

WINTER 2009



NEWSLETTER

PRESIDENT'S COMMENTS

Dear Members,

I would like to thank the hard working committee members who have helped ensure the objectives for 2009 were achieved and the organisation continued to be a success.

The following was achieved in 2009:

- A Spring Conference
- 2 Educational Workshops
- Communication of various OHN job adverts via email
- Communication of various events and topics via email
- Changing our newsletter to an electronic version
- Purchasing of a banner display with our association logo and slogan

As always articles are always required for our newsletters so if you have any articles of interest, do forward them to our newsletter editors. The OHNAI newsletter is now accessible via the website on the OHNAI website 'Links' page.

Membership is due for 2010 now. As agreed at our AGM in November 2009, new members can join our association for free for 2010.

Finally, the OHNAI committee welcomes all suggestions so do not hesitate to contact any committee member or email info@ohnai.ie. Again I would like to thank you all for your continued support and wishing you and your families a very Happy Christmas and New Year.

Regards,

Sarah Creedon

Incoming President, OHNAI

CASE MANAGEMENT THROUGH COGNITIVE BEHAVIOUR THERAPY (CBT)

Bernadette Lavelle, OHN Civil Service

CBT incorporates both behavioural and cognitive interventions to reduce distress and or unwanted behaviour. Beck (1963) suggests CBT establishes a person's interpretation of life events and draws assumptions and/or schemas about their environment, themselves and others. Analysis of faulty thinking, introduction of new behaviours and teaching adaptive self talk help the person change.

Anxiety is a psychological state which includes cognitive, somatic, emotional and behavioural components. Cognition is an expectation of danger with somatic response of increased adrenaline and cortisol in preparation for 'fight or flight', a sense of dread and urge to get out of the situation or avoid confrontation. Anxiety is a normal emotional response e.g. sadness/happiness necessary for survival. It becomes a problem with rumination of the perceived danger beyond rationalisation leading to avoidance e.g. absence from work.

Depression is a low mood accompanied by sadness, hopelessness, apathy, guilt, despair, fear, anxiety, fatigue, feeling of worthlessness, sleeplessness or over sleeping, irritability, loss of concentration, change in weight and maybe suicidal thoughts. Factors include hereditary, seasonal, post traumatic events and post natal.

Anger is also an emotional state ranging from minor irritation to intense rage. DiGiuseppe and Tafrate (2006) suggests anger becomes the predominant feeling behaviourally, cognitively and physiologically when a person makes the conscious choice to take action to stop the threatening behaviour of another outside force.

According to Brewin (1996) thoughts and feelings are influenced by previous learning and new stimuli elicit routine inflexible responses. Changing the person's interpretation of thoughts and behaviours improves emotions, environment and physiology. Research by the British Occupational Health Research Foundation (2005) found CBT to be the most useful short term intervention to rehabilitate anxious, depressed and distressed employees.

It is estimated that one in four employees will suffer mental health issues during their working lives. This often leads to presenteeism (at work but not working to capacity), sick leave, unemployment and disability benefit. Early review facilitates early return to work as work is conducive to good health.

CASE FORMULATION STEPS

1. Current Problem – What are the current difficulties?
 - a. Emotional – Anxiety, depression, anger/irritability, low self esteem
 - b. Physical - sleep pattern, appetite, energy levels, arousal / vigilance levels, sexual drive
 - c. Behavioural – avoidance, overcompensating, general activity level, social activity, alcohol/ drug use
 - d. Cognitive – Concentration levels, negative thinking, worry, ruminating
 - e. Environmental - Claim process, social factors, employment difficulties, sick leave
2. Beliefs about condition - Onset of problem/was there any trigger?
3. Interventions - Family doctor, specialist, psychiatrist, mental health team, counselling, CBT, medication (prescribed and non prescribed)
4. Motivational assessment – Ready for change, needs additional support
5. Past history of psychological difficulties, coping strategies and treatment
6. Risk assessment – Current risks to self/other, today and in the past
7. Summary and action plan – to be documented for clear guidance with a review date if necessary

On interview, the medical condition, length of absence, current episode, current risks to self/others, prescribed/non-prescribed medication, medical specialist(s), psychologist/counsellor/CBT, coping strategies, investigations and results, along with social, family, work and past medical/psychological history

are obtained. Hobbies, interests, work related issues, vital signs and body mass index if necessary, along with future work intentions are recorded. A detailed account of activities of daily living is important to formulate a strategy/plan for return to fitness and work.

The formulation steps shows the client how negative cognition affects behaviour, physiology, emotion and environment e.g. avoiding work, friends and activities leading to physically feeling unwell, anxious and worried. Avoidance leads to slowing down and isolation and re enforces negative beliefs. Rumination on how to react in situations heightens awareness and increases anxiety often leading to sleeplessness e.g. difficulty getting to sleep, waking, ruminating, difficulty getting back to sleep and unable to get up with the alarm. This high anxiety causes a state of continuous arousal, exhaustion, low mood and feelings of sadness, loneliness, isolation, depression and out of control. Frequent automatic thoughts of being inadequate, incompetent, unlovable, self loathing and out of control occur. A sick certificate from the doctor compounds this by stating 'not fit' and maintains the sick role and feelings of hopelessness and sadness. Lack of exercise and poor diet increases weight, tiredness/fatigue and low concentration level.

Ellis's (1962) analysis of an activating (thought, image, event, emotion, behaviour), belief (meaning) and consequence (behaviour, cognition, emotion, biological) (ABC) exercise should be carried out. This is an acceptable form of cognitive behaviour modification (Ellis 1957; 1962; Gregg 1973). Negative thoughts lead to a downward spiral and belief of

not being able to cope often with suicidal thoughts. Positive thoughts lead to positive feelings, outlook and motivation. Cognitions inform behaviour and CBT gives clarification of how thoughts and behaviours impact on physical and mental well being. Catastrophising and avoidance can lead to disuse, disability, depression and absenteeism states Buer and Linton (2002). The use of a thought diary gathers information, teaches the client about CBT and promotes change according to the At Work Partnership Folder (2008). It has six columns as shown below.

Writing an activity diary or a 'to do list' for each day gives guidance. Exercise increases energy, concentration levels and releases endorphins and feel good factor. Miller and Rollnick (1991) suggest self efficacy and optimism for change should be supported in motivational interviewing. Regular diet e.g. breakfast, lunch and dinner by seven pm to maintains energy. Reading or listening to a relaxing tape before going to sleep helps the mind switch off and induces sleep.

SUMMARY AND EVALUATION

Life events can cause stress, anxiety and depression resulting in sickness absence. Sickness absence maintains the cycle of depression and chronic illness. "If a person's erroneous ideation disrupts his life or makes him feel miserable, he becomes a candidate for some form of help" (Beck 1976:218). Distorted thinking causes distress and avoidance and CBT intervention enables the formation of realistic concepts. Focus on the immediate situation e.g. lack of confidence and avoidance of work. Recording a thought diary creates

Situation	Emotion	Automatic thoughts	Evidence for	Evidence against	Alternative thought
Talking to client	Anxious Fearful	I can't do my job	Palpations Low concentration	No work complaints On target	I can do my job even though I feel anxious at times. I have coped before

awareness of previous coping strategies. Indecisiveness and obsession causes constant check, recheck and exhaustion. Changing cognitions and writing a plan, activity diary, 'to do list', quantifies output, competencies and confidence in the completion of tasks. Arrange review appointment(s) as necessary.

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Sinead Brady – Outgoing Secretary.

Trudi McHugh – Outgoing Committee Member

Hilda Dowler – Outgoing Treasurer

SOCIAL COLUMN

The OHNAI Committee and members wishes Edel Fogarty (Intel) Sinead Brady (Civil Service) Trudi Mc Hugh (Intel) and Hilda Dowler (The Well at Work) many thanks for their invaluable contribution to the OHNAI during their time on the committee.

Well done to Trudi Mc Hugh, VHI Corporate Solutions on her engagement to Dominick Comerford, and Monica Donnelly (Mater Hospital) on her engagement to Peter Gillen.

Congratulations to Aisling Purcell St. Vincents Hospital Occupational Health Dept. and Ronan on their summer marriage. And to Tina Lynskey, VHI Corporate Solutions on her August wedding to Emmet Casserly in Westport, Co Mayo.

The committee are very pleased that former Ohnai president, Mairead Holland-Flynn has achieved the following post – First Advance Nurse Practitioner candidate post in Adelaide and Meath Hospital, in the specialty of Occupational Health in Ireland. (Due to an unresolved legal issue relating to accreditation during the development of the Nurses and Midwives Bill, new and reaccredited ANP's are required to incorporate the word "candidate" into their job title until further notice).

STOP!

You need to go further

KATHLEEN TREANOR

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Expression of Interest

I would like some further information on Euromedic Lablink's pathology services

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a.cremin@lablink.ie

or post to:
**Anne Cremin,
Euromedic Lablink,
6 Ballinteer Business Centre,
Ballinteer Avenue,
Dublin 16**

Telephone: 00353 1 2990650

All completed forms will be entered into a draw for a €150 gift voucher for Brown Thomas stores.

Draw will take place **Friday 4th of December**

Thank you!

You are under no obligation by completing this expression of interest form.



Seminar & Conference Programme 2010

Date	Event	Location
Thursday 4th March 2010	The Resilient Manager – Achieving Personal High Performance in a Changing Economic Environment (1 Day €295.00) Presenters Maurice Quinlan , Director, EAP Institute Rosario Nolan , Director, Life and Work Solutions Susan Cruse , Director, Leadership Health and Sustainability, GlaxoSmithKline	Carlton Hotel, Dublin Airport
Thursday 13th May 2010	The Resilient Manager – Achieving Personal High Performance in a Changing Economic Environment (1 Day €295.00) Presenters Maurice Quinlan , Director, EAP Institute Anita Furlong Executive Assistant, EAP Institute Gill Thurgood Director, empowerME2	Clarion Hotel Suites, Ennis Rd. Limerick
Wednesday 22nd September 2010	30th Annual EAP Conference “Drugs and Alcohol at Work – Health & Safety Implications in the Workplace” (1 Day €325.00)	Ashling Hotel, Parkgate Street, Dublin
Thursday 23rd September 2010	Best Practice Procedures for the Collection and Processing of Employee Drug and Alcohol Tests. (1 Day €325.00) Presenters Maurice Quinlan , Director, EAP Institute. Anya Pierce , European Registered Workplace Toxicologist, PPM Consultants	Ashling Hotel, Parkgate Street, Dublin

Consulting and Training Programme

The EAP Institute offers a wide range of consulting and training programmes for the following:-

Drugs and Alcohol at Work – Complying with Section 13 of the Safety, Health & Welfare at Work Act 2005

- Developing Policies and Procedures for Drugs and Alcohol
- Risk Assessment, Control Measures and Safety Statement
- Training of Managers and Supervisors
- Employee Orientation and Health Surveillance
- Treatment and Rehabilitation
- Employee Drug Testing

Best Practice Procedures for the Collection and Processing of Employee Drug and Alcohol Tests

- Safety Health and Welfare at Work Act 2005
- European Workplace Drug Testing Society (EWDTS) Guidelines
- Policies and Procedures
- Procedures for Specimen Collection
- Maintaining Chain of Custody
- Processing of Employee Drug and Alcohol Tests

Developing the Resilient Manager

- Define and Understand the Concept of Resilience
- Improving Work Performance with Employee Engagement
- Employee Support Services
- Developing Personal Resilience

Professional Development Hours (PDH's) will be applied for to The Employee Assistance Certification Commission (EACC).

Institute of Occupational Safety and Health will be able to allocate CPD points at the rate of 2 points per course day

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