

FOCUS

On



United States Office of
Personnel Management

Federal Employee Health and Assistance Programs

Conference Strengthens Initiatives

*SSA Convenes Three Day Conference
for Field Work/Life and Health Reps*

*The Work Life
Coordinators
posed for a group
photo at the
conference.*



In This Issue

- Grandparents Raising Grandchildren
- Presidential Directive on Smoking Cessation Programs
- EAP Perspective on Performance Management
- FOCUS on-line
- Mental Health Fair
- Stress Reduction Lab at HHS
- Conferences!
- Upcoming Events

Twenty-eight Social Security Administration (SSA) field and headquarters-based employees who are involved in implementing work/life gathered for a three-day conference held at Headquarters complex in Woodlawn, MD, May 9-11, 2000. Sponsored by the Center for Employee Services (CES), the conference initiated a forum for the discussion of ways to strengthen SSA's commitment to provide assistance to SSA employees nationwide (over 63,000).

Tom Pugh, a team leader in the CES, who coordinated the conference, said: "The primary reason for the conference was to acquaint the agency's newly designated work/family and health/wellness coordinators from each regional

office to the extensive services offered by the CES and to motivate them to more fully implement these services in their components. Because the span of possible services is very broad and it is more complex to develop them at field locations due to limited resources, it is understood that implementation will be incremental and take some time. Selected services may be offered in the beginning and they may evolve into more comprehensive program over time. Participants were encouraged to get at least some services started and to get some points on the score board as soon as possible."

At the start of the conference, CES Deputy Director Bill Alker, told the group: "We want to maximize our

ability to provide services and information to all employees. We can learn about your current activities and challenges. We want to listen to you and learn how we can be more responsive in this area."

The agendas for each day, packed full from 9:00 a.m. until 4:00 p.m., allowed time for attendees to participate in open discussions about their needs, as well as periods of questions and answers at the beginning and/or end of each day.

These open discussions revealed that the administrative offices in the field are very busy with the press of routine business and are challenged to initiate new work/life initiatives.

A presentation on the first day featured Office of Personnel

(continued on page 2)



Coordinators
enjoyed a
Maryland Crab
Feast one evening.

Management Office of Work/Life Programs representative, Dr. Patricia Kinney, who talked about the demographic forces driving the need for work/life initiatives. She also briefed them about the latest OPM work/life activities and resources to help agencies to initiate programs and make them successful.

Other sessions addressed using technology in work/life programs, and the role of the work/life coordinator in being an advocate and a mediator. Presentations by three Baltimore-based private sector companies employers described their experiences in developing work/life programs in their particular work settings.

Another session, *Retirement Wave and Competition for the Workforce of the Future* emphasized the need for work life programs at SSA in order to improve recruit and retain skilled workers in the future. Due to a largely older employee population, SSA estimates the need to hire many new employees as experienced employees leave the workforce. Work/life programs are now viewed by senior management as a bottom line issue and not just “a nice thing to do.”

Day two featured comprehensive tours of the various service centers at headquarters — the Child Care Center, the Career Life Resource Center, and the Fitness Center. Each tour was accompanied by a program

specialist’s explanation on how to establish centers in their regions.

On day three, attendees were told about the new interactive teletraining video studio, an on-line, one-way video/two way audio program. Over 800 sites are equipped and can interact with presenters. Work/life presentations are recorded monthly on video tape at SSA headquarters and mailed to 75 SSA area directors across the country.

Other sessions included informative talks about career counseling, caregivers, employee health services, and program evaluation.

One of the last sessions of the conference was about mentoring services. CES staff at headquarters pledged their commitment to assist field coordinators, in all subject areas, in the coming months and years to implement programs and services.

Ongoing contact and support, guidance, and promotion of other professional training opportunities (whether local or national) will be a serious commitment by CES to make this effort successful. As part of this, coordinators conducted work life program assessments. CES mentors will follow-up with attendees about their plans, track their progress, and seek ways to provide ongoing assistance.

Conference attendees also outlined goals for strengthening work/life by:

- increasing communication between field and headquarters, using the following vehicles — the in-house quarterly magazine, videotapes, interactive video teletraining, Central Office Bulletin articles, web sites, and expanded use of the Internet as a primary communications vehicle;
- upgrading effectiveness of existing mechanisms, including the movement toward automation;
- taking advantage of recognized observances for sponsoring events

and distributing information;

- conducting orientation/training for managers on promoting family-friendly leave policies (a policy guide/desk reference is in development), family-friendly work arrangements, mediation/ intervention, seminars, especially to address employee situations that may be helped with “hardship reassignments.”

Linda Auriemma, an attendee from the New York region, commented about the conference, “There was not a dull moment at the conference. It was very full, very structured and very complete. I really enjoyed touring the various work/life service centers in Baltimore.”

She continued, “Personally, I thought it was wonderful to meet the other coordinators from around the country. I only knew some of them and I’d talked on the phone with some of them, but there’s another kind of connection when you meet in person. It was great to meet the CES headquarters staff and to meet the other components there. Now I feel more comfortable to contact them and they really encouraged us to do that. And I was impressed to see what they are doing. There are things that I have targeted to consult with CES about, things that we can piggy back, things I wouldn’t have initiated if I hadn’t gone to the conference.”

Jackie Martinez-Wells, from the Denver region, said about the conference, “I brought back a lot of best practices, but it is different and harder to apply them to our sites where we may only have 100-500 employees. We are looking to partner these services with other agencies in the area. I think the agency has done an excellent job with issues in the work/life arena, but it is presented in a different light now, with recruitment becoming a priority. This is an issue whose time has come.”

“Specifically, the action items I came back with are to open a mini work life center library, modeled

(continued on page 8)

Grandparents Raising Grandchildren

OPM Conference

Addresses Workforce

Caregiving Issue

In the first Government-wide conference of its kind, OPM presented “Kinship Care: Grandparents and Other Relatives Raising Grandchildren,” a half-day event on April 6, 2000, in Washington, DC.

The issue is especially timely today as this phenomenon is being called “a silent epidemic” — ‘epidemic’ because the number of grandparents serving as primary caregivers is growing rapidly; ‘silent’ because it has not yet been recognized by the public service sectors of society. Grandparents raising grandchildren in the U.S. number more than 3 million and represent all demographic sectors.

Grandparents raising grandchildren insist that it is harder the second time around. There are compelling reasons. In the conference’s first session, Ms. Margaret Hollidge, a Senior Program Coordinator with the AARP Grandparents Information Center, enlightened the group about some of the special challenges that grandparents raising grandchildren face.

Ms. Hollidge called grandparents’ caregiving a woman’s issue since statistically women make up a larger portion of grandparents in this situation. It is also an equal opportunity issue, she said, because for many who do not have legal custody or guardianship, there are complex legal questions. Certain decisions pertaining to the child’s medical care or schooling cannot be made by a grandparent who does not have legal custody. Not having legal custody also precludes some forms of financial assistance.

The grandparent may be dealing



with other issues presented by the adult child/parent who is unable to care for the child — legal, financial, substance abuse, health or mental health issues. Or the child may have died and the grandparent is grieving. Depending on the circumstances that precipitated the situation, behavioral problems with the child may be an issue.

One complicating factor in itself is that most often grandparents were not able to plan for this situation, Ms. Hollidge said. “Parents expecting children, either through birth or adoption, know about it and can prepare months ahead of time. A grandparent who is raising a grandchild often gets into the situation with a phone call that comes unexpectedly in the middle of the night,” she stated.

In group exercises Ms. Hollidge tasked participants with finding solutions to challenges presented by different scenarios. Each exercise illustrated the life-changing types of transitions that may be necessary when an adult suddenly has to care for a child and has few resources available. The exercises included trying to budget within monthly incomes and working around housing challenges.

While this would be a difficult transition for most people, and especially true for someone who is working full-time, grandparents have additional burdens. Namely, they are older and may have less stamina or declining health. Often they are without a spouse at this stage of their life. It could be devastating financially, or the living arrangement is inappropriate. The exercises had the group consider unanticipated events, such as loss of income or becoming medically incapacitated.

The individual may have to totally give up their former lifestyle, hobbies, and activities, or quit their job. Maybe they planned to travel or embark on some other venture after retiring, or just relax, but now their time is committed to child rearing. Raising grandchildren may isolate grandparents from their social networks, since many of their peers are no longer dealing with primary responsibility for raising children.

Ms. Hollidge said, “Some question why grandparents choose to do this, but the answer is they do it out of love.” She shared the good news about regions now becoming responsive through various

(continued on page 8)

Members of the SSA Support Group, Grandparents Raising Grandchildren, talked about their challenges at the conference. Melissa Baker, left, coordinates the support group.

President Issues Directive to Agencies: Expand Access to Smoking Cessation Programs

On June 27, 2000, President Clinton signed a memorandum to heads of executive departments and agencies, "Expanding Access to Smoking Cessation Programs."

The memorandum referred to new tobacco cessation guidelines released on the same day, June 27, 2000, by the Department of Health and Human Services' (HHS) Public Health Service. These guidelines reflect the latest research on treating tobacco use and addiction.

In this memorandum, the President said, "The guidelines are designed to enable clinicians, employers, insurers, health benefits managers, and others to employ programs and therapies that have been proven effective, and help prevent more unnecessary tobacco-related illnesses and deaths. These new guidelines will also serve as a valuable resource for evaluating and improving current programs, including those offered by Federal agencies."

The President directed heads of departments and agencies to send a message to all personnel that:

- 1) encourages them to stop smoking or never start;
- 2) describes assistance the agency can provide in helping them to quit;
- 3) provides information on proven smoking cessation treatments and practices;
- 4) encourages

participation in the American Cancer Society's Great American Smokeout scheduled for November 16, 2000.

In addition, he directed all



agencies "to review their current tobacco cessation programs and to provide a report on their achievements and effectiveness to the Director of OPM" within 60 days from the date of the memorandum (by August 25, 2000). Specifically, they were directed to consult the new HHS guidelines in conducting these reviews, to identify areas of program enhancement.

Any new initiatives planned by agencies should also be part of the report. The memorandum stated that OPM will then use this information to compile a list of "best practices" to be shared with all agencies and

report those findings to the President within 90 days of the memorandum (by September 24, 2000).

He also stated that OPM would provide assistance to agencies as needed and encouraged agencies to visit the OPM web site (www.opm.gov) to look at information on establishing a model smoking cessation program.

For more information about agency reports due to OPM, and guidance recently issued to agencies about reporting, contact Frank Cavanaugh of OPM's Employee Health Services Branch on 202-606-1166. **F**



President Clinton

CONTRIBUTORS' COLUMN

The Contributor's Column is a new feature in FOCUS. Experts and representatives from various fields relevant to employee work/life and wellness programs may use this space to let readers know about initiatives and resources, or to share a perspective. The column may or may not appear in every issue. Please contact the FOCUS editor if you'd like to contribute to this column.

Soft Hearted or Tough Hearted: Which is More Helpful?

An EAP Perspective on Performance Management and Mental Health

"Yeah, Joe is such a good guy," the supervisor reflected, "he has a rough life at home and he's always been a little difficult, but he's a good guy so I always give him a break."

"How is he difficult and how long has he been this way?," asked the EAP counselor.

"Joe is loud and argumentative, and some of the new employees are afraid of him. It's been like that for the last eight years, at least ever since I've been his supervisor. I talked about it with him once, but he got all red in the face and I thought he was going to have a heart attack. I figured it was better to let it go. But for the last two months, it's been so bad that every day someone comes to my office and complains. He's using inappropriate language, he's gone from loud to shouting, and yesterday he was so verbally abusive to his office mate that the guy took sick leave and left for the day. I just don't know what to do. He's such a good guy, you know, and I don't want to make things worse for him."

One of the most challenging decisions a supervisor has to make is how to deal with a long-term productive employee whose behavior has been marginally acceptable for years. How are these employees tolerated for so long? What finally brings supervisors to a course of action? How can EAP counseling be a preliminary and vital turning point? What do supervisors need to know and do?

Employees generally don't start out at the edge of marginal behavior, they creep there over time as life cir-

cumstances and mental health issues increase in their intensity. Any number of life circumstances can worsen and become chronic — marriage and parenting problems, taking on aging parenting care, pain and illness. Sudden tragedy can befall anyone — suicide or untimely death of a loved one, unexpected serious illness or financial difficulty — and then become a deepening, long-term burden.

Most of us need extra support from our close relationships during these times. Counseling can often help to

Employees generally don't start out at the edge of marginal behavior, they creep there over time as life circumstances and mental health issues increase in their intensity.

keep perspective, problem solve, and embrace the hope and strength needed to sustain and eventually recover.

Employees who pride themselves about their competence, intelligence, and independence can be at the greatest risk of becoming overwhelmed because they tend not to seek support and understanding. Two kinds of employees seemingly make supervisors reluctant to address behavior problems: employees who have high performance competence and employees with known personal difficulties.

Supervisors may tolerate marginal behavior, concerned that addressing it will make it worse or add burden to an already burdened employee. Supervisors sometimes feel averse to taking a formal course of discipline because of the employee's temperament.

What finally brings supervisors to a course of action? The unnecessary, inappropriate behavior becomes too frequent, the line gets crossed, or coworkers become alarmed and are increasingly fearful. Supervisors who have never documented anything about the concerns they've had for years may suddenly realize that things have become quite serious. This is often the time they will call the EAP for guidance.

By the time the EAP gets involved, however, the situation may have taken on a crisis tone. Supervisors plead for advice about taking immediate action. Agency programs may vary in their approaches, but most will coach the supervisor to make an employee referral to the EAP, while the supervisor is told to seek

Human Resources guidance about appropriate documentation and other formal procedures. The desired outcome, for everyone involved, is for the employee to improve to an acceptable level.

The EAP plays an essential role because while the supervisor must remain strictly focused on job performance-related issues, the EAP counselor can address any mental health concerns which may be at the core of the difficulty.

Depression (chronic, sudden, or
(continued on page 8)



Mary Jackson

This issue's contributor, Mary Jackson, is an EAP Counselor for the National Institute for Standards and Technology, part of the Department of Health and Human Services, Public Health Services.

mixed with mania), different forms of anxiety, (including post traumatic stress, panic disorder, phobias, and general anxiety) and substance abuse may be contributing to inappropriate behavior. Untreated mental health issues tend to escalate over time. Short term counseling by the EAP and referral to longer term treatment could be vital to relieving an individual from years of distress and hopelessness.

What do supervisors need to know

and do? Know that what seems to be soft-hearted tolerance of inappropriate behavior such as yelling, throwing objects, angry outbursts, rudeness, practical jokes, or unshakable pessimism, is not helping anyone. It sends a message to coworkers that their safety and comfort are compromised. It says that competent people are held to a different standard of tolerance. Moreover, it gives permission for a bad situation to get worse. The tough-hearted supervisor

cares enough about the employee to intervene by talking about what is acceptable and unacceptable on-the-job behavior, discussing the effect on the employee and others, and spelling out the consequences. By documenting all encounters, getting guidance from individuals in your agency who can help, and encouraging the employee to see the EAP counselor, the employee can get help for a problem before it escalates and becomes even harder to manage. **F**



The screenshot shows the OPM Employee Health Services website. At the top, there is a navigation bar with "OPM Employee Health Services" and "Home Page" links. Below this is a search bar and a list of navigation icons including "Refresh", "Home", "Favorites", and "History". The main content area features a large "Employee Health" heading and a list of bullet points: "Employee assistance, including counseling for alcoholism, drug abuse, marital, financial, child/elder care, etc.", "Employee health, including health promotion and disease prevention programs, health centers, and occupational health programs", and "Bimonthly newsletter called FOCUS on Federal Employees". A sidebar on the left contains "What's Hot", "What's New", and "Web Site Index" sections. The bottom of the page includes a footer with "www.opm.gov/ehs/" and "United States Office of Personnel Management".

It's finally here...

Look for FOCUS on the OPM web site!!

To access FOCUS, go to:

www.opm.gov/ehs/Focus.htm.

Adobe Acrobat files allow FOCUS to be downloaded in its complete graphic format.*

We're interested in your feedback about accessing FOCUS from the Internet. Please email your comments to ehs@opm.gov.

* also available in HTML for accessibility purposes.

SSA Mental Health Fair Features Exhibitors and Key Messages about Mental Health from Keynote Speaker

The Social Security Administration (SSA) at the Headquarters complex in Woodlawn, MD, on May 18, 2000, sponsored a Mental Health Fair with the theme “Mind-Body Connection,” for its nearly 10,000 employees at the site.

Over 50 mental health and health organizations featured exhibits with representatives on hand to answer questions.



The Mental Health Fair's keynote speaker, Susan White Bowden

Exhibitors represented organizations to help employees with a number of family and personal issues, such as financial counseling, resources for the elderly, mental health disorders, substance abuse, domestic violence, adolescent issues, stress and anxiety issues, weight control and eating disorders. Resources were made available for these and a host of other mental health issues.

To encourage attendance and feedback about the event, completed evaluations served as entries for several door prize drawings.

Deputy Commissioner Paul Barnes introduced the key note speaker, Susan White Bowden. Many employees recognized her as a local celebrity. Ms. Bowden spent many years as a Baltimore news anchor and reporter. As a volunteer, she has been particularly active with youth suicide prevention outreach efforts. Personal experience with the topic inspired her first book

(she has published four). Ms. Bowden started by complimenting SSA for holding the mental health fair. The following excerpt is a condensed version of Ms. Bowden's presentation:

“Good mental health is vital for everybody. It is so important in meeting job challenges and life responsibilities. Today we are doing better thinking about our health. It's true a healthy body is so important for our enjoyment, but we have to remember, we need our mental health, too!”

“How important is it for employees to know the value of good mental health and to know about our abilities to improve our mental health? Mental health is terribly important. It's not something you are given at birth to keep. We all deal with tragedies at times in our lives. Our lives rise and fall. It helps when you know this and can deal with it. I don't think my teenage son knew this when he was going through difficult teen years. When he was going through this difficult time, I just thought, ‘he'll get through this.’ I didn't think about finding resources and turning to the help that is available.”

“My son, Jody, was an accomplished student, handsome, and a good athlete when he committed suicide. He had everything to live for. Yet, at the end of his life, I think he thought he had nothing to live for. His father had killed himself two years before and his girlfriend had just broken up with him. His self-esteem plummeted. I was in a demanding career and was in love with the man who is my husband now. I guess he felt that his support system had failed him.”

“We must help young people to understand that there is help when

they feel like that. This event today reflects only some of the many, many resources that are available.”

“We have the power with our co-workers, our friends, to notice, to acknowledge what they are doing, even the smallest accomplishments. Just to acknowledge someone's challenges and to acknowledge how well they are dealing with them does so much to lift that person. You can see it in their expression and in their shoulders when you give someone that kind of acknowledgement. It doesn't cost you anything and it does a lot for the other person. By reaching out individually, we grow stronger. There is a strength you feel when you feel you have helped someone. On every level we can make a difference.”

“It's been 23 years since Jody's death. I've struggled and reached out and it's incredible the support I've gotten. And I've learned that whatever problems you face, you won't get over it, you just go on. But you try to do it with an open mind and more importantly, to live in the moment. You have to make the most of the moment because you don't know what tomorrow brings. Be in the present and make the most of opportunities. And in every moment, you have to know when to reach out to others and when to be a little selfish and when to enjoy.”

“If I had it to do over, I would do it differently. When I knew my son was in trouble, I would have reached out for help. When my son was going through this difficult time, I didn't even think about going somewhere for help. I thought I had to do it all myself. And I had to do everything perfectly. I felt that asking for help would have been an acknowledgement of failure on my part. And in the process, I lost my most precious possession, my child. The lessons I've learned from life experiences I've felt compelled to share. I want to tell people that they are not alone and they can get help.” **F**



Melissa Baker coordinates the SSA support group for Grandparents Raising Grandchildren

resource centers, respite services and support groups for grandparents raising grandchildren.

She encouraged participants to visit the AARP web site (www.aarp.org), which has a wealth of materials available on-line. AARP also publishes a newsletter for grandparents raising grandchildren.

Support Group at SSA

Due to a largely older employee population, a high percentage of employees at the Social Security Administration's (SSA) Metro West Building in Woodlawn, MD, are grandparents. Some of these grandparents, however, are raising as many as 4, 5, or 6 grandchildren. Other employees at the agency are grandparents who do not have legal custody but provide for a significant portion of the child's or children's care.

The issue was brought to light in 1994, when SSA found that a number of grandparents were enrolling their grandchildren in one of the agency's child care centers at the Metro West Building.

In response to this finding, the SSA Center for Employee Services (CES) established a support group for grandparents that has been meeting since fall of 1994. Initially, attendance was sparse, but with ongoing publicity and various informational activities, attendance began to grow. In 1994, a program entitled, "Grandparents Raising Grandchildren," featuring a panel of experts was broadcast over the SSA satellite TV network to SSA offices across the country. Also, in cooperation with the Maryland Department of Human Resources, the CES participated in the development of an annual Grandparents Appreciation Conference, which is regularly attended by members of the support group.

The group members, entirely women, support one another at meetings as they vent frustrations, anger, and confusion, as well as sharing in their feelings of pride and joy. They learn from each other about how to deal with different problems they are facing, such as disciplinary issues, school issues, or problems with being financially stretched.

At the conference, three grandmothers spoke with attendees about their circumstances and the special challenges they have. Before she joined the group, one woman said, she thought she was alone in this situation. One said she

doesn't know how she'd cope without the support of the group, adding "It is very good for employers to sponsor support groups. It has really helped me. But I wish more supervisors understood the demands we are under and the flexibilities we sometimes need."

Each concurred that having a little *time to themselves* is something they desperately miss. Even so, they also expressed the sentiment that, despite the demands and challenges, the children are at times fun and they find it rewarding, too.

Melissa Baker, coordinator for the support group for CES, talked about the admiration she has for the women in the group. She is awed by their strength in enduring the kinds of challenges they do. "Their challenges with time, energy, and money are greater in a lot of ways," she said. She also reflected on the expansion of the support group and how it grew from having only 5 people to (after doing a lot of outreach to attract them!) having 90 today.

"We discuss various issues at our meetings," said Ms. Baker. "We network with community organizations and bring in outside experts from time to time to deal with different issues, such as guardianship, legal, and social services. At one meeting we brought in the Baltimore Center for Wellness to teach stress relieving techniques. Sometimes we'll circulate books about different parenting issues. We try to sensitize managers to the challenges this group faces. At the holidays we sponsor special events where we will have a clothing or a toy drive. We work to find programs that can provide financial support, too."

Countless studies and surveys have determined that this kind of caregiving dynamic impacts the employee on the job. It's important that agencies recognize this phenomenon if it exists among their employees and provide avenues for support. At a time in their lives when they have already contributed so much, these grandparents are giving abundantly of themselves. Employees who've been able to take advantage of work sponsored support groups confirm that being able to participate in an agency-sponsored support group, or being linked to local resources, such as respite services, goes a long way in helping. **F**

SSA CONFERENCE (continued from page 2)

after the one at headquarters but on a smaller scale," said Ms. Wells. "Regional teams will operate and maintain it. The CES has made available a small amount of start up money to help field coordinators with these kinds of initiatives."

The work/life coordinators were busy at the conference but they had fun too. The group lodged at the Baltimore Inner Harbor and were able to network and gather socially in the evenings. Friendships formed. One highlight for the group was an evening trip to an Eastern shore-type establishment to enjoy a Maryland crab feast. **F**

HHS Work/Life Center Establishes Innovative Stress Reduction Laboratory for Employees

Prior to 1997, the EAP at the Department of Health and Human Services (HHS) in Washington, DC, was aware that a considerable number of their cases were relevant to job stress, but they felt that without major intervention, they would not be able to make a significant impact.

The agency's Work/Life Center now features a Stress Reduction Lab for employee use. The Lab serves the HHS employee population of 3,400. Through an agreement with the Department of Education, which has offices in the same building, these employees may use the lab as well.

The service is designed to help HHS employees manage stress and improve stamina and performance. Rather than sponsoring occasional training sessions that are not effective in the long term, the lab aims to work as effectively at managing employee stress as a clinical environment. The lab is a place to learn about stress management and, more importantly, to practice it. Another goal is to work with managers, especially to encourage them to refer employees who may benefit.

The initiative started when Julie Spencer, M.A., Employee Assistance Counselor, submitted a comprehensive 65-page research document focusing on four stress reduction laboratories operating at two University of California campuses. As a follow up to the research paper, Julie wrote a proposal that HHS start a similar lab, with a few refinements to the university model.

In 1997, the lab opened in an 8x13 room with a chair and a VCR, but expanded as subsequent budgets supported its growth. For instance, the lab later acquired audio equipment, a larger TV, dimness controlled lighting, a machine for white noise and, significantly, an additional room for educational materials.

The lab's design is based on well-documented research on stress reduction. Clients in the lab are able to relax in a quiet room with an ergonomic "stressless" reclining chair, which places no stress on the muscles and joints. The lights can be dimmed to a desired level. The white noise machine prevents outside noise from distracting the client from their focus on relaxation. If the client chooses to play an audio or video tape, only soothing voices, gentle music, or peaceful sounds of nature are heard. The videos available display calm, pleasant nature scenes.

"After spending 20-30 minutes in the lab, employees can go back and work and be productive," said Ms. Spencer, who coordinates the lab, "For many of the clients, it is the only experience of the day when they are in a controlled environment."

"The way we operate the lab is very grounded in research," said Ms. Spencer. "We perform an intake which involves a basic screening, using an instrument to assess the stress symptoms and inquire about factors that might affect an overall treatment plan, such as use of medications. Sometimes patients are able to reduce medication if the lab is able to help them with stress. Lots of people use the lab to help treat physical conditions, such as chronic pain, hypertension, migraine headaches, and anxiety disorders."

After the assessment, clients are geared to materials to treat their particular kind of stress. There are 12 areas of stress therapy designated at the intake: stress management, time management/simplifying your life, interpersonal stress, depression/job burnout, anxiety, peak performance, anger management, The Relaxation



Response, Progressive Relaxation, Meditation, Autogenic Training, and Nature Stress Reduction.

Clients can peruse the educational materials in a private room, separate from the stress reduction room. Materials are plentiful and include information about the categories named above and several others. Clients do not check materials out, but the room is designed to be very user-friendly.

An important element of the service is that treatment is ultimately self-directed. Quite purposely, in fact, the chair is NOT a massage

(continued on page 10)

Stress Reduction (continued from page 9)

chair. Rather they encourage clients to learn to use several stress management strategies, some that may be practiced anywhere/anytime, so as not to be too dependent on one method. Various self-assessments (in addition to therapist assessments) help to evaluate progress.


“Noon time sessions on various stress-related topics and periodic ‘open house’ orientations draw new clients to the lab,” said Ms. Spencer. “The use of the lab kind of varies. Clients will tend to fade away after using it consistently for a while and then they’ll come back when they need to turn to it. At the intake we get a lot of information about them and we can track their use, but we do this loosely and don’t put much emphasis on this kind of monitoring.”

Ms. Spencer offers a bit of advice for agencies that may want to feature a stress lab: “It’s important initially to determine staffing, a person who is qualified to monitor it and perform

intakes. For its long term durability, it’s important that the stress lab find a home. The stress lab can be a piece of another program. EAP and wellness programs are well-suited because both are preventive and treatment-based. It’s good to liaison with these programs.”

In terms of the basic elements of the lab room’s design, Ms. Spencer added, “visual stimulation should be kept to a minimum. The color of the room should not be too cool or warm, and avoid white patterns or bright lighting. It’s best to find a quiet place in the building, if at all possible, with a smaller-sized room for the laboratory.”

Ms. Spencer believes that having two rooms is optimal — one strictly for relaxation and the other to look over the educational materials or for assessment.

If you have any questions about the Stress Reduction Lab at HHS, contact Julie Spencer at (202) 205-5653. 

FOCUS

on Federal Employee Health and Assistance Programs

is published six times a year by the U.S. Office of Personnel Management (OPM), Office of Workforce Relations.

REGULAR MAILINGS OF FOCUS REQUIRE A SUBSCRIPTION.

FOCUS is now available on-line at:

www.opm.gov/ehs/Focus.htm.

Individual subscriptions may be placed through the Government Printing Office, Superintendent of Documents (address and ordering information listed below). Contact your Headquarters Printing Office to find out about ordering FOCUS through the OPM Rider, which saves on the subscription price.

Comments and suggestions may be directed to: **Tracey Long, Editor of FOCUS, of the Employee Health Services Branch.**

E-mail to: TELONG@OPM.GOV.
Otherwise, call (202) 606-1638 or write to: **Room 7425, 1900 E Street, NW, Washington, DC 20415-2000.** (OPM disclaims any reference to resources or organizations featured in FOCUS as an endorsement).

For individual subscriptions, contact:

Superintendent of Documents

P.O. Box 371954

Pittsburgh, PA 15250-7954

List ID: [FOCUS]

FOCUS

Federal Employee Assistance Program Representatives:

Changes Bringing Mental Health Parity to FEHB Plans in 2001 Impacts You!

Gain an Understanding about how FEHB Works!

Talk with Insurance Carrier Reps and Mental Health/Substance Abuse Treatment Vendors!

OPM Invites You to an October 16, 2000, Meeting regarding Mental Health Parity in 2001 in the FEHB Program. The meeting is scheduled to take place at the Office of Personnel Management, 1900 E. Street, NW, in the Auditorium.

An Orientation will give EAP Representatives the opportunity to ask questions about how the FEHB Program works. Then you will have the opportunity to meet one-on-one with insurance carrier representatives and in some cases, the plans' mental health/substance abuse treatment vendors, who will be on hand to discuss the changes in coverage and the new procedures for accessing services.

For more information about the meeting, contact Micheal Kaszynski at (202) 606-0004 (email mwkaszyn@opm.gov).

Strategic Compensation Conference 2000

“Choosing the Best Course for Today and Tomorrow”

August 28-30, 2000

Who? Federal Managers and HR specialists interested in the Federal compensation environment: pay and leave administration, performance management, position classification, and plans to improve the compensation tools available to support agency missions.

Why? This conference offers a great opportunity to network with other professionals and learn the latest about strategies for using compensation programs to achieve organizational goals and enhance workforce effectiveness.

When? Monday, August 28 - Tuesday, August 29

Post-conference workshops: Wednesday, August 30

Where? Washington Hilton and Towers
1919 Connecticut Avenue NW
Washington, DC 20009

You can find the latest information on speakers and events at <http://www.opm.gov/comppconf00>

Questions? Telephone Radiah Rose at (202) 606-8486 or send an email message to rarose@opm.gov.

IMPLEMENTING HEALTHY PEOPLE 2010

Saturday, November 11, 2000

Westin Copley Place Hotel

Boston, Massachusetts

“Healthy People 2010 is the Nation’s health agenda for the next ten years.
Our challenge now is to translate these objectives into effective action.”
Dr. David Satcher, Assistant Secretary for Health and Surgeon General

Early-bird registration through September 30, 2000. Registration deadline November 1, 2000. To register, visit the Healthy People 2010 web site: <http://www.health.gov/healthy-people/partners/>. For more conference information, call 1-800-367-4725 to listen to a recording. To receive a fax copy of the conference agenda and other conference information, call (301) 468-3028.

FOCUS

On Upcoming Events

July

Hemochromatosis Screening Awareness Month

Hemochromatosis Foundation
P.O. Box 8569
Albany, NY 12208
(518) 489-0972
www.hemochromatosis.org

9-15

National Therapeutic Recreation Week

National Therapeutic Recreation Society
National Recreation and Park Association
22377 Belmont Ridge Road
Ashburn, VA 20148
(703) 858-0784
NTRSNRPA@aol.com
www.nrpa.org/branches/ntrs.htm

August

Spinal Muscular Atrophy Awareness Month

Families of Spinal Muscular Atrophy
P.O. Box 196
Libertyville, IL 600048-0196
(800) 886-1762
sma@interaccess.com
www.fmsa.org

1-7

World Breastfeeding Week

World Alliance for Breastfeeding Action and
La Leche League International
1400 North Meacham Road
Schaumburg, IL 60173-4840
(847) 519-7730
www.lalecheleague.org

