

# EMPLOYEE ASSISTANCE REPORT

Bonus! Proof EAP Works! Page 4

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## Brainspotting Proving Useful in Treating COVID-19 Trauma

By Josh Delahan, LCSW



As EAP providers, we work with clients with a multitude of presenting issues within a limited amount of time. In a single day, we might see clients experiencing anxiety, depression, PTSD, adjustment problems, relationship issues, etc. We each have our

own go-to modalities and most of the time, we see at least some progress.

But what if there were a modality that you could easily integrate into your practice that works with current techniques and could increase your clients' progress substantially? For myself and over 13,000 other clinicians worldwide, that modality is *Brainspotting* – an approach that is also proving useful in assisting people suffering from COVID-19-related trauma. But before we get into how Brainspotting is helping individuals during this challenging time, it's necessary to first understand what it is.

### Background

Brainspotting (BSP) is a brain/body/mindfulness-based/relational approach developed by David Grand, PhD, a high-level trainer and author about EMDR (Eye-Movement Desensitization and Reprocessing). In fact, it was during a performance-enhancement session of EMDR with an Olympic ice skater that he discovered BSP.

When he was guiding the client's horizontal eye-movements by moving his fingers back and forth, he noticed that her eyes tended to freeze at a specific

point in her visual field. When Dr. Grand held her focus on that eye-position (not yet standard EMDR practice), she started to process *new* traumatic material that they hadn't worked on yet, and she also processed issues that they *had* already worked on to an even deeper level.

Dr. Grand started to identify various reflexive responses in other clients as he moved across their fields of vision such as blinking, eye freezes or wobbles,

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flinching, swallowing, etc. When he would stop moving his hand at those particular “spots” (or brainspots) where the reflexes occurred, the client would process whatever the presenting issue was, often resolving the issue completely.

Neuroscientists that Dr. Grand has worked with hypothesize that one’s eye position gains direct access to the areas of the brain that hold the activation that is related to a particular issue. “*Where you look affects how you feel*” is one of the mottos of BSP.

Once the client brings up an issue, identifies activation in the body (tenseness, shakiness, heat, tingling, heart palpitations, etc.), and a “brainspot” is identified that is connected to that activation, the client looks at that spot until the activation decreases or resolves entirely. When that activation resolves, the client no longer has symptoms related to that issue and is able to create new meaning around it.

Since Dr. Grand’s first client in 2003, he has been expanding the development and implementation of BSP into a multi-faceted modality that has helped hundreds of thousands of clients meet their goals of getting better.

### How Brainspotting is Helping with COVID Symptoms

Not surprisingly, there has been an uptick in dysregulation with my clients related to the COVID-19 pandemic. Because trauma is created by only two coexisting elements, *fear* and *immobilization*, many of us are experiencing a collective traumatic event.

Many of my clients are afraid for their lives and for their loved-ones’ lives, finding themselves overwhelmed by the task of keeping everyone safe. This fear, in addition to immobilization is *an ongoing* event, which makes it difficult to treat.

Often, it is *already* traumatized clients that are having the most severe reactions to all the uncertainties related to the pandemic. This is where Brainspotting is helping clients on two different levels:

- ❖ One way is to focus on and process *past* traumas in order to decrease triggers from the *current* environment.

- ❖ The other utilization of Brainspotting is to *decrease* activation around *present* fears. When a client has an attuned presence as they experience bodily reactions to their fear, they do not feel immobilized, thus uncoupling immobility from the fear and in turn, interrupting traumatization.

### Practitioners can Use it, too

Because practitioners are not immune to the effects of the COVID-19 situation, it is important for us to

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take care of *our own* mental health. Brainspotting practitioners can do one of several things for self-care during this challenging time:

- ❖ We can seek out a therapist that performs Brainspotting (Practitioners in the Midwest can be found at [midwestbrainspottinginstitute.org](http://midwestbrainspottinginstitute.org));
- ❖ Connect with a colleague at a BSP peer support group to use BSP; or
- ❖ Use “self-spotting”, a technique where you can Brainspot yourself, which can be very effective for therapists and clients alike. Instructions on doing “self-spotting” can be found in Dr. Grand’s book, *Brainspotting: The Revolutionary New Therapy for Rapid and Effective Change*.

### My Experience; How it Works

I was trained in BSP in 2014 after practicing Somatic Experiencing and EMDR for over 10 years. I use it with almost all of my clients for issues including PTSD, anxiety, phobias, depression, adjustment, compulsions, grief, attachment issues, performance,

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and more. I have found it to be an effective companion to traditional styles of “talk therapy” like Cognitive-Behavior Therapy (CBT) and Motivational Interviewing (MI).

In a given session, I generally start with a client-centered approach to invite the individual to talk through an issue until they identify any somatic activation (feelings in the body related to the presenting issue). At that point, I ask if they would like to process it using BSP. If they agree, we find a relevant eye-position connected to the somatic sensations, then hold that eye position as they mindfully attune to the thoughts, images, and sensations that arise, while I attune and hold space for them.

In time, the activation decreases, and we return to our discussion about the topic. Typically, the client has new insights into the issue and often will have resolved it completely. Sometimes an issue is resolved after just one session, but for more complex issues the client will need to process the presenting issue several times, gaining insights and releasing somatic activation until the issue is no longer a concern.

One helpful aspect of doing BSP with particular clients, such as teenagers or sexual assault survivors, is to ensure them of their privacy; they don't need to discuss the specific issue or what is happening during processing.

Some clients choose to report their experiences during the “focused mindfulness” phase of the session, but it is not required because the bulk of what is happening is occurring in the mid-brain/brainstem, and clients often don't have words to describe their experiences.

For instance, “Shelly”, a domestic abuse survivor, consistently chose to keep almost all of what she processed to herself, so I would not know the topic that she wanted to Brainspot. During one session, I noticed that her upper arms were turning bright red. After a minute or so, she reported that her arms were “burning”. I acknowledged what was going on, and she was surprised to find her arms almost glowing when she looked down at them. I reassured her that it was likely a manifestation of whatever she was processing and to just notice it and see how it transpired from there.

After a few minutes, her skin color returned to normal and she reported that her SUDS (subjective units of disturbance- a 0 to 10 scale of discomfort) had lowered from 9 down to 0 for that particular issue. After the session, she shared that she had processed an assault by her ex-husband that included him grabbing her by the upper arms and shaking her. She was surprised to see

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## Editor's Notebook

“Don't just lament what we've lost during the pandemic – consider what it is that we've gained.” That was a comment I heard recently on television, and it really stuck with me.

We've all LOST something during this disturbing time – some more than others in terms of personal finances and jobs, as but two examples. We've ALL lost time spent with loved ones we'll never get back. We've lost out on vacations, going to church, and many of us miss seeing friends and relatives at nursing homes. We even lost something we took for granted like getting our hair cut!

But we should also remember what we've gained during the COVID-19 crisis. That is:

- ❖ A greater appreciation for personal, *one-on-one* visits and time in general with friends and family. Zoom, Facebook, and the phone are nice, but they're not the same thing.
- ❖ A greater appreciation for dining out at a restaurant with good friends. I'm glad drive-thrus have been open, but I miss the social aspect that makes a meal about more than just eating.
- ❖ An increased appreciation in general for all the little things we took for granted – hugs; church; fun, family activities; and I could list tons of others.

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*Employee Assistance Report (EAR)* has strived to offer practical ideas during this tough period of adjustment: not only useful resources, but also **Brainspotting**, described in this month's cover story, **Radical Acceptance** as a tool for reducing stress in this month's *Brown Bagger*, and the relationship between isolation and mental health that was presented in the May *EAR*.

Next will come the transition in returning to work full time, but I think most of us are more than ready for the pandemic to be over. I know I am. ■

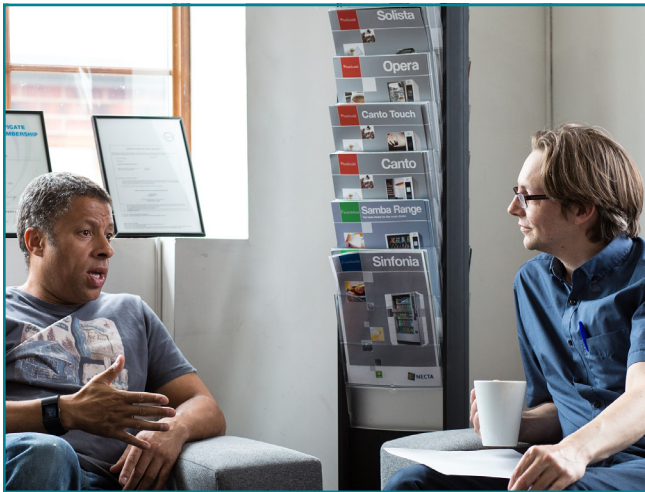
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# Workplace Outcome Suite: Proof EAP Works!

Employee assistance professionals are always on the lookout for tools to help them demonstrate the effectiveness of EA services in the workplace. Such resources, however, have often been lacking. That's where the WOS comes in. EAPA has announced its official support and endorsement of the Workplace Outcome Suite (WOS) as an EAP best practice for measuring and evaluating work-related outcomes of EA services.



Companies, government agencies, and other organizations in today's world are looking for objective data to validate and justify all expenditures. To continue to thrive, the EAP field needs to be able to measure and demonstrate its effectiveness in business terms.

The WOS is currently the only publicly available, *free* instrument that has been psychometrically validated and tested for use *in EAP settings*. That makes it the best available industry-wide yardstick. Annual reports about WOS use have been available on the EAPA site since 2016. The WOS is:

- Scientifically validated and tested;
  - Focused on “workplace” (not clinical) outcomes;
  - *Free* with the signing of a license agreement;
  - Currently being used by *over 400* EAP organizations;
  - *Short* (5 items) and able to detect sensitive change – derived from the original 25-item version; and
- *Easy to administer* as a before (pre) and after (post) measurement of EAP services.

Why should your EAP measure outcomes? Many EAPs don't know the extent to which their particular program or interventions improve the work performance of employees who use the service, resulting in employers, purchasers or stakeholders focusing on two metrics that are well known: **cost** and **utilization**. Without quantitative measures of value, many business leaders remain skeptical of the value proposition of services like EAP, Work-Life, and Wellness. ■

Source: EAPA. For more information check out <https://www.eapassn.org/WOS> or contact **Ivan Steenstra PhD** at [ISteenstra@morneaushepell.com](mailto:ISteenstra@morneaushepell.com). You can also phone Dr. Steenstra at (416) 445.8899 ext. 3452. **Editor's note:** If you're not using the WOS, you should be! If you are using it, the 2020 report will soon be available on the EAPA site.

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## Employers Recognize Return-to-Work Challenges

States across the nation are lifting stay-at-home orders and allowing offices to reopen their doors. But are employers ready to bring their employees back to an office environment?

Operations Inc. ([www.OperationsInc.com](http://www.OperationsInc.com)), one of the largest human resources consulting firms in the nation, recently conducted an independent survey which found that two-thirds of employers plan to reopen their offices on or before July 1, provided they are allowed to do so.

However, the polling results from more than 425 businesses across the country show that employers foresee many obstacles tied to reopening, bringing employees back, and keeping offices safe. The following are among survey highlights:

- ❖ 62% are concerned with the costs associated with providing employees with PPE, as well as the increased expenditures on supplies needed to clean, sanitize, and limit the spread of workplace germs.

- ❖ 85% of those surveyed have installed hand sanitizer dispensers in their offices as a means to limit the spread of workplace germs.

- ❖ 47% of survey respondents say they can accommodate up to 50% of their staff in-office under the new social distancing guidelines, further driving for ongoing use of remote work arrangements.

- ❖ 21% of organizations surveyed report that it will be extremely difficult to perform at pre-COVID-19 performance levels in a continued all virtual office setup.

- ❖ Just 5% of survey participants plan to mandate that employees return to the workplace, regardless of the employee's underlying health conditions or concerns about health and safety. ■

*Complete survey results can be found at <https://www.operation-sinc.com/reopening-offices-after-covid-19-closures/>. Additional source: PR Newswire.*

## Many Employees Prefer Remote Work

Since the coronavirus pandemic posed serious threats to health and safety in the workplace, companies had little choice but to allow employees to work from home and find creative ways to adjust to this new work arrangement.

As a result, more Americans are working from home than ever before. By early April 2020, nearly half of Americans shifted to working from home, up 3.4 percent in 2019, according to Flexjobs.

According to a new survey from getAbstract, working from home has gained popularity among employees because of the lack of commute, better schedule flexibility and increased work productivity.

“This survey shows that even with the added stress of coronavirus and helping kids with schooling from home, nearly half want to work from home more often after this,” Andrew Savikas told FOX Business. “And it seems businesses feel the same, with so many in active discussions or making announcements about flexible work in the future.”

When asked about setbacks of working remotely, more than one quarter of survey respondents mentioned feelings of isolation as a concern. Other drawbacks included imperfect telecommuting technologies to a fear of becoming detached from their company and co-workers. Those who preferred their former schedule said there was a need for a work-home balance. ■

# Advice for a Post-COVID Workforce

By Henry Albrecht

While businesses take steps to transition to a post-shutdown workplace, HR departments and other business leaders must also acknowledge that despite the unprecedented hardships, there is always something positive to take away. Full disclosure — positive psychology, resilience and optimism are in the core of our company and products. So let's go there:

## More Intentional about Culture

In any challenge we always look for the opportunity. The pandemic gives us the chance to be more intentional about many components of the employee experience, including trust, flexibility, whole-person well-being, technology, family, human connections, where we work from, how we serve customers, financial planning and more.

In many ways, we have been forced to expose the humanity and vulnerability in our lives. Children and pets making cameos on conference calls, CEOs wearing T-shirts and sweatpants, helping people deal with sudden and unexpected unemployment and visceral human suffering. Leaders and managers have been asking their employees more often, “How are you doing?” or “How's your emotional well-being right now?”

Here are some key aspects of work that organizations will need to re-evaluate and examine under the lens of employee care:

❖ **Enhance flexibility:** “The office” mentality must be re-evaluated. Take a hard look at employee work policies. Be clear and prioritize what those policies are. Show trust in your employees by implementing flexible work policies that provide the right structure for employees to do their best work, and also have some say in what works for them. Ask employees, “What system works best for you?”

❖ **Assess your communications strategy:** Do you have appropriate reach to ALL employees to deliver important information that keeps employees informed and points them in new directions? Simple checklists can also go a long way. Clearly convey how, when and why you are implementing transitions. For example, which roles are prioritized to return first or at all

and how you will support and handle employee segments who are at higher risk for possible illness.

❖ **Evaluate performance:** It's likely that with a new normal roles and responsibilities are changing, so be proactive in redefining them and aligning performance expectations. Establish or re-evaluate the tools and support for how to give and receive feedback. In new working arrangements, now is a perfect time to reassess important mechanisms that either help or hinder employees' growth and ability to achieve goals.

❖ **Re-think real estate (and other costly expenses):** If people liked certain elements of the shutdown, then follow that lead. Are there are ways to reduce real estate spending, unnecessary travel, in-person trainings, and forced closeness where there is no real value attached to it? Then eliminate those things and make the cost saving permanent when revenues return. *But* don't be shortsighted — seeing customers face-to-face might be the best plane ticket you ever buy.

❖ **Look below the tide line:** When the tide goes out, you see some of the big, hidden things you don't see when things are going well, or when the tide is high: People living paycheck to paycheck. Family care burdens. Remote productivity challenges for some. These “well-being and engagement factors” are essential to attend to, even when the tide of normalcy rises again.

## Summary

One exercise to consider: Survey your employees to find the 10 things they love most (and hate most) about *both* working from work and working from home. Examine the numbers to see what got worse — and what got better — during the shutdown. Look for the things that worked great for the business *and* for employees.

We need a total rethink of the employee experience. How can we be more authentic, more connected and show more care for employees — and our businesses — than ever before? It's not about returning to pre-pandemic operations, it's about looking ahead while remembering what we've learned along the way. ■

*Henry Albrecht is CEO at Limeade.*

# Things to Consider as we Reopen

❖ **If you are a leader with a message, say it 13 times.** That's the magic number that it takes for it to become embedded knowledge with people. Sometimes we get tired of saying the same things and assume that people are tired of hearing it, but it's important to repeat messages with a high degree of humility and by starting where people are (with a realization that many are in different places).

❖ **On the restart, be flexible and willing to experiment.** Use this time as a reset. Those who experiment with different ideas will likely hit on the best solution. You can always call it a "pilot." If it doesn't work, that's okay.

❖ **Measurement really matters.** If you can't measure, you can't diagnose. If you can't diagnose, you

can't treat. Be sure to measure outcomes, not transactions or activity. Pick the metrics that make the most sense for you. It is not a one-size-fits-all.

❖ **Education is more crucial than ever.** The only change that will succeed long-term is changed empowered by employees and citizens. Without widespread and enthusiastic buy-in, initiatives will fail. Education makes everything so much easier. It provides a common language and helps people understand the *why* behind the changes you're asking them to make. ■

*Source: Quint Studer, author of "Building a Vibrant Community" and founder of the Studer Community Institute in Pensacola, Florida.*

## In the News

# Experienced CEAP Launches Training Firm

**M**ike Klaybor, CEAP recently announced the launch of *Impact Consulting and Training*, [www.impactconsulting.health](http://www.impactconsulting.health) that will use Gnowbe, a Mobile Instructional Design (MID) platform to create self-directed, state-of-the-art learning experiences accessible on a smart-phone, computer, or tablet. There are many ways to use Gnowbe including onboarding, training, blended learning, stakeholder engagement, and more. Thus far, Impact has created three training programs using the Gnowbe platform:

❖ **Managing Emotional Concerns During COVID-19** - quarantine <https://learn.gnowbe.com/mlc/managing-emotional-concerns-during-covid-19>

❖ **Managing the Emotional Impact of COVID-19** – as businesses reopen <https://be.gnowbe.com/cp8g-m2oh99z4yhwr>

❖ **Expand Your Clinical Revenue Stream With EAP Referrals** – the first training program for affiliate providers of EAP services <https://learn.gnowbe.com/mlc/expand-your-clinical-revenue-stream-with-eap-referrals>

The capabilities of Gnowbe can be viewed here <https://gnow.be/cug3bar7zt65owgo>, "*Demo in your Pocket: What Is Gnowbe?*" (You will be asked to create a free account – quick and easy.) If you or someone you know is interested in creating a Gnowbe program, or transforming an existing presentation into a Gnowbe program, contact [mike@impactconsulting.health](mailto:mike@impactconsulting.health). ■

*Dr. Mike Klaybor, CEAP, NCC, LPC-S, LMFT, LCDC, brings thirty years of experience in practicing counseling psychology with individuals and couples.*

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that her body had been holding on to the activation of that decade-old event.

Shelly's experience speaks volumes to the idea that *paying attention to what her body was telling her about the healing process was extremely important*. We later discussed her new insights into how she can move forward, seeking healthier relationships in the future, and using traditional CBT techniques. In short, BSP enabled Shelly to discuss these issues without somatic activation blocking her ability to make more helpful choices, making her progress more attainable.

### Self-care

As clinicians, working with clients can have a profound effect on our own mental and emotional equilibrium. Being triggered by a client's experience is common and with some individuals, can turn into vicarious traumatization (VT). I often work with clients that are therapists who have VT, *and they are able to process it effectively with Brainspotting*.

The BSP community also offers free peer support groups for clinicians that would like to consult with fellow Brainspotters about challenging cases. Studies show that consultation and support often decreases the likelihood of burnout. There is also a robust BSP social media community where a variety of topics are discussed, including questions about the modality, resources for clinicians and clients, as well as current research.

### Research and Endorsements

Evidence-based practice (EBP) is important to ensure that we are using techniques that are proven to

be helpful to our clients. While there are several studies that have been completed and several in progress (find more info at [www.brainspotting.com](http://www.brainspotting.com)), this is an aspect of BSP that requires more research.

Two of the three "legs" of the EBP foundation are: 1) clinicians' seeing client progress and 2) clients' evaluation of the effectiveness of a modality. These two legs of the EBP foundation are very solid and continue to strengthen as more clinicians become trained in BSP and use it with their clients.

Dr. Grand and other trainers have been around the world discussing and demonstrating BSP with luminaries and researchers in trauma-focused treatment. A few of the more recognizable names that have endorsed BSP as an effective tool for treatment include: Bessel van der Kolk, Stephen Porges, Onno van der Hart, Daniel Amen, Gabor Maté, and Robert Scaer.

### Summary

EAP practice requires variety, efficiency, and effectiveness. Brainspotting is a modality that can be integrated with any preferred modalities and is extremely targeted and helpful for clients. BSP can also assist clinicians in complex cases to decrease activation and increase efficacy. If you are looking for a tool to enhance your practice, consider Brainspotting for you and your clients. ■

*Josh Delahan, LCSW is a psychotherapist specializing in trauma, dissociation, and attachment issues as well as a professor at UW-Milwaukee. He can be reached at [jdelahan@uwm.edu](mailto:jdelahan@uwm.edu).*

## Quick Ideas

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# Raise Awareness of Your EAP!

❖ **Get on a local speaking circuit.** Don't get pigeonholed into only hanging out with EA colleagues or just networking at EAP events. Utilize or join Chamber of Commerce, civic groups (think Lions, Rotary, etc.) and others to raise awareness of an issue or about EAP in general. Joining a business association related to EAP, such as the Society for Human Resource Management (SHRM) is another possibility.

❖ **Have an elevator speech ready.** If someone asked, "What does your EAP do?" would you know

what to say in roughly 30 seconds? The following is an idea that one EA professional has used: "*Anything worth losing sleep about, is worth coming in for.*"

❖ **Utilize social media.** Some people are intimidated about getting involved in social media, but don't underestimate how much Millennials use these platforms to communicate. If you *are* on social media, how often? Once in a while likely isn't very helpful. It should be on a *regular* basis to remain current. ■