



LIFE ENRICHMENT
EMPLOYEE ASSISTANCE PROGRAM
800•404•7960 www.eaplife.org

Your Employee Assistance Program Newsletter

Summer 2006

Life Enrichment is a program of The Center for Family Services of Palm Beach County, Inc.

EAP Management Referrals

Unfortunately, there are times when an employee's work performance significantly declines and his or her job is in jeopardy. This is always a very difficult time for both the employee as well as HR and management.

Basically, there are three types of EAP referrals: (1) Self-referral, (2) Supervisor Referral, and, (3) Management Referral.

Most employees will access their EAP benefits as "self-referrals." This is a confidential process, just like the utilization of any counseling service and can be for any type of problem, work related or personal.

Some referrals will be "supervisor referrals," which occurs when a supervisor informally suggests that an employee use their EAP counseling benefits. This may be due to a work related situation or simply because of noticing undue distress, upset or anxiety. This, too, is fully confidential and nothing is reported to the employer unless the employee requests it and signs a "release of information."

A "management referral" occurs when a human resource professional, supervisor or manager has the employee sign a release to the EAP and requires that the employee attend counseling. This is for the purpose of addressing a behavioral or performance-based

problem at work. The employee has the right to decline the referral, but there may be consequences.

When a "management referral" occurs, it means that all attempts at working out a solution to a "job performance issue" have apparently been exhausted. At one time, termination of employment was often the result. This is no longer the necessary ending to this scenario.

When a "management referral" is made, your Employee Assistance Program (EAP) has a vital role in assisting an employee back into the workplace. It is a time that is often looked upon with mixed feelings. Some people are grateful for the opportunity to turn things around, while others are upset and/or do not see why they are being sent for EAP counseling. Both feelings are understandable.

The good news is that your EAP has an excellent record of helping people to deal with their particular situations and in facilitating practical solutions. Most employees discover very quickly, that we are here to help them and have found that their "management referral" was a blessing in disguise. Why? Because what they learned not only helped them to re-enter the workplace, but to genuinely resolve issues that created a rewarding experience for employee and management alike.

The goal of EAP is to make a management referral a "win/win outcome." Should this unfortunate situation occur to you, know that it is not necessarily the "end of the road," but may very well be a new beginning.

- C. Paul Wanio, Ph.D., LMFT, LMHC
EAP Clinical Coordinator



Attitudes Conducive to Conflict Resolution

One very popular EAP seminar is "Communication and Conflict Resolution." The following is taken from that seminar and represents some of the ideal qualities for handling conflict.

Answer the following:

T = True, N = Needs work

I am tolerant of differing opinions (though not necessarily behavior) and attempt to see all sides of an issue (fair-minded).

I am friendly and empathic (Not to be confused with "giving in").

I seek a "win / win" solution.

___ I look at the “big picture” and seek the true purpose or cause of a problem.

___ I manage and express my feelings appropriately.

___ I clearly articulate the issue, problem, need, desire or goal.

___ I can “let go” or “forget about” an issue if it’s best to “let it be.”

___ I can admit when wrong and the other person knows that I do not mind admitting a mistake.

___ I seek solutions vs. blaming or making someone “wrong.”

___ I listen well and make sure that I understand the other person. I don’t interrupt and people feel that they can tell me most anything.

___ I comment on the problem vs. criticizing the other person.

___ I look to see if I am taking someone’s comments personally.

___ I “make a request” rather than argue, blame or criticize.

___ I am able to calm myself and think clearly when an upsetting situation presents itself.

___ I see problems and difficulties as temporary and as hidden opportunities.

___ I can handle uncertainty and disruptions, adapt readily to change and adjust to difficult situations.

___ I recover well from setbacks and bounce back from adversity.

___ I can and do ask for help when I need it.

___ I am a good, rational thinker. I do not make decisions solely based on emotion.

___ I am always respectful when I speak and not condescending.

___ I do well with most people and they feel comfortable with me, even if the conversation is difficult.

___ Life’s difficulties have made me stronger, rather than warring me out.

If you are not being effective in your communication or you pay a high price for how you communicate, why do you suppose that occurs? Is it

someone else’s fault?

You cannot control someone else, but you can control your own response. How you see a situation and think about it determines your reaction. You always have a choice, even if limited or difficult. Is the way you perceive yourself the same as how other’s perceive you? How do you know? Is that okay with you? Is it effective?

There is no “score” for the above as your answers will be self-evident.



The Impact of Violence in the Home

– Ann McNeil, MSW

The long-term effects of abuse or violence in the home cannot be overstated. Children who see or hear violence in their homes are affected in ways that show up as emotional problems like depression, sleep and stress-related health problems and difficulties at school. When these young witnesses grow up, they often commit abuse themselves and are at greater risk for substance abuse, depression, criminality and other problems related to low self-esteem.

As a parent, be prepared to keep yourself and your children safe. Be aware that domestic abuse from your partner will not go away on its own. In fact, it escalates, meaning that the incidences will increase in frequency and in severity. Also, this problem occurs in families of all races, religions and most significantly, all social and economic levels.

The Facts:

- 1) The impact of witnessing domestic violence is as damaging as having been the intended victim of physical abuse.
- 2) Research shows that nearly 50% of boys and over 33% of girls from violent homes have serious behavior problems.
- 3) As boys grow up, they are inclined to imitate their violent father’s behaviors. Girls very often become future victims of violence in dating and marriage.
- 4) 90% of male prison inmates grew up in homes where fathers assaulted mothers.
- 5) Between 30% and 60% of spousal abusers also abuse their children and pets.
- 6) Research suggests that these problems will worsen without intervention.

These disturbing facts are why the Department of Children and Families take a very active role in protecting children in homes where domestic violence takes place. When police are called out to a home on a disturbance call, they will get DCF involved if any children are present.

If this article describes your home, take action and stay safe.

Domestic Violence Safe Shelters:

AVDA – 561-265-2900 or
800-355-8547
YWCA – 561-640-9844

Palm Beach County Victim’s Services (Free assistance for victims of assault, violence or crime. - 24 hrs.) - 561-833-7273.





EAP SPOTLIGHT

Featured Employer: **Bethesda Health Care System**

Interviewer: Michele Romaglino, Life Enrichment EAP, Marketing Representative

Bethesda Representative: Mary Ann Jensen, RN, Employee Health Nurse, Case Manager

EAP: Mary Ann, we have heard concerns from EAP clients regarding Bird Flu and Tetanus prevention. Being fortunate enough to have Bethesda Hospital as our “featured employer” this quarter, I thought it a great opportunity to tap into your expertise as Employee Health Nurse. Beginning with the Avian Flu threat, what precautions can you suggest our EAP employers implement into their organizations?

Mary Ann Jensen, RN: At this time, the Center for Disease Control (CDC) in Atlanta, is not recommending precautions for normal lifestyles. All companies, however, should have a “business pandemic influenza plan” and “pandemic preparedness team” with the responsibility of being ready to respond to this type of crisis. Companies should test their protocols before a pandemic strikes and stay tuned to the CDC (www.cdc.gov), US Federal Government (www.firstgov.gov) and World Health Organization (www.who.int) websites.

Avian Influenza or “Bird Flu” is a flu virus among birds. Wild birds worldwide carry the virus in their intestines, but usually do not get sick, nor do they usually infect humans. Reported cases were due to direct close contact with poultry (e.g., domesticated chickens, ducks and turkeys) or surfaces contaminated with infected bird secretions.

EAP: What are the symptoms of Avian Flu?

Mary Ann: Symptoms have ranged from flu-like – cough, sore throat and muscle aches, to eye infections, pneumonia or severe respiratory diseases. The severity depends upon the specific strain of virus. Avian Influenza A (H5N1) is our greatest concern, is confirmed by a blood test and has been reported in several countries. Though generally not a human threat, 190 cases have been reported (some from human-to-human contact) where half the people died.

Scientists are concerned that the Avian Flu virus will mutate and spread, person-to-person, causing an influenza pandemic (worldwide outbreak). Avian Influenza has a rapid, aggressive clinical course and treatment with anti-viral medications have not been very successful. If an outbreak is suspected, one should limit or cease foreign travel. Humans are not at risk by eating cooked chicken, duck, etc., but should avoid touching wild birds with their bare hands. If birds must be handled, wear vinyl gloves and wash your hands with soap and water. Do not eat, drink or smoke while handling these animals or any behavior where your hands come into contact with your mouth.

EAP: With the advent of hurricane season, what suggestions do you have regarding Tetanus prevention?

Mary Ann: The risk of tetanus among disaster survivors and first responders can be minimized through standard immunization recommendations and proper wound care. Tetanus is most commonly reported in older persons, especially women over 55, not having protective levels of tetanus antibody. Diabetics are at 3 times greater risk with fatalities 4 times more common. Everyone should be sure their tetanus booster is up to date, especially if planning to work outside after a hurricane (cleaning up debris, replacing windows, roofs, awnings, screens, etc.).

Tetanus or “lockjaw,” is a bacterial disease effecting the nervous system. It is contracted through a cut (even a pin prick or scratch) or deep puncture wound that becomes infected with tetanus bacteria. Tetanus bacteria are found worldwide, typically, in soil, dust and manure. Infection causes severe muscle spasms, “locking” of the jaw or inability to open one’s mouth or swallow. It can even lead to death by suffocation. It is not transmitted from person-to-person.

Vaccination is the best protection against tetanus. Due to widespread immunization, tetanus is now rare in the United States. A combination injection, called the Td vaccine, protects against both tetanus and diphtheria. Common first signs of tetanus are a headache and muscular stiffness in the jaw, followed by stiffness of the neck, difficulty swallowing, rigidity of abdominal muscles, spasms, sweating and fever. Symptoms usually begin 8 days after infection, but may range in onset from 3 days to 3 weeks.

You should receive a Td vaccine if you have not had a Td booster shot in 10 years, or you have recovered from tetanus disease, or have never received immunization against tetanus or you or your child deferred your regular booster during 2001-2002 because of the shortage of vaccine (The supply problem has been resolved).

Tetanus vaccine and the combination Td vaccine are very safe and effective. When side effects do occur, they usually include soreness, redness or swelling at the injection site and a slight fever. As with any medicine, there are very small risks that serious problems, such as an allergic reaction or neurological condition, could occur after getting a vaccine. However, the potential risks associated with tetanus disease are much greater than the potential risks associated with the tetanus vaccine. You cannot get the tetanus from the vaccine.



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**For Over 20 years....
South Florida's Premier EAP**



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HEALTH CORNER

Avian (Bird) Flu Pandemic Concerns – After our interview with Mary Ann Jensen, RN, Employee Health Nurse at Bethesda Hospital, news concerning Avian Flu continued to gain attention in the press. Here is a summary of the latest news as of this printing.



With a flu pandemic, 40% of the workforce may be away from their jobs with critical infrastructure threatened as essential personnel are missing from their companies for weeks or months. Schools would be closed for extended periods of time and some people would stay at home just to feel safer. One area of the country would be affected (6 to 8 weeks), then the infection would spread to another area.

Recommendations: Stay 3 feet from co-workers, wash hands regularly and avoid shaking hands with someone possibly infected. Flu viruses can live on hard surfaces for 48 hrs. so, keeping areas clean is important. If using a face mask, don't reuse it (which means having quite a stockpile). It is also unknown how much protection a mask offers or if it lulls one into a false sense of protection. The key to a face mask is a good fit and better filters such as N95 respirators. This would be the time to order them to avoid "panic buying" later.

A pandemic, however, isn't the only issue. We truly need to be prepared for any kind of disaster (which also includes terrorism). Officials must also be pressured. Other counties have been implementing plans for years, while we are just beginning. Lastly, see if you can plan to work from home during a crisis, using teleconferencing and computers.

This is the time to put workplace disaster policies into effect, test them and know that the better prepared we are by facing this now, the better we will be at handling a crisis, any crisis, in the future.

MORE HEALTH NEWS –

Never had time to take a CPR Course? Take one at home.

The American Heart Association has the "at home" **CPR Anytime™ for Family and Friends Personal Learning Program** available at: www.americanheart.org/

Note: A supportive spouse has been shown to significantly reduce blood pressure.

WORKPLACE PET PEEVES

They're just too silly to complain to anyone about, right? Wrong! Most human resource staff spend about 15 to 20 percent of their time dealing with people's pet peeves. One of the biggest pet peeves among workers, according to a survey of more than 2,300 adults is "loud talkers" (32 percent), which was cited even more often than cell phones ringing (30 percent). Others on the list include use of speaker phones in public areas (22 percent) and using PDAs during meetings (9 percent).

- Facts reprinted by permission from Amy Joyce of the Washington Post