

Medical Marijuana Research Clears Hurdle



A researcher at the University of Arizona is a step closer to studying how medical marijuana affects veterans with post-traumatic stress disorder.

Although there is a “mountain of anecdotal evidence” that marijuana helps with PTSD, there has

been no controlled trial to test how marijuana suppresses the symptoms, including flashbacks, insomnia and anxiety, said Suzanne Sisley, the study’s lead researcher.

Now Sisley is waiting on approval from a third and final agency — the Drug Enforcement Administration — before she can begin her research.

It’s unclear how long the DEA will take. Sisley’s 10-week study will examine 50 veterans with moderate to severe symptoms of PTSD, using marijuana from the federal government’s only marijuana farm at the University of Mississippi.

Sisley’s study could open the door to the development of a prescription drug based on the whole marijuana plant, said Brad Burge, spokesman for Multidisciplinary Association for Psychedelic Studies, which is funding the study.

The Department of Veterans Affairs estimates 11-20% of troops that served in Iraq or Afghanistan have PTSD. About 7.7 million Americans are estimated to have the disorder, according to the National Institutes of Health. ■

Additional sources: USA Today, EAP NewsBrief, a free service of the Employee Assistance Professionals Association (EAPA). Editor’s note: This topic is covered in greater detail in the 3rd quarter edition of the Journal of Employee Assistance, which also mails in July to EAPA members.

Resources

Aflac recently released its fourth-annual *Aflac Workforce Report*, a study that sheds light on the current state of employee benefits and the American workforce. Check out: <http://workforces.aflac.com/>.

The End of the Performance Review: A New Approach to Appraising Employee Performance, by Tim Baker, www.winnersatwork.com.au. Most employees dread being called into HR for their annual performance review. HR managers actually hate conducting them, too! The author outlines a review system that works better. ■

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Both publications are edited and designed by Impact Publications, Inc. ■

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Meeting the Challenges of an Online World

Second in a series on technology & EAPs

By Marina London

I am often asked about integrating high-tech service delivery platforms such as video chat into EA practice. But practicing in an online world involves more than just adding an innovation, it requires making multiple modifications to the way we work.

I recently came across an article in the February APA Monitor on Psychology “*Best Practices for an Online World*,” that did an amazing job of summarizing the challenges of being a clinician in a wired world. Most of the article is equally relevant to the EA professional.

Here are some of the key points covered in that article, adapted to the EA perspective:

❖ EA clients are increasingly involved with social networks. They may Google their affiliate providers, and the external EAP that provides their services.

❖ Complicating this point is the fact that many social media users don’t think twice about disclosing personal information online. That goes for both the client and the EA professional.

❖ The contrast between EA clinical services and social networking sites is profound. Most counseling interactions are private and confidential, while most interactions on social media are broadcast

to the public. When an EA professional interacts in both spheres, it can be easy to violate client confidentiality – even unintentionally.

❖ The average graduate program does not yet teach the ethics and best practices for operating in

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'Ethical Framework' at a Glance

A competent employee assistance (EA) professional working online will always adhere to at least the following minimum standards and practices in order to be considered to be working in an ethical manner.

❖ *EA professionals have a sufficient understanding of technology in:*

- Encryption;
- Backup systems;
- Password protection;
- Firewalls;
- Virus protection;
- Hardware;
- Software; and
- Third-party services.

❖ *EA companies and programs provide needed technological support.*

❖ *EA professionals work within their scope of practice:*

- **Understand specific laws or ethics within ones' own discipline or geographic location.**

❖ *EA websites provide access to information for potential and current clients and managers:*

- Crisis intervention information;
- Organization contact information;
- Practitioner certification information; and

- Encrypted transmission of EAP sessions.

❖ *EAP initial intake and screening process.*

EA professionals screen the client's suitability for delivery of EA services via technology, considering language and keyboarding skills, presenting issues and clinical concerns. EA programs offer a statement of understanding that includes the following:

- Potential advantages and disadvantages of online sessions;
- Confidentiality and technology; and
- Other informed consent issues. ■

Marina London, DeeAnna Merz Nagel & Kate Anthony

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Marina London, LCSW, CEAP, Manager of Web Services for the Employee Assistance Professionals Association (EAPA), served as principal writer for this framework. This article was reviewed and edited by EAPA's Technology and Social Media Panel.

London, M., Nagel, D. M., Anthony, K. (2011). *An ethical framework for the use of technology in EAPs*. Therapeutic Innovations in Light of Technology, 1(6), 26-33.

and sexually suggestive material. Another study found that 98% of doctoral psychology students had searched for at least one client's information over the past year.

❖ **21st century EA professionals must develop a heightened awareness that the increasingly wired world around us will likely produce ethical dilemmas** related to

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online realities such as greater transparency, increased self-disclosure and unavoidable multiple relationships.

❖ **EA professionals need to recognize that their personal online activity may not be as private as they think.** Indeed, online self-disclosures may represent the

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Clinical Perspective

Mental Illness Worse Than Smoking: Study

According to a new study out of Oxford University, severe mental illnesses reduce life expectancy more than heavy smoking. The research, conducted by psychiatrists, shows that mental illness can reduce someone's life span by up to 10 to 20 years. People who smoke, meanwhile, typically shave off about 10 years of their life.

The Oxford psychiatrists argue that despite the clear impact mental illness has on quality of life and life span, not enough attention has been devoted to mental health services or awareness of the issue, compared to the anti-smoking hype garnered against tobacco companies. About one in four people in the UK will develop some form of mental health issue during the course of a year, and about

21% of British men and 19% of females smoke cigarettes.

Nearly 10 years ago, mortality data from Colton and Mandersheid showed that Americans who had serious mental illnesses died about 14 to 32 years earlier than the general population. People with mental illnesses have a higher chance of developing chronic diseases, committing suicide, and substance abuse. ■

In the News

CGP Helps Launch AUD Program in Russia

Corporate Health, a Russian-based EAP, led by Chestnut Global Partners (CGP) and BEAC, another U.S.-based company, recently announced the results of the Occupational Substance Abuse Program they implemented for one of Russia's largest steel manufacturing companies.

In its first year of operation, the program successfully counseled employees identified as having Alcohol Use Disorders (AUDs); findings from the report indicate that workers receiving services curbed their drinking significantly, resulting

in a sharp decline in absenteeism and presenteeism 30 days after intervention.

The findings are significant because alcohol consumption in the Russian Federation is more than double the critical level set by the World Health Organization. While substance abuse programs have a long history in the West, worksite-based intervention is new in Russia, which allows the unusually high incidence of AUDs to go unchecked, under-treated and even overlooked.

"The cultural aspect of the program we implemented at the steel company was critical to its suc-

cess, as social drinking, particularly the consumption of vodka, has long been woven into the fabric of Russian society," said Russell J. Hagen, CEO of Chestnut Global Partners. "We know from our experience in various parts of the world that Western-style interventions need to be adapted to long-held cultural norms and behaviors. Our program was entirely new to the company's employees, managers and supervisors, and we brought in local resources to provide a context that was non-threatening and to assure that the program was well understood." ■

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Moral Injury Increasing Concern

Veterans with traumatic military experiences may struggle with post-traumatic stress disorder (PTSD), a mental health disorder resulting from trauma exposure. Some may also experience Moral Injury, a term (not a diagnosis) that describes possible reactions to inflicting, or failing to prevent, harm during war that may result in mental, emotional, and spiritual struggle.

Moral injury reactions may include overwhelming guilt,

shame, social alienation, and questioning of religious or spiritual beliefs. These reactions may contribute to veterans' psychological, emotional, and spiritual distress and therefore may impact work performance, relationships, and other areas of their lives. Responses specific to moral injury can be normalized and addressed directly.

When working with veterans, EAPs should consider moral injury reactions in their provision of services to veterans

(e.g., referral to a mental health or religious provider).

Resources for moral injury are available at www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp and a newsletter offers more detail about research at www.ptsd.va.gov/professional/newsletters/research-quarterly/v23n1.pdf. ■

Source: National Center for PTSD. (Editor's note: This topic has been covered previously in EAR, most recently in the May 2014 newsletter.)

Counteroffers Becoming More Common

Counteroffers are becoming more common, new research from The Creative Group indicates, but they can be a double-edged sword. Twenty percent of executives surveyed said the number of counteroffers extended by their company has increased in the last six months, compared to just 5% who believe it has declined. Thirty-nine percent of executives said the main reason to issue a counteroffer is to avoid losing an employee with hard-to-find skills.

"Many companies are willing to pull out all the stops to retain their best people in this talent-short market, but counteroffers are often counterproductive," said Diane

Domeyer, executive director of The Creative Group. "They tend to be more of a Band-Aid than a cure – the employee may feel valued in the short term, but the issues that initially prompted the person to consider leaving usually crop up again."

The Creative Group offers five key questions employers should consider before extending a counteroffer:

❖ **Will it address the real issue?** A bigger salary or better job title may not significantly improve an employee's long-term job satisfaction.

❖ **Is it a knee-jerk reaction?** Are you asking the employee to stay because of the value he or she

brings to the role or so your team won't be left in the lurch?

❖ **Will it set an undesirable precedent?** Make a counteroffer today, and you can be sure other departing employees will expect similar treatment in the future.

❖ **Will my pay scale remain intact?** Compensation among employees should be equitable, so if one employee gets a significant raise because of another job offer, it may upset the balance of your compensation program.

❖ **What impact will it have on the team?** What you gain by attempting to appease one employee may cause resentment and low morale among the rest of your team. ■

intersection where dilemmas surrounding personal and professional roles meet – in some cases signaling the start of boundary violations.

❖ **Self-disclosure online is almost inevitable.** It may be initiated by clients who want to learn more about their counselors. Some clients may do more than a Google search: They may join social networking sites, join professional listservs or chat rooms, or pay for online background checks or online firms to conduct illegal, invasive searches.

Solutions

So now that we have identified the problems, what are the solutions?

❖ **EAPs need to create and maintain a formal social networking site policy as part of the informed consent process.**

Informed consent processes should at the very least acknowledge the risks and benefits of using social media and other technology. In addition, EAPs should have policies that lay out expectations for using such sites, namely that EA counselors do not "friend" or interact with clients on social networking sites.

❖ **EA professionals should develop online technological competence.** They must understand the nature and requisite technology of social networking sites. Moreover, they should proactively set controls that limits who sees their personal information.

❖ **EA professionals should contact their professional liability insurance representatives to find out whether their insurance covers social networking sites.** EA professionals should avoid using certain types of speech online, even if they use high privacy restrictions and other protections, such as pseudonyms.



Editor's Notebook

Last month I mentioned that it isn't easy to keep up with technology, and more importantly, that technology alone doesn't improve communication – a topic that was addressed quite well by Geoffrey Tumlin in the July *Brown Bagger*.

But while caution is needed rather than assuming that the "newest gadget" will be useful just because it's "new," I most certainly was *not* trying to downplay the importance of this subject matter to employee assistance professionals! Marina London, web editor of EAPA, examines best technology practices in this month's cover story. Marina is one of the most tech-savvy people I've ever known, so it's been my experience that following her advice can't help but enhance your practice.

Additionally, some very knowledgeable people in the area of online therapy address this aspect of technology in this month's *Brown Bagger* insert. This advice should also prove valuable regardless of the exact role you need technology to play for your program.

In conclusion, today's growing number of technological tools remains potentially beneficial to EA professionals, employees and corporate clients alike. But *how* will you use these tools? And *when* should you use them? Those are questions worth considering, if you haven't already. Hope your summer is going well. Until next time.

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These communications might include breaches of client or supervisee confidentiality, speech that is potentially libelous and speech that denigrates the reputation of the field in which they practice.

❖ **EA professionals should become familiar with the "Ethical Framework for the Use of Technology in EAPs"** which was developed by EAPA in conjunction with the Online Therapy Institute. (Editor's note: A synopsis of this framework appears in the story on page 2. A link to the framework in its entirety appears at right.)

Summary

Perhaps most importantly, be aware that technology and social media are moving targets, evolving at an unprecedented rate.

EA professionals will have to continuously update their knowledge of the online world. ■

Marina London is Manager of Web Services for EAPA and author of *iWebU*, <http://iwebu.info>, a weekly blog about the Internet and social media for mental health and EA professionals who are challenged by new communication technologies. She previously served as an executive for several national EAP and managed mental health care firms. She can be reached at m.london@eapassn.org.

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Ethical Framework for the Use of Technology in EAPs: <http://onlinetherapyinstitute.com/ethical-framework-for-the-use-of-technology-in-eaps/>.

Unwanted ‘Attitude Brands’ at Work – Part I

By Jude Bijou

When someone brings up a topic at work, such as a new task, proposal, or solution, different workers respond according to their predominant attitude. If you work in an office, everyone already knows what to expect from you, for better or for worse.

The good news is that unwanted attitude brands are easy to change – once you as an EA professional understand where they’re coming from. The following are four common attitude brands and how to transform them. The remaining tips will be presented in part two of this two-part article.

❖ **The Slacker.** This person wants to do the minimum to get by – and everyone knows it.

Solution: People who are lazy are often secretly afraid of failing, and they struggle with finding direction. Ask slackers to set aside time to get a clearer picture of their long-range objectives, and consider how their behavior today and tomorrow contributes to achieving those goals. When they have the urge to be lazy, they should say, “I’m doing this for me.”

❖ **The Passive-Aggressive person.** This person appears to comply with the team’s request, then turns around and sabotages others’ efforts.

Solution: Often, passive-aggressive people experienced injustices and violations in their past, and have pent-up anger and a desire to hurt others as a result. To change this, in a private place like their car, they should express your anger in a

constructive way. For example, they can shake your steering wheel and yell “I feel so mad!” Getting that trapped anger out of their body will help them be part of the team and feel more connected to co-workers. Passive-aggressive people should practice acting in compassionate ways toward others, and apologize for unkind words and actions.

❖ **The Gossiper.** This is a person no one trusts because they will smile one minute and in the next talk about others behind their back.

Solution: Gossip is really just a nice word for condemnation, envy, and accusation. In other words, it’s not an innocent pastime. The price a gossiper pays for disloyalty and finding fault with others is feeling alienated and separate from peers. The good news is that the gossiper brought this on him or herself, and it can be reversed. When gossipers feel the urge to put someone down, they should

stop before they speak and ask themselves who it is they’re talking about. If they’re talking negatively about others, they are out of their territory.

❖ **The “No” person.** This is the person who instantly challenges or finds fault with any new idea.

Solution: Chronic negativity comes from an aversion to change, a dislike of being told what to do, or a desire to stay in control. These types of employees need to practice nodding, staying quiet, and letting someone else respond before they do. They must recognize their impulse to jump in and say *no*. Instead, they need to listen carefully and then express at least a willingness to consider whatever it is that’s being presented. ■

Jude Bijou MA MFT is a respected psychotherapist, professional educator, and consultant. She is the author of the multi-award-winning book, “Attitude Reconstruction: A Blueprint for Building a Better Life.” Learn more at www.attitudereconstruction.com.

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App for Bipolar Being Tested

A smartphone app that uses voice analysis to detect mood changes in people with bipolar disorder is being tested by researchers. The app showed promise in early tests with a small group of patients, according to a University of Michigan research team. Moreover, if further testing confirms its usefulness, the app could be used to detect subtle voice changes that give an early

warning about mood changes to people with bipolar disorder and their health care providers.

The app automatically analyzes users’ voices during smartphone calls and does so without infringing on anyone’s privacy, according to the team.

The study, funded by the National Institute of Mental Health and facilitated by the Prechter Bipolar Research Fund at the U-M Depression Center,

was scheduled to be presented at the International Conference on Acoustics, Speech and Signal Processing in Florence, Italy.

Other health conditions also affect patients’ voices, so it may be possible to develop similar smartphone apps for disorders that range from schizophrenia and post-traumatic stress disorder to Parkinson’s disease, the researchers noted. ■

Affordable Care Act

Waiting Periods Capped at 90 Days

Employer-sponsored group health plans cannot impose waiting periods that exceed 90 days after an employee is otherwise eligible for insurance coverage under a final Affordable Care Act rule issued earlier this year by the Obama administration.

The rules don’t require coverage be offered to any particular individual or class of individuals, and other conditions for eligibility are generally permissible, such as meeting sales goals, earning a certain level of commission or completing an orientation period. (Under proposed rules that aren’t yet final, orientation periods could generally not last longer than one month for coverage eligibility purposes.)

Additionally, requiring employees to complete a certain number of hours before becoming eligible for coverage is generally allowed as long as the requirement is capped at 1,200 hours. The rules also address situations in which it cannot be determined that a new employee will be working full time.

Read the final rules at the Department of Labor’s website: <http://www.dol.gov/opa/media/press/ebsa/20140220-redfeg1.pdf>. ■

Additional source: “Business Management.”

Time Management

Brown Bagger Recap

The following is a list of *Brown Bagger* inserts that have appeared so far in 2014.

Month	Topic	Title
January	Generation gap	Don’t Build Walls, Build Bridges
February	Men’s mental health	Man Therapy Scope & Outcomes
March	Conflict resolution	Tips on Dealing with Difficult People
April	Affordable Care Act	Obamacare Paralysis?
May	Returning veterans	Veterans Post-Deployment Update
June	Conflict management	Employee Rivalry
July	Technology	Better Technology = Better Communication? ■