ATIP: Encouraging Tool for EAPs – Part I

By Paula Harry, MS, LCSW

Each and every day natural and man-made critical incidents occur in every corner of the world. Paramedics, firefighters, law enforcement, military personnel, facility and institutional staff, and mental health professionals, including *employee assistance professionals (EAPs)*, render aid to help affected populations.

> ## "ATIP is intended to be administered as a brief intervention to facilitate stabilization and recovery either during or after a critical incident."

Employee assistance professionals, in particular, are increasingly asked by corporate clients to address critical incidents of various types. Traditional critical incident response (CIR) methods used by EAPs, such as the Mitchell Model developed by Jeffrey Mitchell, have slowly been giving way to alternative methods designed to better address the need for more inter-connected, systemic interventions.

Multi-Systemic Resiliency Approach (MSRA), developed by Robert Intveld, is one such model. While methods with a broad workplace and organizational approach, like MSRA, are to be commended, EAPs also need interventions to fit within the constraints of limited sessions.

ATIP; a Practical Option

The Acute Traumatic Intervention Protocol (ATIP) is one *very practical option*. ATIP is based on the same principles that underlie Eye Movement Desensitization and Reprocessing (EMDR). ATIP is a highly focused, quick *psychological first aid intervention, which makes it ideal for EAPs*.

Within 5-10 minutes *clinicians can guide clients to rapidly reduce acute disturbance following critical incidents. ATIP is intended to be administered as a brief intervention to facilitate stabilization and recovery either during or after a critical incident.*

ATIP is also extremely useful for responders themselves, such as EA professionals. More on ATIP later, but a little background is in order first.

FEATURED INSIDE

EMDR

Eye Movement Desensitization and Reprocessing (EMDR) is known around the world as an evidence-based, trauma-focused therapy first published by Dr. Francine Shapiro in 1989. Various research over the succeeding 30 years has established that rapid bilateral stimulation (BLS) reduces the intensity and vividness of trauma-related images and associated disturbance.

BLS is most frequently administered in the form of eye movements; however, audio stimuli, and gentle tapping are also shown to be effective modalities.

Early EMDR interventions, like other psychological first aid, emphasizes the importance of swiftly mitigating the acute impact of traumatic events, thus facilitating future adaptive recovery and functioning.

Quinn and Kiessling

In the past two decades Gary Quinn, MD and Roy Kiessling, LISW, along with teams of EMDR-trained providers, have participated in critical incident responses in the US and other countries. Over time, Quinn and Kiessling recognized the need for a way *to care for the responders* as well as the impacted populations.

Quinn, the medical director for an emergency medical technician (EMT) team in Israel, developed the Immediate Stabilization Protocol (ISP). The EMT team was trained to administer short bursts of BLS in the form of eye movements while observing and monitoring the patients' reports of somatic disturbance.

Reports of disturbance are rated using the Subjective Units of Disturbance (SUD) scale, which is commonly used in EMDR and other interventions.

The SUD scale ranges from 0-10, where 0 means little or no disturbance and 10 means the most intense disturbance. When patients report decreased disturbance after 3-5 applications of BLS bursts and the EMTs observe improved stability, the patient can then be ushered to the next appropriate service.

Similar to Dr. Quinn's ISP model, Mr. Kiessling developed the Acute Traumatic Intervention Protocol (ATIP) in 2013. In the past seven years, ATIP has been taught to sheriff's deputies, military chaplains, teachers and other educators, medical providers, *EA professionals*, and administrative and correctional staff across the US, Canada, Turkey and Hong Kong.

In 2019, Mr. Kiessling adapted ATIP to include Critical Incident Desensitizing (CID) for patients who struggle to verbalize their traumatic experience. Both ATIP and CID employ short bursts of BLS to guide patients to reduced disturbance during or following a critical incident. The interventions *differ* in that CID is *even briefer* than ATIP. CID is appropriate when

patients are so dysregulated that verbalizing their experience or self-assessment is difficult.

The general goal of CID is reduced disturbance. ATIP is appropriate when patients are disturbed, but still able to describe their experience and apply the SUD rating scale. The general goal of ATIP is reduced disturbance and improved immediate functioning.

Help the Helpers

The experience of providing relief services during or after critical incidents carries inherent levels of stress that can lead to mental and emotional disturbances among responders. This is widely known as secondary traumatization. Relief workers who respond to traumatic events might become direct or indirect victims of the incident they are sent to serve.

Responders can be overwhelmed by the magnitude, volume, depth and breadth of a traumatic incident. *Without sufficient opportunity to rest or debrief, responders can also suffer trauma-related symptoms.*

Case Example #1

This is the case of a registered nurse (RN) who was involved in the discovery of a deceased co-worker within the workplace environment. The RN was referred via her EAP for three sessions within days of the event. The RN and I quickly identified the primary disturbance – a lingering image of the deceased co-worker – which the client rated with an initial SUD of 8 out of 10.

I applied ATIP during the initial EAP session, and the client reported that the image had dissipated and the SUD rating reduced to 4 out of 10. In the follow-up session, one week later, the RN identified a different disturbance – feelings and sensations of shock and disbelief regarding the event – which was rated with a SUD of 6 out of 10.

ATIP was again applied and the client reported the SUD rating reduced to 2 out of 10. For the final session, 3 weeks after the follow-up, the client reported the disturbing image had not reoccurred, returning to work was no longer debilitating, and the SUD rating related to the event remained at 2 out of 10.

Case Example #2

This case involved a mental health provider who was participating in her typical, daily work duties. She was informed by a manager that her spouse was the victim of an inmate attack at a nearby correctional institution earlier in the day and had since been transported to a local hospital.

Before leaving to be with her family, the provider requested a contact with a peer support volunteer. Peer support volunteers are typically non-clinical institutional staff.

During a brief contact of 10-15 minutes, the provider received ATIP to mitigate her disturbance about the news of the attack and reduce anticipatory anxiety. The provider was able to gain composure and attend to the needs of her family.

As you can see, ATIP is a useful tool for not only EAP practitioners, but also for the EA professionals themselves! ∎

NEXT MONTH: More on ATIP, ATIP training, and an additional case example.

Paula Harry, MS, LCSW, is an EMDRIA-approved consultant, EMDR trainer, and an ATIP/CID training provider. Ms. Harry encourages learners of ATIP and CID to consider the interventions as they would CPR. Both are administered at the scene of a critical incident as brief assistance to affected persons to minimize negative impacts of the event and to facilitate recovery and referral to the next appropriate level of service. Like CPR, ATIP/CID is best provided by people who have been properly trained.

Editor's Notebook

What is *Acute Traumatic Intervention Protocol* (ATIP), and why is it an important critical incident response (CIR) tool for EA professionals? In the first of a two-part article, Paula Harry describes ATIP as a highly focused, quick *psychological first aid intervention, which makes it ideal for EAPs*.

Since responders are susceptible to the effects of secondary traumatization, ATIP offers a practical CIR option for victims *and* practitioners, making it useful for **EA professionals** themselves.

Next month, Harry will describe how to become trained in ATIP, and she will present a detailed case that offers insight into various aspects of ATIP that might come into play in a real life situation.

In the past six years, ATIP trainings have been presented to chaplains, teachers, and scores of other helping professionals. *Could your EAP be next?*

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There are other benefits to reading *EAR*, including the inserts. Practitioners are well aware that resolving – or dare I say even solving – performance issues in the workplace is a key EAP challenge. This month's *Brown Bagger* offers suggestions.

In addition, if you haven't read it yet, check out the January *BB* as it is set up as a two-way workplace interaction between EA professional and employee caregiver.

This month's *Lifestyle Tips* explains how Millennial employees think differently than their older counterparts, and what to do to bridge the gap in these differences.

Finally, while *Payroll Stuffers* is a misleading name in today's direct deposit age, *EAR* points out the opportunities they afford as quick, visual reminders of the EAP you can share with your customers.

As always, happy reading!

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Because ATIP/CID are not EMDR therapy protocols, lay people and paraprofessionals are able to offer the interventions after appropriate training. It is not necessary to be a licensed mental health professional to learn ATIP/CID, just as it is not necessary to be a medical professional to learn CPR and other first aid skills. Ms. Harry can be reached at paulafharry@hotmail.com.

Painless Financial Checkup: Part II

By Gary Foreman

What's the quickest way to check your financial health? If you don't like accounting, math, and bank statements, you've probably never really taken your financial temperature. But is there a fast and painless way to get a feel for whether you're in financial trouble?

Last month we looked at the importance of examining your bank account statements to get a better feel for your finances. I also encouraged doing a little "rough" math. Take a look at your deposits for the month. Then look at big, unavoidable monthly bills, such as mortgage, car payments, and utilities.

Do those payments consume more than two thirds of your deposits? If so, you're in dangerous territory. A closer look is in order. Don't forget about the little transactions either. Those five and ten dollar lunches can add up over time!

Take a Closer Look at Credit Card Statements

What about your credit card bills? Are you among the 30% who pay off all their purchases every month? If so, you probably have your spending under control.

Take a quick look at the credit card statements. Can you remember what you bought with each charge? If you can't remember what you bought, there's a good chance that you didn't need it. Think about all the ones you do remember. Were you buying things that you really needed? Or was it for something that you just wanted at the time? Have you used all those things since you bought them?

Here's a quick test for you. Are you just paying the minimum each month on your credit card account? Flash the warning lights! Look at it this way. For every $1,000 you owe on your account, you're probably paying upward of $200 each year in interest payments. That's more than $20 every month that doesn't bring any food, clothing or anything else into your household. Do your own math to see how much is flying out your window every month in interest.

How You View Money is Vital to Finances

Finally, how do you feel about money? Some people look at money as 'fun tickets'. They think that you buy stuff and happiness follows. Those are usually the people with big credit card bills. Others view money as a measure of their success. They need to earn more than their neighbor to feel 'fulfilled'. Their income (and what they buy with it) determines how happy they are. Since they're always on a quest for 'more' they can't be happy with what they have. It's a great formula for a lifetime of unhappiness.

Summary

Well, there you have it: A quick check-up on your financial health. I hope you found yourself in tip-top shape! But if not, remember that we were just looking for the symptoms. It's up to you to take a few more tests and find out how bad the illness really is. ◼

*Gary Foreman is the editor of The Dollar Stretcher (www.stretcher.com), which has been helping people live better, for less since 1996. **Editor's note**: Money Matters provides EAR readers with practical tips to share with their employee clients who may be having personal finance problems.*

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EMPLOYEE ASSISTANCE REPORT

Maximizing Trainings in the New Year – Part I

By Kate Zabriskie

Each year, organizations waste thousands of dollars on training that doesn't deliver what the people who bought it thought it would. Consequently, many of those remorseful purchasers determine that either training has no value to their employees, the training facilitators don't know what they're doing, the program designers are out of touch with reality, or all three.

If the HR department of one of your corporate client's trainings isn't delivering what they think it should (or perhaps even your own training!) leaders may be suffering from one of three major problems that plague organizations big and small.

Training isn't part of a larger learning ecosystem.

Just because people participate in a workshop, it doesn't mean they will change their behavior back on the job. In fact, even if while in class they demonstrate an ability and willingness to do whatever is being taught, all may be lost once participants exit the classroom.

Why does this happen? Good workshops usually fail to deliver because they are treated as a training solution instead of a component of one. In other words, a workshop isn't the answer in itself; rather, it should be part of a larger apparatus or ecosystem.

Solution

Creating a strong learning ecosystem is an ongoing and often complex endeavor. It takes time to build a holistic structure that supports continuous development. That said, start small. For example:

❖ Prior to training, do managers explain to people why they will attend a course and how they are expected to use what's learned after the session?

❖ Will someone with authority (other than the facilitator) launch the session by explaining how the workshop ties into the bigger picture?

❖ Are there check-in opportunities after training to ensure that participants are implementing new behaviors?

If the answer to any of these basics is "no," the business leader needs to shift those answers to "yes."

Consider the incentives that can be put in place to encourage behavior change, to drive success, and the corrective action that will be taken if what's happening in the classroom isn't replicated on the job.

Once training is thought of holistically, the first step will be taken in maximizing training dollars.

Continuous learning isn't part of the culture, and training isn't treated as a priority.

The content is great, a skilled facilitator is in place, and yet half the people scheduled to attend the course don't attend because training isn't a priority.

When training occupies a position of "*nice to have*" and not "*need to have*," getting the most from it becomes problematic. This most often happens when people are in survival mode instead of on a growth trajectory. In other words, they are scrambling to get through the work instead of thinking mindfully about the work they're completing and how they're completing it.

In practical terms, if people are always putting out fires and don't regularly ask "*What have we learned?*" and *"How can we improve?"* why should they care about learning new skills?

Solution

Shifting from a reactive culture to one that is deliberate about its activities takes time. However, results do occur when the right questions are asked throughout an organization.

For example: Ask "*What have we learned?" "What do we need to do better next time?" "What do we wish we'd known earlier?"* and other such questions after projects, meetings, presentations, and so forth.

In the rare instances when something goes perfectly, remember there are still questions to ask: *"How can we replicate what we just did?" "Why did that work well?"*

When questioning becomes the norm, the solutions offered via training should have stronger importance

Employee Trends for 2020: Part II

By Chris McReynolds

Last month I discussed two important employee trends for the New Year – that of personalization and workplace culture. I will reveal two additional predictions in the conclusion of this article.

Prediction 3: Data will drive program design

Using data to drive decision making about program design is an important opportunity that cannot be missed in 2020. Notice I didn't say "collecting" data. I've seen company leaders acknowledge the importance of surveying their employees, briefly reviewing the results, and then a few months later meeting to discuss their employee engagement initiatives for the upcoming year – but without leveraging their employees' feedback.

The data must be used to make informed, thoughtful decisions. When you're planning employee health initiatives for next year, why not look at the areas your employees care about and want to focus on?

Prediction 4: We'll see more industry collaboration re: cybersecurity threat prevention

Privacy is going to continue to be a regular topic of discussion. There's no question that bad actors are getting more aggressive and that it's a "when" not "if" scenario that private health information will be compromised. No one wants to wind up on HHS's wall of shame so we are faced today with a closed system.

But there is strength in numbers and I predict that we'll see more of us come together in 2020 to innovate security options in a collaborative way. As companies adapt to the changes brought about by GDPR, CCPA, etc. we will continue to build safeguards into our products that help companies stay compliant.

What will stay the same?

Driving human behavior towards healthy choices will always be at the core of our industry and will always be our biggest challenge. At the end of the day, we're trying to get people to take a long-term mindset with respect to their health. We live in an instant-gratification world. It takes work to get off the couch. It's hard to order the heart-healthy salad rather than the double bacon cheeseburger. Healthy choices are more understood today, but it will continue to be a challenge to actually make them. ∎

Chris McReynolds is chief executive officer of Wellsource, a premier provider of evidenced-based, NCQA-certified HRA and self-management tools. He joined the Wellsource team in 2012 as Chief Operating Officer, and by 2016 had risen to Chief Executive Officer.

In the News

DOT/SAP Trainings Set

The following two-day Employee Assistance Professionals Association (EAPA) DOT/SAP qualification and requalification trainings will prepare substance abuse professionals (SAPs) to provide services that will ensure following Department of Transportation (DOT) rules and regulations:

February 14 - 15, 2020: Las Vegas, Nevada - Hilton Garden Inn Vegas Strip South *(Registration coming soon)*

April 24 - 25, 2020: Baltimore, Maryland- Renaissance Baltimore Harborplace Hotel *(Registration coming soon)*

June 11 - 12, 2020: Denver, CO - Hilton Garden Inn Denver Union Station *(Registration coming soon)*

October 30 - 31, 2020: Houston, Texas- Hilton Americas – Houston *(EAPA 2020 Houston Conference & EXPO - Registration Opens Summer 2020)*

For more info visit http://www.eapassn.org/SAP. ∎

What Offices Look Like in 2020

As professional expectations evolve along with the modern American workforce, it's only natural that the space we work in follows suit. Gone are the days of formal clothing and fluorescent lighting, here to stay are casual dress codes and cozy furniture.

Even cubicles are disappearing, often replaced with much-debated open floor plans, elements of which can be found in more than half of workplaces today.

Increasingly, offices are being designed with employees' wants and needs in mind. So what are the results?

Olivet Nazarene University asked 2,009 people how satisfied they are with their office environment, and in what ways it contributes to their happiness and productivity. The following are among the results:

- 34% work in a mix of open floor plans and public offices; cubicles ranked second at 28%;
- 77% say they're happy with the way their office is set up;
- 35% of respondents said they need a quiet location to be productive;
- 53% regularly wear headphones in the office;
- 45% believe messaging platforms are used for surveillance;
- 46% say that distractions are the hardest aspects of working remotely; and
- 42% say it's difficult to work with remote co-workers. ∎

Source: 2019 Olivet Nazarene University Office Study, "The Truth About Modern Offices." To view the complete report, visit https://online.olivet.edu/news/study-modern-offices-2019

Job Hunting in the New Year

How can professionals stand out from the crowd and score a job this year? According to a new survey from global staffing firm Accountemps, senior managers are most impressed when candidates network on social media with employees at the company of interest (49%) and provide access to an online portfolio or personal website (47%).

The tactics that hurt workers' chances most are including cartoon images like Bitmojis or caricatures (35%) and using colorful fonts or backgrounds (25%) on application materials.

The research also suggests professionals shouldn't overlook writing cover letters: 58% of senior managers said it's very helpful to receive these documents.

"A strategic job search requires much more than putting together a polished resume. In addition to learning about candidates' skills and experience, employers want to see a strong online presence and passion for their work," said Michael Steinitz, executive director of Accountemps.

"Steer clear of including anything that could be considered distracting or unprofessional, such as flashy fonts and images."

In addition, four in 10 managers said highlighting accomplishments in an infographic can tip the scales in a candidate's favor.

"Even if you're not actively looking for a new position, take stock of your professional accomplishments and get your materials in order in case the right opportunity comes along," Steinitz concluded. ∎

Become a More Engaging Speaker

❖ **Focus on a single idea**. Many speakers make the mistake of overwhelming their audiences with too much information. Nick Morgan, author of "Targeted Leadership – Building a Team that Hits the Mark" recommends focusing a presentation on a *single* idea. "Write that one idea down in one sentence, and paste it up on your computer," Morgan suggests. "Then eliminate everything else, no matter how beautiful a PowerPoint slide it's on, that doesn't support that idea."

❖ **Look at the big-picture rather than nitpicking over the small stuff**. "Ask yourself honestly, if YOU were attending the training session, would the information interest you, or bore you?" asks Jim Hopkins, author of "The Training Physical." "At a previous training, were participants listening intently – or half-heartedly while multi-tasking on other things at the same time?" Hopkins adds. "If the latter is the case, obviously you have some improving to do." ■

The Many Benefits of EAP

When trying to attract new clients, do they have difficulty believing that EAPs are truly cost-effective? Ask prospective clients to consider the following statistics and the impact they might have on their workforce.

Work/Life Issues

❖ Child care referral programs can reduce employee absenteeism due to child care problems by *40%*.

❖ As stated in the January *EAR* cover story, workers need help with caregiving concerns. The combined cost of absenteeism, job turnover, work day interruptions, and supervisor time is calculated at *$2,100* per caregiving employee annually.

Substance Use

❖ Drug-reliant employees incur *300%* higher medical costs than their non-using co-workers (U.S. Chamber of Commerce, Works at Risk, Drugs and Alcohol on the Job).

Benefits of an EAP

❖ 66% decline in absenteeism after alcohol abusers have been identified and treated.

❖ 33% decline in utilization of sickness benefits; 65% decline in work-related accidents; and 30% decline in workers' compensation claims. ■

Additional sources: Interface EAP, Family Caregiver Alliance.

and value. For example, if turnover is an issue, a learning organization wants to know why and may ask several questions: "*Are we hiring the wrong people?*" "*Are we expecting too much?* "and so on.

When learning and improvement are a priority, you'll hear such things as, "*Today is a training day for me. I'll be unavailable until 4:00. If you have an emergency, please see my supervisor Melissa. The workshop I'm attending is of top importance and part of my effort to reduce the turnover in our department.*"

Who can argue with that? The logic sounds right and ties into big-picture improvement goals. ■

NEXT MONTH: Recap, Annual Development Plans.

Kate Zabriskie is the president of Business Training Works, Inc., a Maryland-based talent development firm. She and her team help businesses establish customer service strategies and train their people to live up to what's promised. For more information, visit www.businesstrainingworks.com.