ANXIETY DISORDERS

AN EAP HANDBOOK FOR MANAGERS

INTERLOCK

HANDBOOK FOR MANAGERS – ANXIETY DISORDERS

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HOW TO USE THIS HANDBOOK

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This handbook is designed to provide you with information on anxiety disorders in the workplace and strategies that may assist you in dealing with this issue in your role as manager or supervisor.

It can be used as a reference guide when you are confronted with an employee who may suffer from an anxiety disorder, and for increasing your awareness of anxiety disorders in the workplace. Since employees suffering from anxiety disorders may have lower productivity and increased absenteeism, the impact on the immediate work group, the overall organization and its customers could be substantial. Managers can help employees get the assistance they need.

OVERVIEW OF ANXIETY DISORDERS

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Anxiety disorders are a common group of mental health problems, affecting 12% of the population in any given year. People suffering from anxiety disorders experience anxious responses, such as rapid heart beat, increased perspiration, and breathlessness in situations where such responses are disproportionate to the actual threat or danger. Excessive anxiety can be quite disruptive and impact work, family, and social lives.

Panic Disorder, Phobia, Generalized Anxiety Disorder (GAD), Post-traumatic Stress Disorder (PTSD), and Obsessive-Compulsive Disorders (OCD) are some specific types of anxiety disorders.

mental health problems affect 12% of the population a year

It is common for individuals with anxiety disorders to suffer from a second or third co-occurring psychological problem (e.g. substance abuse, depression, another anxiety disorder).

PANIC DISORDER

Individuals experiencing Panic Disorder have recurrent, unexpected panic attacks that are characterized by:

- sudden intense onset of fear
- accelerated heart rate
- chest pain
- sweating
- trembling
- difficulty breathing or shortness of breath
- dizziness
- feelings of losing control
- feeling dizzy, lightheaded, unsteady or faint

Panic Attack sufferers also typically have fears of future attacks. Activities that may be associated with the probability of having a panic attack, such as being in small enclosed spaces or crowded places, and driving, are often avoided.

PHOBIA

A phobia is defined as an unreasonable fear of an object or event. People with phobias may experience panic attacks when exposed to the feared object or event. Fear of spiders, snakes, and heights are some examples of Specific Phobia.

Social Phobia is a persistent fear of social situations involving exposure to unfamiliar people or the possible scrutiny of others. Individuals with Social Phobia have difficulty starting a conversation, meeting new people, and speaking in public. They believe that they will act in a way that will be humiliating or embarrassing, as a result, feared social situations are avoided or are endured with intense anxiety.

GENERALIZED ANXIETY DISORDER

Generalized Anxiety Disorder (GAD) is characterized by excessive, chronic and uncontrollable worry about several things (e.g. finances, work, health, relationships). Individuals suffering from GAD may experience tightness, poor concentration, irritability and insomnia.

POST-TRAUMATIC STRESS DISORDER

Post-traumatic stress disorder (PTSD) is an anxiety reaction to a traumatic life-threatening event (e.g. terrorist attacks, sexual assault, or serious accidents) involving actual or threatened death or serious injury, coupled with the feeling of intense fear, helplessness, or horror. Individuals suffering from PTSD typically experience nightmares, insomnia, flashbacks, exaggerated startle response, and hypervigilance for signs of threat (always being on alert).

OBSESSIVE-COMPULSIVE DISORDER

Obsessive-compulsive Disorder (OCD) is characterized by the presence of obsessions (i.e. recurrent unwanted thoughts, images or impulses) and compulsions (i.e. repetitive behaviours that are performed to reduce anxiety generated by the obsessions). For example, people experiencing OCD may have irrational and obsessive thoughts about contaminating themselves with germs. In response to these thoughts, they may need to perform certain compulsive behaviours, such as repetitive hand-washing to reduce anxiety.

03

Anxiety disorders (with the exception of Specific Phobia) are associated with considerable impairment in the workplace. Direct and indirect costs associated with anxiety disorders can be enormous.

The workplace can be a challenging environment for Panic Attack sufferers. Deadlines and intense stress can trigger a panic attack. Individuals may also dread the possibility of embarrassment resulting from having a panic attack in front of others.

Specific Phobias can interfere with workplace functioning if the job requires exposure to the feared stimulus. For example, persons with a phobia of heights may have difficulty working in an office on the upper floors near large windows. However, specific phobias result in less overall occupational impairment compared with other anxiety disorders. Reactions to specific phobias can typically be managed by avoiding the stimulus from the workplace or by restructuring the work environment.

deadlines and intense stress can trigger a panic attack

individuals with Generalized Anxiety Disorder (GAD) often spend hours each day consumed by worry

The social dimensions of the workplace make it a challenging environment for those suffering from Social Phobia. People with Social Anxiety are so afraid of being humiliated or criticized that their performance at work may suffer.

Individuals with Generalized Anxiety Disorder (GAD) often spend hours each day consumed by worry. This problem can be quite disabling, resulting in the person to be unable to work to his or her full potential.

The effects of trauma can disrupt performance at work and contribute to fatigue, absenteeism, poor concentration, and susceptibility to injury. Such problems will likely be worse when the trauma occurred in the workplace.

The workplace context can be a challenging environment for individuals suffering from Obsessive-Compulsive Disorder (OCD). People with OCD can spend hours each day preoccupied by their obsessions that may interfere with working efficiently and accomplishing tasks. Moreover, obsessions and compulsions occurring outside the work environment can result in arriving late to work and using excessive sick days.

APPROACHING THE EMPLOYEE WHEN NOTICING SIGNS

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When you notice warning signs, approach the employee privately. Choose a quiet location where you will not be disturbed. Know the person you are dealing with and modify your approach accordingly. Some employees will want you to "cut to the chase" while others will prefer that you ease into the discussion gradually. When the time is right, let the employee know that you have noticed changes in his or her behaviour at work. Give a few examples. Be factual, low key, and tactful.

Ask a few open-ended questions and then stop talking. Remain quiet and allow time for the person to respond. Most people feel calmer and more receptive when they have had a chance to speak and be heard.

Here is a sample script of how you might approach the employee:

"You have always been very reliable. Lately I have noticed you coming in late on a few occasions and you have appeared less focused on your work and more worried about things. Are you having some difficulty at present?"

Ideally the employee will level with you about his or her struggle. It may be appropriate to remind him or her of the confidential counselling available through the Employee and Family Assistance Program.

When suggesting the EFAP, present this as one option for the employee to consider. Even if you think you know what the employee's problem is, avoid using labels, diagnoses or falling into a counselling role.

early intervention is recommended as it allows the issue to be dealt with quickly and effectively

While you want to be humane and supportive, as a supervisor you also need to be clear and factual about performance issues and expectations. It can be a delicate balance and requires skill, diplomacy and clarity.

If the employee discloses that he or she has an Anxiety Disorder, you may also need to provide appropriate workplace accommodation. Consult with Human Resources for further assistance in this area.

Early intervention is recommended as it allows the issue to be dealt with quickly and effectively. The quick action can prevent major workplace disruptions and provides timely assistance for the employee in getting needed help or support.

THE ROLE OF INTERLOCK

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Interlock works with you to address these important issues by providing confidential coaching and support to managers and supervisors who are working with employees. You can consult with an Interlock counsellor about any questions or concerns you may have. Typically, this management consultation is conducted over the phone and addresses issues as they arise. However, if you prefer, you can also arrange a face-to- face appointment with an Interlock counsellor.

Where you have contacted Interlock with regard to a suggested referral, details about this referral can be flagged in Interlock's information management system. Although it is preferable for the client to contact Interlock directly for an appointment, you may book the appointment with the client's consent. Interlock will not confirm whether an individual has followed up on the suggestion to seek assistance unless the client has provided written consent.

you can speak with an Interlock consultant about any questions or concerns you may have

If your company has a formal referral policy and work performance has been adversely affected, service can be arranged for the employee by the supervisor. Typically, this will follow one or more suggested referrals that have not led to an improvement in performance.

TRAINING

Interlock can also provide training sessions for employees or supervisors addressing the issue of Anxiety Dsorders. Contact Interlock at 1-800-663-9099 if you would like to organize a training session.

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SCREENING

All clients using the EFAP service will be asked to complete a Client Questionnaire which contains a few questions that assess for the presence of anxiety and panic attacks. Counsellors and clients will decide how best to integrate the information provided by this questionnaire in their work together.

TREATMENT

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We know that many people never seek help for Anxiety Disorders, although several treatment options exist for persons suffering from Anxiety Disorders. Cognitive-behavioural therapy (CBT), medication, or a combined approach of CBT and medication are treatment options with the most empirical support.

COGNITIVE BEHAVIOURAL THERAPY (CBT)

CBT is focused on teaching clients new and more adaptive ways of behaving with respect to their thoughts and feelings. Clients are taught strategies to gain control over their symptoms and moving about the environment freely with minimal anxiety. When people suffer from Anxiety Disorders, their thinking is often unrealistic. The goal of the cognitive components of the CBT is to modify unrealistic thoughts and help clients to learn to use more realistic and less anxiety-inducing appraisals.

MEDICATION

Several classes of medications have been shown to be effective in the treatment of Anxiety Disorders (with the exception of Specific Phobias). Medications tend to lead to quicker symptom reduction.

COMBINED APPROACH OF CBT AND MEDICATION

Studies show that combining CBT with medications results in equivalent, and in some cases better, long-term outcomes for Anxiety Disorders relative to either treatment modality alone.

when employees return to work, employers have a duty to accommodate a smooth re-entry

Where employees have been on disability leave as a result of Anxiety Disorders, their return to work needs to be carefully managed. Even after the person is cleared by his or her physician to return-to-work, you need to understand that the employee can have setbacks after he or she completed treatment for an Anxiety Disorder. The employee may have difficulty adapting to increased work responsibilities and job stress. Employers have a duty to accommodate a smooth re-entry. As a manager, you perform a key role in the return-to-work process. A gradual retur- to-work may be helpful as a method to minimize the probability of relapse. Modifications of job content and/or hours of work may be required to accommodate employees with returning to work full-time. Employer support and flexibility may be necessary for the employee to engage in follow-up appointments with therapists, attendance at support groups, or both.

RECOMMENDED LITERATURE ON ANXIETY DISORDERS

ANTONY, M. M. & SWINSON, R. P. (2000).
The Shyness & Social Anxiety Workbook: Proven Techniques for Overcoming Your Fears.

BOURNE, E. J. & GARANO, L. (2003).
Coping with Anxiety: 10 Simple Ways to Relieve Anxiety, Fear & Worry.

BOURNE, E. J. (2005).
The Anxiety & Phobia Workbook.

BURNS, D. D. (2007).
When Panic Attacks: The New, Drug-Free Anxiety Therapy That Can Change Your Life.

CRASKE, M. G. & BARLOW, D. H. (2006).
Mastery of Your Anxiety and Worry: Workbook

HYMAN, B. M. & PEDRICK, C. (2005).
The OCD Workbook: Your Guide to Breaking Free from Obsessive-Compulsive Disorder.

LUCIANI, J. J. (2006).
Self-Coaching: The Powerful Program to Beat Anxiety and Depression.

WILLIAMS, M. B. & POIJULA, S. (2002).
The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms.

WEBSITE RESOURCES ON ANXIETY DISORDERS

Anxiety Disorders Association of Canada
(www.anxietycanada.ca)

BC Partners for Mental Health and Addictions Information
(www.heretohelp.bc.ca)

Canadian Mental Health Association
(www.preventionsource.bc.ca)

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REFERENCE

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Forsyth, J. P., Kelly, M. M., Fusé, T. K., & Karekla, M. (2004). Anxiety. In J. C. Thomas & M. Hersen (Eds.). Psychopathology in the Workplace: Recognition and Adaptation (pp. 93-117). New York, Brunner-Routledge.