

Volume 6, Issue 1

Let's Talk

From your Employee Assistance Program

Doing More of What Works



Here's a tip to use the next time a problem rears its ugly head — try doing more of what works.

For example, say you and your spouse tend to argue about money on payday. But some paydays, you don't argue because you talked about how much money to set aside for bills a day or two before.

See the pattern? When you talk about money on payday, you tend to argue. But if you talk about money before payday, you don't. So before your next paycheck arrives, sit down, talk and keep doing more of what works!

Another example: You and a co-worker have the same monthly deadline. Because of your co-worker's poor planning, however, you find yourself doing most of the work a few days before deadline.

But it hasn't always been this way. When you and he met each week to talk about your mutual progress, you tended to avoid the last-minute rush. But because you've been rushing things the past few months, you stopped meeting. See the pattern? Start meeting again, and do more of what works!

To find what works for you, ask yourself, "When is this problem not a problem?" Once you've found a pattern, you've found the solution. The next step: Do more of what works.

Adapted from The Solution-Focused Therapy Workbook, by David Finney, Troy, MI., Performance Resource Press, 1996.

When Work Takes You On the Road

If your job requires travel, being sensitive to the needs of partners and children is the next best thing to being home.

Of course some trips are urgent or planned at the last minute. But if you have time to prepare, here's what you can do.

To make it easier on the kids:

Prepare the child in advance. Using a calendar, count down the days to your departure. Tell the child what it will be like when you're away — that you'll be in a busy airport; that you'll be thinking of the child in his or her room; that you'll call at bedtime, even though you won't be there to tuck him or her in at night.

Stay in touch while you're away. Call at a prearranged time. When you call, don't ask questions that can be answered with a yes or no; ask about the child's day, what he or she did at recess, the status of the child's pet, etc. And don't forget to send postcards. Kids love to get mail, and postcards will help them relate to where you're at.



Leave a bit of yourself behind. Record bedtime stories so the child will hear your voice. If the child reads, write letters in advance for each day you're away. Your letter may say something simple like "Have a great day at school, and think about me when you walk



Rover tonight." Turn your letters into a game: Hide them throughout the house and leave clues at the bottom of one letter as to where to find the next. The last letter can reveal the location of a new toy or coupon for dinner out once you're back home. By putting fun and excitement into your absence, the child will be less apt to feel stress, and you'll be less likely to experience the guilt some parents feel when they leave their children.

To make it easier on a partner or spouse:

Before you leave, set a time to talk and do so. Whether your partner expects you to call twice each day while you're on the road or once upon your arrival, sticking to a routine lets your partner know you're thinking about him or her while away.



When you return, don't make your trip sound too glamorous. Maybe you dined in an expensive restaurant or visited a world-famous attraction. But you also may have had a long flight delay, an 11-hour meeting and you probably missed a few meals. Describing only the glamorous parts of your trip may leave your partner feeling jealous or left out.

Be ready to say "Yes." While you may want to rest up when you return from a trip, your partner may have other plans — a romantic evening on the town or a day trip in the country. Try to prepare for these reunions by pacing yourself before your return. Your partner will probably be happy to see you and may feel hurt if you say no.

Sources: MCI Telecommunications; Sales & Marketing Management, May 1996.

Doing Away with the Stigma of Mental Illness



Estimates are that half of us will suffer from mental illness at some time in our lives, and many more of us will work or live with someone who has a mental illness. Yet, there is still a stigma attached to having a mental illness. That stigma unfairly targets people who have a condition that is no fault of their own. The stigma is evidenced whenever someone says that people diagnosed with depression should just “pull themselves together” or that people who hear voices (a possible sign of schizophrenia) are “kooky” or “nutcakes.”

Stigma also may delay individuals and families from getting the help they need for fear that they’ll be ridiculed, misunderstood or discriminated against.

Following are steps you can take to address the stigma associated with mental illness.

Don’t use slurs. Words like “kooky” and “nutcakes” are as derogatory as racial slurs.

When you hear an unkind remark about people with mental illness, speak out. You might say, “That’s an unfair comment about people who have serious problems. I’d prefer you not say things like that around me.” If being direct makes you uncomfortable, ignore the comment and change the subject. You can respond in writing to news stories, cartoons or letters to the editor.

Correct false statements about mental illness or people with mental illnesses. Not all comments about mental illness are malicious. Some are simply incorrect. Arm your-

self with facts and information about mental illness — what it is and how and why some people have a mental illness. Accurate information may change another person’s ideas and actions.

Talk to your children about mental illness. Explain to them that, like a broken arm, mental illnesses are medical conditions. When you see an example of stigma on a television program, make it a topic of discussion.

Be positive and helpful. Respond to people as individuals who have a mental illness. Learn about the person and deal with him/her on the basis of your knowledge, not your assumptions.

Sources: R. Carter and S.K. Golant (1998). Helping Someone with Mental Illness. New York, NY: Times Books. National Mental Health Association.

Facts About Mental Illness

There are five major categories of mental illness: *anxiety disorders*, which include phobias and obsessive-compulsive disorders; *mood disorders* such as depression; *schizophrenia*; *dementias* such as Alzheimer’s disease; and *eating disorders*, which include anorexia and bulimia.

Mental illness may be caused by a *situation*, such as the death of a loved one that causes someone to be depressed or a car accident that leads to a closed-head injury, or a *chemical imbalance* in the body.

Mental illness can strike at any age. An estimated 6 million children have a mental illness severe enough to disrupt their classroom performance.

The vast majority of people with mental illnesses are not violent. When violence does occur, it’s typically for the same reasons that those without a mental illness become violent.

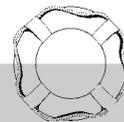
Mental illness is either treatable or manageable with therapy and/or medications.

(Source: National Mental Health Association)

The Federal Consortium EAP provides assessment, counseling, referral, training and consultation to federal employees and agencies throughout the United States. For administrative details about the program, call Doug Mahy, Acting Vice President of EAP, Federal Occupational Health, at 214-767-3030. For assistance, call 800-222-0364.

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