

# HERO THINK TANK PROCEEDINGS

Conference Proceedings Psychological Safety at Work:  
What happens when more voices are heard?

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# ARE YOU COMFORTABLE BEING YOURSELF AT WORK?

Paul Terry, PhD, Senior Fellow, HERO

The benefits of health and well-being initiatives are often captured by showing the relationship between reduced risks and improved performance and productivity. Nevertheless, this HERO Think Tank was designed to show how organizations who encourage risk taking are creating more effective teams. We are not referring, of course, to more closet smoking or drinking. We designed this think tank, however, to examine the benefits of more talking! Given work is a leading source of stress for most of us, second only to our worries about money, what happens when we increasingly risk sharing our ideas about our work and the workplace out in the open? Are there policies and practices such as drug testing or zero tolerance approaches that increase stigma and fear at work? Conversely, are there supervisory and leadership skills that open the door to mental health dialogue and foster honesty and resolution once the door has been opened? Do teams with higher psychological safety produce better results? Might talking more openly also net out better mental health and greater employee retention and performance in the process?

As you will learn in these HERO Think Tank Proceedings, the answer is a resounding yes! Why then does psychological safety seem to be in short supply in America? Gallup surveys indicate only 3 in 10 employees agree that their opinion seems to count. This sad finding comes in spite of evidence that when a greater diversity of voices are heard in work teams, there is more productivity, lower turnover and fewer accidents and errors. Could it be that creating psychological safety is the stuff of cultural or organizational complexity or inscrutability? Hardly, according to Professor Amy

Edmondson, a leading researcher in this area, who simply defines psychological safety as “a climate in which people are comfortable being (and expressing) themselves.” Might the greater challenge than encouraging openness be that of getting comfortable with differences and knowing what to say when differences and vulnerabilities are laid bare?

Edmondson’s findings that such a climate improves quality and encourages learning behavior at work were affirmed by a renowned internal research project at Google. Named “Project Aristotle,” in reference to the philosopher-scientist’s idea that “the whole is greater than the sum of its parts,” the project had grand ambitions. Google asked what makes an ideal team. We expanded on this vital question at this HERO Think Tank by also asking how health and well-being initiatives in the workplace can be designed to foster interdependence, problem-solving and the diverse ideas needed to improve teaming related to work as well as to workplace health and safety. Just as Edmondson and the Project Aristotle found that psychological safety is core to high performing teams, we asked how related issues of vulnerability, empathy, companionate love and meaning seeking can be integrated into company approaches to improve well-being for all.

This HERO Think Tank was designed to provide evidence-based updates on the genesis of psychological safety at work with a focus on the role of organizational health and well-being initiatives in fostering the same. We asked our faculty and experts in attendance what population-level assessments, policies, advocacy

and leadership are needed to create conditions for more voices to be heard related to team performance but also regarding whether employees are experiencing a culture and climate that supports their health and well-being. We also asked how all employees, regardless of their socio-economic status and in spite of interpersonal differences, can thrive mentally and emotionally. Our key learning objectives and Think Tank goals were to:

1. **Examine key concepts, frameworks and ideas** with proven influence in creating a climate where people are comfortable being themselves.
2. **Explore measures that matter.** What dashboard items relate to psychological safety? What surveillance issues are germane to creating space for more voices being heard?
3. **Review exemplary cases.** Who is leading in creating high performing work teams where respectful self-expression is expected and challenging the status quo is accepted? What are organizations doing to design health and well-being initiatives that move employees from surviving to thriving?
4. **Discuss how to overcome barriers** to company and personal leadership in creating psychological safety. Why aren't more organizations embracing concepts of companionate love, gratitude, vulnerability and empathy?

5. Discuss why harassment and bullying are commonplace and the role that health and well-being initiatives can play in **reducing incivility.**
6. **Generate new ideas and new uses for old ideas.** What's missing and what ideas, new or old, are essential to leaders intent on building thriving organizations?
7. **Outline basic messaging and talking points for how to discuss mental health issues at the workplace and in our communities.**

We offer these think tank proceedings in support of HERO's aim that all participants, as well as HERO members who could not attend, can help their organizations achieve greater psychological safety. I anticipate that you will see in these proceedings how energized and motivated those in attendance were to test new ideas and exert renewed leadership for advancing health and well-being for all.

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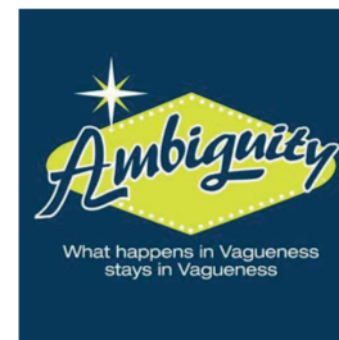
# PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE: REFLECTIONS AFTER THE HERO THINK TANK

Merv Gilbert, PhD, Director of Vancouver Psych Safety Consulting; Adjunct Professor, Faculty of Health Sciences, Simon Fraser University

Attending to the psychological health and safety (PH&S) of workers and workplaces has become an increasingly important concern across the industrialized world. This has emerged because of the recognition of the negative health, societal, economic and productivity benefits when working adults are able to be at their best, and the corresponding negative impacts when they are not. Awareness of this concern is reflected in the inclusion of “psychological injuries” by compensation bodies, the development of national and international standards pertaining to PH&S and the enhancement and modifications of programs, benefits, training and other employee offerings to specifically address this.

Awareness is an essential first step in any change movement; however, it is just that, a first step. In a recent three-year study that we conducted on implementation of the *National Standard of Canada for Psychological Health and Safety*, we saw a number of organizations pledge to address this issue but stall in their progress. There are several reasons for this. In some cases, there wasn’t a meaningful commitment in the first place, in others there is uncertainty about where to start, and finally, some organizations initiate actions, but these are not based on identified need, are poorly implemented or are not evaluated. In order to move forward I believe five issues need to be addressed.

**Issue 1: Clarification of language.** Perusal of the academic, professional and promotional publications in this space typically yield reference to terms such as *psychological safety*, *engagement* or *resilience* to name only a few. These are indeed important concepts; however, it is not clear that they are being used in the same way or for the same purpose. Operationally defining our language will be of great assistance in clear communication amongst all key stakeholders.



**Issue 2: Inclusion of all workplaces.** Although a number of organizations in many countries are taking action, they do not typically reflect the broad spectrum of workplace structures, types or sectors. In the implementation study noted above, the majority of the participants were primarily large, public or not-for-profit organizations such as healthcare or governmental agencies. There was a relative lack of participation by small, private organizations from sectors such as manufacturing, retail, construction or agriculture. **Psychological Health and Safety: An Action Guide for Employers** was created to help any organization, regardless of size, location or type, to move forward.

**Issue 3: Assessment of need.** A first step in occupational health and safety is an accurate assessment of the presence of workplace hazards and the extent to which they pose a risk to workers. This is regulated, reasonably straightforward and entrenched in practice when referring to physical risks and hazards. However, it is more difficult when identifying psychological risks and hazards. While information such as absenteeism, short- and long-term disability data and benefits utilization are useful, they are trailing rather than leading indicators and lack specificity (e.g., does an increase in absenteeism reflect a flu outbreak or the introduction of a new IT

system?). There are tools available to assess organizational factors that pose a risk to employee health typically involving a survey of the workforce. One such tool is Guarding Minds at Work, freely available at <https://www.guardingmindsatwork.ca/>.

**Issue 4: Implementation of effective actions.** Determination of a profile of organizational risks and opportunities is only useful if the results inform strategic planning to determine relevant actions. All too often, well intentioned personnel will initiate a program that has little relevance to their identified needs or does not fit the organizational culture. While a program to increase employee awareness of mental health may be of value, it is of little benefit if the hazard assessment has identified a lack of work-home balance as the primary issue for employees. Indeed, a program that is poorly implemented and incidental to employee concerns runs the risk of increasing cynicism and decreasing participation if a more appropriate program is subsequently rolled out. A related issue is ensuring that the organization or work group is actually ready to engage in a change initiative pertaining to PH&S. For example, a pending merger or major project is likely a poor time to launch a new initiative. A helpful tool to assist with this is the **Measure of Organizational Readiness for Organizational Change (MORPH)**.

**Issue 5: Evaluate effectiveness.** Determination of whether a particular program, practice or policy actually leads to intended

change in worker and workplace PH&S is difficult. As noted above, appropriate measures are sparse, and it can be hard to demonstrate that a specific action can be linked to a particular outcome, such as financial returns. Nevertheless, evaluation is critical if an action is to be sustained, improved or abandoned. Rather than focusing on return on investment, it may be more useful to consider return on expectations, which can be much more germane, particularly for public or not-for-profit organizations. The focus on workplace psychological health and safety is not simply the latest trend, it is here to stay. This is hardly surprising. Just as the industrial age led to social, legislative and organizational action to mitigate the impact of unsafe work practices on worker health, the information age has highlighted the need to address the psychological health and safety of the workforce.

In conclusion, this is a relatively new area and there has been considerable progress. The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© is an invaluable tool to help organizations learn about best practices for promoting workplace health and well-being. Perhaps there would be merit in updating or adapting this to specifically address workplace psychological health and safety. There is further work to be done.

# TAKING ACTION TO IMPROVE PSYCHOLOGICAL SAFETY IN THE WORKPLACE

Merv Gilbert, PhD, Director of Vancouver Psych Safety Consulting; Adjunct Professor, Faculty of Health Sciences, Simon Fraser University

*(Abridged from Dr. Gilbert's presentation.)*

Freud recognized that one of the most important things in life is work and human connection. Why do we work? Work can allow us to feel achievement, growth, bigger meaning or purpose, a reason to get up and experience structure in our day, express creativity. One of the last things people mention is the income from work.

My definition of psychological safety in the workplace is “work environment that minimizes risks to the psychological health of workers.” Psychological health is not mental health. Many people equate mental health with a lack of mental illness where we tend to focus on diagnoses. Psychological safety is broader and more upstream. It's not only about thriving and doing well but also about whether people in distress can cope without succumbing to mental illness.

Why does psychological safety matter? There are many reasons. Financial stress has a big impact on productivity, but we should be cautious about cost savings associated with mental health initiatives. Pragmatic – it's hard to be successful with stressed workers. Ethical – it's the right thing to do. Legal – regulators and courts demand it. More and more legal findings are coming against organizations for the way employees are being treated (e.g., bullying). Moreover, if you are addressing psychological safety, you need to be very clear about why leaders are interested.

How is psychological safety measured? In my country (Canada), we have the National Standard of Canada for Psychological Health and Safety in the Workplace. It provides a framework for addressing and creating a psychologically safe environment and serves as the beginnings for an international standard using our Canadian template as an initial model. The Standard has 5 elements: 1) call to commitment by leaders that this matters; 2) assess to understand where you are at with 13 psychosocial risk factors (work load,

recognition, civility/respect, physical safety, growth/development, engagement, organizational culture, balance); 3) implementation; 4) evaluation; and 5) sustainability.

**Guarding Minds at Work website.** This is a free set of resources to help any organization enhance psychological safety in the workplace. The online employee survey is the most popular resource, and it covers the 13 factors mentioned above. Updates include customizing the survey tool for different types of organizations, such as the healthcare sector. New items are being added for healthcare and there is also an organizational level self-assessment.

**The Role of Diversity.** Many organizations have diversity and inclusion programs. Do such programs overlap with psychological safety? It is one of the most important factors. We need to think about surface level and deep level diversity. Surface level is having some diversity represented. Deeper level analysis is honoring and respecting different perspectives of employees. We also want resources to address suffering in the workplace given some of the sickness in the workplace looks like sickness in the hospital. Is there suffering in the context of psychological safety? Lack of control and burnout is a form of suffering. Psychological safety gets into the context of workplaces that contribute to this suffering. A lot of organizations get into this area as the result of someone in leadership experiencing suffering. It often takes personal experience for people to step up and make this a priority. The problem is that efforts can easily be misdirected, such as introducing “mental health first aid,” if insufficient to address the needs and stops with only raising awareness. So, we can't stop there. We need to provide resources and services as well as awareness for mental health issues in the workplace.

# FRAMEWORKS AND CONCEPTS IN ASSESSING AND FOSTERING PSYCHOLOGICAL SAFETY

Dina Karasikova, PhD, Assistant Professor of Management, University of Texas at San Antonio

There is growing evidence to support what leaders can do to create psychologically safe environments. One research project by Google, called “Project Aristotle,” sought to understand what contributed to high performing teams. Who were the star performers of teams? Extroverts? People with similar backgrounds? Team members who are friends outside of work? Leadership style? Team tenure? They could not find support for any of these specific hypotheses after interviewing team members. They found that it doesn’t matter who team members are but rather how teams processed their interactions that made teams highly effective.

The Aristotle Project identified five attributes that distinguish

successful teams: 1) impact – members believe that what they do matters to the world; 2) meaning – work is personally meaningful for team members; 3) structure and clarity of roles and goals; 4) dependability – members can rely on one another; and 5) psychological safety – shared understanding among the team that all can come to work and express their voices without fear their input would be criticized, ridiculed or penalized.

Other seminal research in this area has been conducted by Harvard professor

Amy Edmondson. She defines psychological safety in her book as “a climate where people feel safe enough to take interpersonal risks by speaking up and sharing concerns, questions, or ideas.” What it is not: all people agreeing with one another just to be nice, a personality trait or combination of traits (e.g., extraversion), high interpersonal trust, or having to lower performance standards.

**Leader’s Tool Kit.** (Based on Amy Edmondson’s 2019 book, *The Fearless Organization*.) Edmondson’s book was provided to all participants at this HERO Think Tank. A HERO webinar featuring Dr. Edmondson is available in the HERO webinar archives: <https://hero-health.org/webinars/webinar-archives>. This will be available to the public for a limited time. After that, HERO members can view the webinar in their members-only Resource Center.

## 1. Set the stage by creating a mindset that it is safe to fail.

- Clarify the need for voices. Remind people about the nature of the uncertainty of the work, interdependence on one another and what’s at stake.
- Reframe the role of the boss from one giving orders to the one who creates the conditions for excellence.
- Motivate effort. Create a shared sense of purpose and remind people why what they do matters.

## 2. Invite participation.

- Demonstrate situational humility by acknowledging errors.
- Practice proactive inquiry.
- Set up structures and processes for input (e.g., open door policy).

## 3. Respond productively.

- Express appreciation when people speak up.
- Give mini rewards of thanks or bigger awards (e.g., celebrations or bonuses).
- Destigmatize failure, look forward, offer help, discuss and brainstorm next steps.
- Sanction clear violations. Reinforce with fair, prompt and thoughtful responses to dangerous or sloppy work.

## Google’s Aristotle Project: Key Dynamics of Successful Teams





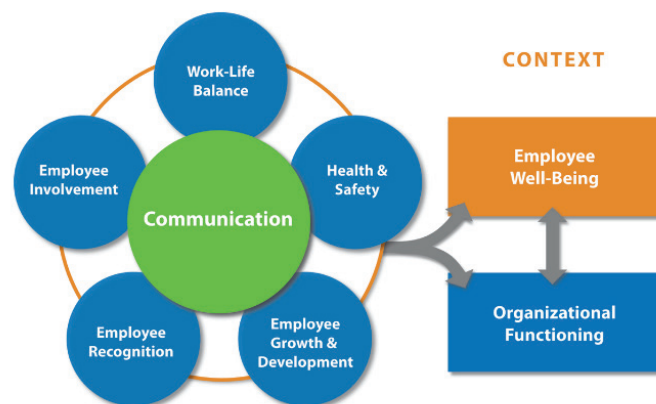
# CREATING PSYCHOLOGICALLY SAFE AND HEALTHY WORKPLACES

David Ballard, PsyD, Assistant Executive Director for Organizational Excellence, American Psychological Association (APA); Co-Chair, Work, Stress, and Wellness Conference, National Institutes of Occupational Safety and Health (NIOSH)

*(Abridged from Dr. Ballard's panel presentation.)*

It's exciting to see HERO talking about mental health and psychological safety. It's exciting to see organizations embracing this. Addressing these issues requires a broad, multi-level approach which includes organizational factors and not just individual level interventions. A lot of the things we are talking about stem from organizational issues. NIOSH has been focused on how work is designed and how that influences the psychological health of individuals.

**APA Model.** This is about more than mental health. It's not just civility or employee engagement with their work. The psychologically healthy workplace is an umbrella over all of these things. See Figure 1. Industry, organization and employee factors must all be taken into account. It's not just about organizational practices, rather a multi-level approach with primary, secondary and tertiary levels. This is about the worker within the context of the work environment. Communication in organizations includes the



**The Psychologically Healthy Workplace**

Figure 1. APA Conceptual Model for a Psychologically Healthy Workplace

employee voice, being able to express themselves. Our data has 68% saying their organizations communicate with employees, but a much lower percentage of organizations ask employees for input. Even fewer act upon that feedback to make changes. Do you think your organization cares about the health and well-being of workers?

**Work Stress.** Stress at work influences mental health, and there is a lot of room for organizations to improve stress in their employees. Many organizations put the onus of responsibility on employees to effectively cope with stresses, but few actually aim to address on-the-job stress. For example, low pay is on the top of the list of stressors for many employees. Awards and events do not make up for unfair pay. Lack of opportunities for employee growth and advancement also has a big impact on stress. We find that 3 in 4 workers say they are satisfied with their jobs, but this statistic does not tell the whole story. There are big differences based on other factors, like if they feel as if they are being treated fairly. The concept of organizational justice is key. Employees who do not feel they are treated fairly are much less likely to be satisfied with their job, to feel motivated to do their best, or to avoid chronic work stress, and they double the rate of turnover within the next 12 months.

**Psychologically Healthy Workplace Awards.** These awards include employee surveys and site visits in addition to an award. We compare award winners with national averages on many outcomes. Turnover intent is 28% in the national average, which is much higher than for the award winner companies (10%). The award uses a comprehensive approach that looks at how work is designed, how teams are organized, the rewards for performance and recognition practices, how the organization helps people to manage work demands, and so on. As a result of these practices, the organizations see better outcomes on the individually focused programs they offer.

# HIGH LEVELS OF TRUST AND GOOD COMMUNICATION IN A SAFETY-SENSITIVE CULTURE

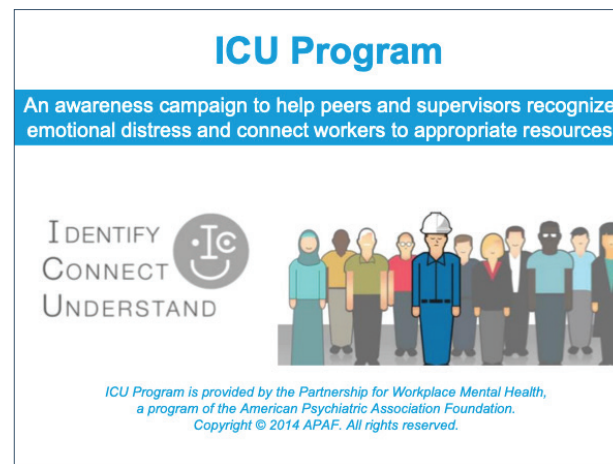
Janis Davis-Street, EdD, Associate Manager, Health and Productivity, Chevron

In safety-sensitive cultures, psychological safety is necessary for safe operations, effective organizational culture and high performance. In my organization (Chevron), where human performance is defined as “the way people, culture, equipment, work systems and processes interact as a system,” the focus is on anticipating error-likely situations. Harvard University Professor Amy Edmondson (2019) defines psychological safety as “a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.” This definition aligns with several aspects of relevance to a strong safety culture—namely stop work authority, individual factors and fighting stigma associated with mental health issues.

Psychological safety is needed to realize “stop work authority”—the ability to freely identify failure and error without fear of reprisal, regardless of position, within an organization. Stop work authority is a common feature within safety-sensitive operations like hospitals, airlines and the energy industry, and is enhanced by trust and effective communication.

Error traps are an important construct within human performance. Error traps increase the likelihood of error and fall into four categories: individual factors, organizational factors, task demands and the work environment. Individual factors, like fatigue, stress and distraction, can impact safe operations through their effects on decision-making, cognition and situational awareness. These individual factors can increase error and put our people and facilities at risk. Psychological safety creates a culture where acknowledgment of these factors can be discussed without stigma. Further, stigma is a major barrier preventing people from seeking help for addressing emotional well-being.

Approaches to address stigma and normalize discussion about emotional well-being include the ICU program—a resource provided by the Partnership for Workplace Mental Health, a program of the American Psychiatric Association Foundation. ICU stands for Identify, Connect and Understand the path forward. ICU is an awareness campaign designed to help peers and supervisors recognize emotional distress and the impact of stress on human error. ICU also seeks to connect workers to appropriate resources. Similar programs have been delivered in several of our businesses internationally (e.g., the “RUOK” campaign in Australia and the “Not feeling myself today” campaign in Canada). This, also, is the focus of an upcoming mental health awareness campaign for Chevron employees that will address destigmatizing anxiety and depression.



The outcome of a psychologically safe organization is the development of a learning culture. This is critical for organizations where a key business value is safe operations and is especially relevant to Edmondson’s notion of learning from failure (2011). When psychological safety is high and there is high accountability for results, learning ensues and is enhanced by collaboration

(Edmondson, 2008). Organizations with effective learning cultures demonstrate a growth mindset and learn from normal operations and failures, with effective learning being highly dependent on psychological safety.

No conversation about psychological safety would be complete without discussing the important role of leadership and workplace culture. Leaders who create psychologically safe workplaces tend to have organizational cultures that are characterized by high levels of trust and good communication. This allows for more ready identification of physical and psychological impairment, and identification of latent conditions related to other individual factors, organizational factors, the work environment or task demands. In such cultures, individuals would feel free to self-attest that they are

unfit for work (e.g., stressed or fatigued) and/or peers would and could identify these as issues without condemnation or reprisal. If operations leadership affirm such examples of stop work authority, trust and effective communication are increased, management becomes more aware of work conditions, and other latent organizational weakness can be identified.

Protecting the health and safety of our workforce is a core organizational value for Chevron. In order to realize the total worker health framework at the National Institutes for Occupational Health and Safety (NIOSH)—which advocates the integration of health promotion and health protection—addressing psychological health with emotional and well-being resources is a fundamental aspect of our wellness programs that supports safe operations. Our global and confidential EAP program includes internal counselors who address personal and organizational issues with a full understanding of the implications for safe operations. Online well-being modules are included in our wellness portal, and in the U.S. are supplemented by telephonic coaching by stress specialists. Well-being resources also include our Resilient Living website and the social connections provided by our diversity networks.

A healthy workforce results in a healthy business and healthy communities. In turn, addressing psychological safety is key for ensuring a healthy workforce and safe operations.

## At Chevron - Leadership and Culture Matter



United States Department of Energy 2009

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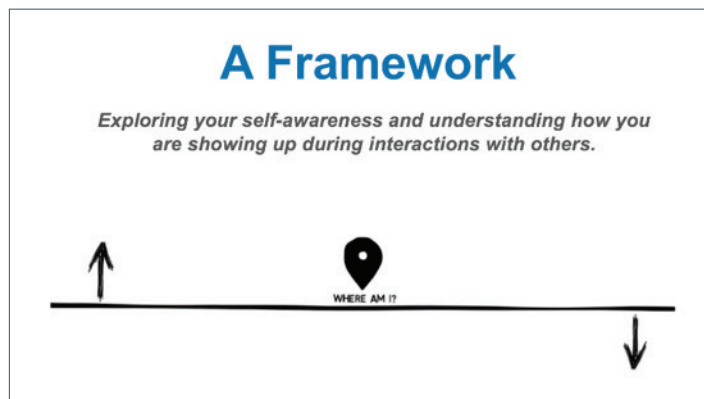
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# ABOVE OR BELOW THE LINE IN OUR CONTRIBUTIONS TO EMOTIONAL SAFETY

Kurt Olson, PhD, System Vice President, Talent Management and Organizational Effectiveness, OhioHealth

*(Abridged comments and group exercises led by Dr. Olson.)*

This presentation addressed several topics: deeper self-awareness, locating yourself as above or below “the line” (with the activity “Where am I right now?”), and understanding the “Drama Triangle” and your trigger points (with the activity “Drama Triangle and Shifting”). Many of the key ideas are available online in a 4-minute YouTube video on the topic: <https://www.youtube.com/watch?v=fLqzYDZAqCI>.



**Where are you right now?** In this exercise, leaders are asked to assess if they are above or below the line. **Above the line** is being open, curious and committed to learning. Above the line beliefs include: learning and growing is more important than winning; from a distance everything is funny; and live curiously, being open to listening and play. In contrast, **Below the line** is being committed to being right, defensive and closed. Below the line beliefs include: scarcity; my view is “right”; and there is a threat to my control, approval and security.

Our brain is wired to perceive threat and to go below the line to

survive. Often our brains cannot perceive the difference between threats to our ego and threats to safety. We need to be above the line to connect to others, innovate and create. You cannot be both above and below the line. If you think you are, you are probably below. Is it situational? Being here now makes me feel above the line. Sometimes as you look out into the world, it’s easy to be brought below the line. However, you can change position on the line throughout the course of the day. At work, you may feel in one position in one group or environment, but in another group it can change.

A key point of this exercise is that you need to learn to check in frequently to see where you are. It is *perfectly acceptable* to be below the line. The key is awareness. If you know you are below the line, you need to know that it may not be the best place to make decisions. You can lose your ability to be open to new solutions and ideas when you are below the line. It can be helpful to surround yourself with the right people to help you get above the line. Creativity, innovation, and collaboration are necessary to be competitive. This is not a touchy-feely concept; it’s critical to business success.

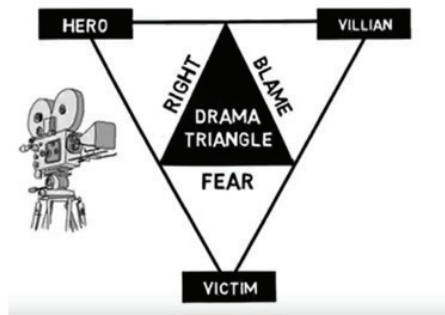
**The Drama Triangle versus being present.** Presence is above the line, and drama is below the line. Below the line there are three roles: Hero, Villain and Victim. The Hero provides temporary relief and wants immediate pain to go away but does not address core problems, instead seeking out comfort tactics. The Hero seeks value by being needed by others. The Villain blames herself/himself/ themselves or others or the group for undesirable circumstances or conditions. The Victim believes that some person or circumstance or condition is doing something that has a personal impact which brings a perception of powerlessness. But when they are “Above



the Line,” the Villain becomes the Challenger as they don’t blame or criticize, the Hero becomes the Coach, and the Victim becomes a Creator. These are explained in another YouTube video: [https://www.youtube.com/watch?v=ovrVv\\_RICMw](https://www.youtube.com/watch?v=ovrVv_RICMw).

## Drama Triangle or Presence

*Specific behavioral patterns exist above and below the line. The Drama Triangle provides us cues for exploring our location*



If someone is perceived to be above the line all the time, it can make that person annoying to be around. People want to see vulnerability, and people cannot learn and grow unless they go below the line sometimes. The key to emphasize is the need to learn from whatever tough situation you are going through when you are below the line. The whole game is learning about and understanding what conditions are needed to put you in a place where you can learn.

Understanding why this is important starts with asking how you lead effectively in an organization and begins with understanding where you are at. It’s about consciousness. You do not need to be in a formal leadership role to benefit from this, but you do need to start with leaders in an organization so they understand the role they play. Eventually, it needs to be infused throughout the entire organization as it is all about respect for everyone.

How do you bring this concept to the recruiting process? There are assessment tools that help us understand openness to these concepts. Assessments of senior leaders can ensure they are bringing people into the organizations willing to address psychological safety.

# DO EAPS WORK? THE EVOLUTION OF EMPLOYEE ASSISTANCE PROGRAMS

Mark Attridge, PhD, President, Attridge Consulting, Inc.

*(Abridged notes from Dr. Attridge's presentation.)*

**How many employers have EAPs?** Many surveys show that 90% of medium and large employers in the U.S. have EAPs. Even 75% of small employers in the U.S. now have EAPs. These rates are similarly high for the EAP market in Canada, but EAPs are less mature as a product overseas, with 20-30% of companies in Europe having EAPs. Why are EAPs needed? Epidemiological studies find that 1 in 5 working adults have some type of mental health issue that an EAP can address. Thus, there is a high prevalence of EAP-relevant conditions among working populations. Why do employers buy EAPs? EAPs are designed to help manage organizational risk, help with employee work performance and behavioral health issues, support marriage and family life for employees and support the work organization (i.e. organizational effectiveness goals). A 2018 survey found that even though every EAP can provide services for organizational effectiveness work, only 47% of EAPs today are asked to provide this type of service to the organization. Who buys EAPs? There are basically two kinds of EAPs being purchased today in the U.S. Type 1 is the "Free EAP" which has led to price stagnation, includes less clinical follow-up, and is just a cheap commodity model for EAPs. In contrast, the second kind is the "Full Service EAP," where the EAP is treated by the purchaser as an integrated partner in the workplace with a more preventive role for behavioral health risks and disorders. Most EAP providers can do both, but it is the customer that determines the level of service from the EAP. The free EAP is not used much by employees nearly to the degree that full service EAP is used, especially for organizational level services.

**Where is the evidence on EAP effectiveness?** In 2011, Attridge wrote an EAP Business Case Bibliography white paper that listed

the top 100 review papers on EAP outcomes. For example, one literature review of 42 EAP outcome studies concluded that "EAPs are effective." Another literature review paper of 17 studies of EAP outcomes in Europe also concluded that "EAPs are effective." Another review study of many vendors found EAPs result in satisfied users, improved clinical issues and impact on absence and productivity. A 2016 meta-analysis of EAP workplace outcomes by Attridge was done representing more than 200,000 cases globally (<http://hdl.handle.net/10713/7203>). This data showed that EAP counseling use reduces the hours of work absenteeism by 48% (14 hours vs. 8 hours per month) and reduces the hours of work presenteeism (unproductivity while at work) by 41% (50 hours vs. 30 hours per month).

**Industry-wide results in EAP Workplace Outcome Suite (WOS) study.** Another major study of EAP counseling outcomes across the industry was published in 2018 ([http://www.ihpm.org/pdf/IJHP\\_V10N2\\_2018.pdf](http://www.ihpm.org/pdf/IJHP_V10N2_2018.pdf)). This study gathered data globally over 9 years and 24,000 cases all using the same measure at pre- and post-use of counseling (WOS, 2018). The results found that work presenteeism and overall life satisfaction had the largest effect sizes, work absenteeism had a medium effect size, and workplace distress and work engagement both had small effect sizes. These improvements were generally consistent across many demographic, clinical delivery and company contextual factors. The difference in effect sizes suggests that EAPs can only help individual workers so much when larger work environment issues are a problem. Using data on changes in work absenteeism and work presenteeism over three months, the estimated financial outcome for EAP counseling of ROI = \$3.37: \$1. See Figure 2.

### Statistical Effect Sizes for Improvement Pre to Post Use of EAP on Workplace Outcome Suite (WOS)

N = 24,363 Counseling Cases (2010 through 2018 Global Data)

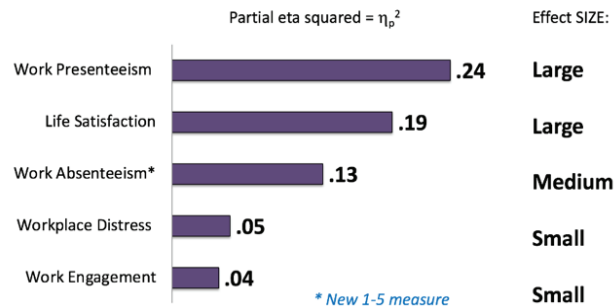


Figure 2. EAP Workplace Outcome Suite Study Results.

**How do companies get their EAP to be more effective?** EAPs are most effective when integrated with other parts of the organization. The conceptual model (Figure 3) shows the many parts of an organization that can interact with the EAP to increase awareness of mental health issues, to share brief risk screening tools, to collaborate on trainings and to provide cross-referrals to many different employee benefit services. If you buy a cheap EAP and treat it like a benefit, the EAP will be in a silo and will be hidden. The fully integrated EAP is more visible and used. Also, the use of multiple modalities and digital access tools can increase EAP utilization and encourage integration. Advice for employers from EAPs is that managers need training in their role on identifying and supporting employees with behavioral health issues.

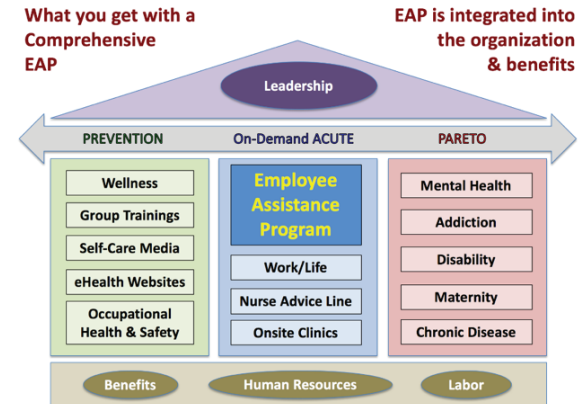


Figure 3. EAP Integration Conceptual Model.

#### References

For specific research resources on the effectiveness of EAPs, visit the HERO blog at: <https://hero-health.org/blog/a-comprehensive-list-of-references-on-the-subject-do-eaps-work/>.

# DO EAPS HAVE A ROLE IN CREATING GREATER EFFECTIVENESS IN TEAMS?

Darcy Gruttadaro, JD, Director, Center for Workplace Mental Health, American Psychiatric Association Foundation

*(Abridged notes from Gruttadaro's presentation.)*

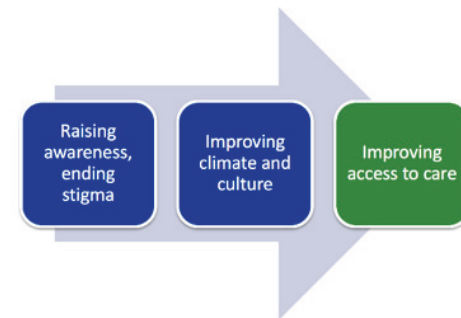
The Center for Workplace Mental Health is sponsored by the American Psychiatric Association Foundation, a non-profit organization that provides free services and consultation to employers. Included in the Center's website (<http://workplacementalhealth.org/>) is a new database to track the many topics of interest to employers (e.g., workplace stress, loneliness), case studies of innovative workplace mental health programs and a depression cost calculator. Employers understand that mental health conditions are common and that discrimination and stigma persist. They know these conditions are costly. Depression alone costs \$210 billion due to costs of employee retention and performance as well as medical health comorbidity issues.

A partner in this area has been the Substance Abuse and Mental Health Services Administration (SAMHSA), a part of the U.S. federal government. It has identified many challenges in accessing care such that many who suffer from behavioral health disorders don't know where to go to get care. Some believe their mental health problem can be handled without treatment, while others face financial and cost barriers to getting treatment. Many are concerned about the social stigma linked to asking for help. More practically, there is also a shortage of health professionals in the mental health field.

As a response to the dual problems of high prevalence and lack of access, employers are interested in working on several areas to help. A common goal is using the power of the workplace to raise awareness and addressing stigma by talking about mental health topics more frequently at work. A second goal is to improve the corporate climate and culture so that the culture makes it

comfortable for people to get help. And the third goal is improving access to care, with most employers also sponsoring psychological benefits and employee assistance programs (EAPs). Let's examine some examples of what leading employers are doing for these three areas.

## Addressing Workplace Mental Health



**Raising awareness and ending stigma.** One of most popular examples is the "Right Direction" depression awareness program for workplaces. Developed with an employer coalition, it's simple to use, turnkey and customizable. A second turnkey resource is called "ICU," an awareness campaign to reduce stigma for mental health issues. Developed by DuPont and donated to the American Psychiatric Association Foundation, ICU is available in multiple languages. More generally, the Center for Workplace Mental Health also has over 70 employer case studies that document innovative practices across industries, as well as an ongoing research project at Kent State





University to determine if raising awareness results in higher EAP use.

**Improving climate and culture.** After having raised the level of awareness, the next step in our three-phase model is to ask how to improve culture and climate in the workplace to support mental health? Here are some of the ideas that our members tell us are effective. Leaders at all levels need to talk about workplace mental health with visible leadership commitment. There should be ongoing communication about mental health—not just one time notice of services available during onboarding of new employees. Relevant organizational policies and practices must support mental health. The organization must evaluate what they are doing and make ongoing improvements. We have lots of requests for manager training for mental health topics.

**Improving access to care.** For the last area, how do you improve access to care for mental health issues in the workplace? EAPs are the first stop in accessing care, yet employers report that EAP use is lower than desired. Here are some likely reasons: employees are unaware EAP services exist; employees are concerned about privacy and confidentiality (even though EAPs are completely confidential within limits of legal safety requirements); stigma and fear of judgement by others in the workplace if discovered using an EAP; and potential negative consequences for advancement with the company if mental health problems are known.

The best strategies for improving EAP use include leadership support, ongoing open communication, collaboration between EAP and other programs, raising awareness and improving culture and climate, and using work/life services as an entry way to mental health care services.

Three employer case studies from our Center are briefly profiled as examples.

**Sprint.** This large telecommunications company was very intentional about bringing in program managers from across the organization to work externally with an EAP vendor to figure out how to integrate the EAP into the other parts of the organization. They worked with the EAP to make access easier for employees and family members. The EAP was offered manager and HR consultations to address performance issues of employees they managed. The result was that referrals to the EAP increased and certain areas of health care savings were obtained. Sprint plans to continue to build on this early success.

**Ernst & Young (EY).** This multi-national accounting services organization conducts an awareness campaign, called “r u ok?” EY has an internal EAP model and can thus create inter-departmental collaboration. They created this initiative with input from diverse teams to ensure people understood how to have conversations between employees around the simple and non-stigmatizing question of “are you okay?” The result was over 50,000 touch points to the company intranet site and EAP around mental health. Many employees also expressed gratitude for the initiative and for making it easier to seek services and supports needed.

**Kent State University.** This school enlisted commitment from leadership for greater staff engagement in creating a culture of health and mental health, with a focus on depression. The project collected 50 months of data to evaluate the intervention and are now looking at the data. The preliminary finding is that self-referrals to the EAP have increased. They plan to publish the findings.

More in-depth information can be found on the website:  
[www.workplacementalhealth.org](http://www.workplacementalhealth.org).

# THE CRITICAL ROLE OF SOCIAL CONNECTIONS AND TOTAL WORKER HEALTH AT 3M

Gerardo Durand, MD, MPH, Senior Corporate Occupational Medicine Physician, 3M Company

As a representative of a new HERO member organization, I had the opportunity to participate for the first time in a HERO Think Tank meeting. What I experienced was delightful. I felt immersed in a collaborative environment difficult to replicate, with a lot of energy and curiosity. Psychological safety at work is a topic of significant relevance at 3M since, based on NIOSH Total Worker Health®, we are currently modeling an approach to address psychosocial hazards in our different work environments in a similar way as we traditionally address other hazards, such as physical and chemical hazards.

One message related to a population health approach particularly resonated in me. It stated the importance of having connection and continuity between the different levels of prevention throughout the psychological health stages. Dr. Merv Gilbert described with clarity the four stages of psychological health: from thriving employees, followed by employees in psychological distress, employees with common psychological problems and, lastly, employees with severe mental illness. To accomplish that “continuity” model, it is imperative to integrate efforts between areas that quite often work in silos (i.e. environmental health and safety (EHS), and human resources/benefits).

In that regard, I also found the ideas presented by Dr. Mark Attridge to have remarkable relevance as he described the potential capabilities for EAPs to pivot the connection and continuity of preventative efforts. Beyond the EAP role to procure early diagnosis and subsequent appropriate clinical management, the EAP has the potential to provide feedback and awareness to supervisors or EHS managers in the wake of elevated psychosocial risks at the workplace.

Stigma as a barrier for early recognition and effective assessment was discussed in several different sessions. Overall, there was concordance to include psychological risk topics in the regular teamwork dialogue. In that regard, the ICU (identify, connect and understand) and the “Right Direction” tools created by APA’s Center for Workplace Mental Health were quite valuable according to the experience presented by Dr. Janis Davis-Street from Chevron.

Not surprisingly, supervisors were identified as the most important targets to train and educate. With no doubt, supervisors, in their leadership role, are key to helping create a psychologically safe environment that could prevent episodes of psychosocial distress or illness. However, we also need to pay attention to possible psychological risks the supervisor may be exposed to. Supervisors often receive significant pressure to deliver results, control costs and, as good ones do, take care of their employees.

The creation of a climate of respect and safe learning in the working environment is one of the components for the development of inclusive leadership. This statement precedes my final note, which is perhaps mostly applicable to large organizations. It is always important to extend bridges and create partnerships with other departments or areas within the organization. Many of our efforts in health and well-being could be inextricably linked to their own goals and initiatives. Often, these other areas, such as diversity and inclusion or sustainability, are key elements in the organizational strategic chart and could effectively leverage our joint initiatives.

# THE APPROACH TO WELL-BEING AT AETNA - CVS HEALTH

Kay Mooney, Vice President, Well-being, CVS Health

*(Abridged notes from Mooney's presentation.)*

Our model includes social connectedness, purpose/meaning, character strengths (consistent thoughts and actions), physical health, emotional health and financial security. The employee emotional well-being programs include: 1) online tools that broaden EAP to work/life in terms of achieving and maintaining emotional health (including sleep issues, depression and so on); 2) mindfulness practices (resulting in 16% reduction in stress in the last mindfulness challenge, 4% higher engagement scores for completers, and zero turnover in 12 months for the mindfulness group versus a 5.8% turnover for comparison group); and 3) pet therapy (from a chapter in Arianna Huffington's book *Thrive* on animal companionship).

We weren't ready to bring dogs into the office, so we looked at what we could do. We implemented a pilot program with Pet Partners where certified therapy dogs were brought into 8 locations for 2 hours twice a month. Employees were encouraged to take a break and play with the dogs. Now, we have expanded to 26 locations and everyone wants it. We need a critical mass of employees and Pet Partners volunteers as well as workplaces where the landlord of the facility will allow animals. We are planning a study on the effect of pet therapy on stress. Written survey comments like these make my heart sing: "This is the best benefit Aetna offers. Better than 401k match!"

We also have a goal of fostering psychological safety in the workplace, which starts with leadership. Our leader was profiled in a *Forbes* magazine article where she talked about how, at age 12, she lost her mother to suicide. This was a defining moment in her life, and she decided to make her life's work helping to eliminate the stigma associated with suicide. So many other leaders have come forward since this article was published, and it has created more

## Fostering Psychological Safety



psychological safety in the organization.

Second, we have developed emotional health resources for managers. We want to help managers recognize when there may be emotional health issues and know when they are seeing performance or appearance differences. How do you listen with empathy? How do you respond?

Third, we train employee advocates. We are a founding member of the campaign to "Change Direction"—a national movement to change the direction of mental health in America. Our organization is trying to get employees to take a pledge to recognize the 5 signs of emotional health distress. We need to create an environment that gives people permission to take advantage of the services we offer.

# PSYCHOLOGICAL SAFETY IN THE WORKPLACE

Wolf Kirsten, MS, Co-founder, Global Centre for Healthy Workplaces

The topic of “psychological safety” was well chosen and adequately prepared with Amy Edmondson’s book and webinar and bode well for a holistic discussion of how psychological health and mental well-being are formed at or by the workplace. Special was that the topic of psychological safety was lived and practiced at the event.

“Teaming” was front and center during the meeting: *“actively building and developing teams even as a project is in process, while realizing that a team’s composition may change at any given moment. Teaming is essential to organizational learning”* (Edmondson, 2012).

While the format and challenge were perfectly set for the participants, it seemed that many presentations and contributions limited their perspective of psychological safety to the individual. EAP, resilience, introspection and self-analysis are essential for better health and well-being but do not get to the bottom of work-related stress, burnout and mental illness. Two presentations stood out in terms of highlighting work-related factors and the psychosocial working environment:

1. **Dr. David Ballard’s** presentation on psychologically healthy workplaces outlining key (APA) criteria for such: communication, organizational justice, work/life balance, fairness, leadership support, recognition and career development.
2. **Dr. Merv Gilbert’s** introduction to the Canadian National Standard for Psychological Health and Safety at the Workplace. The Standard includes the following key psychosocial factors: psychological support, organizational culture, clear leadership and expectations, civility and respect, psychological job fit, growth and development, recognition and reward, involvement

and influence, workload management, balance, psychological protection, protection of physical safety and engagement.

The Canadian National Standard points to the fact that a number of countries other than the U.S. are paying more attention to the working environment and work organization. For example, the European Union has made the assessment and management of psychosocial risks and prevention of work-related stress an obligation in its Framework Directive 89/391/EEC. While enforced at varying levels and speeds in the different countries of the European Union, awareness of the employer role is greater than in the United States and employees are more apt to expect good working conditions.

The psychosocial work environment is also one of four major elements of the World Health Organization (WHO) Healthy Workplace Framework ([www.who.int/occupational\\_health/healthy\\_workplaces/en](http://www.who.int/occupational_health/healthy_workplaces/en)):

- Physical work environment
- Psychosocial work environment
- Personal health resources
- Enterprise-community involvement

The table top discussions were on target as these featured complex themes beyond merely psychological safety, e.g., broad organizational strategies addressing emotional and psychological health and the case for health and well-being initiatives relating to building trust, communication skills and amity between employees. The discussions revealed a number of existing challenges:

- The terminology can be confusing and at times misleading, e.g., mental health versus psychological health, and needs to be



carefully considered in the given working environment.

- Often it is not clear who owns psychological health and safety within an organization due to existing silos.
- The role of leaders is crucial, i.e. walking the talk and enabling cultures of trust.
- The size and sector of the organization play an influential role, e.g., health care sector is more open to addressing psychological health and safety.
- Finding the right metrics is challenging, but should include leading (e.g., engagement, culture elements) and lagging (e.g., disability, EAP utilization) indicators.

Next to the intellectual stimulation and rewarding teaming experience, the discourse in San Antonio has useful application for both of my organizations:

1. Each year applications for the Global Healthy Workplace Awards and Certification ([www.globalhealthyworkplace.org](http://www.globalhealthyworkplace.org)) come in from across the globe and psychological health and safety is one of the key criteria. Unfortunately, this area often is the weakest feature in the application. Therefore, the Global Centre for Healthy

Workplaces (my organization) is eager to advance existing standards, guidelines and good practices and share these on a global scale.

2. As a health and well-being consultant to multinational corporations, personally, I need to be versed in effective strategies and programs to enhance psychological health and safety as well as be aware of the realistic limitations and challenges to advance this area.



