

The work context

Learning Unit 1 → and psychological well-being

- Discuss each of the various models
- Compare models to each other
 - ↳ compare means
 - ↳ point out similarities & differences between models
- Form an idea of the meaning of work
- Apply various models to the meaning of work.

- Definition of well-being: In order to prosper and survive in a continuously changing environment, organisations need healthy and motivated employees
- Well-being at work: psychological adjustment or psychological health is one part of well-being
 - Psychological adjustment refers to thinking, emotions and behaviours that indicate that people cope with tasks and demands in the various life roles, and manage in situations where they can be expected to manage, in certain circumstances and at certain stages of life.
 - Maladjustment refers to impairment in thinking, emotions, perceptions, social and even physical behaviours, which make people unable to function effectively in tasks or situations
 - ↳ Maladjusted behaviours are mostly recognised by:
 - The maladjusted behaviours intensity, frequency and the detrimental effects they have for the person or other people
- Unemployment's impact on psychological adjustment:
 - Jobloss can be defined as a process of exclusion,
 - Affects individual's sense of self, sense of worth and sense of belonging
 - Impact on individual's psychological well-being can lead to psychological disorders such as depression, anxiety + drug abuse

Models for understanding psychological adjustment

① Disease Model

→ For organisations this implies that psychopathology, stress and burnout be addressed to promote health and well-being of employees

→ Individuals experience:

- Occupational stress → Demands of workplace exceed adaptive responses

→ Appears within parameters of work environment ~ caused by work-related factors

→ Person cannot be effective in work-related demands

- Burnout → considered as a ^{kind of} prolonged job stress

→ defined as a persistent, negative, work-related state of mind - characterised by exhaustion and accompanied by distress, reduced effectiveness, decreased motivation + development of dysfunctional attitudes + behaviours at work.

→ Exhaustion core indicator of burnout

→ 3 interrelated characteristics:

1 - Exhaustion (reduction in emotional resources)

2 - cynicism (negative/detached response to aspects ^{of job})

3 - low professional efficacy (feeling of being unable to meet clients' needs)

Theory states that positive emotions widen people's outlooks in ways that little by little, reshape who they are.

2 - The broaden-and-build model of positive emotions

The broadening effect

- Positive emotions - open our minds + expand perceptual abilities
 - facilitate creativity
 - generate more possibilities for tasks
 - promote wider perspective or overview
 - facilitate awareness
 - facilitate greater cognitive flexibility, openness to environment + internal processes
 - enrich the view of action possibilities

In your own life you feel more open, curious, loving and capable when you feel good

- ↳ you seek more experiences + challenges
- ↳ interact more with others
- ↳ more supportive of those in need
- ↳ likely to develop new plans and activities

→ Positive emotions tend to broaden people's attention and thinking ≈ enabling them to do better, come up with a range of ideas + perceptions

The building effect

- Build more durable personal resources
- Build intellectual resources i.e. capacity to be mindful
- social resources i.e. give and receive social support
- physical resources i.e. health / immune resistance
- psychological resources i.e. resilience, purpose directedness

→ Accumulation of these resources contribute to individual development + create upward spirals of well-being

- ↳ Meet life challenges + use proactive coping strategies
- ↳ More successful, healthy + happy over time

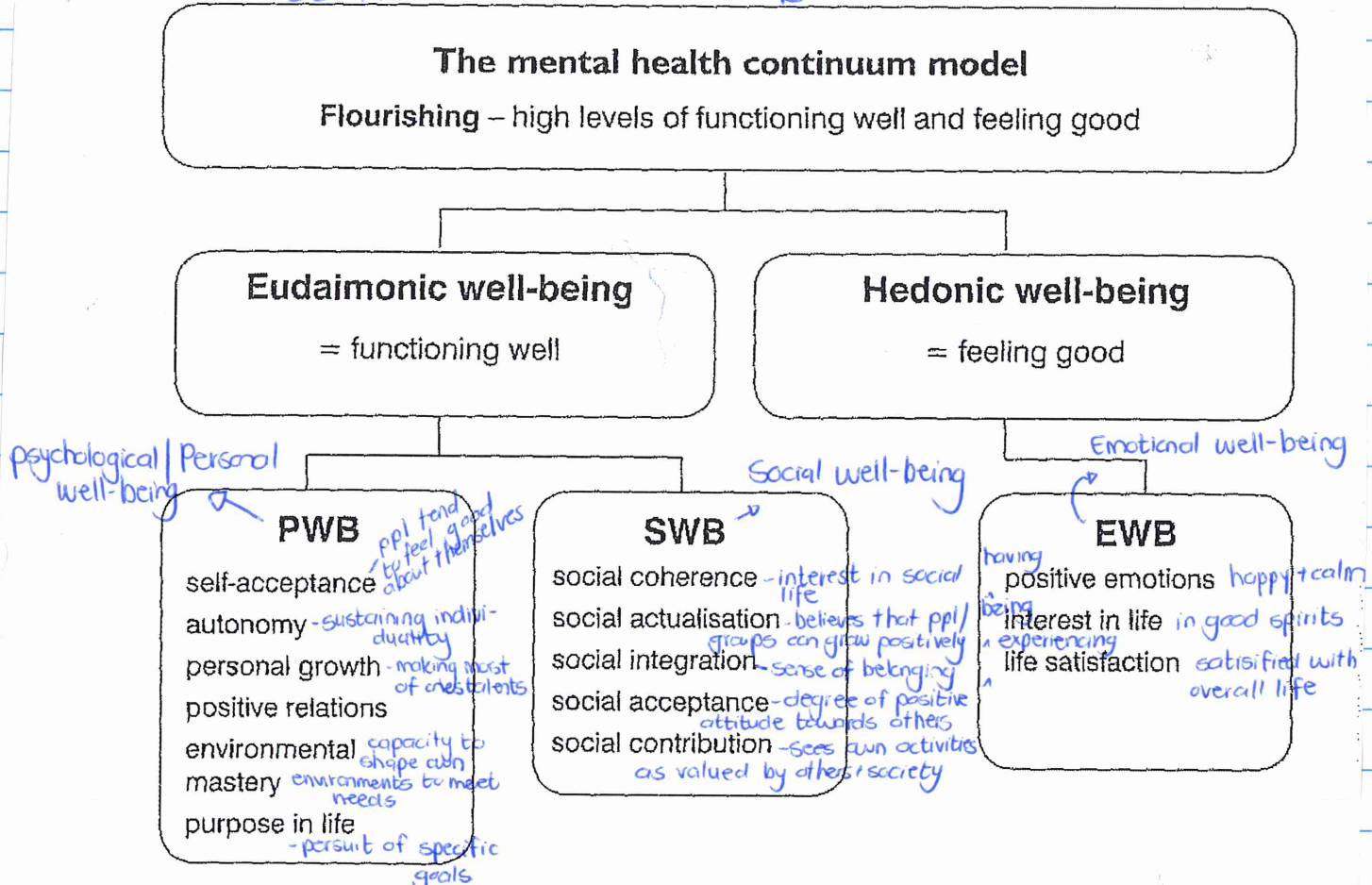
- Experiences of positive emotions → • Broaden momentary thought-action ranges →
- Build enduring personal resources - physical, mental + social → • Transform people + develop an upward spiral of well-being

② The Positive psychology models

→ Positive approach to well-being

1 - The mental health continuum model

Go from A → B → C → D



LU1_03 The mental health continuum

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Part 1 of 1 -

Question 1 of 1

Please select the correct descriptions that fit with options A-I

- A. A pattern of positive feelings and positive functioning in life.
- B. Accepting diversity, believes in other's potential, sense of relatedness, contributing to society, social coherence.
- C. Emotional, psychological and social well-being.
- D. Positive emotions, interested in life, life satisfaction.
- E. The absence of mental health.
- F. Functioning well.
- G. It is necessary to promote mental health and not just reduce risk factors and remedy pathology (maladjustment).
- H. Self-acceptance, autonomy, personal growth, positive relations, environmental mastery, purpose in life.
- I. Feeling good.

- ✓ ☐ A 1. Flourishing
- ✓ ☐ E 2. Languishing
- ✓ ☐ C 3. Dimension of subjective well-being
- ✓ ☐ I 4. Hedonic well-being
- ✓ ☐ F 5. Eudaimonic well-being
- ✓ ☐ D 6. Emotional well-being
- ✓ ☐ B 7. Social well-being
- ✓ ☐ H 8. Psychological well-being at work
- ✓ ☐ G 9. Implications of the mental health continuum model.

Answer Key: 1:A, 2:E, 3:C, 4:I, 5:F, 6:D, 7:B, 8:H, 9:G

Enumerates what facets are important in the evaluation of well-being

R 3- The PERMA model

→ 5 essential components of well-being

1- Positive emotions (P)

- needed to experience well-being in life
- include both happiness + life satisfaction
- pleasure, comfort, peace, gratitude, satisfaction, love
- positive emotion 3:1 = person to be well
- 5:1 = relationship between partners

2- Engagement (E)

- state where someone is completely absorbed in a task
- ↳ called a flow (time stops / we loose our sense ^{of} self)

3- Positive Relationships (R)

- great importance to well-being
- social support, caring, acts of kindness towards others, sharing love.
- meaningful positive relationships = healthier + happier

4- Meaning (M)

- belonging to and serving something greater than the self.
- need for meaning in our lives is universal
- sense of coherence $\approx$ life is more or less comprehensible
- cognitive component of meaning provides the foundation from which a person develops aspirations, purposes and directions for life.

5- Accomplishment (A)

- Achievement, mastery, success and "achieving life"
- Accomplishments contribute to overall experience of well-being

4- The meaning models

- meaning is central to human life
- focus on satisfaction with life
- meaning in life includes having a sense of purpose and understanding one's role in the greater scheme of things
- Key elements of meaningfulness are the perceptions or experiences of coherence, direction, significance and belonging in life.
- mostly refer to comprehension/sense of coherence (cognitive facet) and/or purpose (motivational function) + emotional (subjective evaluative) facet as the main components of meaning

1 - Steger's meaning model ~ refers to meaning as the catch basin of consciousness ~ what's important to ppl flows into their meaning systems

2 - Wong's meaning model ~ personal meaning as individually constructed cognitive system - incorporates motivational + affective aspects

◦ happiness, achievement, intimacy, relationships, fairness
→ PURE P=purpose U=understanding R=responsible action
E=enjoyment/evaluation

Casual factors or aetiology Learning Unit 2 → of maladjustment

- ✓→ Describe causation in psychological well-being
- ✓→ And apply the theory to practical case studies
- ✓→ Where you need to apply different types of causation
- ✓→ Demonstrate an understanding of the moderators of organisational well-being

Factors to single or multiple causation of maladjusted behaviours

→ necessary casual factor = conditions or influences that must be present for the onset of a certain psychological disorder or work dysfunction.

→ sufficient cause = definitely bring about a certain psychological disorder. E.g. workloss may cause depression or anxiety-based disorders.

sufficient cause may not be necessary cause = anxiety may be caused by genetic or environmental factors.

→ contributory causes = all factors that may play a role in increasing the chances that a disorder will develop although it might not be necessary/sufficient causes of the problem.

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study guide.

→ Moderators of organisational well-being

- Perception: The way that a person interprets a task/assignment as being a threat to their well-being or an opportunity to use their abilities and potential
- Job Experiences: Tends to be negatively related to work stress. (the more you're exposed the less stressful it becomes)
- Self-efficacy: Belief in one's capabilities to mobilise the motivation, cognitive resources and courses of action needed to meet given organisational demands; a judgement about the likelihood of successful task completion before starting the task.
- Locus of control: A person's ^(perception) sense of control they have over their environment and personal success
- Optimism: A global expectation that the good things will be more than the bad things: Explains situations in a positive style
- Coping: Perceptual, cognitive or behavioural responses that are used to manage, avoid or control situations that could be regarded as difficult

Learning Unit 3 → Criteria and classification systems of psychological adjustment and maladjustment

→ Demonstrate an understanding of the purpose and structure of the DSM's.

Purpose:

- The DSM's is a classification of psychological disorders that provides clinicians with a common language and diagnostic criteria for mental disorders
- Provide insight and understanding of the various mental disorders.

Structure:

- The DSM's acknowledges the complex way in which symptoms present and overlap among disorders.
- The DSM IV classified disorders on a multi-axial system of 5 axes. The DSM 5 no longer make use of axes
- The DSM 5 doesn't provide a classification for work dysfunctions ~ only mentions occupational problems
- The DSM 5 is used for clinical diagnoses of psychological and psychiatric disorders.

Learning Unit 4 → and work dysfunctions

→ Discuss various career development challenges from the taxonomies of career problems

→ Discuss the main diagnostic characteristics of the different types of psychological disorders.

▷ ① Bipolar disorders

- Manic episode is defined as a distinct period of abnormality and persistently elevated, expansive or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least one week and present most of the day, nearly every day

3 symptoms present and 4 if mood is irritable

- inflated self-esteem

- decreased need for sleep

- more talkative than usual

- flight of ideas

- distractibility

- Increase in goal-directed activity

↑ - excessive involvement in activities

Not caused by substance abuse, medication or medical condition

- Hypomanic episode is an abnormal high where the episode is not severe enough to cause marked impairment in social and occupational functioning or to necessitate hospitalization

- Depressive episode symptoms:

1. Depressed mood most of day

2. Diminished interest or pleasure in all ^{or almost all} activities
3. Weight loss when not dieting or weight gain
4. Insomnia or hypersomnia almost every day
5. Psychomotor agitation nearly every day
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive guilt
8. Diminished ability to think or concentrate / indecisiveness
9. Recurrent thoughts of death / suicide attempt

Not caused by substances or a medical condition

- Bipolar 1 disorder recognised by presence of manic episode
↳ most that suffer have depressive episodes or hypomanic episodes that precede or follow manic episode.
- Bipolar 2 recognised by past/current hypomanic episode followed by past/current depressive episode
- Bipolar ^{& related} disorders have high comorbidity with anxiety disorders, substance use disorders and sleep disorders, metabolic syndrome and migraines.

② Depressive disorders:

- Major depressive disorder
 - feelings of worthlessness and self-loathing are common
 - grief = persistent depressed mood with the inability to anticipate happiness or pleasure
 - very high comorbidity with anxiety disorders, borderline personality disorder, substance related disorders and eating disorders

- Persistent depressive disorder

- Poor appetite / overeating
- Insomnia or hypersomnia
- Low energy / fatigue
- Poor concentration / difficulty making decisions
- Feelings of hopelessness

③ Anxiety disorders:

- General anxiety disorder = cannot be placed or attributed to something specific.
- Criteria:
 - Worry for more days than not ≥ 6 months
 - difficulty to control worry
 - associated with 3 or more of
 - Restlessness / feeling on edge
 - Easily fatigued
 - Difficulty concentrating / mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance

- anxiety
- physical symptoms cause significant distress / impairment
 - cannot be of substance abuse or medication
 - not better explained by another mental disorder.

④ Obsessive compulsive disorder (OCD)

- experience obsessions and/or compulsions
- obsessions is intrusive or unwanted recurrent and persistent thoughts, urges or images that cause significant anxiety or distress
- compulsions is repetitive behaviours or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly

- criteria related to OCP:

- obsessions are time consuming / cause significant distress / impairment in important life roles
- symptoms cannot be attributed to substance / medication
- disturbance not better explained by another mental disorder

⑤ Trauma and stressor related disorders

abuse neglect → change way people make decisions, think and feel about their environments, relationships and work-place relationships

→ PTSD criteria:

- Exposure to actual / threatened death, serious injury, sexual violence
 - directly experiencing event
 - witnessing events on others
 - learning event happened to close family / friend
 - experiencing repeated or extreme exposure to events
e.g. emergency units first on scene, police officers
- Presence of symptoms associated with traumatic event
 - Recurrent, involuntary, and intrusive memories
 - Recurrent distressing dreams
 - Dissociative reactions (flashbacks)
 - Intense / prolonged psychological distress
 - Psychological reactions to internal and external cues that symbolise / resemble traumatic event(s)
- Persistent avoidance of stimuli - begin after event
 - Avoidance / efforts to avoid distressing memories
 - Avoidance / efforts to avoid external reminders that arouse distressing memories
↳ people / places.

- Negative alterations in cognitions and mood associated with event - begin after

- Inability to remember important aspects of event
- Persistent negative + exaggerated beliefs / expectations about oneself, others / world.

blame him/herself →

- Persistent distorted cognitions about cause of events
- " negative emotional state
- " inability to experience positive emotions

- Marked alterations in arousal + reactivity associated with traumatic events

- Irritable behaviour + angry outbursts
- Reckless or self-destructive behaviour
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance

- Duration of disturbance more than 1 month
- Cause significant distress / impairment
- Not caused by substance use / medication

→ Adjustment disorders

- Common and very relevant to work context
- Criteria - development of emotional or behavioural symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s)
 - symptoms / behaviours are clinically significant as evidence by one or both of the following
 - Marked distress that is out of proportion
 - Significant impairment in important areas of functioning such as social + occupational functioning.

- stress-related disturbance doesn't meet criteria for another mental disorder
- symptoms don't represent normal bereavement
- When stressor and its consequences have terminated, the symptoms don't persist for more than additional 6 months.
- see adjustment disorders during mergers and acquisitions
- adjustment disorder can occur in divorce / long-term relationships ended, painful diseases or living in crime-ridden neighbourhood.

⑥ Substance related and addictive disorders

- include: alcohol, caffeine, tobacco, cannabis, opioids, sedatives, stimulants, amphetamine, cocaine^{gambling}
- criteria:
 - taken in larger dosages and over a longer time period than intended
 - persistent desire / unsuccessful efforts to cut down or stop using the substance
 - Great deal of time spent to obtain the substance
 - Craving / strong urge to use substance
 - Recurrent failure to fulfil obligations in important life roles such as work and family
 - Continued use despite persistent / recurring social, interpersonal or health problems caused by substance
 - Need for significant increased amounts of substance or more frequent use of significant diminished effect with continued use of the same amount
 - Withdrawal symptoms if the substance is not used.

⑦ Personality disorders

- Is an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, onset in adolescence or early childhood, is stable over time and leads to distress or impairment.
- Pattern is manifested in cognition, affectivity, interpersonal functioning or impulse control

→ Divided into 3 clusters:

Cluster A → Paranoid personality disorder

Cluster B → Dramatic, emotional & erratic behaviours

Cluster C → Anxious and fearful behaviours

Cluster A	Cluster B	Cluster C
Paranoid: distant, suspicious of others, regarding their motives as malevolent.	Anti-social personality disorder: disregard for others, violation of others' rights.	Avoidant: social inhibition, feelings of inadequacy; extreme sensitivity to criticism.
Schizoid: detached social relationships	Borderline personality disorder: unstable relationships, unstable emotions, low self-image, impulsive behaviours.	Dependent: Excessive need for nurturing; over dependent and clingy behaviours; separation anxiety.
Schizotypal: discomfort in social relationships, reduced ability to form close relationships and to maintain them; perceptual cognitive distortions; eccentric behaviours.	Histrionic: extremely emotional; attention seeking	Obsessive-compulsive: pre-occupied with perfection and being in control, very rigid in their application of rules with inflexibility even when flexibility is called for.
	Narcissistic: grandiosity in behaviour, ideas or fantasy; need for admiration; no empathy for others.	

Various career development challenges

1. Problems in making career decisions

1.1 Starting work

- lack of awareness of the need for decision
- lack of knowledge of the decision-making process
- awareness of need to make decision but avoiding personal responsibility for decisions

1.2 Gathering information

- inadequate, contradictory and/or insufficient info.
- information overload
- lack of knowledge on how to gather info
- unwillingness to accept the correctness of info because it doesn't agree with person's self-concept

1.3 Generating, evaluating and selecting alternatives

- difficult in deciding because of conflicts between multiple career options
- failure to generate sufficient career options because of personal limitations such as health, resources, ability / education
- inability to decide - fear of failure
- unrealistic choice
- interfering personal constraints that impair choices
- inability to assess alternative - lack of knowledge of evaluation criteria

1.4 Formulating plans to implement decisions

- lack of knowledge of necessary process and steps to formulate plans
- inability to use future time perspective in planning
- unwillingness / inability to obtain necessary info to formulate plan

2. Problems in implementing career plans

2.1. Personal attributes of the individual.

- failure to take necessary steps to implement plan
- failure/inability to successfully complete ^{necessary} steps for goal achievement
- adverse conditions of or changes in family situation

2.2. Characteristics external to individual

- unfavourable economic, social and cultural conditions
- unfavourable conditions in org, central to implementation of career plans
- adverse conditions of or changes in individual's family situation

3. Problems in organisational or institutional performance

3.1. Shortcomings in skills, abilities or knowledge

- insufficient skills, abilities or knowledge on position of entry post (underqualified)
- deterioration of skills, abilities or knowledge in the position over time because only temp assigned to another position - lack of continual practice or development of the skill
- failure to modify or update skills, abilities or knowledge to stay abreast of job changes

3.2. Personal factors

- personality characteristics incongruent with job (e.g. values, interest and work habits)
- debilitating physical/emotional disorders
- occurrence of interpersonal conflicts on the job specific to performance requirements (e.g. getting along with supervisor, co-workers, customers and clients)

Learning Unit 5 → Creating healthy organisations

- ✓ → Thorough understanding of health promotion programmes and employee assistance programmes
- ✓ → Differences between types of programmes
- ✓ → Advantage & disadvantages of different types programmes
 - Discuss various aspects to be considered when designing HPP's and EAP's
 - Ethical considerations applicable to EAP's and HPP's

Employee assistance programmes

- Purpose of both EAP's and HPP's is to improve health, although there's some differences in service delivery. = improve occupational health
- Unions refer to EAP's as MAP's - Member assistance programmes

✓
interests of union members + employees are emphasised.

- HPP's - primary prevention = includes educational and screening activities to change employee behaviours, and reduce health-related risks.
 - emphasise types of programmes employees should adopt to maintain new and more positive health behaviours + life styles.
 - promote good health by influencing employee attitudes and behaviours
- EAP's - tertiary prevention = identifying, treating, curing and managing existing problems e.g. substance abuse
 - improve employee's chances of recuperating and remaining employed.
 - programmes are job-based programmes = employers provide necessary counselling or other services / facilities to overcome problems

→ Types of EAP programmes

• In-house programmes

- Best suited to large, centralised organisations.
- ^{Have} Advantages of a centralised location + management
 - Quicker + more direct service to clients
 - Quick + direct availability of necessary info, staff + professionals who know and have quick access the org's culture and possible transformation and changes.
- Disadvantages = related to ethical issues

• External or contract-based models

- EAP shared with external parties / outside party may provide management professional fee-based services
- Small companies / geographically decentralised organisations
- Advantage = consultant function as independent business

• Union-based EAP or HPP models

- Referred to as MAPS
- unions believe org's use EAP's to enhance own profits, while demanding more work for less pay ^{services}
- Advantages = negotiate for more on-site health + other ~~services~~
- MAPS very small or terminated.

• Combined or blended EAP and HPP models

- Services are provided and managed by various combinations of in house, union based and externally contracted services.
- Use consortiums

→ Design

- Determined by objectives of the health promotion activities, levels of intervention and types of participants.
- Objectives = the levels of desired changes that the programme activities must achieve.
- Importance or intensity of desired activities and outcomes
- The programme's themes or topics
- The programme's location in the organisational structure and associations with other functions in HR and the org.
- Available funding for design purposes
- Allocation of tasks to internal or contracted or external designers / developers of programme content
- Users of the programme, such as special groups or employees
- Development of health-related policies and procedures
- Development of staff support system
- Criteria and methods to evaluate programme effectiveness to be determined during the programme design
- Programme's schedule for implementation and presentation.

→ Ethical considerations

- Individual rights vs employer prerogatives
- Processes, methods of health promotion programmes may easily conflict with individual rights to privacy, confidentiality or informed consent.
- It's essential to establish policies + procedures for assessment practices, referral, recording systems and other info which may influence employee's position in job / organisation.

◦ Identified "patient" or blaming the victim

- Defence mechanism - blame other for your misfortunes

- Org's put too much responsibility on individual

- expect them to improve their health by self-management

◦ Paternalism and coercion

Paternalistic
attitudes of
employers

= - Employer considered responsible for taking steps
to promote employee health

- Some people are alike in some respects and some
in other.