a debriefing?"
- ✗ "Do you want me to call EAP?"
- ✗ "This doesn't seem like a big deal, so no further action is needed"
- ✗ "Everyone seems to be doing okay so we can let it go"

## Checking in after a critical incident

Be mindful that everyone will react and be impacted differently, if the person seems overwhelmed it may not be appropriate to do all of the suggestions below:

### Be human: empathize and remember their basic needs

- "I am sorry that this happened to you. Do you need water?"

### Listen and be mindful of your words

- "Are you able to tell me some of the details right now?"

### Inform them about and refer them to EAP services

- "After critical incidents, some employees find it helpful to talk to a counselor. EAP can debrief this incident with you individually and connect you to ongoing support."
- Even if they decline this, provide them with our contact information, brochure, or website.

### Is it possible to offer temporary accommodations?

- E.g., assigning light duty for the remainder of shift, allowing them to take a break, etc.

### Be transparent on the next steps

- "Who will you consult with?" E.g., EAP, supervisor, etc.
- Is this being documented anywhere? Who has access?

### Ask for their chosen level of involvement moving forward

- "We want to empower you and give you autonomy over your involvement in the next steps."

### Ask if they want another check-in

- "Would it be okay to check in with you tomorrow about how you are doing?"
- In the subsequent check-ins:
  - Check-in about accommodations, if they had any
  - If requested, follow up with results of the incident
  - Answer any questions
  - **Remember:** never promise something you can't deliver

## Check-in schedule



## How to make an EAP referral

As a supervisor or manager, it is important to be aware of how mental health challenges can impact employees and their performance. However, it is not your role to be a counselor or to assess your employee's emotional well-being. The EAP is here to assist in maintaining healthy and productive employees. It is crucial to be comfortable in referring an employee to EAP services, not just when disciplinary actions are being taken, but at any point when concerns arise. Particularly as more employees are returning to work, it is ideal to consistently remind staff that EAP is available to them and their family members.

### *Offer of assistance: "The Sometimes Speech"*

- ❖ Note "sometimes" job problems are a result of personal problems.
- ❖ Explain the purpose of EAP – to help employees when they are having problems.
- ❖ EAP is free and confidential.
  - *"Neither I nor anyone else will know if you call EAP."*
- ❖ Explain the EAP contact may be done on "work time".
- ❖ Emphasize that contact is voluntary.
- ❖ Restate that consultation with EAP is not a substitute for discipline.
- ❖ Offer to assist in contacting EAP.
- ❖ Provide [EAP contact information](#).

### *EAP referral language examples*

**Refer the employee:** *"Everyone needs help from time to time, the EAP helps employees gain a little more insight into what's going on and what kind of help might be useful. It never gets back to the department, and we'll never know if you call."*

**Provide the [brochure](#):** *"I'd like to give you a brochure for our City Employee Assistance Program, it's free and confidential, and many employees have used it."* Explain the internal and external EAP numbers.

**Give the employee permission to call on work time.**

**You as a supervisor** can *always* call us to consult on how to address a struggling employee. We can assess a situation or guide you on how to address a concern.

If the employee is in crisis, offer: *"Would you like to call EAP together? I can step out once you get connected if you want."*

**Ask if they would like EAP to call the employee (Use sparingly):** We reserve this option for when you feel like someone needs help but doesn't want to make that call. *"You don't have to talk to me, but I think it's really important you talk to someone, would you like me to have someone from the EAP give you a call?"*

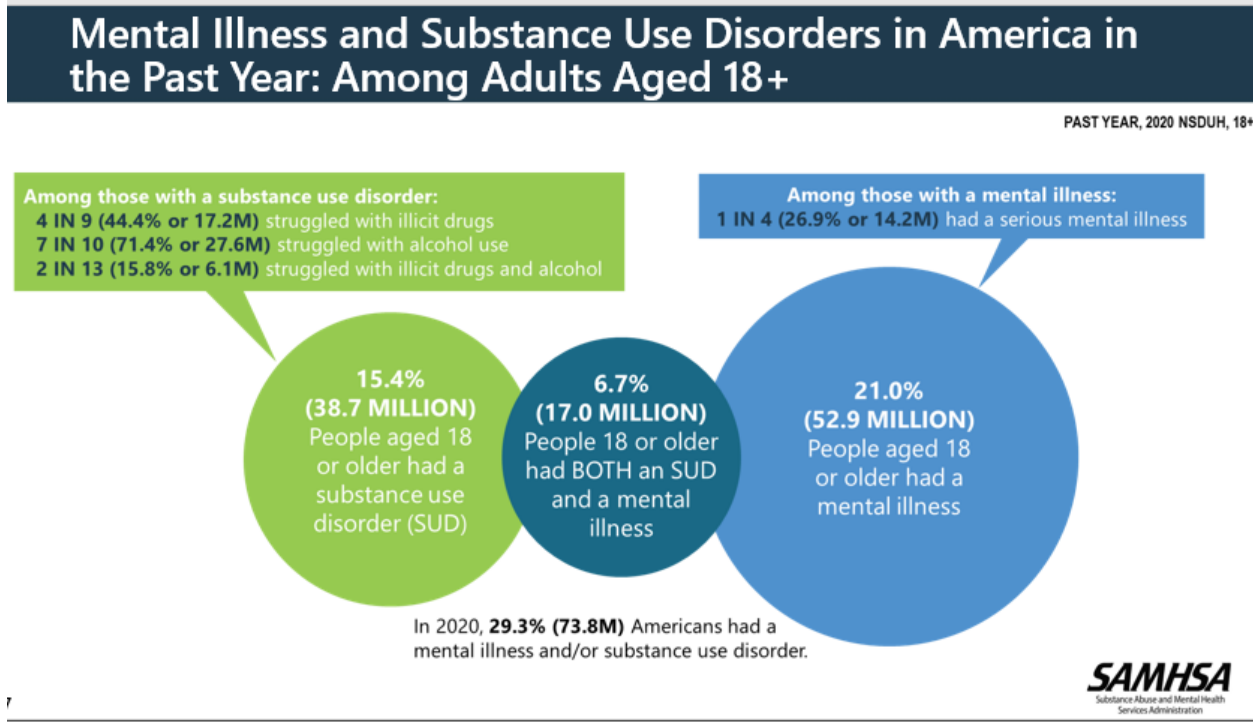
### *What can an employee expect?*

- If you call EAP, our confidential program assistant will answer the phone and help you to schedule a meeting with one of the counselors.
- You can schedule an appointment with a counselor fairly quickly. Due to teleworking, appointments are over Zoom or by telephone.
- If you reach out to FEI, they will ask you a few questions to determine which counselor will best fit your needs. After they provide you with the counselor's information, you can call the clinic and set up an appointment.

# Substance Use in the Workplace

## Data

In 2020, the National Survey on Drug Use and Health (NSDUH) conducted 36,284 comprehensive household interviews of substance use disorders, mental health, and treatment services for individuals 12 and older in all 50 states in the United States (including DC). They found that 15.4% of adults in the US had a Substance Use Disorder (SUD). This means that 15.4% of adults were using substance to the degree of becoming dependent and meeting the criteria of a SUD. In 2018, the National Survey on Drug Use and Health, found that approximately 70% of all adults with an alcohol or illicit drug use disorder are employed. We can conclude the amount of employees in the workforce using any substance is significantly higher.



## Impact of substance use in the workplace

When employees use substances it may impact the workplace in different ways depending on the employee's level of use and responsibilities, this can include:



### *Additional considerations of substance use in the workplace*

- Drinking or smoking/chewing cultures
- High stress occupations needing more depressants to settle down and manage stress response
- High stress occupations requiring stimulants to keep them awake to perform tasks and meet deadlines
- Completely non-work-related alcohol or drug abuse that may or may not be impacting work functions
- Connection to trauma
- Members of the public drinking or using drugs around or on city property

### Supervisor's role in addressing substance use in the workplace

#### *What can you do?*

- Address behaviors right away, especially questionable AODA concerns.
- Resist the temptation to defend yourself or place blame back on the employee. You could try saying:
  - *"I was concerned about your health and/or safety, so I acted according to company policy and my training as a supervisor."*
- As a supervisor, it is important to work through your own perceptions and comfort level with alcohol and other drug use issues.
- Sometimes, respectfully and privately "calling it out" is all it takes.
- You don't need to threaten employment. Reciting company policy and providing concrete examples of work performance is enough for employee to put two and two together.
  - *"You are a valued employee, I appreciated the work you did on [xyz] but lately I've noticed..."*
- Substance abuse treatment programs frequently discuss how substance use impacts the individual at work and they support that individual but they also challenge phrases like:
  - "My supervisor overreacted."
  - "Those rules are just guidelines."
  - "I drink *because* of my job and my boss."

#### *Professional Enabling*

By enabling the employee, we may be unwittingly allowing the illness/injury of a peer/colleague/friend to progress to later and more serious states by preventing the person from experiencing the consequences of his/her harmful substance use. Good intentions with bad results!

When supervisors enable unacceptable behavior it may look like the following:

- Taking on a parental role.
- Standing in the way of employees directly taking responsibility for their own job performance.
- Making excuses for the poor performance.
- Covering for employee.
- Simply believing the employee or their family will resolve the issue on their own.
- Allowing a problem to continue.
- Offering unwanted advice to employee.
- Feeling angry when your help is not accepted.
- Doing the work for others who are capable of doing their own work.
- Over-committing yourself.
- Wanting everyone to like you.
- Trying to please others instead of focusing on your job.
- Feeling angry, used, and taken for granted.
- Taking response in the workplace personally.
- Feeling pressured and overworked.
- Finding that “needy” employees are attracted to you.
- Ignoring problems or pretending they are not happening.
- Focusing energy on the problems of others and/or trying to catch them misbehaving.
- Trying to control events and people.

### *APM 2-23*

Follow steps outlined in [APM 2-23 - Drug Free Workplace and Testing Policy](#)

- Get a second supervisor to assist you.
- Contact HR Labor Relations for guidance.
- Reach out to EAP to obtain additional guidance and support for yourself and the employee.



# Managing First Responders

## Unique first responder considerations

Being a first responder involves risks and exposure that the general community may not have to navigate. In fact, they tend to be exposed to a higher rate of critical incidents than the general population; they usually do not have closure after an incident; part of their role entails a constant or frequent activation of their stress/survival response which increases levels of cortisol in the body leading to higher levels of internal activation; that frequent activation of their stress response can also make it difficult to recognize signs of emotional and physical fatigue; and finally research has shown that they experience higher incidences of post-traumatic stress disorder and reactions, and vicarious trauma.

## Trauma

Research has found that first responders are twice as likely as the general community to experience PTSD. This is linked to first responders' daily exposure to traumatic situations on the job. Similarly, other behavioral health issues including depression and anxiety can be caused or worsened by what they are exposed to within their jobs. Additionally, in an attempt to cope with the symptoms of PTSD, they may abuse substances.

## Substance Use

First responders have higher rates of substance use compared to the general population. This is also due to the nature of their job including the high exposure to trauma, chronic exposure to life threatening situations, the stress of the job, and long working hours. Alcohol consumption among first responder is higher than the general population. Many first responders engage in social drinking that never leads to an alcohol use disorder, but for others it can significantly impact their lives. First responders are at great risk of developing a substance use disorder after critical incidents. There is specialized treatment available for first responders.

## Suicide

Suicide tends to be seen as a way of ending the pain and circumstances a person is suffering. When considering first responders, unfortunately, research has found that suicide is a top cause of death for both police officers and firefighters. In fact, both of these populations tend to die more frequently of suicide than in the line of duty. Sadly, another factor that skews the data is that generally this information is underreported. So as we continue to read about the risk and prevalence of suicide within first responder communities, let us keep in mind that those numbers are an underrepresentation of the real issue at hand.

# EAP Resources

City of Madison employees and their families have access to both the internal and external EAP. Below are some links with free resources available through EAP.

## *City of Madison Internal EAP*

- [EAP Website](#)
- [EAP COVID-19 Resources](#)
- [EAP Newsletters](#)
- [EAP Extensive Mental Health Resources](#)
- [Printable EAP Flyer to share with staff](#)

## *Workplace Services*

- [Individual Consultations](#)
- [Supervisory Consultation](#)
- [Grief Sessions](#)
- [CISM Services](#)
- [Education and Training](#)

## *FEI Workforce Resilience External EAP*

- [FEI Workforce Resilience](#)
- [FEI Webinar Archive](#) (Free Replay)
- [FEI Manager Resources](#)

Remember that part of the EAP benefit available to employees is 4 free sessions per year (per issue). To access this internally, employees or their family members can call City EAP at 266-6561. To access the sessions externally, call FEI at 1-800-236-7905 or complete the [Online Intake Form](#) and you will receive a call back within one business day.

## *Work Life Services*

Our external EAP provider, FEI Workforce Resilience, provides our employees with a benefit that includes consultation for **Work-Life, Legal and Financial issues**. To access this benefit, employees will call FEI directly to speak with a counselor and to be connected with these services. See below for a brief description:

- ❖ [Work-Life Benefit](#) (Unlimited) offers consultation and referrals for: • Child care • Adoption • K -12 & Higher Education Resources • Elder care • Dependent care
- ❖ [Legal Benefit](#) (One consultation per issue): • Bankruptcy, foreclosure • Home sale/purchase or lease agreement • Separation or divorce • Adoption • Child custody/child support • Simple will • Traffic, civil or criminal matters • Elder law • Legal document review • Simple dispute resolution • Online legal content and document library

- ❖ **Financial Benefit** (One consultation per issue):
  - Managing expenses and debt
  - Preparing a realistic budget
  - Dealing with tax-related questions
  - Planning for retirement
  - Identity theft solutions
  - Investing in a college education
  - Student loan coaching
  - Home purchase education
  - Credit report review
  - Online financial resource center



EAP is here to support you, City managers and supervisors, as well as your employees. We offer many services to you including consultations, coaching, and training. Examples of trainings available to your department:

- Resiliency & Wellness
- Vicarious Trauma & Compassion Fatigue
- Mental Health During the Pandemic
- Substance Use in the Workplace
- Others available upon consultation



## Internal EAP

## External EAP

- Arlyn Gonzalez, EAP Manager
- Mary Eldridge, EAP Specialist

Master's Level Counselors  
available 24/7

**266-6561**

**1-800-236-7905**

[www.cityofmadison.com/eap](http://www.cityofmadison.com/eap)

[FEI Workforce Resilience](https://www.feiworkforce.com)

[eap@cityofmadison.com](mailto:eap@cityofmadison.com)

See [instructions](#) on creating an account  
or browse as a guest

2300 S. Park St., Suite 111

Madison WI 53713

Two Senior Account Managers:

- Randy Kratz
- Michael McCafferty

# Appendix

## Related APMs

- [APM 2-12](#) - EAP
- [APM 2-15](#) - CISM
- [APM 2-23](#) – Drug Free Workplace

## Handouts & Brochures

- [Return to Work Meeting](#) Article that describes benefits of and process for scheduling a meeting for employees who are transitioning back to the workplace after being out of work.
- [Grief Brochure](#) Printable pdf or share electronically with staff who are grieving a loss.
- [Grief Session Email Template](#) Copy and paste this language into an email to staff when a grief session has been scheduled.
- [The Benefits of Debriefing and Self Care](#) Typically distributed at a debriefing or shared electronically with a work group that has experienced a critical incident.
- [Trauma Informed Supervision](#) Supervisors are in a unique position to influence work culture and therefore, help organizations move along the continuum of implementation for trauma-informed care.
- [Trauma Informed Supervision: Principles and Opportunities](#)
- [Suicide Prevention for Law Enforcement](#) Information and resources for law enforcement officers.
- [Responding to Suicidal Members of the Public](#) Warning signs and ways to respond to members of the public who may be suicidal.
- [Suicide grief: Healing after a loved one's suicide](#) Coping strategies and support for survivors of suicide.
- [Substance Use Warning Signs Checklist](#) Checklist may be used as a guide when you notice changes in employee's demeanor and/or job performance.