

SEPTEMBER, 2021

Five Ways Sleep Is Good for Your Relationships

By Jill Suttie, Greater Good Magazine (Used with the author's permission)

New research highlights how sleep benefits our social lives.

I'm a sleep lover. I like going to bed at the same time every night and getting a full night's sleep. Deprive me of just one hour of blessed sleep, and things quickly go downhill—just ask my husband. I become bad company—snarky and irritable, hardly able to keep up my end of a conversation, let alone negotiate difficult issues.

Sleep is clearly important for our health, helping our bodies function at their best. It's also key to our productivity, helping us stay fresh and focused the following day. But does getting a good night's sleep affect our relationships, too?

In line with my own experiences, some relatively new research suggests that sleep does have positive social consequences. What we're learning about the connection between sleep, our brains, and our social selves offers yet another reason to safeguard your zzz's.

Sleep helps us approach others and avoid loneliness

It's been long known that loneliness is associated with poor sleep. But is the opposite true? Can poor sleep lead to loneliness?

In a recent study published in *Nature Communications*, researchers scanned people's brains after they slept normally or had a night of sleep deprivation to see how they reacted to strangers. Participants were asked to watch videos of a stranger approaching them from a distance and to push a button when they felt the stranger was too close, while the researchers monitored what was happening in their brains.

When participants had suffered abnormal sleep, they wanted the person to stop at a much greater distance than they did after a night of normal sleep, and their brains reflected a particular pattern: Circuits associated with social repulsion lit up more strongly, while circuits involved in theory of mind (our ability to gauge the intentions of others) were diminished.

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Greetings City Employees,

At the beginning of the summer, many of us hoped we might be returning to "normal" by September. We looked forward to getting back to the office, sending the kids back into the classroom, and moving our gatherings back indoors as temperatures drop.

Even though the pandemic drags on, it helps to keep in mind that we have learned so much in the past 18 months and we have found ways to get on with living life despite the difficulties caused by Covid. That's a good example of being resilient and for the most part we are getting better at that.

So, this month we address some topics that may help you move forward in the midst of uncertain times. The article *Moving Forward Not Moving On* specifically offers comfort to those who have lost a pet but the idea of growing around your grief applies to any loss – the article also includes a link to an excellent video on this concept.

Under our *Raising Resilient Kids* segment, Arlyn shares the tip that it's important to show your children that it's okay to ask for help. And with that in mind, we encourage you to reach out to your EAP if you are struggling and need support. Don't hesitate to take that step because you think others need the assistance more than you do – you deserve to feel better too!

Take good care,

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"A lack of sleep leads individuals to become more socially avoidant, keeping greater social distance from others," the researchers conclude.

The poorly slept participants also reported feeling lonelier. And, when videotapes of them were analyzed by independent raters, the raters thought they *looked* lonelier and were less interested in interacting with them, too.

Sleep helps us empathize with others

Emotional empathy is our ability to feel what another person is feeling. So, if my friend is feeling sad, her sadness resonates with me to some extent, helping me to care about how she is doing.

But, when we sleep poorly, the parts of our brain devoted to emotional empathy don't function as well, according to one recent study.

In the study, college-aged participants kept track of their sleep quality for two weeks and then performed a task while having their brains scanned. The task involved viewing photos of people with different expressions—some neutral, some distressed. Participants were asked to note how concerned they were about the people depicted, and the researchers measured differences in how they responded to distressed versus not distressed people to arrive at an empathy score. The researchers also recorded their brain activity patterns while viewing the different photos, to see how this might correspond to feelings of empathy.

Those who'd reported better sleep were significantly more empathic toward people in distress, and they showed increased activity in parts of the brain associated with emotional empathy when viewing distressed people.

Supporting prior research, this finding may help explain why we read people's emotions more accurately and empathize better in romantic conflicts when we sleep well.

Sleep helps us to be less angry and aggressive

A lack of sleep certainly makes me more irritable. But could it cause me to be angrier or more aggressive?

A recent study suggests yes. Participants who were randomly assigned to maintain or restrict their sleep over two days were then asked to do a difficult task while listening to very aversive noise, bound to make them irritated. Those who'd restricted their sleep became much angrier during the task and did not adapt well to the noise—meaning, they didn't cease to be bothered by it over time—compared to those who'd had normal sleep.



Though experiments have not confirmed that lack of sleep *causes* aggression, people who report sleep disturbance do tend to be more aggressive and violent. Women who sleep poorly are more frequently aggressive toward their partners. One study also found that children who were victimized by their peers at school often became bullies later on if they had sleep problems.

And many risk factors for aggression are aggravated by lack of sleep, according to a review of the research. For example, our ability to turn down emotional upset is compromised when we don't get enough sleep. That means our anger can get out of control, making us more likely to blame and target others.

Additionally, a lack of sleep makes us less able to use techniques like reappraisal—thinking about upsetting events from a more helpful perspective—as a means for tamping down anger and aggression. We may experience other cognitive impairments, too—like becoming hypervigilant of danger or having trouble with decision-making—which could impact whether or not people seem threatening to us. And our reactions to threats are more intense when we don't get enough sleep.

Clearly, not being able to control our aggression would be a bane to our relationships. Sleeping better allows us to have more self-control, which means we're less likely to lash out at others even if provoked. CONTINUED FROM PAGE 2.

Sleep may help us be less prejudiced toward others

Does sleep affect how prejudiced we are? This may seem far-fetched; but when you think of the mental processes involved in interacting with those who are different from us—and how those processes, in turn, are affected by a lack of sleep—it makes more sense.

Certainly, being more willing to approach others, more empathic, or less prone to anger could all have an impact on prejudice. After all, these factors have all been tied to less discrimination in other studies.

Additionally, research suggests we are less prone to feeling rejected when we sleep better. That means that if we fear others may not like us—a common problem to overcome in cross-group interactions—we might be less likely to see rejection where there is none, as long as we get enough sleep.

Sleeping better also makes us less likely to stereotype others, while sleeping less does the opposite—particularly if we already have strong, negative implicit biases towards certain social groups. Perhaps that's why research has shown that "morning people" adhere to stereotypical thinking more at night when they are fatigued, while the reverse is true for "night people."

The interaction of sleep and social relationships

Of course, it's not only true that sleep has an effect on our relationships; our relationships can affect our sleep, too. If we are fighting with our loved ones, facing discrimination, or feeling rejected, our sleep will likely be worse. That means that sleep problems can become cyclical, with social problems causing poor sleep and vice versa.

Luckily, we can break that cycle by getting enough sleep regularly. And, since there are all kinds of evidence-based tips out there for getting a good night's sleep, it's at least worth trying to do so. After all, we could all use people in our lives who are better rested and, as a result, more willing to connect in compassionate ways.

I'm sure my husband would concur.

If you are interested in reading the studies referenced in this article, please visit the **webpage** for a version of the article that includes all of the links.

2021 WEBINAR SERIES

SEPTEMBER 15, 11am CT

Engaging Individuals With Dementia

When someone has dementia, having "meaningful" conversations can be challenging. In this webinar, you'll learn tips for following conversations to unknown destinations. You'll also get an insider's perspective on how to address sibling tensions and resolve healthcare, financial and legal matters—with love and humor.

1-800-236-7905 FEI is available 24/7 External EAP for City of Madison



City of Madison EAP Phone: (608) 266-6561



Presented by Adele Lund Adele Lund Consulting, and Susan A. Marshall Author, Mom's Gone Missing

> www.feieap.com Username:Madison

Moving Forward, Not Moving On

By Shailen Jasani, The Ralph Site for Pet Loss Support (Used with the author's permission)

"Moving forward" or "moving on". They sound like such similar phrases, don't they? But in the context of grief the difference between "on" or "forward" is huge.

When you're grieving for a precious pet – or indeed a person who you love – people will often say things like, "Isn't it time you moved on?" or "You'll move on eventually" or even, "I'm glad to see you've moved on".

But the idea of moving on from a loved one can be incredibly distressing.

Moving on implies leaving something behind. It suggests that the animal, for example, was a moment or place that you can put behind you when, in fact, he or she was a member of your family and you'll never get over that loss – not in the way that moving on implies, anyway.

The connotations of "moving on"

But there truly isn't.

While people who haven't experienced grief might like to think it has an endpoint, those of us who have lost someone we love, including a pet, know that there is no cut off point for our feelings.

Grief doesn't come with a timeline, whereas the phrase "moving on" suggests that it does.

Other vocabulary people use can suggest the same thing. You might have someone say to you, "I'm glad to see you're feeling better now" or be party to a conversation in which someone says, "I don't think they ever got over the loss of their <insert loved one>". People often talk about "closure", as though you can simply close the cover on the book of grief.

Such phrases imply that there will come a moment when the grief is done and dusted. When it isn't, it can make us feel like there's something wrong with us.

We don't move on from grief

If you haven't seen it, there's **a powerful TED talk from Nora McInerny filmed in 2018** in which she talks about how we can never truly move on from grief, only forward.

Although her insights came from losing a child, her dad and her husband in a few short months, her insights apply to *all* grief. The talk is well worth a watch.

Why it's better to talk about "moving forward"

As McInerny tells us, it is far more compassionate and realistic to talk about moving forward after a bereavement.

When a pet dies, our love for them is still very much present. We expect them to be waiting for us when we get home or listen for the sounds of them moving around like they always did. We slip into the present tense when we talk about them because we think about them all the time and they will never just be left in the past.

Our pets help to shape us and so they are forever a part of our identities.



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You would not be the person you are today without the animal you have lost. You made memories together, felt joy because of them, built your life around them.

How can you move on from someone who has fundamentally changed you?

Learning to live with grief

Inevitably though, we do have to find a way to move forward.

As much as we can feel **frozen in our grief**, life will keep moving and we are left with no choice but to find a way to live in the world without our loved one.

But it isn't that our grief eventually shrinks, it's that we learn how to grow around it.

This is the theory of **Dr Tonkin's model of grief**, which is illustrated below. This model suggests that grief actually remains as big and present as it has always been but, with time, your life will begin to grow around it.



People tend to believe that grief shrinks over time



What really happens is that we grow around our grief

You will experience new things, meet new people, have new pets, learn new skills, visit new places, enabling the space around your grief to get bigger. This is the process of moving forward.

Grief isn't an either/or emotion. It's not that you feel grief and nothing else.

In fact, grief can be present while you experience other emotions too. **You can grieve for your pet and still feel happy and smile**. You can be grieving and still experience joy. You can even love another pet while yearning for the one you lost.

People in The Ralph Site Facebook community often share the saying that "Grief is just love that has nowhere to go".

How true.

If we believe this, then we can move forward knowing that grief is the locket that holds our love inside of us.

And maybe that's a special thing, to have a love that we carry always. Why would we want to "move on" and leave love in the past when we can move forward and hold it with us forever?

If you need to talk to someone about how to move forward in your pet loss grief, you can find a list of pet bereavement counsellors on The Ralph Site (in the UK). Our active Facebook community also provides a safe and accepting space to talk.

There is no right or wrong way to grieve. Only your way.

Just know that you are not alone.

This article recommends a few resources in the UK, but we also have a good local resource to recommend:

 Journeys Home Pet Euthanasia in Madison offers not only pet euthanasia services in your home, but also many pet loss resources on their web site. Visit https://journeyspet.com/pet-loss-resources/.



The Unromantic Truth behind Creativity Myths

By Jeffrey Davis, M.A., Psychology Today (Used with the author's permission)

Research-based practices that can help you live, act, and work more creatively.

What does it mean to be "creative"?

For millennia, cultures around the world have painted creativity as an elusive, unpredictable, sometimes divine gift bestowed upon the lucky few. By this understanding, creativity is a trait that cannot be pinned down, assessed, or measured. Yet, thanks to modern neuroscience, that's exactly what we've done.

Our understanding of creativity is far more nuanced today. We know that there is not a creativity "gene" that some people are born with while others aren't. In fact, pioneer creativity researcher and author of *The Origins of Genius* Dean Keith Simonton wrote in one study, "Artistic Creativity and Interpersonal Relationships Across Generations," that "It seems that artistic talent does not run in families – only mediocrity does." We also now understand that we can foster creativity in domains and in life far beyond traditional fields associated with creativity — the arts, literature, dance, music.

However, the perpetuation of creativity myths in pop culture does us a disservice. They undermine the years of work and tireless effort behind creative achievement. They lead us to believe that our creativity atrophies as we age, until we're old and unoriginal. They deny our agency in the creative process, and they dissuade people from nurturing creative ideas before the seeds are even sown.

So, I'm going to tackle four of the biggest myths about creativity and share research-based practices that can actually help you live, act, and work more creatively.

Myths that undermine creative expression — and how to subvert them

1. Creativity is an inherent talent, not a learned skill.

Every human being has a deep-seated biological urge to develop novel, useful, and sometimes beautiful solutions to everyday challenges. After all, it's our creativity as a species that has allowed us to adapt and survive. Yet many people believe that creativity is an innate talent: you've either got it or you don't.



When stories of geniuses, star athletes, and prodigies abound in popular media, it's easy to see how one could fall victim to this kind of thinking. In fact, one study found that the more stories people read about this kind of exceptional big-C "Creativity," the more they believe creativity to be fixed.

But a mounting body of research shows that creativity is not a fixed character trait, nor is it a reserve that we deplete as we grow older. Instead, creativity is a skill we each can cultivate to become lifelong learners and leaders.

Try this: As with any skill, creativity requires practice but the learning curve can be steep. It's like learning a new language or playing an instrument: Those first hundred hours of practice are usually the hardest, but they are also where you experience the most growth.

If you want to be able to flip your creative switch more easily, try building rituals that will help you drop into that generative state called "flow." One simple way to find flow is to dedicate a space – maybe a favorite armchair or desk – exclusively to your creative work. Decorate that space with visual cues that spark your imagination and inspire. Be sure to also remove any distractions when you retreat to your creative corner.

2. Creativity is rooted in the right hemisphere of the brain.

You've probably heard people self-identify as "right-" or "left-brained" thinkers. This "split-brain" concept – the idea that the brain is divided into distinct rational and creative parts – is a major over-simplification of research that dates back to the '60s.

We now know that creativity – as well as rational decision-making – **lights up both hemispheres**. As such, narrowly focusing on exercises that stimulate the right-brain won't necessarily enhance your creativity. But the idea of "exercising" creativity isn't entirely off base.

Try this: If you want to get fit or lose weight, you start an exercise routine. Similarly, if you want to become more creative, you need to exercise your creativity and that too takes discipline. CONTINUED FROM PAGE 6.

Make time for creative activities. That could mean blocking out an hour each morning to journal. Or it could mean engaging in a hobby that requires you to work with your hands (and give your brain a break), maybe even learning an entirely new skill. Whatever it may be, practice consistently and soon enough, you'll be able to flex that creative muscle more easily.

3. Creativity comes in the form of spontaneous inspiration.

We've all heard the story of Isaac Newton and the apple, or Archimedes and his bathtub. Though entertaining, these apocryphal stories perpetuate the idea that creative ideas appear out of thin air. According to a 2021 study, 58 percent of people still believe creative achievement is usually the result of a sudden inspiration.

This myth is especially dangerous because it can lull people into thinking that they have to wait around for creative ideas to happen. In actuality, the concept of gravity or the principle behind water displacement didn't magically manifest in those eureka moments. The seeds for those ideas had already been planted — they just needed time to germinate.

Try this: Our bodies and minds have natural rhythms of optimal performance. For most of us, those rhythms are in 90-minute to 2-hour increments. So next time you're feeling burnt out or uncreative, don't stare at the computer screen waiting for inspiration to come. **Take a break.**

Our subconscious brains continue working on problems in the background. So go for a walk, engage in some mindless chore, get some exercise. You've already primed your mind with the necessary knowledge. So give your brain the time to absorb it and watch the margins of your mind play.

4. Creativity is all about thinking and feeling a particular way.

Many people think they have to be in a particular mood in order to generate anything of creative value. The trouble is, we can't always control our feelings. We can, however, control our actions. Sometimes, actions can even change how we feel.

The unromantic truth of creativity is that living a creative life requires more than mere thinking. It requires doing. In the words of marketing guru Seth Godin, "Creativity is an action, not a feeling."

So how do you "do" creativity? You cultivate meta-awareness – or creative mindfulness – to better recognize and capture your flashes of insight so that you can actually put them to practice.

Try this: Keep a journal for a week and write down any creative, novel, or random ideas that pop into your head. You could keep track on a phone or tablet, but I find that physically writing the words consolidates the idea in my mind.

At the end of each day, review your ideas and filter through (but don't discard!) them. After the week is up, pick a few of your favorite or "best" ideas and try to reflect on them for a few minutes each day. Make note of how they begin to take shape and transform into something more concrete. When you find an idea that truly excites you, map out the steps to realize it, even if those steps may seem out of reach.

Your creativity will never be realized if you don't first ground it in reality.

Jeffrey Davis is the founder of the company, Tracking Wonder, and the author of the upcoming **book** by the same name.

Resources for Veterans

Veteran's Crisis Line 1-800-273-8255, Press 1

- Dane County Veterans Service Office provides links to opportunities, benefits, and social organizations for veterans.
- Wisconsin Department of Veterans Affairs provides information and resources to Wisconsin veterans.
- U.S. Department of Veterans Affairs has a website to help veterans and their family members navigate benefits.
- Resources for Veterans including a four-part series about Afghanistan Veterans and how they can get help through VA.

Given what is happening in our country and around the world, we want to acknowledge the difficult time that U.S. Service Members and those who love them may be experiencing. EAP is here to support you and your family. If you need anything during this time and beyond, please don't hesitate to reach out to us. We have specialized services and counselors available for City employees who are active in the military or who are veterans, as well as their immediate family members.

Thank you for your service now and always,

Tresa, Arlyn, & Sherri

開合合語 IT TAKES A VILLAGE

A Caregiver's Guide to Tic Disorders

By Chelsea Dale, M.S., Psychology Today (Used with the author's permission)

A quick guide to learn more about tic disorders and key resources.

Taylor's mother noticed that her 8-year-old child was constantly sniffing but did not have a cold or allergies and was excessively blinking, head nodding, and making throat-clearing sounds for no apparent reason. When asked, Taylor described an inability to control the sounds and movements and a "funny" feeling in the neck that went away after nodding the head. What do all of these symptoms have in common? They may be the signs of a tic disorder.

How common are tic disorders?

It is highly likely that a number of people that you know have had a tic disorder at some point in time. Transient tics (a tic or tics that appear but do not persist or cause distress or impairment) are common and impact up to 20% of school-age youth (**Scahill et al., 2015**).

Transient tics often disappear on their own. However, if they persist and prevent children from doing the things they like to do, it may be a good time to consult with a pediatrician or other medical or mental health professional (neurologist, psychologist, or psychiatrist). However, it is helpful to be familiar with certain signs and symptoms so you can feel prepared for the discussion.

What are tic disorders?

Motor tics involve body movements such as repeated shoulder shrugging, facial movements, or head jerking. Vocal or phonic tics include grunting, throat clearing, or making animal or bird sounds. These movements and sounds are involuntary (not done on purpose) and usually appear around age 6.

There are several types of tic disorders that differ mostly in how long the tics have existed, even if they have come and gone (waxed and waned) over this period of time. Tics occurring for less than a year are referred to as a provisional tic disorder. A chronic motor tic disorder involves only motor tics lasting for over one year; a chronic vocal tic disorder involves only vocal tics that have persisted for over one year. Tourette's Disorder, often known as Tourette's Syndrome, includes both motor and vocal tics which continue for over one year. While it is helpful to understand the differences, the treatments may be similar.

Can children with tics have other symptoms?

Many children with tics also have other symptoms. In fact, according to the **CDC** (Centers for Disease Control and Prevention, 2020), 86% of children diagnosed with Tourette's experience significant symptoms associated with another disorder. For example, 63% experience attention-deficit/hyperactivity disorder (ADHD) symptoms (hyperactive or impulsive and/or difficulty with attention or

remaining on task), 49% experience anxiety (excessive worries or fears), and about 33% experience obsessive-compulsive disorder symptoms (unwanted thoughts that are reduced by doing certain behaviors — often referred to as rituals).

It is very common for tics to increase in intensity or frequency when children are tired, nervous, or very excited. Tics sometimes decrease when a child is feeling calmer and more relaxed. During your discussion with a medical or mental health provider, you may be asked about some of these other behaviors.

What happens when diagnosing a tic disorder?

When meeting with your provider, you will be asked questions about your child's tics, such as what they look like, when they started, and how often they happen.

You may likely be referred to a neurologist to rule out other reasons that might better explain why your child is experiencing tics. Other diagnoses could include a seizure disorder or other neurological disorder, or another movement disorder. By evaluating these symptoms, your provider can determine the best course of treatment.

What do I do if my child is diagnosed with a tic disorder?

If your child is diagnosed with a tic disorder, there are some excellent and effective treatments to help you and your child manage their tics. If the tics are not upsetting the child and not interfering with activities they need to do or enjoy doing, it may not be necessary to seek treatment (however, communication with your provider is always important). For others, the tics may be problematic, and you may be referred to a practitioner familiar with appropriate treatment. CONTINUED FROM PAGE 8.

What kind of treatments are available?

The **American Academy of Neurology** (Pringsheim et al., 2019) recommends a behavioral intervention called Comprehensive Behavioral Intervention for Tics or CBIT as the first-choice treatment. CBIT involves learning skills and strategies in order to manage tics more successfully. You may also be taught strategies to help your child relax, such as taking deep breaths, which can reduce the frequency of tics. Learning new techniques can often help children and their families feel more confident in managing their child's tics.

Some doctors may also suggest combining behavioral treatments, like CBIT, with medication; however, the evidence to support the effectiveness of these medications is mixed. Some doctors may prescribe a medication to help manage another disorder, like ADHD or anxiety. It is important to talk with your doctor about all treatment options and to determine the treatment that will be best for you and your family.

What causes tics?

It is important to remember that your child's tics are involuntary and that no one did anything to cause them to occur.

What can I do as a parent?

You can try to limit the amount of attention focused on the tics. For example, instead of asking the child to stop, praise them for taking a calm and deep breath when they were feeling nervous. You might choose to take deep breaths along with your child. In fact, adults can also benefit from using strategies to help them calm down.

Important things to remember

Children with tics can be successful in whatever they choose to do. Tim Howard, a professional soccer player, Billie Eilish, a five-time Grammy award winner, and Dan Aykroyd, actor, producer, comedian, and filmmaker known for his time on *Saturday Night Live* and his starring role in *The Blues Brothers* and *Ghostbusters* all have been diagnosed with a tic disorder.

To learn more about tic disorders, find helpful resources, or locate a treatment provider, visit:

- Tourette Association of America
- Centers for Disease Control and Prevention (CDC)'s website

You can also visit our university-based **clinic's website** for more information about tics and to learn more about the free services we offer. Currently, our program offers services via telehealth.

Chelsea Dale, M.S., is a doctoral candidate in the clinical science Ph.D. program and a member of the Child and Family Well-Being Lab (CFW) at Florida International University.

A CAREGIVER'S GUIDE Tic TO: Disorders

DID YOU KNOW? 1 OUT OF KIDS OR TEENS EVERY 100 has a tic disorder



GENETIC AND NEURODEVELOPMENTAL DISORDERS CHARACTERIZED BY REPETITIVE, SUDDEN, INVOLUNTARY OR SEMI-INVOLUNTARY MOVEMENTS OR SOUNDS CALLED TICS



While they can run in families, parents and children/teens did <u>NOTHING</u> to lead tics to occur

WHAT ARE TICS?

INVOLUNTARY MOVEMENTS OR SOUNDS THAT USUALLY BEGIN WITH THE EYES, FACE AND/OR NECK

USUALLY RAPID AND HAVE NO PURPOSE 💳

USUALLY <u>BETTER</u> WHEN SOMEONE IS CALM OR FOCUSED

USUALLY <u>WORSE</u> WHEN SOMEONE IS TIRED, FEELING A STRONG EMOTION OR WHEN ATTENTION IS PLACED ON TICS

COMMON COURSE OF TICS

1 TICS TEND TO APPEAR AROUND AGES 5-7

TICS TEND TO BE AT THERE WORST AROUND AGES 10-12

TICS OFTEN IMPROVE IN LATE ADOLESCENCE OR ADULTHOOD

TO LEARN MORE, VISIT:

- TOURETTE ASSOCIATION OF AMERICA (TAA)
- HTTP://WWW.TOURETTE.ORG • THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
- HTTPS://WWW.CDC.GOV/NCBDDD/TOURETTE/INDEX.HTML
- OUR PROGRAM, THE CHILD & FAMILY WELL-BEING CLINIC
- HTTPS://GO.FIU.EDU/CFWCBIT

Tips for Raising Resilient Kids

Tip #6 – Show them it's okay to ask for help

- Kids may think that being brave means doing everything by themselves. It's important to tell them and show them that being brave means asking for help and using their resources when they need it. A great way to do this, is to lead by example.
- For example, "Sometimes we all need help, that's why I asked grandma to help me with XYZ".

EMPLOYEE ASSISTANCE PROGRAM TRAUMA INFORMED SUPERVISION

Even before the COVID pandemic, trauma was widely prevalent in our society including our workplaces. The collective trauma we are all experiencing now as the result of this pandemic has only exacerbated the issue. Moreover, trauma has negatively affected organizations taxing already stressed systems of care and practitioner wellness. Trauma and resilience-informed care is an intervention and organizational approach that focuses on how trauma may affect an individual's life and their response to receiving behavioral health services. This presentation will explore the adverse childhood experiences study and the many faces of trauma and its prevalence in society.

Trauma-informed supervision is imperative to ensure we are allowing employees to bring the best version of themselves to work every day. We will discuss how the application of the six values of trauma-informed care drive connection and can be applied in multiple service settings. We look at trauma-informed supervision best practices and the application of reflective supervision. Never before has this topic been more relevant and needed to serve each other and those depending on us for help.

- » Presented by Scott Webb, State of Wisconsin Department of Health Services
- » Thursday, September 30, 2021, 9:00-10:30AM



Registration required. Questions? Call the EAP Office at (608) 266-6561.





- » Presented by Randy Kratz, FEI Workforce Resilience
- » Wednesday, October 13, 2021, 10:00-11:30AM



Registration required. Questions? Call the EAP Office at (608) 266-6561.



Thanks for reading,

we hope you found the information useful!

You can reach any of us by calling the EAP Office at (608) 266-6561

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Sherri Amos, samos@cityofmadison.com

External Available 24/7: FEI Workforce Resilience (800) 236-7905

To learn more about your external EAP services, please contact FEI at 1-800-236-7905 or log on to **feieap.com** and type username: madison.