



THE SUPERVISOR/HR NEWSLETTER

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2021

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2021 Pandemic Support Webinar Series

Preventing & Overcoming Burnout

The World Health Organization defines burnout as a syndrome of “chronic workplace stress that hasn’t been successfully managed.” During these current stressful times, many employees are at an even higher risk of burnout. This important session will discuss several strategies for more effectively managing stress and keeping our lives in balance to reduce the risk of burnout.

Date/Time: October 11, 2021, 1:00-2:00 PM CT

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2021 Supervisor Excellence Webinar Series

Building a Culture of Respect; The Keys to Creating a Collaborative & Engaged Work Team

This important session focuses on building awareness in managers of the attitudes, emotions, and behaviors that create barriers to a respectful and engaging workplace culture. The presentation will also provide self-management and interpersonal skills training that will lead to more openness, effective communication, greater collaboration, and better resolution of differences at the office.

Date/Time: November 1, 2021 1:00-2:00 PM CT

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A Manager's Guide to Suicide Postvention in the Workplace

Part 3

Short-Term Recovery Phase

Link: Identify affected employees and link them to additional support resources including mental health services.

As they plan their postvention response, managers need to be aware that for a smaller subset of people, a more profound emotional reaction might result in response to the suicide: complicated grief, trauma reaction, and even suicidal ideation. As such, managers will need to make crisis counseling and employee assistance program (EAP) services readily available and easy to access, while they also create a culture that promotes and supports help-seeking behavior and allows employees to disclose their needs and seek services confidentially. Be mindful that there may be certain individual employees the managers will want to connect with intentionally and encourage to participate in the available support resources. Participation in these support services in the workplace must always be voluntary; yet, it is reasonable to believe that most employees will respond positively when managers express their care and offer tangible and meaningful support. Many organizations have as an operating policy that leadership consults with the EAP in the immediate aftermath of a suicide or another critical incident, to determine the most appropriate response. There is no “one-size-fits-all” approach, and every response needs to be tailored to the specifics of that work group situation and culture, as well as to each individual affected.

When designing a customized response, leaders have many factors to consider. For example, managers should consider the circles of impact (e.g. work teammates, close work friends, direct reports), nature of the work (e.g. school setting or health care setting), demographics of impacted employees (e.g. younger or new employees versus senior or tenured employees, and differences in faith perspectives or spiritual practices), workplace schedules, productivity demands, and proximity to other critical incidents.

The response plan will often include arranging for a specifically trained behavioral health professional to be available in the workplace for some period of time to do the following:

1. Consult with and support management in what is often a fluid or unfolding situation
2. Play a role in formal communication to the employees on issues such as the availability of support services, normalizing reactions, and psychoeducation on self-care and recovery
3. Meet with affected employees individually and in small groups, depending on the workplace situation and employee preferences, to help facilitate resiliency and recovery
4. Encourage those experiencing complicated grief or trauma reactions to follow through with additional support resources as available, especially the EAP and other professional community mental health resources
5. Be available for triage of safety needs of acutely affected employees

Experience and research show that most people who experience tremendous loss and hardship show remarkable resiliency and either return to previous levels of functioning after a period of adjustment or even grow from the experience.¹ Thus, managers can expect that the great majority of employees will recover from the suicide death and other similar critical incidents rather quickly, especially when they stay connected to support systems, reach out to trusted others, take care of their bodies with good nutrition, proper rest, moderate exercise, and hydration, and mentally coach themselves to be patient and compassionate with themselves while they recover and heal.

There are, however, some individuals who may be especially vulnerable to complications in their healing and recovery process. This could be because they are already going through major stressors in their lives, their support system is dysfunctional, they have ongoing emotional or behavioral health vulnerabilities, or they have some suicide history. These issues may be largely unknown or invisible to those in the workplace, or may have been only rumored, but these individuals especially could benefit from connecting with a behavioral health professional to help guide their recovery.

Another important consideration in a death by suicide is the ever-present but unanswerable “Why (did this happen)?” question that may linger on in some minds. Managers and even crisis support counselors are unlikely to be able to answer this question satisfactorily, nor should they try. This question is quite often linked to one’s spiritual beliefs, worldview, or faith tradition, and it is usually better to acknowledge that this is a normal question and encourage the person to talk it through with his or her religious mentor, supportive family and friends, or a mental health professional.

Typically, a behavioral health professional who is part of the crisis response team in the workplace will be watchful for more affected or vulnerable employees and will then encourage them to follow through with their EAP services. In some cases, the behavioral health professional can even support the employee in making that initial call for help, which for some individuals can be very difficult, possibly even an obstacle.

Action Points

- Contact the EAP to develop a customized response (e.g. grief counseling, education, and community counseling resources).
- Compile and promote a list of suicide bereavement-specific support resources:
 - Suicide bereavement support groups for adults and children
 - The American Foundation for Suicide Prevention lets you look up a support group by zip code here: <https://afsp.org/find-a-support-group>
 - Support group directory—<https://suicidology.org/resources/suicide-loss-survivors>
 - Reference guide of resources—<https://sites.google.com/a/personalgriefcoach.com/suicidegriefsupport>
 - Website by survivors for survivors—<https://allianceofhope.org>
 - National Suicide Prevention Lifeline—800-273-8255 (TALK), <https://suicidepreventionlifeline.org>

Comfort: Support and promote healthy grieving.

Grief is a highly complex but normal and natural human response to the death of a loved one. When the death is sudden, unexpected, and potentially traumatic, as in a death by suicide, the grief process can become complicated by blame, guilt, shame, and anger. Sometimes managers may feel uncertain about how best to support their team in the aftermath of suicide, and either over- or underreact. The best strategy is to consider what are the common practices and policies for dealing with other forms of bereavement, trauma, or health issues, and start there in figuring out how best to proceed. Any deviation from these practices could be seen as stigmatizing by staff (e.g. “Why is this death being treated differently than any other?”).

Managers do not need to be experts on grief, but it is helpful to know that grieving is a process that varies from individual to individual. During the initial acute phase, it may be very difficult for some people to maintain focus and be productive. However, after the first couple of days, most people will long for things to get “back to normal” and will find a way to continue grieving while simultaneously taking care of their other responsibilities. This process may be different if the deceased was an immediate family member, as moving through the initial acute phase may be more painful and complicated, and may require some lifestyle changes as well.

If the family chooses to have a private mourning activity or if the service is held out of state, coworkers are often left to grieve without the closure that a funeral or memorial can often provide. Under these circumstances, it might benefit the workplace to gather to honor the deceased on- or off-site to let coworkers express their grief, share memories to celebrate the life that was lived, and gain closure. When the death is by suicide, often the emotional responses are amplified, and the remembrance service can become very instrumental in promoting healing.

Managers can help support this natural grieving and healing process by:

1. Being aware of what types of workplace productivity concessions may be made the first couple of days (time off, lightened duties, funeral attendance, etc.)
2. Managing by walking around—in other words, being visible and checking in with employees
3. Helping find the right balance between commemorating the deceased, but not memorializing the death in a dramatic or glorified fashion
4. Being a role model for healthy grieving as well—It’s OK for managers to acknowledge their own feelings regarding the loss of a colleague, and possibly even speak to their own coping strategies.

Action Points

- Participate in mourning activities (e.g. funerals, memorial services, etc.).
- Instead of enshrining the desk or other workspace, suggest to coworkers that they help create a memory album or quilt for the bereaved family or make a donation to a charity appreciated by the deceased (or the deceased's family).

Restore: Reestablish workplace equilibrium and optimal functioning.

As managers and leaders in the workplace, it's important never to lose sight of the fact that it is part of a manager's responsibility to stabilize the workplace and restore functioning. Ultimately, things need to get back to normal, even if that means a new normal.

Managers have the very challenging task of balancing the need to care for and support affected employees, making sure that important work gets done and customers are served. Furthermore, managers need to hold to a critical balance of feeling the impact of the trauma themselves and taking care of their own healing and recovery needs—a challenging, if not daunting, task.

Managers should not isolate or be the “lone ranger” at these times. Rather, they would be wise to consult with HR and their own supervisor to clarify the policies and boundaries of flexibility regarding accommodating employee needs and any changes in workloads or deadlines. Develop a return-to-work schedule for those most profoundly impacted. Conduct peer supervision with other managers to evaluate the postvention process.

Lead: Reinforce and build trust in organizational leadership.

Leadership in times of crisis is always an opportunity to reinforce and build trust, confidence, and workplace cohesiveness. When done well, employees will feel cared about, supported, and secure in the knowledge that leadership is both compassionate and competent. Feeling cared about and supported in the immediate aftermath of a traumatic event is hugely important in the healing and recovery process. The positive outcomes of this response can contribute to an overall stronger, more cohesive, engaged, and productive workplace culture.

The **ACT MODEL** is a structured process for leaders to help facilitate individual and organizational recovery:²

- **Acknowledge** the trauma, positioning leaders as also affected by the tragedy.
- **Communicate** compassion and competence.
- **Transition** the workforce by setting an expectation of recovery and resiliency and helping the workforce achieve “new normal” and prevention mind-set.

It is known that the converse is also true. If leadership fails to respond wisely and sensitively to a suicide death impacting the workplace, there will inevitably be at least some loss of trust and confidence. Ensuring fear from employees might result—either management did not care or did not know what to do, so it did nothing—and the overall impact of the traumatic event is magnified. One way to establish trust is for leaders to acknowledge how they have been personally affected by the loss. If leadership provides personalized, reassuring communication, it helps the team transition from crisis to healing.

References

Mancini, A., & Bonanno, G. (2009). Predictors and parameters of resilience to loss: Toward an individual differences model. *Journal of Personality, 77*(6), 1805–1832.

VandePol, B. (2003). The high cost of workplace trauma: Leading employees through crisis. Retrieved July 19, 2021, from <https://www.ehstoday.com>

Source: Carson J Spencer Foundation, Crisis Care Network, National Action Alliance for Suicide Prevention, & American Association of Suicidology. (2013). A manager's guide to suicide postvention in the workplace: 10 action steps for dealing with the aftermath of suicide. Denver, CO: Carson J Spencer Foundation. Retrieved July 19, 2021, from the Action Alliance for Suicide Prevention website: <https://theactionalliance.org>

Ask Your EAP!

The following are answers to common questions supervisors have regarding employee issues and making EAP referrals. As always, if you have specific questions about referring an employee or managing a workgroup issue, feel free to make a confidential call to the EAP for a management consultation.

Q. EAPs help employees and protect the bottom line by reducing absenteeism and costs, including those related to workers' compensation. But what about improved morale? How does one put a dollars-and-cents measure on it so the EAP gets credit?

A. When employee assistance programs help employees resolve personal problems, happier and healthier employees result. If we can assume happier and healthier employees have a positive effect on morale, then it's obvious that EAPs can be a major contributing factor. But your question is about dollars and cents. Although it is not possible to pin a dollar figure to low or high morale, there are other measurable values that morale is known to directly affect. One of them is turnover. Research is plentiful on the hard costs of turnover. Productivity is also affected by morale. And, of course, this can be measured. So, if an EAP is proactive within the organization, helps employees resolve problems, and contributes to high morale and lower turnover, there is some significant confidence that the dollars-and-cents impact can be safely attributed to the EAP. There are dozens of other factors that also influence the bottom line.

Q. Please offer a few important tips, perhaps including a few of the most overlooked, supervisors should consider when making a referral to the EAP.

A. When making a formal referral to the EAP, success means that the employee actually makes it to an appointment. To increase this likelihood, consider the following. 1) Assure employees of confidentiality. This is their key concern even if they don't say so. 2) Promise the employee that you will not discuss the referral with his or her coworkers or other managers who do not have a need or a right to know. 3) Promise the employee that participation in an EAP has no bearing on job status, future promotional opportunities, or job security. Only performance-related matters can affect these things. 4) Talk to the EAP ahead of time. Communicate details to the EAP about performance issues upon which the referral is based. Tell the employee you have spoken to the EAP and have given them the exact same performance information discussed with the employee. 5) Say that you anticipate hearing the appointment was kept.

Q. When does anger become a performance issue?

A. Consider whether your employee's anger management problem is a serious performance issue right now. Don't reinforce toxic behavior by adapting to it or encouraging others to do the same. Coping with inappropriate displays of anger enables the employee and may encourage his or her bad behavior to grow worse. You can bet that not all employees feel this behavior is benign or that it should not be addressed by management. Anger is associated with violence in the workplace, and the anger issue you describe might benefit from a professional evaluation. So, the behavior is a risk issue. Could an explosive incident in the future lead to some tragedy? If the behavior creates an offensive and hostile work environment, which it does by virtue of the need to adapt to it, take steps to have the employee correct the behavior by referring him or her to the EAP.

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