Learn the Five Steps of Suicide Prevention

The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) recommends awareness of the “five steps” to suicide prevention. The research-supported model can reduce the risk that a person in crisis will take his or her life. The approach includes a series of action steps anyone can learn. This includes 1) asking if a person is suicidal, 2) being there and offering support, 3) playing a role in keeping someone safe and summoning help, 4) assisting the person in connecting with other support resources, and 5) following up. Suicide prevention is everyone’s responsibility. The five steps are for everyone because someday you might be the one in the position to save a life.

Source: http://www.bethe1to.com/bethe1to-steps-evidence/

Think Outside of the Box

You’ve heard the expression “thinking outside of the box.” It’s thinking creatively and solving problems in ways that defy convention. Outside-the-box thinkers see the same information differently from the way their coworkers do. When others “zig,” they “zag.” You can learn how to think outside of the box. The payoff can be huge for your employer. Learning this skill starts with experiencing failure caused by conditioned linear thinking. Try a few exercises designed for this purpose. Once you have an “ahah!” experience with the exercises, then you’ve got the idea.


“Amotivational Syndrome” and Marijuana

Does cannabis use foster apathy and reduced self-efficacy—“amotivational syndrome”? The most thorough study yet examined the cannabis use and behaviors of over 500 college students. Marijuana use, age, gender, race, personality style (extraversion, agreeableness, conscientiousness, openness, and neuroticism), use of other substances (alcohol and tobacco), and general personal assessments of initiative, effort, and persistence were examined. Results: Marijuana use forecasted lower initiative and persistence, even after statistically ruling out 13 other variables! The debate about amotivational syndrome has raged for years, but only marijuana (not alcohol or tobacco) use significantly and longitudinally prompted lower initiative and persistence in subjects.


Anger in the Workplace

If you blow up at disappointments, rage at inconveniences, or bark at others’ mistakes, then you probably recognize your anger management problem. Are you still struggling to get a handle on it? The change you want entails education about anger, self-awareness, and triggers; practicing alternative responses; logging attempts at change; practicing response tactics; apologizing to others when you slip up; and measuring progress. Anger responses become engrained, which is why a programmatic approach is often needed to gain control in the long term. Talk to your EAP or a counselor to discuss the pieces above and how to turn them into a plan that will give you results.
**Relationships—the Secret to Happiness**

Many articles, books, and speeches have discussed the secret to finding happiness, but there is only one 75-year study that has attempted to pin down the answer. It’s the Grant and Gluek Study, which began in 1934. And it continues today. The project focuses on the lives of two completely different groups of people—a large group of low-income people from Boston, Massachusetts, and a similarly large group of Harvard graduates. The only finding common to both groups of what ultimately brings joy is quality relationships. Recent studies on the negative effects of loneliness lend support to these findings. Developing strong and positive relationships is a social skill that also has some important ingredients. And it can be learned. If you’re past your teens and younger years and you find your health and relationships are lacking, it can be a bit more of a challenge to fire up an active friends network. Start with a visit to a workplace counselor or EAP. For advice on reestablishing a social life after lots of time away from the practice of doing so, consider the book “The Friendship Crisis: Finding, Making, and Keeping Friends When You’re Not a Kid Anymore.”

Source: http://www.adultdevelopmentstudy.org/grantandgluekstudy.

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**Are Teenagers Switching to Xanax?**

Many teenagers who have been using opioids may be switching to prescription drugs like Xanax, say addiction treatment professionals who specialize in teen substance abuse. The war on street opioids, related overdose fears, and the risk of death when using fentanyl may be influencing the switch. Drugs like Xanax are often plentiful in medicine cabinets of parents and grandparents. Stealing the substances and distributing them among peers is not uncommon. Once you are addicted, quitting Xanax suddenly can be life-threatening. Because drug-using teens often drink, using Xanax, Valium, and similar drugs can be particularly hazardous. If you have been prescribed medications like Xanax, manage these substances so they cannot be stolen. Never give your medication to your teen as a way of controlling his or her anxiety. Teens more susceptible to Xanax and other benzodiazepine addiction will be those with family histories of substance abuse.

http://www.pewtrusts.org [search: “Xanax”].

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**Stalking Awareness**

Studies show that a woman over the course of her life will have about an 8% chance of being stalked. For men, it’s about 2%. Stalking is unwanted or repeated shadowing, observation, and scrutinizing of another person. It may involve following a person, showing up where and when they do not expect it, and ignoring boundaries of privacy. Stalking is a crime. Many incidents of workplace violence have been linked to stalking, although later may only be labeled as “domestic violence” related. If you’re stalked at work, don’t keep it a secret. Tell your employer or HR advisor, or discuss it confidentially with the EAP and get the support you deserve. Don’t be reluctant to let your employer know about the victimization. Your safety and that of coworkers is your employer’s most important concern.

Source: http://victims.ofcrime.org [search: “stalking”].

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**Stress Tip… Reduce Catastrophic Thinking**

Humans worry, but when we focus on the worst-case scenario, it is called catastrophic thinking. It’s worry on steroids. Catastrophic thinking is agitating and exhausting. It can be toxic to your mental health. Catastrophic thinking can be applied to almost anything—child safety concerns, bills, personal health, the environment, deadlines, etc. Remaining concerned while avoiding one’s worst fears is possible. 1) Recognize that catastrophic thinking is a drain on your mental energy. 2) Reduce worry levels by constructing contingency plans and solutions in writing. 3) Take a mental break with “thought blocking” by refusing to worry about something for a set period of time. 4) Consider how you engaged in catastrophic thinking in the past, but here you are today with those past fears or concerns never having come to pass or coming without the impact you originally imagined.