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The magazine of the Employee Assistance Professionals Association

The Journal of Employee Assistance

Support for Children and Adolescents With ADHD, Behavioral and Learning Difficulties, and Neurodevelopmental Conditions

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EAPA International Employee Assistance Professionals Association

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EAPA Mission Statement

To promote the highest standards of practice and the continuing development of employee assistance professionals and programs.

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Regaining Our Professional Momentum in a Changing Work Environment

By Andrea Lardani and Bernie McCann, PhD, CEAP

In early 2020, workplaces worldwide were forced to make tough, often overnight decisions, to address the pandemic and other social disruptions. Some workers were sent home to protect their health and well-being, while others had to make new and often extreme contributions to maintain the provision of essential services. Two years later, we are seeing downstream effects of these changes. Many remote workers are being called back to the office, and this is bringing significant challenges. Witness the "great resignation" and the dismay of returning remote workers who see a clear dichotomy beteen the comfort and ease of a work-at-home environment and their "old" workspaces. For the essential workers who labored in place through the storm, we are only now becoming aware of the grinding impacts of these extreme efforts on their psyches and productivity.

These phenomena are evident in the skyrocketing incidence of mental health conditions among workers and their family members. As reflected in a two-year pre- and post-pandemic employee mental health survey in the Harvard

Business Review: 76 percent of respondents reported at least one symptom of a mental health condition in the past year, up from 59 percent in 2019. Additionally, "nearly two-thirds of respondents talked about their mental health to someone at work in the past year; however, only 49 percent of respondents reported receiving a positive or supportive response."[1]

Our cover story, *Support for Children and Adolescents With ADHD, Behavioral and Learning Difficulties, and Neurodevelopmental Conditions,* authored by Gene Carroccia, PhD provides an astute roadmap and essential information to assist families in navigating the often complex constellations of juvenile and adolescent neurological presentations. Providing defensible support through accommodations to working adults with recognized emotional and psychiatric disabilities is the subject of another informative article, *Accommodating Employees in the Pandemic-Driven Mental Health Crisis: When Does the ADA Kick in?* by attorneys Heather Mogden and Jessica Biondo.

For those puzzled over the seeming lack of discussion about and appropriate remembrance of the one million-plus lives lost to the pandemic in the United States and over six million deaths globally, two articles in this issue may be of interest. Bob Carton, LMHC, CEAP, offers a first-hand look at assisting those in the workplace with their grieving process in *Bereavement Sessions: An Opportunity for EAPs*. Geoffrey Tyrrell, D. Min. writes a thoughtful consideration of enhancing EA services in *The Next Step in the Evolution of EAPs May Be Spiritual Care*.

To put it succinctly, COVID-19 was a catalyst for the disruption of an inadequate mental health delivery model. For EAPs and other stakeholders in workplace mental health and wellness, our next challenge is Pandemic Response version 2.0. Two articles in this issue explore these new(ish) frontiers in EA practice and service delivery. First is a discussion of modulating the adverse effects of stigma on seeking mental health in *Four Global Perspectives on Helping Clients Move Past the Limiting Effects of Stigma* by Michelle Grow (Australia), Magdalena Barcelo (Argentina), Maurice Quinlan (Ireland), and Elena Sánchez (Spain). The second is a review of cross-jurisdictional implications of telepsychology, *Crossing State Lines: How Credentialing and Licensure Impacts EA Practice,* assembled by Bernie McCann, PhD, CEAP.

Additional updates of interest in this copy of the JEA include *Join the Conversations: EACC Now Offering Group Mentoring Sessions* by immediate past EACC chair Laura Jacobson, LICSW, CEAP, and a complete guide to the *EAPA Career Center: How to Enhance Your Career or Workforce With This Service* from EAPA's Chief Executive Officer, Julie Fabsik-Swarts, MS, CFRE, CAP.

As we prepare this issue for publication, we join all our colleagues, work organizations, employees, their families, and members of our communities in grieving over the senseless losses of life through gun violence in the United States, warfare in Ukraine, and other tragedies across the globe, offering the wish of peace and hope of justice for all.

[1] Greenwood, K. & Anas J. *It's a New Era for Mental Health at Work.* Harvard Business Review.

Join the Conversations: EACC Now Offering Group Mentoring Sessions

By Laura Jacobson, LICSW, CEAP, SAP

As most are now aware, the Employee Assistance Certification Commission (EACC) has been busy revamping and administering the new Certification process for obtaining the CEAP®. This process allows for professionals of differing backgrounds, levels of education, and employee assistance experience to earn this esteemed credential through the administration of four "on-ramps", each with different pre- and post-requirements.

Every candidate will be required to advance through five modules, answer knowledge-based questions along the way, and complete end-of-module assessments. Each will also earn 20 PDHs upon completion of all five modules. Because the certification is now structured to be more inclusive, we know that there are candidates with less experience and formal education who are eligible to complete the five modules. Candidates with less than a Master's degree and no EAP experience will be termed "interns" and will have a post-requirement to obtain 500 hours of EAP experience, 24 of which can be obtained through the mentoring program now offered through EAPA.

Recognizing the value of sharing the experience and guidance of existing CEAP® holders, the EACC will be offering monthly group mentoring opportunities for those with a post-requirement interested in this learning opportunity. The EA profession has a rich history of professionals who have done amazing work at the intersection of life and work and the EACC recognizes that no one can be a fully competent EA professional without some connections to those who have come before them. These group mentorship opportunities will be virtual and topic-focused.

Mentorship is designed to help CEAP candidates with the following:

- Broadening wisdom and perspective
- Guiding and navigating the difficulties of EA practice

- Facilitating professional development
- Sharing and encouraging a lifetime of consultation and reflection
- Exploring practice-based questions
- Reducing the risk of common mistakes in early practice

Mentorship group meetings are envisioned as a conversation with the mentees seeking to gain wisdom and understanding from the CEAP's experiences regarding the topic being discussed. *This is not designed to be an educational exercise where the mentor prepares content.* Mentees are encouraged to think about questions relative to the topic or to ask the mentor about their challenges and experiences.

These sessions will be a wonderful opportunity for those less experienced in the EAP field to tap into the expertise and wisdom of seasoned professionals who have much to share about their knowledge and experience. Although it is not a requirement, the EACC believes this will be an enriching exercise for participants.

Q & A's

Why is EACC offering mentorship?
Much of EA practice cannot be learned in a book or from a class. In order to be a fully competent EA professional one needs to have mentors to help them navigate this complex field, avoid the pitfalls, and learn to consult with other EA professionals. We are putting this process in place to make it easier for candidates to connect with professionals in the field without having to go out and find this on their own.

Won't this be a burden for CEAPs to provide mentorship?
EACC Commissioners will be volunteering their time and will be sourcing other EAP experts in the field who want to "give back". Most CEAPs understand the value of helping the next generation of EA professionals develop. Mentorship meetings are envisioned as a conversation between a newer professional and a more seasoned professional. The CEAP candidate "intern" or EAPA member should come prepared to ask meaningful questions to better understand the profession from the CEAP's point of view. The CEAP mentor will be able to count mentorship hours as PDHs up to 10 hours per recertification cycle.

Advisement was very challenging for some candidates. Are we bringing back Advisement and calling it something else?
The EACC recognizes that for some, Advisement was an onerous process and a barrier to obtaining the CEAP. Mentorship seeks to remove the barriers that Advisement presented while still giving CEAP candidates and EAPA members the invaluable experience that comes from learning from those who have already walked the path.

Is there a requirement or fee to enroll in the mentorship program?
Even though some CEAP candidates may enroll in the mentorship program to fulfill a post-requisite for their CEAP certification, the mentorship program is open to any EAPA member at no cost or requirement. At this time, we will not be awarding PDHs for participation.

We currently have a schedule in place that began in May and will continue throughout the year on the first Tuesday and the third Thursday of every month from 12:00-1:30 Eastern US time. The plan is to follow this schedule for eight months and then offer the same conversations again from months nine through 16 but reverse the discussion dates and times. This is being done so that, if there are folks who cannot attend on a Tuesday or Thursday, they will still have the opportunity to participate.

On May third, we invited Dave Nix, CEAP and Greg Delapp, CEAP to discuss the *History of* EAP and had 50 participants join the conversation. On May 19th Bryan Hutchinson, CEAP and Dan Boissonneault, CEAP dis-

cussed Labor with upward of 60 participants. We felt that these were perfect first conversations to launch this initiative and encourage everyone to consider participating. Please keep an eye out on the EAPA website for registration information.

The full tentative schedule is as follows:

Preliminary Schedule

(First Tuesday and third Thursday of each month)		
Month 1	**Topic:** History of EAP **Mentors:** David Nix and Greg DeLapp **Date & Time:** 5/3/22; 12:00-1:30 Eastern US	**Topic:** Labor **Mentors:** Bryan Hutchinson and Dan Boissonneault **Date & Time:** 5/19/22; 12:00-1:30 Eastern US
Month 2	**Topic:** EAP Models (internal/external/hybrid) **Mentors:** Amy Freadling and Laura Jacobson **Date & Time** 6/7/22; 12:00-1:30 Eastern US	**Topic:** Telehealth **Mentors:** Craig Mills and Trish Meissner **Date & Time** 6/16/22; 12:00-1:30 Eastern US
Month 3	**Topic:** Ethics **Mentors:** David Nix, Amy Freadling, and Bryan Hutchinson **Date & Time**: 7/5/22; 12:00-1:30 Eastern US	**Topic:** Substance Use **Mentors:** Craig Mills, Greg DeLapp, and Bryan Hutchinson **Date & Time:** 7/21/22; 12:00-1:30 Eastern US
Month 4	**Topic:** Work-life Services **Mentors:** Laura Jacobson and Abena Noel **Date & Time**: 8/2/22; 12:00-1:30 Eastern US	**Topic:** Vendor Management **Mentors:** David Nix and Laura Jacobson **Date & Time**: 8/18/22; 12:00-1:30 Eastern US
Month 5	**Topic:** CID/Trauma **Mentors:** Bryan Hutchinson and Laura Jacobson **Date & Time**: 9/6/22; 12:00-1:30 Eastern US	**Topic:** Managed Care **Mentors:** David Nix **Date & Time:** 9/15/22; 12:00-1:30 Eastern US
Month 6	**Topic:** Mental Health/Solution Focused Work **Mentors:** Laura Jacobson, Craig Mills, Amy Freadling **Date & Time**: 10/4/22; 12:00-1:30 Eastern US	**Topic:** ADA/Legal Issues **Mentors:** Dave and Amy Freadling **Date & Time:** 10/20/22; 12:00-1:30 Eastern US
Month 7	**Topic:** Manager/Supervisor/HR Consults **Mentors:** David Nix, Laura Jacobson, and Andrea Stidsen **Date & Time**: 11/8/22; 12:00-1:30 Eastern US	**Topic:** Global EAP **Mentors:** David Nix and Ian Quamina **Date & Time:** 11/17/22; 12:00-1:30 Eastern US
Month 8	**Topic:** Program Evaluation **Mentors:** Laura Jacobson and Andrea Stidsen **Date & Time:** 12/6; 12:00-1:30 Eastern US	**Topic:** Program Development/Marketing **Mentors:** Andrea Jacobson and Bryan Hutchinson **Date & Time:** 12/15/22; 12:00-1:30 Eastern US

The EACC is also looking for anyone interested in becoming a mentor to consider volunteering to do so. If you are interested in running any one of the sessions already scheduled, or have a suggestion for mentoring sessions that you think may be of interest to members, we invite you to reach out to any member of the EACC for additional information. Mentors must be a CEAP in good standing and will be able to count up to10 mentorship hours as PDHs per recertification cycle.

Laura Jacobson, LICSW, CEAP, SAP is the Director of EAP Clinical Services at KGA, Inc. She has over 32 years of experience in the mental health and EAP fields with a specialization in systems work that includes critical incident interventions, supervisor trainings, employee seminars, and Human Resource/Supervisor consultations. Laura is the past Chair of the Employee Assistance Certification Commission (EACC). She may be reached at jacobson@kgreer.com. Many thanks and Dave Nix who contributed to this article.

EAP Career Central

Connecting talent with opportunity

Boost Your Career!

Search for employment opportunities, improve your resume with a free review, see our featured jobs and employers at eapassn.careerwebsite.com/

App
UCLA Mindful App
https://www.uclahealth.org/marc/ucla-mindful-app

The UCLA Mindful Awareness Research Center has created a free app with tips and tools for meditation and other mindful practices. All information is backed by solid research, and resources are available in English and Spanish.

Mental Health
Suicide Screening and Resources
https://afsp.org/get-help

The American Foundation for Suicide Prevention (AFSP) offers screening, on-demand support, and resources for people at risk for suicide, those concerned about someone else or who have lost someone, and those who have survived a previous attempt.

Mental Health
Mental Health Screening Tools
https://screening.mhanational.org/screening-tools/

Mental Health America has a landing page with links to assessments for depression, anxiety, ADHD, PTSD, children's mental health, and more. Individuals can access the assessments free to learn more about their health and to receive links to resources for care.

Podcast
Feeling Good
https://podcasts.apple.com/us/podcast/feeling-good-podcast-team-cbt-the-new-mood-therapy/id1171155453?mt=2&app=podcast

The Feeling Good podcast features David D. Burns MD, author of "Feeling Good, The New Mood Therapy," talking with guests about mental health topics. They cover everything from social anxiety to video game addiction, dealing with angry individuals, and more. These podcasts are suitable for EA professionals or clients.

Podcast
Childproof
https://www.tenpercent.com/childproof

This popular podcast addresses a wide range of parenting issues current to today's challenges. The host, Yasmeen Khan, was a public radio journalist for nearly 15 years at WNYC Radio in New York and before that at North Carolina Public Radio.

Videos
Doc Mike Evans
https://www.youtube.com/user/DocMikeEvans

Doc Mike Evans hosts short videos using a "Whiteboard" delivery to illustrate mental health topics in a way that is interesting and non-threatening. The issues are wide-ranging and well-researched.

Videos
Yoga With Adriene
Yoga with Adriene is a YouTube channel with guided yoga and meditation videos. She covers a wide range of poses and perspectives to help address issues from transition to depression, courage and getting unstuck. The videos range from 5 minutes to an hour.

Workplace Well-being
Burnout and Stress Infographic
https://www.workplacementalhealth.org/getmedia/e2006b43-e52e-489c-a5f2-b83f39bbeae2/Beating-Burnout-at-Work-Infographic

This infographic from the Center for Workplace Mental Health provides an overview of burnout and how to reduce it in the workplace. Statistics and strategies are offered to employees and organizations to avoid and battle burnout.

Workplace Well-being
Resources to Stop Workplace Bullying
https://workplacebullying.org/

The Workplace Bullying Institute provides resources for individuals and employers on how to avoid or stop workplace bullying. From tutorials to videos to expert advice packets, the resources are focused on policy, education, and action to create a workplace safe from bullying.

Workplace Well-being
HERO Scorecard Overview and Infographic
HERO Scorecard overview

https://hero-health.org/wp-content/uploads/2018/12/HERO_Infographic_Scorecard-Progress-Report-2020_FINAL_011221.pdf

The HERO Scorecard is a free web-based tool available from the Health Enhancement Research Organization. The scorecard is designed to help employers, providers, and other stakeholders identify and learn about resources and best practices to support workplace health and well-being. The overview describes resources and has links to tools. In addition, the infographic gives a visual summary of the current work and progress for this great tool.

Support for Children and Adolescents With ADHD, Behavioral and Learning Difficulties, and Neurodevelopmental Conditions

| By Dr. Gene Carroccia

Sarah called her company's employee assistance professional crying, begging for help with her ten-year-old son, who is experiencing escalating behavioral and learning difficulties at home and school. He has recently exhibited aggression with students and his siblings, and his teachers are now fearful of him. For years, the child has struggled with social and academic issues and persistent anxiety. His pediatrician admitted to being perplexed and has made several referrals, including a child psychiatrist several years ago and a mental health counselor more recently. No improvements resulted.

Sarah believes no one has understood her son's problems. She shares that she is now suffering from crippling depression and work difficulties related to these concerns. The EAP representative is not sure how to help.

Parents, healthcare providers, and EA professionals can become easily confused by complex presentations of child and adolescent neurodevelopmental, behavioral, and learning difficulties. Many do not know where to start. Should they request school testing, psychiatrist examinations, or child therapist sessions? When not adequately addressed, the challenges can escalate, parental mental health may deteriorate, and substance misuse can occur. To add to the complexity and gravity of the challenges is the fact that there is a significant and persisting increase in requests for child and adolescent services. EAPs are being challenged to better support the many children, teens, and families suffering and struggling.

Considering ADHD

The most critical first step in effectively treating any presentation is to accurately determine what diagnoses and clinical issues exist so appropriate referrals can be made. This does not always occur because neurodevelopmental, behavioral, and learning difficulties may result from several conditions and can be challenging to diagnose.

ADHD is the most prevalent child and adolescent neurodevelopmental condition. About 9% of children and adolescents in the United States are diagnosed with ADHD. However, effectively diagnosing ADHD can be challenging because inattention, hyperactivity, and impulsivity can result from many diverse conditions. An essential question when considering ADHD is, does it genuinely exist, and if so, do other conditions occur along with it?

ADHD and Coexisting Conditions

Many parents and professionals do not realize that ADHD is a foundational disorder that frequently occurs with one or more coexisting conditions. Approximately 75% of clinic-referred children have one other disease, up to 50% have two states, and 20% have three or more coexisting disorders. These include medical, sleep, psychological, substance use, trauma, neurodevelopmental, sensory processing, and fetal substance exposure conditions. They can worsen true ADHD or may cause ADHD-like presentations when true ADHD does not exist. When other disorders exist with ADHD, these combinations can magnify ADHD and create more difficulties than ADHD by itself. Often, these coexisting conditions are not identified and treated because ADHD can mask them. Therefore, they are not recognized as separate disorders and are not treated. Clinicians may not identify these other conditions because they do not adequately screen for them, lack effective diagnostic training in ADHD, do not spend enough time in the initial diagnostic phase of treatment, or are simply unaware of how they present. When coexisting conditions are not identified and treated, they persist, and may result in limited progress. This causes families and providers to become frustrated and lose hope. Please refer to my article for more information on coexisting conditions in children and teens with ADHD, including some of the most common and fully complete listing of these conditions: https://adhdology.com/understanding-coexisting-conditions-in-children-and-teens-with-adhd/.

Diagnostic Referrals

If there is a lack of clarity about what conditions exist and what treatments are needed, diagnostic services or "diagnostics" can be an essential step. If a diagnosis is questioned or parents wonder if other condi-

tions exist, EAP representatives can consider providing referrals for more focused diagnostic services. Diagnostics involve determining what symptoms, disorders, issues, and challenges exist to obtain the most effective treatments. It can be helpful to periodically review progress, determine current functioning, and screen for additional conditions that may require new treatment recommendations.

It is essential to understand schools' more limited role in the United States regarding diagnostic and treatment services for ADHD and other conditions.

While some clinicians interchangeably use the terms "evaluation" and "assessment," these will be used more specifically here. In the United States, for ADHD diagnostics, parents can obtain either a brief ADHD evaluation or a comprehensive neurodevelopmental assessment. For children and adolescents with complex presentations or for those with suspected neurodevelopmental disorders (such as autism and learning disorders), a neurodevelopmental assessment from a neuropsychologist is essential.

ADHD evaluations are typically provided by outpatient psychotherapists (clinical psychologists, licensed professional counselors, clinical social workers, and marriage and family therapists). These often occur during the initial stage of treatment when ADHD is suspected. They should consist of a thorough clinical interview, ADHD and possibly other measures, and screenings for different conditions. Pediatricians, primary care physicians, psychiatrists, and nurse practitioners may also provide these. Be aware that some clinicians may believe you are referring to neuropsychological testing assessments when using this term.

Pros:

- There are more of these providers, so they are easier to obtain than neurodevelopmental assessments.
- These are less expensive.
- Health insurance often covers these services because they are part of outpatient services.
- ADHD evaluations can be a first step in obtaining other diagnostic referrals, including neurodevelopmental assessments.
- Providers may continue with treatment after the evaluation.

Cons:

- These are brief and can be less conclusive, particularly with more complex presentations.
- They are less comprehensive and may not provide adequate screenings for other conditions.
- Reports are less likely, but letters from providers may be produced.

To support an effective and more accurate diagnostic process, my article on the 10-step ADHD Evaluation Model can be used to assist EA professionals, parents, educators, and clinicians with information about a comprehensive and evidence-based approach. Neurodevelopmental assessments (sometimes called neurobehavioral or neuropsychological testing) are more extensive and are provided by neuropsychologists (specialized clinical psychologists) at private practices and larger teaching and university hospital systems. They are necessary when more complex presentations, neurodevelopmental, and other conditions may exist. They consist of an extensive clinical interview, measures and psychological tests, considerations of other conditions, conceptualizations of findings, and recommendations.

Pros:

- These are more comprehensive and definitive than ADHD evaluations.
- Health insurance often covers some or all these services (depending on the plan).
- These providers are more likely to be familiar with other conditions and provide screenings for them.
- They include reports that can be shared with other providers and schools.

Cons:

- There are fewer of these providers.
- Waiting lists often exist.
- They are more expensive.

ADHD evaluations and neurodevelopmental assessments should include screenings for numerous potential other conditions. Therefore, referring EA providers or parents should discuss this with potential diagnostic providers. Additionally, if general conditions currently exist, families and providers should determine if they are being effectively addressed and managed.

If certain other conditions are suspected, it can be essential to obtain additional diagnostics from non-mental health providers, including:

- Occupational therapy evaluations (for sensory processing and motor coordination conditions).
- Speech-language pathologist evaluations (for speech and language deficits).
- Developmental or behavioral optometrist evaluations (for visual processing deficits).
- Audiologist evaluations (for auditory processing deficits).
- Ear, Nose, and Throat (ENT) physician examinations (to explore sleep apnea, chronic mouth breathing, allergies, and congestion).
- Neurologist examinations (for head injuries, seizures, and tic disorders).
- Medical examinations by pediatricians and primary care physicians (for underlying medical conditions that can worsen ADHD or cause ADHD-like presentations).
- Sleep studies (for mouth breathing, sleep apnea, and other sleep conditions).

The Role of Schools

It is essential to understand schools' more limited role in the United States regarding diagnostic and treatment services for ADHD and other conditions. The school system is not designed to provide comprehensive behavioral health diagnostics or treatment services. While schools offer evaluations (sometimes called psychoeducational testing), these evaluations determine whether a student qualifies for a 504 Plan or Individual Education Program (IEP). They should not be confused with clinical diagnostic services outside the school system. While not a replacement for clinical services, EAPs can advocate for parents to explore 504s and IEPs at their child's school to obtain better support for learning and behavioral challenges.

Five Steps for Finding ADHD & Neurodevelopmental Providers

To address the challenges of obtaining services, here are five steps for finding an ADHD and neurodevelopmental specialist provider. While most applicable for the United States, these can be helpful for other countries too. EA professionals can use and discuss these steps with parents to be more informed and effective in their searches. Please read my full article for more information on each step and a list of referral resources in step two below https://adhdology.com/how-to-find-an-adhd-specialist-provider-in-the-united-states/.

1. Determine the type of provider that is needed. Are diagnostics necessary as a first step? Or are the conditions clear, and now a new treatment provider is required? Is a second opinion about treatment options from a psychiatrist (for medication) or an experienced psychotherapist needed? Are other non-mental health providers indicated?
2. Find appropriate potential providers. Ask primary care physicians and other current health care providers for referrals. Also, speak with health insurance customer service representatives for in-network referrals. Contact state and national professional organizations for local referrals (please refer to the article link above).
3. Call providers to clarify what services they offer and determine if they may be a good fit.
4. At the first session, parents should review their goals and needs with providers.
5. If there is not a good match with providers, repeat steps two, three, and four.

Additional Ways EAPs Can Help

Since most EAPs typically do not provide diagnoses or comprehensive assessments, they can provide helpful screenings and referrals to aid families in receiving the most appropriate services. EA professionals can locate these providers in their areas to prepare for these specialized referrals. This should include knowing what services these providers offer, their typical waiting list length, and the health insurance they accept. In theory, virtual providers can make access easier, but the need for services has increased, and so have their waiting lists.

EA professionals can also familiarize themselves with the many possible conditions in children and adolescents that can coexist with true ADHD or cause misdiagnosis from ADHD-like symptoms. Being aware of these presentations can increase the effectiveness of EAP screenings and the referral process. EA professionals and mental health providers can now learn more by reading and attending related training in light of the increasing mental health demands.

Furthermore, EA professionals can offer invaluable support to parents of struggling children and adolescents during the referral process and when provider wait lists exist. They can supply practical information about diagnostic and treatment services to improve clients' understanding and expectations, address their frustration, and encourage these parents. EA providers can also address the parents' conditions and difficulties and teach stress management and other essential skills. Finally, they should be aware that parents of children and teens with ADHD have higher rates of this condition due to the strong genetic link and may benefit from their own support and referrals.

Dr. Gene Carroccia is a licensed clinical psychologist and Vice President of Behavioral Health at an extensive healthcare system. He is the author of two books, Treating ADHD/ADD in Children and Adolescents: Solutions for Parents and Clinicians and Evaluating ADHD in Children and Adolescents. To learn more about his books and original articles, visit adhdology.com. Contact him at contact@adhdology.com.

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Bereavement Sessions: An Opportunity for EAPs

By Bob Carton, LMHC, CEAP

EAPs Often Address Common Non-traumatic Death in the Workplace

There are many EA articles and conference seminars regarding how to address extraordinary workplace deaths, e.g., suicide, on-site violence, trauma, or even a colleague who died at work in front of coworkers. I had the opportunity to process several such atypical workplace events in my long EA career.

Each year since joining ALMACA in the early 1980s, I have been asked to arrange bereavement sessions following unremarkable employee deaths. These are ordinary life-end experiences occurring away from the workplace, some anticipated due to illness or advanced age, and others occurring unexpectedly. As EA providers, we may not give this service much thought, but our contracted employers are more than appreciative.

It's a human trait to eschew thoughts of our ***natural***, ultimate end. People are often more comfortable talking about extraordinary dramatic ends, as they are unlikely to happen to them. This innate reluctance to consider death for oneself or for employees leaves HR, managers, and corporate leadership challenged in the wake of an employee death. With the lack of protocols in the workplace and no other allied counseling professionals to provide workplace support, this is an opportunity for EAPs to make a difference. Bereavement assistance within the worksite is a distinguishing and valuable service a qualified EAP can provide.

Executives need to send the message that the deceased person was a member of the team, was valued, and has departed.

The Importance to Employees

Employees spend much of their waking hours in the workplace during their professional lives. They want to believe their lives and work matter to those they work with and for whom they work. The death of a coworker is the ultimate window to view how employers value their employees. People need to be valued, and they need to grieve.

The Value Added for Management

Managers are aware that a person's absence from a well-integrated workgroup can be conspicuous and impactful on the workplace and productivity. Leaders need to openly and authentically acknowledge the loss of an employee. Wise administrators know that not acknowledging an employee's passing can be devastating to morale.

Executives need to send the message that the deceased person was a member of the team, was valued, and has departed. Administrators must set time aside to recognize each colleague's value, discuss their contributions and grieve their loss. Acknowledgment is essential to productivity and worker retention. Employees must know they matter.

COVID-19 and Workplace Grief

We have spent two years addressing the impact of the pandemic. This crisis has shifted the way we work as EA professionals, the environments of the workplaces we serve, and the social structure in which our employer customers operate. At the time of this writing, 76 million persons in the United States have contracted the virus, and many survivors have long-term sequelae, while over 1,000,000 have died in the USA, and 6 million across the globe. Most of those who died were employed or had family members who were employed. If your EA practice does not offer bereavement sessions, there is no better time to begin. The ubiquitous footfall of death has solidly entered the workplace.

First Invitation, Caught Off Guard

The first time I was asked to respond to an employee death was in no way out of the ordinary; a heart attack, the manager died at home. The EAP offered support to the family and provided grief counseling for the affected employees on site. The request was to conduct a bereavement ceremony for his coworkers at work.

I asked whether it wouldn't be more appropriate to use a chaplain or pastor and was told by HR that they preferred a non-religious experience as the deceased was not a believer, nor were many of the employees. I accepted as I wanted to satisfy the new employer and yet had no idea how a secular grief program might look. At the time, CISD now CISM was not available (and wouldn't have been appropriate).

In my previous life, I had been a seminarian and divinity student and had led prayer services for family and friends of the deceased. This program could not appear to be conducted as a religious exercise. The thought occurred to me to attend the funeral. Perhaps some ideas of how to conduct a non-religious ceremony for the de-

ceased would be made clear. There was no funeral. Management had extended an invitation for the employee's family to attend the program. I realized this meant I was to conduct the only service for the deceased.

Best Practices for a Bereavement Session

The program structure is a work-based exercise and not a funeral or graveside bereavement program. It is not therapy. It is scrubbed clean of religious references. Keeping to the workplace focus is essential. These steps were adopted.

Homework Is Essential

The bereavement session is an opportunity for the EAP to shine. Be aware that you are being entrusted with the career, life, and final farewell of a person. As EA professionals, we have all likely improvised a presentation at the last minute; this is not the time to wing it. Preparation is imperative.

The program should tie everything to the workplace; it's not a burial rite. Ascertain the deceased's career role, length in the organization, and importance to company aims. Find out if the person was popular, or reserved, i.e., collect attributes. Learn about who was closest to this person in the company and who can speak about the individual (they may not be the same person). Emotions are a powerful determinant and are often in play. Contributors need to be able to deliver a concise portrait of the deceased as a colleague, with feeling but without a complete breakdown. The closest friend may not be the best choice as a speaker. Support for an employee who falls apart and is unable to respond will likely fall on you.

Your role is to anchor the program so that employees understand you are facilitating on behalf of HR and management. It is important that senior management is available and visible. The EAP has an opportunity to fulfill an essential role crucial to the organization's mission, and it can help dispel an image of EAP as a purchased counseling commodity.

Be mindful of the time allowance. Time budgeting is essential. Build your program syllogistically, with independent blocks, and have a timed self-contained ending of (4 to 5) minutes. If you are short of time, you can jump to the end block. Be prepared; rehearse the timing of the closing.

A Framework for a Bereavement Session

1. **A simple introduction:** HR or the manager introduces you, then you introduce the EAP and recognize leadership, coworkers and family.

2. **Pre-arrange a photograph:** Work with HR or the manager to get a photo of the deceased. Place it on a table or easel or have a projection on a screen. Keep it simple and dignified.

3. **Statement of purpose:** Have a clear announcement about why folks are gathered. **"**We are here to celebrate the life of your coworker (name)." You might share brief details of the circumstances, if permissible according to HIPAA and appropriate to the situation.

4. **Speaker(s):** Facilitate the process of participants providing a brief work-life talk about the deceased. The EA professional's job is to provide time for each speaker. Pre-determine if family members will be present and if they want to speak – time allotment is divided accordingly.

5. **Open the floor for colleague comments:** Invite coworkers to share. Statements are typically positive and, at times, humorous and poignant.

6. **Observe a period of silence**: Call for a period of silence and ask attendees to reflect on what they can learn from the deceased's life; what they might incorporate within themselves as a tribute to their colleague.

7. **End with a closing statement:** I introduce the Four Tasks of Grieving:
   a) **Comprehension**
   b) **Acceptance, Feelings/Loss**
   c) **Commemoration**
   d) **Integration** (J. Worden 2018)

8. **Provide a journal:** Present HR with a journal to invite all present and unable to attend an opportunity to write their memories of the deceased and condolences. The book could be available for three days and later presented to the family. Management may include an online option.

9. **Period for relaxed exchange:** Leave time for attendees to mingle and share. Management will often provide refreshments.

10. **Describe Resources for additional support:** Provide materials about the EAP for sharing and ensure attendees and family members know they are welcome to reach out for confidential services. Some companies may choose to have an EA representative remain on-site to provide individual support.

11. **Plan for commemoration**: I leave each group with the task of finding some way to commemorate the life of their coworker and allow him/her to become a continuing presence in their workplace. (one group placed a memorial meditation bench, with a plaque, on a quiet corner of the property. Another hung a picture of the coworker in the break room.)

COVID-19 Adaptations

Be mindful that workplaces are understaffed, time allocations are precious, and management may want a single session for multiple deaths. Group bereavement must be finessed, so all positive comments are not weighted toward one individual and silence accompanying the other cohorts. In advance, obtain positive attributes for all individuals being memorialized. One option is to use index cards and pass them to attendees to share their experiences and feelings of their coworkers. As the moderator, you can select those to be read. Regardless of how you proceed, it is important that all who died have equivalent representation.

Virtual Sessions:

During COVID-19, we were asked to provide virtual bereavement sessions. While possible, it is challenging to read a room where not all are on camera. While purposefully allowing silence to stimulate discussion works for in-person groups, it is a poor strategy when participants can sit at a desk in a closed office and turn off their microphones and cameras to avoid exposure of feelings. Long gaps may invite participant numbers to drop, like dead airtime on the radio. Prompting with probing cues is a helpful strategy. While virtual is not ideal, it is better than no bereavement session.

Since the initial request, I have been asked to provide these bereavement sessions for coworkers many times, and each time I do, I cherish my own life that much more. I can tell you that bereavement programs have been very much appreciated by employees and the managers who contract with my EAP.


Accommodating Employees in the Pandemic-Driven Mental Health Crisis: When Does the ADA Kick In?

By Heather Mogden and Jessica Biondo

There is no shortage of articles describing how the COVID-19 pandemic has resulted in a steep increase in both anxiety and depression, leading to a global mental health crisis. In the United States, "rates of anxiety and depression reached as high as 37% and 30%, respectively at the end of 2020, compared to pre-pandemic frequencies of 8.1% for symptoms of anxiety disorder and 6.5% for symptoms of depressive disorder in 2019."[1] These findings are consistent with a scientific brief from the World Health Organization, which found that the first year of the COVID-19 pandemic saw a 25% increase in the prevalence of anxiety and depression worldwide.[2] For people with pre-existing mental health conditions, the pandemic contributed to relapse and exacerbation of symptoms.[3]

Employers have little choice but to adapt and respond to this new landscape, and they are largely rising to the occasion. A 2021 survey by the American Psychological Association revealed that approximately 67% of employees believed poor mental health had negatively affected their job performance, and 40% struggled with burnout.[4] Meanwhile, in a national survey of 1,000 employers, 90% identified mental health as "among the top workforce health concerns."[5]

The normalization of mental health challenges at work has certainly been a silver lining of the pandemic.[6] More employees are talking about mental health and linking mental health support to diversity, equity and inclusion efforts.[7] According to a 2021 study by Mind Share Partners, nearly 67% of employee-respondents discussed their mental health concerns at work in the previous year, 54% believed their employer was prioritizing mental health, and 47% believed company leaders advocated for mental health in the workplace.[8] All of these figures are substantial increases from a previous study done in 2019. But what does mental health advocacy look like in practice?

It's clear that employees are struggling, and the so-called "Great Resignation" may be an outgrowth of that.[9] One solution to retain talent—and in some cases, a requirement to comply with the law—may lie in tailored accommodations.

Anxiety and Depression Under the ADA

Part of the reason mental health issues can be tricky is that the same mental health diagnosis presents differently across individuals. Sometimes depression and anxiety can be managed effectively with therapy or medication, and sometimes these conditions can require inpatient or intensive outpatient treatment. Similarly, depression and anxiety can interfere with a person's daily life to varying—and fluctuating—degrees.

Under the Americans with Disabilities Act, a mental impairment becomes a covered psychiatric disability when it substantially limits the performance of major life activities, such as working, concentrating, and interacting with others.

1 Amy Tausch, MPH, Renato Oliveira e Souza, MD, MSc, et al., Strengthening mental health responses to COVID-19 in the Americas: A health policy analysis and recommendations, 5 Lancet Regional Health – Americas 100118 (Jan. 2022), *available at* https://doi.org/10.1016/j.lana.2021.100118.
2 COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide, World Health Organization (Mar. 2, 2022), available at https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide.
3 Tausch, supra (citing S.S. Chatterjee, C.M. Barikar, A. Mukherjee, Impact of COVID-19 pandemic on pre-existing mental health problems, Asian J Psychiatry, 51 (2020), Article 102071, available at https://doi.org/10.1016/j.ajp.2020.102071.
4 Charlotte Huff, Employers are increasing support for mental health, Am. Psychol. Assn. (Jan. 1, 2021), available at https://www.apa.org/monitor/2021/01/trends-employers-support.
5 Erica Coe & Kana Enomoto, et al., National employer survey reveals behavioral health in a COVID-19 era as a major concern, McKinsey & Co. (June 9, 2020), available at https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/national-employer-survey-reveals-behavioral-health-in-a-covid-19-era-as-a-major-concern.
6 Kelly Greenwood & Julia Anas, It's a New Era for Mental Health at Work, Harvard Business Review (Oct. 4, 2021), available at https://hbr.org/2021/10/its-a-new-era-for-mental-health-at-work.
7 Id.
8 Id.
9 Bernie Wong, Mental Health Days Won't Solve The Great Resignation, Forbes (Oct. 18, 2021), available at https://www.forbes.com/sites/mindsharepartners/2021/10/18/mental-health-days-wont-solve-the-great-resignation.

If an employee's mental health condition qualifies as a disability, the employee is entitled to reasonable accommodations under the ADA. A reasonable accommodation is one that (1) enables a disabled employee to perform essential job functions, (2) does not pose an undue hardship on the employer, and (3) is consistent with any recommendations issued by a mental health or medical provider who has treated the employee. In determining what an appropriate reasonable accommodation is for a specific employee, employers should engage in an interactive discussion with the individual.

It's important to note that guidance from the Equal Employment Opportunity Commission (EEOC) states that an employee with a psychiatric condition does not need to disclose their clinical diagnosis or specifically request a "reasonable accommodation" under the "ADA," nor does the request have to be in writing.[10] The ADA will be implicated if the employee simply says they need time off because they are depressed and stressed, or that their medication makes it difficult to wake up for an early shift. In cases like these where a need for the requested accommodation as a result of the medical condition is not obvious, the employer can ask for documentation from an appropriate professional concerning the employee's disability and functional limitations, and the employer should tell the employee the reason for requesting that information.

Assuming that a reasonable accommodation is needed, it may include:

- Flexible workplaces such as telecommuting or working from home;
- Flexible scheduling to allow employees to make up missed time—including time to see a therapist during business hours;
- Flexible use of vacation and administrative leave for reasons related to mental health;
- Provision of breaks incorporated into a fixed work schedule; and/or
- Exceptions to workplaces policies to allow for beverages and/or food at workstations to combat the side effects of medications.

Other items that employers and employees may consider include (1) equipment and technology considerations, (2) changing of non-essential job duties, (3) management and supervision changes to include more frequent check-ins or developing strategies to deal with problems before they arise and impact workflow.[11]

Practical Takeaways

It's important to note that diagnosis of a mental health disorder is not sufficient to support the need to provide accommodations under the ADA. Employers and employees must engage in meaningful discussions to ascertain what is appropriate for the specific employee, based on their specific condition and resulting limitations. This is a very individualized process, and it is possible that the label of one condition may result in a range of accommodations, or no accommodations at all. This variance is in part affected by the employee's strengths and weaknesses, and the requirements of the employee's position.[12]

Even if a reasonable accommodation is not required under the ADA, there may be circumstances where it's a good business decision to be flexible with employees' subjective needs during a global mental health crisis, particularly when that flexibility furthers the company's DEI initiatives around inclusion and belonging.

This article is educational in nature and is not intended as legal advice. Always consult your legal counsel with specific legal matters. If you have any questions or would like additional information about this topic, please contact:

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- Your regular attorney.

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10 Enforcement Guidance on the ADA and Psychiatric Disabilities, OLC Control No. EEOC-CVG-1997-2 (Mar. 25, 1997), available at https://www.eeoc.gov/laws/guidance/enforcement-guidance-ada-and-psychiatric-disabilities.

11 https://www.dol.gov/agencies/odep/program-areas/mental-health/maximizing-productivity-accommodations-for-employees-with-psychiatric-disabilities

12 https://www.dol.gov/agencies/odep/program-areas/mental-health/maximizing-productivity-accommodations-for-employees-with-psychiatric-disabilities

EAPA Career Center: How to Enhance Your Career or Workforce With This Service

| By Julie Fabsik-Swarts, MS, CFRE, CAP, CEO, Employee Assistance Professionals Association

Is your company facing challenges attracting and retaining talent? Where are they looking to find qualified EA professionals to hire? When was the last time you assessed where you are in your career? Have you considered where you want to be in five years? What steps have you taken to make your dream job happen? The EAPA Career Center is here to help you make your EA Professional dreams come true. Check it out at https://eapassn.careerwebsite.com/

Support for Employers

If you're an employer seeking qualified and new Employee Assistance professionals, this is the place to go. For a small fee, you can post a job that reaches thousands of potential employees. Members get a discount for this service - it pays to be an EAPA member! Additionally, you can upgrade your job post to a **premium** package for only a few dollars more. This service keeps your job near the top of the postings of the job board and it is highlighted. Starting in 2023, the career center premium jobs will be featured on the EAPA website's primary landing page. Furthermore, you can arrange to have your job post advertised in a "flash" which means it will stay at the top and

be sent to all members via email. There are additional opportunities for your job post to be combined with the Human Resources Job Board Network. EAPA uses a company that hosts many career centers. If your job title is listed as desired on another job board, it may come up on that site and expose your opportunity to more potential candidates. Conversely, if a job title is one that EAPA uses i.e., "Counselor", that post may be displayed on our career center board. This is a practice known as "scraping". It is advantageous to both employers and potential candidates. And if you are an employer with many positions to post throughout the year, give us a call and we can create a bulk package or an unlimited package for you, saving you money and increasing exposure.

Support for Employees

For EAPA members, the career center is a must-see website. There are several helpful features on this site. Employees can target the type of position they want and find the jobs that best fit their skill set. Furthermore, job seekers can post their resume "blinded" meaning your name and contact information are hidden. This prevents spam and annoying recruiters from contacting you without an actual position. Recruiters with actual positions and interest in your background will pay a small fee to our career center in order to receive your contact information. Because of the fee, recruiters won't contact you without serious interest and a job opportunity. It is a great way to put yourself out there without your colleagues and supervisor knowing it is you, plus it eliminates potential "spamming" and junk emails from using your email address.

A Future for Interns

Coming soon there will be a tab for companies to place advertisements for EAP internships. We hope to be encouraging the next generation of EAPs and this is the place to find them!

Career Resources

Currently, we have some career advice on different aspects of career planning and job hunting. This information can be found at https://eapassn.careerwebsite.com/career-resources/.

EAPA is developing education and information on how to search for your perfect position. Late this fall, we will be including informational webinars on job searching in our Friday webinar series, and we will be posting career articles on the site. In the meantime, we are using more conventional information for career advice at https://eapassn.careerwebsite.com/career-resources/. It's worth exploring and gleaning some knowledge about finding your dream job.

Remember, we are always seeking volunteers. If you want to contribute career advice, call us at EAPA. The EAPA staff and leadership are here to help members live their best lives. So, explore this website, get involved, and move the EA community forward.

Four Perspectives on Helping Clients Move Past the Limiting Effects of Stigma




| By Michele Grow, Magdalena Barcelo, Maurice Quinlan, Elena Sánchez

Many people who are in need of mental health or other well-being services may not seek help due to stigma related to mental health. Following are perspectives from four EA professionals who share ideas on effective ways to overcome the effects of stigma allowing people to get the help they need.

Michelle Grow, APM

Shifting to a More Holistic Service Approach

The EAP landscape across many countries has shifted in recent years to embrace a wider range of support than traditional counselling services. In Australia and New Zealand in particular, employers are increasingly seeking support for their workforce across not only mental health, but also for physical health, financial wellbeing, parenting, relationships, nutrition, sleep and much more.

These are not separate services, but rather form part of a holistic support and coaching service provided under the EAP. In addition to providing a wider range of care for individuals, this approach has been helpful in reducing the stigma that has accompanied help-seeking for so long. It enables the promotion of support around topics that employees are often willing to talk about, such as diet and weight loss, sleep, and stress.

In Australia, EAP utilization rates are typically in the range of 6-10%, however there are many organizations that are now in the range of 15-25% as a result of expanding the support available. Some of the strategies that have been successfully used with organizations across Australia include:

- **Renaming the program** – the use of "EAP" or "Employee Assistance" is seen by many organizations as a negative naming protocol that reflects a more stigmatized and deficit model of EAP that is no longer the most prevalent. Organizations frequently come up with their own name such as "Care Program" or use language such as Mental Health and Wellbeing Program. While a change of name alone is not the solution, it is one aspect of changing the way individuals perceive the support that is available.
- **Digital access** – many providers offer a digital platform that provides access to self-help articles, videos, podcasts, and activities. While this is not counted as EAP utilization, there is frequent access to Chat or SMS support included where individuals accessing the wellbeing content can then reach out for support using other modalities. These modalities are particularly valued by younger age cohorts and remove the need to call or attend sessions in person.
- **Collateral reflecting general life** – EAP promotional collateral has historically focused on negative or problem-style imagery and messaging. Shifting the focus to a more positive or self-help style or to reflect day to day issues such as sleep, parenting, or financial challenges, helps individuals to see the service as providing "whole life support" rather than just "problem support".
- **Multi-media messaging** – individuals consume messages in different ways today and providing information and access that reflects the way they consume other information increases interest and reduces stigma. This may include the use of short (1-2 minute) video clips, providing information on how to take better care of your general health and wellbeing (mindfulness practice or breathing exercises) and providing support when and where it is required (immediate telephone support rather than needing to wait for a scheduled appointment).
- **Language matters** – EAP has typically used a range of deficit language such as problems, issues, challenges that are assisted through counselling. A shift to language such as navigating life's ups-and-downs and referencing coaching and support are often received in a much more positive frame and without the inference that by accessing support you are self-identifying as not coping.

The pandemic has also lifted the profile of mental health and the importance of accessing support as it is needed. This has helped to remove the stigmatization of seeking support, however much more is needed. Workplaces, leaders and providers all have a role to play in continuing to normalize the provision of support.

Magdalena Barcelo, Groupo Wellness Latina

In Search of a More Proactive Role for EAPs: A Latin American Perspective

Dealing with stigma is important to effectively connecting people to care. We have taken a proactive approach to this issue which begins with considering how the system delivers care and how people best receive it. There are three essential pillars of action we are taking to effect change.

- **Building alliances and delivering mental health trainings:** Achieving collaboration and strategic alliances with different key players in the organization is an effective way of encouraging EAP utilization. Managers, supervisors, medical service and human resource professionals, among others, play a fundamental role in facilitating the request for help. Mental health trainings for managers increases awareness about the pivotal role leaders play in getting their teams to overcome stigma and create a workplace where all employees may talk about this topic and request help when needed.

  Example: The EAP, in conjunction with the Medical Service Department, invited employees to have a confidential individual session with an EAP psychologist to discuss how the pandemic affected their personal and work lives. The goals were to identify their protective and risk factors, as well as to reduce prejudices regarding what it means to seek psychological assistance. 70% of the employees participated in these voluntary sessions in an oil services company in northern Argentina.

- **Sharing real testimonials.** The experience of EAP users is a nodal point to increase confidence in requesting help. When employees find out that a colleague, leader or close friend has obtained good results from the EAP, their fears and/or prejudices decrease. The positive experience of a co-worker generates peace of mind that encourages others to seek help. Hearing these kinds of testimonials normalizes EAP use, *"It was very helpful. I was able to see my problem from a different perspective. The psychologist listened to me and gave me helpful recommendations. I share my experience so I can help others who suffer just as I did"*. It is worth noting that sharing testimonies is especially valuable for raising awareness about gender-based violence, a frequent and serious problem in Latin America. Women who suffer gender-based violence are often afraid and reluctant to seek help. Sharing testimonies of other women who have benefited from seeking professional support, reduces these barriers.

  Example: A company based in Chile, Argentina, Mexico, Colombia and Peru, whose largest population is female, proposed to convene those who had used the EAP service to share their testimonies with their peer group. A virtual meeting was held, where the EAP users talked about their personal experiences of seeking help.

- **Bringing the EAP closer to the people.** Traditionally, EAPs made a toll-free line available to employees and their families and expected people to consult. In other words, the service was reactive. While this is the right thing to do, we believe that one of the ways to encourage people in need to seek professional help is to bring the services closer to them. To this end, offering various options for accessing the EAP and wellbeing services such as WhatsApp, an EAP App, a private web form and being able to book appointments through a website, in addition to the toll-free line, are ways of moving to a more proactive mode. Moreover, going to the organization to deliver sessions on site is also a way to encourage employees to use the service.

  Example: During the pandemic, we went to a private clinic to present the EAP service to the employees (nurses, doctors and administrative staff) and offered them the possibility to talk to a psychologist on the spot. This option was accepted and appreciated by the health professionals who were exhausted and stressed by the work overload due to COVID-19.

As EAP and Wellbeing service providers, we must dedicate our efforts not only to help those who request assistance, but also to eliminate prejudices and myths about psychological consultations and mental health. Latin America has a deeply rooted patriarchal culture in which asking for help is still often viewed as a sign of weakness. We are aware that after the pandemic, more leaders, employees and family members have less resistance and prejudices about mental health, but we still have a long way to go.

Maurice Quinlan, EAP Institute

Safety Managers' Emerging Role in Managing Workplace Mental Health

Across Europe, stigma has been reduced by legislation focused on the business case for supporting mental health in the workplace. In all, these legislative changes have inspired safety managers to pay proactive attention to the mental health of employees.

Over time, major differences have developed in response to workplace mental health between the United States, the 51 European countries and the 17 European Union member states. The different perspectives have led to a number of standards, rules and laws affecting workplace practices. The following are examples of legislation introduced in Ireland and the United Kingdom including a brief note on some of the most relevant sections of the Safety and Equality Act in Ireland and the Equality Act in the United Kingdom.

Safety at Work Act 1974 (United Kingdom) and the landmark Walker case

Emerging employment legislation as a result of EU directives heralded a change towards compliance and an increased focus on employers' duty of care which was highlighted in the landmark UK legal case *Walker V Northumberland Council* where a social worker John Walker sued the council after suffering a nervous breakdown due to his excessive workload. After a period of sick leave, Mr. Walker returned to work and began to experience stress symptoms again and was diagnosed as being affected by stress related anxiety. He suffered a second mental breakdown and was obliged to retire for reasons of ill health. He was awarded €200,000 damages

Employment Equality Act 1998-2015 (Ireland)

Under the Employment Equality Act 1998 – 2015 Employers have a duty of care and reasonable accommodation for employees with mental health disabilities. Legal actions and personal injury claims have resulted in financial awards where workers claimed that they experienced metal health disabilities. The Irish Labour Court upheld the principle that alcoholism is a disability.

Safety, Health and Welfare at Work Act 2005 (Ireland) Duty of Care including mental health and the Safety at Work Act 1974 (United Kingdom)

In Ireland, Section 13(1) b of the 2005 Act[2] applies to legal and illegal drugs including alcohol, prescribed medication and over the counter drugs which could cause drowsiness and pose a risk to employee safety. Risk assessments are required to identify areas where the consumption of intoxicants could endanger workers or others. Any employee who reports for, or is on duty under the influence of an intoxicant in such a state to the extent that they endanger themselves or others may be removed from the place of work.

Equality Act 2010 (United Kingdom)

This Act contains nine grounds on which discrimination could be based and the requirement that the employer might need to make reasonable adjustments for disabilities including mental illness. The grounds in the Act include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Current Perspectives and Actions

Many purchasers of services see employee assistance programs as a quick fix, short-term counselling service that doesn't provide support with chronic workplace mental health problems. They perceive that such issues require a detailed assessment by mental health professionals, treatment and rehabilitation including community-based support. The Institution of Occupational and Health (IOSH)[1] with 48,000 members worldwide has long raised the issue of work stress and mental health disabilities and is urging its members to think about prevention, safety, compliance, risk assessment, guidance, and employee support therapy. IOSH calls for a structured approach to address the many issues surrounding mental health and suggests that its members are well placed to respond.

In May 2019, IOSH produced guidance for businesses on how they can design robust systems to manage the risk of mental health issues. It highlighted that companies that utilize mental health first aid should only have it as part of a wider system of support.

Guidance ISO 45003

In July of 2021, a new global standard, ISO 45003, was published. This will have future implications on how Safety Managers respond to mental health as a safety risk and a disability. ISO 45003 arrived following the untold post-pandemic damage to workforce mental health and wellbeing and its publication is significant. Research carried out by EU-OSHA found that only 20% of European enterprises inform their employees on psychosocial risks or work-related stress, let alone take action to tackle these issues.

This new standard applies to organizations of all sizes and in all sectors that want to implement, maintain and promote the continual improvement of mental health and wellbeing of staff members in the workplace. As EA practitioners, we will benefit from gaining a better understanding of why this new standard has been published and the implications for employees, organizations and our practices.

Elena Sánchez, Yees!

Stigma and Self-stigma in Mental Health

The impact of stigma on a person is one that can prevent him or her from developing correctly in his/her personal, social and work environment. Stigmas associated with mental health have a lot to do with our perception and ignorance about the emotional well-being of individuals. To encourage change, education is the first level that needs to be addressed. This is best begun in the school system so emotional education can be acquired at a young age. Unfortunately, there is still a long way to go in Spain with respect to this kind of proactive education.

Our role as health counselors and as organizations dedicated to mental health care, is to give visibility and raise awareness about cultural perspectives on mental health. However, our most significant area of influence is self-stigma. While stigma is a social brand, self-stigma is a personal barrier. In other words, what messages does an individual send to him or herself when faced with the possibility of seeking emotional support? “I am worthless; I am weak. If everyone can do it, I can do it. It is no big deal. I am not crazy”.

In Spain, we usually have extensive and robust family or social networks. People often say they do not need a psychologist. It is partially true. Our support networks play a vital role in providing support in the face of difficulties, but they cannot replace therapeutic work. In addition, the latest trends in SSR advocate a “happiness craze”, which invalidates emotions such as sadness or anxiety and pushes those who suffer from them to do so in silence because otherwise, they are out of tune with their peers.

In Yees!, we are aware of these social and personal factors, so we have initiated several measures to mitigate their impact:

- **Modernize our image** - we have changed our corporate image away from the classic healthcare colours (blue/green). We want to break the natural association of mental health care with medical care. We use a fresh and eye-catching image that attracts users’ attention in the internal communication campaigns for customer organizations.
- **Clear and positive communication campaigns** - in the implementation of the service, we intentionally message to educate employees. We approach the psychological assistance service from an everyday point of view, raising awareness of the role of emotion in human relationships and our decisions.
- **Multi-channel access** - our goal is to be accessible everywhere to everyone. Users can contact the clinical

team by Whatsapp (a Facebook free messaging and free calling app), chat, mail, call, video consultation or schedule an appointment directly from our platform.

- **Personalized health content** – we provide easy access to emotional health content, developed by experts presented in several formats: webinars, videos, podcasts or infographics. Each user customizes his/her area according to personal interests.

In Spain, therefore, the key to tackling stigma and self-stigma is based on three levers:

- **Modifying the image associated with mental health care** - we link it to the dynamism of life itself. It is not a dark halt on the road with nurse's gowns and couches; it is a way of walking down the path with someone who walks next to you without judging.
- **Breaking the barriers to access mental health care** - the average waiting time in the National Health System is three months for an appointment with a counselor. This delay prevents people from going to their appointment, either because they deal with their emotional distress (usually unsuccessfully) or because the self-stigma manages to impose itself.
- **Psychoeducation** - raising awareness in the field of emotional care is a pending task. We must learn to identify the unmistakable signals that our body and mind send us and take them into account to correct and manage what worries us. In addition, it is indispensable to involve corporations in mental health care in Europe.

EAP providers have these levers, and we must use them for a paradigm shift, making care for mental health the norm rather than the exception. We are the agent of change.

Authors

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The Next Step in the Evolution of EAPs May Be Spiritual Care

| By Geoffrey Tyrrell, D.Min

EAP counseling benefits have evolved over decades to increasingly provide "whole person care"—a broad term that includes mental health as well as behavioral health care and coaching. During the pandemic, demand for counseling support has outpaced supply, and the need has increased for specialists who can support the *spiritual* needs of employees.

EAP providers such as Maria Lund, COO of First Sun EAP, report an increasing number of clients dealing with crises of purpose and meaning. Ms. Lund made the point that: "we have always had faith-based clinicians in our network, but we are interested in providing additional resources for those seeking spiritual well-being."

Long lasting trend towards spiritual care

The demand for spiritual care actually predates the pandemic, and is well documented in US government statistics. The *Wall Street Journal* reported, "About one in four people with mental-health concerns turn to a clergy member before seeking help from clinical professionals, according to the U.S. Department of Health and Human Services, giving faith leaders a unique window on the mental health of many Americans."

Academic research also supports broadening the concept of EAP, to include spiritual care. The *Journal of Social Work*, for example, published a paper in 2020, also showing that approximately 25% of those who seek mental health care actually turn to clergy. They found that those who did seek support from their clergy reported high satisfaction levels.

The demand for clergy to provide support to congregants is not correlated with the pandemic—it's a long lasting trend that has been documented in academic research since the 1960's.

The drivers of demand for spiritual care in EAP

There are actually a number of factors supporting the adoption of spiritual care in EAP:

- Moral injury - many in the Great Resignation are leaving jobs because they are no longer willing to tolerate actions that conflict with their personal ethics and values. This kind of suffering is often ambiguous and difficult to name, but is now often being called moral injury or distress. Employers can retain valued talent by providing ethically and culturally sensitive spiritual care specialists to support these employees in working through their distress.

- Positive religious coping - religion is rated *very important* by 56% of Americans, according to Pew Forum on Religion. That number rises to 77%, if you also include those rating it *somewhat important*. Many people have found that faith and spiritual practices help them through a challenging time, so they are inclined to seek more support in the spiritual domain when they encounter other problems in life.

- Times of crisis; clients may want to resolve questions of faith if they feel they have lost their way, are questioning their purpose, or fear for their lives, for example. While a generalist provider is likely aware that mindfulness meditation is a wonderful resource to cope with such worries, there may be a lot more to meeting a client's spiritual needs than simply teaching a helpful breathing or awareness technique. A spiritual care specialist will explore to identify deeper spiritual issues. For example, a Vietnam Veteran may be struggling at work. A spiritual assessment may find he grew up with a strong sense of faith and connection to a church, but lost that during the war. The issues for such a client are likely to be complex, including the inner moral conflict between what they know to be right versus what they are asked to do in battle for their country. They may also feel guilt or shame about their actions. Some veterans feel spiritually wounded by the abandonment they felt by being ordered into danger by the officer responsible for their safety. These are spiritual injuries that can impact a healthy connection to self, to a belief in justice, a higher power, work and community.

- Trust. Many who fear a diagnosis avoid mental health care. This is illustrated by the experience of a provider for a major health plan who found that subscribers were not using their preventive health benefits. When they asked why, subscribers said they did not trust the medical system. The health plan provider asked who they did trust, and the subscribers said their spiritual care providers.

A hybrid model for EAP

Adding spiritual care benefits to an EAP adds an extra choice of support for the client. By adding this option, clients can have emotional and spiritual support from a board certified spiritual care provider in addition to or instead of counseling or other life services.

Nothing is taken away from the client in this model, and there is no obligation to use spiritual care. It is simply an additional choice of care to help clients get supportive care, of the type they prefer.

Based on the data from the US government and academic journals cited above, average utilization rates of EAP counseling services will increase with the addition of specialist spiritual care. This service improvement is significant at a time when mental health counseling resources are in shorter supply.

Several models of spiritual care

There are several models of spiritual care outside the hospital, including telehealth and in-person models. One of the largest employers in the world, the US military, deploys almost 3,000 Chaplains in the armed services, providing religious services and counseling in the workplace.

For military service men and women, the workplace can be a dangerous, frightening place. When troops go on deployment, their Chaplains go with them, and provide essential support on the battlefield. One feature of their care is that it is completely confidential. Chaplains do not report up the chain of command and do not make an entry in the warrior's record. This contributes to the feeling of trust that supports their important position in the military.

Private corporations such as General Motors, Tyson Foods and Coca-Cola, began to provide chaplains for their employees in the 1990's. They adopted the in-person chaplaincy model which provides a chaplain on the ground. This model is particularly suitable for a big group of employees who are all on site at the same time.

Telehealth chaplaincy makes specialist spiritual care available without being present on the premises. It is a lower cost model that offers greater access for decentralized, remote and hybrid workforces to highly qualified spiritual care providers. The telehealth approach also matches the EAP benefit in that it enables coverage of family members.

Board Certified spiritual care specialists

Chaplains may be Jewish, Catholic, Muslim or Christian. There are also interfaith Chaplains and even some who are Humanist. Board Certified chaplains are highly educated, with Master's level degrees in Theology. In addition, they have at least two years of supervised practice, including one year of rigorous clinical pastoral education, and are accountable to a code of professional ethics not to preach or proselytize the chaplain's own beliefs, but to support each client in the client's own belief system.

That kind of professionalism, experience and spiritual maturity is why you can have a Board Certified Jewish chaplain supporting a Protestant patient, or a Board Certified Catholic chaplain supporting an atheist, for example.

During COVID-19, EAPs have reported a significant uptick in clients in a spiritual crisis, searching for meaning, asking "why is this happening to me?" Or fearing for their futures. Along with the bereaved or those who are dying, employees may be asking very profound theological questions about life itself, about the teachings of their faith or the faith of their childhood.

A Board Certified chaplain is a clinical specialist in the field of spirituality and is truly prepared to address these questions, within the context of the individual client's worldview, and to help the client access the resource they need, if the Chaplain is not able to provide that help.

Different from a Pastor or Rabbi

If you go to your church or synagogue, you expect to be instructed in the teachings of a faith. If you talk to a chaplain, however, you can often expect a question to be met with a question.

It's not that they don't know the answer, it's that they don't know it *for you, the client*. They are not preachers. They want to know you and what is important to you, before they begin to put together a plan of care.

A specialist spiritual care provider is a compassionate listener who can certainly inform one about different teachings of a faith, or suggest ways to cope, but ultimately a chaplain wants nurture growth of their client to feel the guidance coming from within, helping to address their suffering in the present and strengthen their own spiritual life for the future.

A private area of life

"Spirituality can help health care providers cope, but it's "often overlooked," according to a JAMA essay recently published by a Swiss physician. This is understandable, since spirituality is a very private area of life for many people.

We often have preconceived ideas about what spirituality looks like, based on our own heritage. For some, it can be as formal as a religious ritual on a Sunday or a high holy day. For example, if a Christian was asked to think of prayer, she might think instinctively of the Lord's Prayer.

For others, spirituality can be as simple as a belief that everything will work out, a morning meditation practice, or walking in nature. For this kind of person, a more spiritual definition might be; "anything that leads you to peace is a prayer."

Not every client is going to be interested in spirituality, and no one should be obliged to have spiritual care. For those who are interested, it is an important resource for helping them cope with stress and reconnect with meaning and purpose and it's associated with many of the positive qualities that we want to enjoy in the workplace; creativity, joy, trust and coming together in harmony.

Spiritual care being highlighted in the media

The *New York Times*, *Chicago Tribune*, the *Guardian* and other leading journals have also written about the value of spiritual care recently, helping to normalize the idea that there are professionals out there doing great work to support people in some of the toughest times of their lives.

EAPs can benefit by offering specialist spiritual care as an additional choice of care for clients — one which helps to expand access to care, increase utilization, and improve satisfaction scores.

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Crossing State Lines: How Credentialing and Licensure Impacts EA Practice

| By Bernie McCann, PhD, CEAP

One of the major innovations in EA practice (and healthcare in general) has been the explosive growth in telehealth and online health delivery platforms. Although gradually emergent over the past decade, use of these virtual mechanisms exploded during the COVID-19 pandemic. This increased use of telemedicine and mobile applications has generally been seen as a remedy to improve the accessibility and reach of health services.

In the United States, aspects of medical and mental health delivery have been regulated by over 50 independent jurisdictions. As a result, they are characterized by considerable geographic variation with respect to insurance coverage, access to/cost of care, health status, and standards of professional practice. With the onset of the pandemic, the demand for telehealth services was so acute that it forced the easing of previously restrictive requirements. This easing allowed mental health clinicians in many areas to practice teletherapy across state lines, regardless of where the client and provider were physically located. This previously guarded professional service delivery apparatus has become an evolving issue in the US health care system, with many lobbying for less restrictive regulation of telehealth across jurisdictional boundaries.

Indeed, the lifting of restrictions on interstate telehealth provision first appeared in a few states beginning in 2017 but was spurred on by pandemic-related demand. This pattern may signal an eventual degradation of control by state mental health professional licensing boards over certain aspects of the contemporary delivery of telepsychology services. The result is a movement toward greater reciprocity among licensed mental health practitioners, commonly called compacts, with participatory efforts by specific professions and states steadily increasing. The adoption of these legislative efforts includes the initial enactment by a certain designated number of state legislatures, which then initiates the establishment of a governing commission to oversee its implementation. Subsequently, such commissions will develop procedures to guide the privilege to practice across state lines in those states that have enacted the compact.

Two fairly advanced interstate practice initiatives are the Psychology Interjurisdictional Compact (PSYPACT) and the Interstate Counseling Compact. The first, PSYPACT, is designed to facilitate the practice of telepsychology and temporary in-person, face-to-face practice by psychologists across state boundaries. To date, it has been enacted by 38 states, is currently in progress by five states, and has active legislation under consideration by five more. Applications to practice under this compact are available, and psychologists licensed in member states can apply to start practicing under its authority to provide tele-psychological services and/or conduct temporary in-person, face-to-face psychology in PSYPACT states. The second, the Interstate Counseling Compact, seeks to allow licensed professional counselors (LPCs) in a member state to practice in other member compact states without the need for multiple licenses. As of May 2022, 10 states have ratified the Compact, 12 more are currently considering it, and two have not adopted it.

Since 10 states have enacted the legislation, this allows the establishment of the governing structure to oversee implementation. After this process, which may take 12-18 months, states will be able to issue Compact privileges to LPCs. A third effort for social workers has begun initial steps to convene an interagency task force charged with formulating a compact mechanism. Similar arrangements are also being studied and may soon be implemented in Canada.

The Intersection of Credentialing and Licensure Boundaries in EA Practice

One important question for EA professionals in the future will be how to determine the effect of these new initiatives on their particular practice. The myriad rules of the governing bodies or state boards can be confusing, especially when individuals who provide EA services also possess licensure and/or certifications from other mental health professions (such as professional counselors, social workers, psychologists, marriage and family therapists, etc.) An important determinant for any provider will be to consider the precise function or role under which they are offering services. In the US and other countries, regulation of these mental health professions is defined by individual jurisdiction-specifics of a state, regional, or national authority. These serve to govern entry to the practice and professional conduct and the designation of such licensure. For example, if a psychologist practices within the established scope of a licensed psychologist, that would govern their duties, responsibilities, and professional ethics. If, however, a psychologist who may hold also hold a Certified Employee Assistance Professional (CEAP©) credential only provides Employee Assistance services (as defined by a governing body such as the Employee Assistance Credentialing Commission (EACC)), this designation would primarily govern their activities, barring any additional state or national regulations. And if such services are offered via telehealth or virtual platforms, then any separate laws or regulations may also apply.

According to the EACC, the CEAP©, created in 1986, is the only credential that represents knowledge, experience, and expertise across the entire EAP body of knowledge. It identifies those individuals who have met an established level of standards for competent EA practice while adhering to a professional code of ethical conduct. While this designation is recognized internationally as the knowledge standard for EAP practice, an important distinction of the CEAP© is that it is a self-regulated entity, whereby members of an industry, trade, or sector of the economy monitor their adherence to legal, ethical, or safety standards. Unlike the existing state regulatory mecha-

nisms for licensed mental health professions, no governmental regulations currently exist in the US which impact the delivery of Employee Assistance services by individual practitioners (e.g., CEAPs). One historical exception to this non-state regulation of EA practitioners was North Carolina's short experiment with EAP Licensure (NC Gen. Stat. § 90-501), created in 1996. This solitary creation of a state-regulated structure for licensing EA professionals relied on the established CEAP© as its criteria for entry to and the conduct of licensed EA practice. In an attempt to streamline and shrink government regulations, this act was subsequently repealed in 2019 by the state's legislature and other professional designations deemed to have insufficient contingencies.

Thus, the proper decision factors must be considered to determine what rules, guidelines, regulations, or professional codes of ethics may apply to individual EA practitioners intending to offer telepsychology across jurisdictional lines. These include the nature of services to be delivered, any professional licensing or certification requirements, and any applicable jurisdictional regulations (which may designate specific permissions or prohibitions according to the physical location of the provider and/or client). Given the array of functions within the universe of EA services (e.g., assessments, referrals, worksite wellness information, short-term counseling, supervisory consultations, crisis intervention, and organizational development it is clear that individuals involved in these activities represent a diversity of professional backgrounds, approaches, and values. This array is perhaps what makes EAPs unique in the workplace mental health realm.

With multiple, affordable, easily-accessible telehealth platforms routinely employed in EAP settings for functions, such as assessments, information and referrals, supervisory consultations, trainings, program promotions, and brief counseling; the CEAP© practitioner and service user of the (near) future may physically be located in two different cities, states, or countries. As further technological innovations and cross-jurisdictional agreements continue to proliferate, these trends will likely only grow.

A Related Question: Are Individual CEAPs *Also Required* to Hold Professional Mental Health Licensure?

The short answer to this question is *no*. The criteria to determine appropriate credentials and licensure for *individual* EA practitioners are largely about a) *knowledge*, b) *conformance with any applicable regulations* and c) *risk reduction/risk management.* Exploring each of these three in turn:

- ***Knowledge*** of the principles and provision of EA policies, procedures, best practices, direct services, ethics, etc., to gain entry to and remain credibly cognizant of the current CEAP© credentialling and maintenance process. An aspiring CEAP© first learns how to function as an EA professional, demonstrates competence by admissions testing, then maintains that knowledge and updates it with new or evolving information. As summarized by the EACC "The CEAP© is the only credential that demonstrates knowledge, experience, and expertise across the entire EAP body of knowledge."
- ***Conformance with any applicable regulations*** This is perhaps where most of the confusion about individual EAPs needing a license comes in. Unlike the other licensed health professions, the CEAP© in good standing is not licensed at any state or other jurisdictional level. There is no requirement (and no prohibition) for EAPs that wish to practice under their CEAP© engaged in clearly defined EAP functions (sometimes referred to as a core technology EAP). Likewise, this would be true for some of the functions EAPs offer, like responding to workplace critical incidents, but not others, such as US DOT's Substance Abuse Professional functions, which have a national qualification requirement. Another source of confusion lies with the multi-state managed behavioral healthcare organizations (MCHOs) that provide both behavioral health and EAP services. MCHOs employ a wide variety of disciplines in their networks – LCSWs, LPCs, licensed psychologists, etc., and may fall under states' insurance regulations that require organizational or insurance licenses. Thus, for any internal EAP operating in one or multiple states, within the strict function of EAP services (i.e., non-clinical counseling), no clinical license would be required for the individual practitioners. If said EA practitioners remain within their non-clinical CEAP operating functions, this would be true across state lines.
- ***Risk Reduction/Risk Management*** If an EAP provides clinically defined behavioral health services (acting much like an insurance company), they might be liable if their staff members were not licensed as per their

Can CEAPs provide teletherapy across state lines?

Generally, yes, if that professional subscribes to the established functions and standards of a certified Employee Assistance practitioner (CEAP©). If individuals practice outside this role, for example, as a licensed professional counselor, social worker, or psychologist, they become subject to all applicable provisions of that established, regulated mental health profession, which vary by state and profession. Since, historically individual mental health provider licenses were issued at the state level, the practice of mental health services was typically not permitted across jurisdictions - this was the "rule of the day". However, with the onset of the recent pandemic, a rationale for the cross-jurisdictional delivery of telepsychology became obvious, fueling initiatives for certain licensed mental health professions to formulate and implement a mechanism to begin to allow telehealth across state lines. This is permitted if their state participates in a reciprocal licensure compact between provider and client, and the telehealth provider has performed the steps necessary to be licensed in the client's state.

particular discipline – social work, psychologists, etc. This is precisely why large integrated (MBHO+EAP) companies require network affiliates to maintain a state-specific license, as most of these individuals serve a mix of clinical behavioral health and EAP clients, so it makes sense to have a criterion of state license as a floor credential. This is purely a risk management mechanism for others, such as external EAPs operating within the CEAP scope of practice. Some strictly internal EAPs have adopted a state license criteria, however, if that organization's EAP staff members only act within the CEAP scope of practice, then this licensing requirement is unnecessary in a legal sense. It is recommended that you consult with your professional liability company about risk management guidance.

Note: The information contained in this document is to be considered educational in nature and is not intended as legal advice. Always consult with legal counsel on specific legal matters.

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Employers are Seeking Ways to Enhance Workplace Well-being

With the "Great Resignation" and challenges in hiring, employers realize they need to have a culture that attracts and retains talent. They also need to support employees' mental health to maintain productivity. But where should they start? Unfortunately, most employers do not know what to do to improve their workplace or culture.

As EAP providers, we are well-positioned to assist in this endeavor. And we have some useful tools available to us.

- The Health Enhancement Research Organization (HERO) group has researched workplace well-being practices and developed a scorecard to help employers assess where they stand relative to best practices for workplace mental health. They have valuable data (referenced in Web Watch) and information on case studies that demonstrate the usefulness of the scorecard. The link below is a helpful overview for employers. Employee Mental Health and Well-being: Emerging Best Practices and Case Study Examples.
- *Well-being at Work: How to Build Resilient and Thriving Teams* by Jim Clifton and Jim Harter is an excellent resource with essential guidance for employers and EA professionals. The book includes Gallup's workplace research and a summary of their Well-being/Wellness index. In addition, the authors present ideas that are useful to employers across the globe who are seeking to enhance workplace mental health and well-being.

The Grief Pandemic

After two years of pandemic and over 6,000,000 lives lost to COVID strains, we are well into an era of grief. With employees' resilience waning and coping resources tapped out, EA professionals will need to consider ways to assist clients as they walk down the path of grief.

- *The Grieving Brain* In this well-researched and engaging book, Mary-Frances O'Connor writes about how humans process grief. She weaves together our physical and social structures to illustrate the mechanisms by which we can become stuck in grief and how we can emerge and process grief in new ways.
- *Two Years of COVID-19 Have Created a Second Silent Pandemic—One of Grief* Understanding the reach of grief in our lives is tricky. A severe loss two years ago or a minor loss yesterday can quietly and significantly disrupt work and life. This article shares thoughts about how we are affected and hints at some of the impacts on the workplace.
  - According to the analysis, for every COVID death in the U.S., nine surviving Americans will lose a grandparent, parent, sibling, spouse, or child.
  - In the wake of COVID, the Federal Emergency Management Agency provides funeral funding assistance to families who experienced a death from the virus after Jan. 20, 2020.
  - "We need to remind ourselves that our friend or coworker is going to be experiencing this loss as long as they live."
- *When a Colleague is Grieving* is an article that describes how grief is not typically handled well in the workplace and lists ways managers can support the workforce as grief comes to work. The main takeaways are for the manager to:
  - Be present – acknowledge the loss, listen and don't try to fix things, and pay attention to the employee
  - Be patient – the confusion and ambiguity after a loss can generate inconsistency and poor performance
  - Be open to the potential for growth, to something different from the status before the loss

International
Employee Assistance
Professionals Association