Merged Employee Assistance Programs (EAP) Standards:

Employee Assistance Society of North America (EASNA) and *Council on Accreditation (COA)*

Report submitted by:

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2nd Draft: December 4, 1999
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I. BACKGROUND

DRAFT #1

The first charge to the consultant (Dr. Masi, Project Manager) was to formulate a comparison between the EAP standards from COA and EASNA. Draft #1 represented a review of the following standards:

- EASNA Standards for Accreditation of Employee Assistance Programs (as amended March 1998)
- COA 1997 Standards for Behavioral Health Care Services and Organization Support and Education Services
  EAP-specific – code S4
  Generic – code G1-G9

Other standards of COA were reviewed due to cross-applicability to EAP programs.

- *Counseling Services for Individuals, Families, and Children; Mental Health Services for Individuals, Families and Children – (code S1)*
- *Crisis Intervention Service (code S9)*
- *Information and Referral Service (code S30)*

Additional outside organization's guidelines were also reviewed:

- Guidelines for the Development and Assessment of a Comprehensive Federal EAP (NIDA)
- Employee Assistance Professionals Association (EAPA) Standards and Professional Guidelines for EAP professionals

This draft report was submitted simultaneously to COA and EASNA for review and comments were returned to Dr. Masi by November 30, 1999. EASNA's reviewers included: Ron and Margaret Hayman from Canada, Barbara Marsden, President of EASNA, and Suzanne Claeys, Chair of the Accreditation Commission. COA's reviewers were two staff members, David Staat and Jennifer Levitz. <u>All suggestions from both organizations were incorporated into the second draft.</u>

The following questions were presented and to be determined through a conference call with the appropriate parties:

- role of advisory boards,

- credentialling of EAP staff,
- the need for unanimous vote by the Accrediting Commission,
- and, how to grandparent in the present accredited organizations.

DRAFT #2

The second draft was submitted to Dr. Robert Stephenson, Acting Director, Workplace Programs, CSAP for staff review to assure compliance with U.S. government's philosophy.

The 2nd draft was also submitted to Dr. Ron Manderscheid, Center for Mental Health Services for input from his Professional Practice Committee. (Both these two later submissions were made in anticipation of CSAP funding.)

DRAFT #3

This current document is the merging of both sets of COA and EASNA Standards, with consultant's (Dr. Masi) comments and all input from the above named sources.

GLOSSARY

A 25 page glossary was developed and accompanied the Drafts by the consultant from four sources: COA, EASNA, Masi's book, Other -

All who participated in the above process were very positive about usage of the glossary and saw it as a valuable tool for the accreditation process as well as for training peer reviewers.

II. ROLE OF ACCREDITATION

PHILOSOPHY AND VALUES

Accreditation implies the following:

1. Accreditation applies to institutions and programs, not to individuals. It does not guarantee jobs or businesses for individuals, though being an employee of an accredited program may facilitate further placement or licensing. It speaks to a sense of public trust, as well as to professional quality, and does so through the development of criteria and guidelines for assessing effectiveness, through the process of continuous self-study and review, and through a public commitment to excellence.

2. The EA program is publicly recognized and labeled as an EAP which adheres daily to specific standards and/or criteria.

3. The EA program *voluntarily* applied for accreditation and, in so doing, engaged in an extensive self study of its program objectives, its educational training practices, its resource support base, and its staff, program, process and supervision practices. This program also participated in a peer review of its operations by a site visit team of distinguished professional employee assistance colleagues.

Five elements are generally present in an organization providing services:

- At least some personnel who have been professionally trained in the mental health or a related human service profession, often at the supervisory and leadership levels;
- Interdisciplinary collaboration and professional supervision and consultation;
- Accountability to and of the organization;
- Commitment to the central role of the consumer (both the organization as well as the individual client) in making decisions about services provided on their behalf; and
- Use of a holistic person-in-environment approach which recognizes the interaction of social, cultural, environmental, and psychological factors.

Standards reflect the conviction that the EAP provider organization should and must be self-regulating.

A pluralistic, cooperative service delivery system in which all providers meet similar standards for service quality and accountability is in the interest of the consumer, particularly in an environment in which resources are increasingly limited.

The accreditation process is committed to the concept of efficiency, effectiveness, and accountability of accredited organizations to the public, the purchasers and the clients.

The work place is seen as providing an investment in its employees through Employee Assistance Programs, and thus developing cost effectiveness.

III. ACCREDITATION PROCESS

The accreditation process includes the basic elements found in most accreditation programs:

- a self-study completed by the organization, following the format in the **Self-Study Manual;**
- on-site evaluation by the accreditation team;
- an accreditation report on the organization's compliance with the standards;
- organizational opportunity to review and comment on the report;
- objective evaluation of the report by a group of individuals experienced and knowledgeable in the realities of organizational accreditation;
- public identification of accredited organizations; and
- monitoring of organizations to ensure continued compliance.

IV. DEFINITIONS

EMPLOYEE ASSISTANCE PROGRAM

C* • To enable employees and their eligible participants, through time limited employer-sponsored services, to identify and resolve personal concerns that may be adversely affecting their productivity, in addition work family programs may be included;

- to enable employers (e.g. Corporations) to resolve organizational problems caused by employees personal problems or organizational stressors.

V. APPLYING FOR ACCREDITATION

Five types of EAP accreditation may be applied for:

1. Screening, Referral for Assessment, Support and Follow-up
2. Assessment, Refer, and Follow-up
3. Assessment, Refer, Short-term Counseling and Follow-up

C 4. Informational services for Work Life enhancement

C 5. The EAP portion of an integrated product with Managed Behavioral Healthcare

VI. * CODES

Although this is the merged document of the COA and EASNA standards, each organization is still delineated by their respective unique codes and the consultant's comments (Dr. Masi, Project Manager) will be labeled "C".

VII. SPECIFIC STANDARDS

ADMINISTRATION, PURPOSE OF THE ORGANIZATION, ACCESS TO SERVICES

G1.3 Informed Choice for Clients
The population for whom services are designed is clearly defined so that potential clients, referral sources, and cooperating organizations understand the organization's capacities, availability, and the means required or available for paying for those services.

1.1 – Offices should have approximately 120 square feet (12 square meters) of space available per counselor.
1.2 – Counseling offices should be soundproofed such that conversations cannot be heard by those outside the office.
1.3 – Counseling offices must provide visual privacy.
1.4 – Waiting areas should. If at all possible, have at least two private entrances/exits to reduce the possibility of clients from the same organization meeting when back-to-back sessions are scheduled. (Back-to-back appointments of clients from the same organization should never be scheduled if the office has only a single exit and entrance.
1.5 – Offices should have security procedures for operation during higher risk late-night/quiet hours, such as dead-bolt doors, panic alarms, entrance bells for clientele, and, if possible, at least two counselors out of the same area.

G5 - Quality of the Service Environment
The organization carries out its programs in an environment which is safe, accessible, and appropriate for the needs of those served and with due regard for the rights and protection of those persons receiving services in an out-of-home environment, as appropriate.
Areas Covered:
Environmental Quality, Accessibility, Facility and Program Licensing, Compliance with Health and Safety Codes and Regulations, Functional Safety, Special Health Precautions

G5.3 – Facility and Program Licensing
The organization is in compliance with applicable statutory requirements for its services.

G5.4 – Compliance with Health and Safety Codes and Regulations
The organization's premises and equipment are safe and functional for use by the persons served, personnel, and visitors.

G5.4.01 – The organization maintains in its permanent file the reports of insurance inspections, occupational safety and health administration reports, incident reports, reports of health, sanitation, fire, and other safety inspections, and certificates of occupancy or inspection services with which it can demonstrate its compliance with all applicable health, safety, and fire codes.

G5.5 – Functional Safety
The organization acts to ensure the functional safety of persons served, personnel, and visitors.

1.O - The EAP counselor must have sufficient office space to ensure client and counselor confidentiality, and an otherwise secure environment to provide safety day and night for counselor and client.

G1.4 Client Access to Services of the Organization
The services of the organization are offered promptly and responsively.

G1.4.01 – Persons who call seeking service are immediately informed if the organization cannot provide screening, assessment or specific needed services promptly and every effort is made to provide service at the point the person seeks the help available through the organization.

THE EAP HAS STANDARD POLICIES FOR ACCESS TO CARE:
S4.1.05 - The EAP's telephone service:

- provides immediate access to a clinician during business hours and a maximum one hour callback during non-business hours for employees/family/union members in need of help, as well as to client organization representatives seeking assistance with organizational problems (e.g., a traumatic worksite incident);
- complies with established standards for abandoned calls, time on hold, and call back; and
- has provisions for hearing impaired and foreign language speakers.

S4.1.06 - Covered individuals have toll-free access 24 hours a day, 7 days a week to the EAP.

S4.1.07 - The EAP offers evening and Saturday appointments.

C/S4.1.08 - The EAP provides all covered individuals with access to assessors within 30 miles, or 2 hours drive in remote locations, of these individuals' home or office addresses, depending upon organizational preference, and when the geography of the area allows.
C- For countries other than the U.S. there will be varying criteria.

4.0 - All EAPs must be prepared to respond to emergencies (e.g., threat to self or others) immediately, to urgent situations within 24 hours and to all other situation within 72 working hours of contact.

4.1 - All EAP staff who handle incoming telephone calls or who counsel EAP clients must document completion of two hours per year of specialized training in response to emergencies, and be prepared to demonstrate competence in dealing with life threatening situations. (Also see H: Staff Development, Standard 4).
4.2 - All EAP staff must have ready access (at hand) to procedures and phone numbers for managing cases that involve threats of violence, including homicidal or suicidal ideation.

G1.4.02 - Written procedures serve as the basis for accepting applicants, as applicable, and assure that:
- those persons with urgent needs or in an emergency situation are given priority for service; and
- all persons are treated equitably and without favoritism, subject to limitations imposed by contractual obligations.

G9.1.03 - The organization has written operational procedures governing the conditions under which it will serve minors without parental consent and provides this information upon request.

S4.1 - The employee assistance program is available to covered individuals and organizations, and the EAP has systems and policies to ensure easy and timely access to service.

S4.1.01 - This service is provided to assist:
- covered employees and eligible participants with personal problems including marital, family, alcohol, drug, legal, emotional, stress, work/life balance, and other personal concerns; and
- organizations seeking the development and maintenance of the optimum work environment for their employees and/or members.

S4.1.02 – Access to the EAP may be through:
C • self-referral by employees and eligible participants;
• for problems that may or may not be
• adversely affecting their job performance;
C • referrals by supervisors, union representatives, human resource or medical personnel problems; or
C • mandatory or return to work referrals.

S4.1.03 – Supervisors use the EAP for consultation with regard to management of employees with performance problems and direct referrals to the EAP.

G9.7 - Termination of service is an orderly process carried out between the person served and the organization in which any necessary aftercare plans are developed.

G9.7.06 - Upon termination of service, or within thirty days of termination, a closing summary of the services provided is entered into the case record.

S1.1 - The service is available to individuals and eligible participants *that are treatable in a brief treatment model* of personal, interpersonal, marital and/or social adjustment, gambling and other non-substance based addictive behaviors as well as other clinically significant behavioral and psychological syndromes associated with impairment of functioning. Referrals are utilized for severe psychological syndromes requiring longer treatment as well as substance abuse problems requiring out-patient or in-patient treatment.

S1.3.02 – Documented results of an assessment conducted by clinical personnel and can include a diagnostic summary and a diagnosis according to the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

S1.3.03 – Persons served are accepted for assessment and treatment
Through either or both of these mechanisms:

- they have requested service on their own, or
- been referred.

S1.2.04 - When families with children receive counseling, they are provided assistance with:

- overcoming difficulties experienced in the
- process of maturation of children;
- social and psychological functioning;
- coping with environmental stress;
- problems with functioning at school or work; and
- meeting the demands and responsibilities of parenthood.

S.1.2.06 - When the organization offers a service to persons with gambling and other non-substance based addictive behaviors, the organization identifies such addictive behaviors during the assessment process and addresses them in the service plan.

S1.2.08 - When a child or adult who is a victim of abuse and neglect is the primary person served, the organization intervenes with more intensive services and with more frequent monitoring when the responsible parent or others living in the home have a problem with mental illness or chemical dependence, with particular attention to problems associated with crack/cocaine use, and the case plan

takes into account the longer period for which services to the family may be required if problems are to be successfully resolved.

S1.2.09 - Service planning and delivery takes place in a culturally appropriate manner to meet the needs of racial, ethnic, and culturally diverse groups and includes:

- active recruitment and employment of racially and culturally diverse personnel;
- service responsibility in rural and remote areas;
- service responsibility for persons with visual and hearing impairments; and ongoing cultural competence training opportunities for members of the governing body, personnel and volunteers.

2.0 – Office hours and locations must accommodate the EAP client population.

2.1 – Employees must be able to access a counselor for face-to-face counseling services before or after the target population's work hours.

2.2 – EAP offices must be reasonably close to the majority of employee locations and accessible to mass transportation. Adequate parking for clientele is desirable.

G1.5 Responsiveness to Individual and Group Differences

Clients are able to obtain services or treatment without encountering discrimination, insensitivity to cultural differences, and physical or other barriers to receiving service.

G1.5.03 - The organization addresses access to service for persons with physical limitations as follows:

- facilities used for the program are free of architectural barriers that restrict their use by the aged, families with very young children, and those with disabilities; or
- the organization which is not yet fully accessible has developed or arranged for alternative facilities or appropriate assistive technology in order to provide services until all facilities are fully accessible.

G1.5.04 - The organization addresses the communication needs of present and potential clients of the service by:

Providing assistance, such as telephone amplification, persons skilled in signing or other communication methods for deaf or hearing impaired clients;

- providing or arranging for assistance in communication for persons with special needs who have unusual difficulties making • their needs known; providing bilingual personnel when there are sufficient numbers of persons who do not speak the primary language used by the organization to comprise an average caseload; and
- arranging for translators, use of a language telephone line, or other practical means to meet the communication needs of

language groups present in smaller numbers than an average caseload.

3.0 – Counseling offices must be handicap-accessible and free of fire hazards.

3.1 – There must be no physical impediments to access of counseling offices by clients or EAP staff in wheelchairs.
3.2 – There must be a posted fire emergency plan and annual inspection in each EAP office site.
3.3 – EAP staff must participate in and document an annual fire drill.

4.0 – A written policy of non-discrimination must be in place.

4.1 – The non-discrimination policy may be a corporate or an agency policy, but must apply to the EAP as well.

G4.4.02 - The organization's policies and procedures contain specific provisions which prohibit personnel from engaging in any sexual harassment of clients, supervisees, colleagues, organization representatives, or any other person or group with whom personnel have contact as representatives of the organization.

5.0 – There must be written procedures for dealing with client problems that occur after hours and/or are the result of emergencies.

5.1 – There must be a written policy for after-hour emergencies.
5.2 – There must be counselors available by telephone for after-hours calls who are trained in EAP standards to respond to an emergency, provide face-to-face counseling if required, and access appropriate resources if needed, either directly or by contract.
5.3 – There must be specialized staff training for managing suicidal clients and a variety of traumatic events.

C - The organization must have a workplace violence policy in place if the workplace or its employees are threatened.

G4.4 – PERSONNEL POLICIES AND PROCEDURES
Policies and/or procedures specify the responsibilities of personnel, volunteers, interns, and the organization to one another and to the persons served.

C - Personnel policies need to be in place, available and signed by all employees.
C - Affiliate agreements must be comprehensive and cover in the sub-contract similar standards as required of staff counselors.

G4.4.01 – Personnel policies and procedures are outlined in the organization manual, a personnel handbook or other document

provided to all personnel which covers:

- personnel practices;
- working conditions;
- wage policy and benefits;
- conditions and procedures with regard to layoffs and retrenchment;
- insurance protection provided for personnel, including unemployment, disability, medical care, liability for malpractice and use of organization premises, motor vehicles and/or other equipment, as appropriate; and
- training and development opportunities for personnel.

C • leave and holidays

C • other work-life enhancement programs.

6.0 – There must be written job descriptions and employee contracts or letters of hiring for each EAP staff member.

6.1 – Job descriptions shall be detailed and performance oriented.
6.2 – Letters of hiring or employee contracts shall specify work hours, vacation and holiday rights and fringe benefits, if any.
6.3 – Employee policies governing employment related matters such as dress code, disciplinary procedures, time off, office hours, etc. must be written and available to employees.

C - Each staff member, affiliate, volunteer, consultant, office temporary, student interns must sign a confidentiality statement.

G3.6 Avoidance of Conflict of Interest
High standards of ethical conduct are adhered to in governance and operation of the organization to ensure that board, personnel, and/or consultants are not in a position of conflict of interest of the appearance of conflict of interest and do not use their relationship with the organization for personal gain.

7.0 – There must be a written policy regarding referral of EAP clients to professionals in order to prevent conflict of interest, and this policy must be available to all contracting organizations.

7.1 – If the corporation or agency has a written 'conflict of interest' policy, it may be used to meet this requirement provided that it applies to the EAP professional.
7.2 – For EAP contracts which request that the employee be given permission to continue counseling with the EAP counselor upon completion of the short-term counseling contract, contracts must clearly indicate that no referrals will be made to an EAP professional before the entire entitlement of the short-term counseling contract, e.g. six sessions, has been met. The client must the be given a

referral choice of two different organizations or individuals, one of which may be the current EAP professional. There must be a signed consent to this agreement in the client's file.

C - 8.0 – The EAP must have professional liability insurance of at least $1,000,000 per case.

8.1 – The EAP employer must carry liability insurance which covers all staff and EAP programs. (1,000,000)
8.2 – Each EAP affiliate must guarantee his/her own protection from legal action by carrying liability insurance, and a copy of this insurance should be available in the affiliate's employment file.

G4.2 – Management of the Organization
Persons in leadership, senior management, clinical and professional positions, and others retained by the organization to carry out supervisory functions, are qualified for the roles which they fulfill.
C - Experience must be related to the size and complexity of the organization.

9.2 – An EAP administrator must have membership in a professional EAP organization and adhere to its code of ethics.

G6 - Financial and Risk Management
The organization manages its affairs in accord with sound financial practices and applicable statutory and professional requirements and with prudent evaluation of any risks which it may assume.

G6.1 – Alignment of Financing with Mission
The organization develops and allocates resources to accomplish its purposes.

G6.2 – Financial Planning
The organization plans for the current fiscal cycle.

G6.2.05 – When and if independent contractors are used, the organization has carefully reviewed its posture with regard to retention of independent contractors against Internal Revenue Service and Revenue Canada and other appropriate International Revenue Services' requirements, is in conformity with those requirements, and does not place the organization at financial risk by such use.

Cost Accounting and Financial Information
G6.3 – The organization's cost accounting system provides data which supports the calculation of costs of service delivery against actual or potential revenues.

10.0 - EAP clients must be notified in advance when they will incur personal costs as a result of EAP assessment services or recommendations.

10.1 - Notification of personal costs and liabilities should be provided when the EAP is recommending services outside the EAP.

G6.8.05 – The organization which provides services as a vendor establishes safeguards against over- and under-billing which could jeopardize future funding or weaken the organization's financial condition and such safeguards include:

- an accurate account of units of service provided;
- timely submission;
- compliance with applicable regulations; and

C - • method of monitoring of all sub-contractors is in place.

12.0 - The financial records of external EAP firms must be kept according to generally accepted accounting principles, and should be available for review by the EASNA Accreditation team.

13.0 - External EAP firms must ensure that their billing format for both capitated and fee-for-service EAPs protects the confidentiality of each client.

C - If the EAP allows for self referral by the counselor specific safeguards and policies to insure confidentiality protection must be available to the accreditation team.

14.0 - External EAP providers must have sufficient financial resources I.e., cash and/or credit line, to cover operations expenses.

C - This includes specific national or state requirements such as Knox-Keane in California.

A working budget for EAP includes staff training, administrative overhead, travel and at least two months' staff salaries.

15.0 - Pricing EAP services is largely market-driven, but should include allowances for several basic cost-sensitive elements.

15.1 - The cost structure should include and have listed in the proposal:

- projected utilization rates;
- number of counseling sessions provided (e.g., 1-3, 1-10;
- additional training/consulting services provided;

- unusual travel requirements;
- educational level of counselors;
- special staff requirements (e.g., bilingual)financial impact of traumatic/change events on organization;
- cost per hour for counseling or cost per employee (if appropriate); and
- audit/evaluation requirements (if appropriate).

S9 – CRISIS INTERVENTION SERVICE
The EAP providing crisis intervention services complies with the requirements of this section.

Definition - To link clients in acute crisis with appropriate organization resources and/or to establish an immediate communication link and supportive intervention for people experiencing critical or emergency mental health problems, victimization or abuse, and other emergency situations.

C - Appropriate authorities are notified by the counselor as required by state, national or federal law.

S9.2.03 - Service personnel assess each person's specific crisis or emergency and provide an immediate response on the premises, by telephone, or by referral to the most appropriate provider.

S9.2.05 - Service personnel actively follow up on each service recipient within twenty-four hours of providing an intervention.

S9.2.06 -Personnel with direct supervisory responsibility for providers of the service review all interventions received by persons served within twenty-four hours.

S9.2.08 - The service maintains and continually updates a comprehensive database of mental health and social service organizations, support groups, legal services, emergency shelters, food banks, emergency rescue teams, psychiatric and medical emergency mobile response units, hospital emergency rooms, police departments, fire departments, and clergy.
C - This database will be available in the accreditation review.

S9.3 - Providers of the crisis intervention service are properly trained and supervised to deliver the service.

S9.3.05 - Providers of the service are trained and supervised by program administrators or their designees who possess knowledge of the needs of the people who use the service, the resources available to meet those needs, and the legal or policy requirements governing delivery of those needed services.

S9.3.06 - Providers of the service are under the direct supervision of trained professionals who meet the applicable legal requirements of their professions.

S9.3.07 - When the above supervising professional is not a mental health counselor with a master's degree, the organization arranges for on-call consultation services from a board certified psychiatrist, clinical psychologist with doctorate or senior clinical social worker or psychiatric nurse, from one or more of the above, or has a formal arrangement for such consultation from a nearby organization mental health center, hospital, or mental health program in a social service organization.

C - Application for other countries will be done on an individual basis, country by country.

S9.4.01 - The service collects data detailing service recipients' stated or observed need(s), intervention(s) provided, and follow-up activities.

DESIGN AND IMPLEMENTATION

1.3 – Identification of key problem areas from the needs analysis should facilitate the construction of an action plan.

S4.5 - The EAP develops an implementation plan and manages implementation activities effectively for new EAP client organization contracts.

S4.5.01 - A timeline is established for new accounts which outlines the steps required, time allocated and responsibilities of the EAP and the client organization for program implementation.

2.0 – The design of the EAP is based on the needs of the contracting organization and its employees. The proposed design document of the EAP should include but is not limited to the following:

2.1 - The method of service delivery is described using one of the following models:
- Internal;
- External;
- Combination of internal and external;
- Consortium;
- Assessment and Referral;
- Short-Term Counseling Model; and
- Short-Term and Managed Care Counseling Model.

1.0 -
(Human Rights Legislation may restrict the reporting of some characteristics)
1.1 - A profile of the organization which describes the demographics of the work force characteristics including only what is legal and appropriate for the program location. For example:
- age distribution of employees (if appropriate)
- gender of employees (if appropriate)
- race of employees (if permissible)
- number of employees; and
- health coverage including mental health benefits.

2.2 - There is marked discrepancy between EAP organizations in the definition and reporting of the number of "cases" or "new clients" reported during the year, as well as the reporting of "utilization." Each EAP organization must state clearly in each proposal:

- What constitutes a 'case (e.g., one person, family, one or several problems over time lumped together, a 15 minute phone consult, whether one individual can represent a number of different cases; etc.)
- how cases are counted (i.e., in terms of new cases, total cases for the month/year);
- what constitutes a "new" client; and
- a definition of utilization.

(N.B. For accreditation purposes, EAP reports/proposals/contracts must reflect the Program's definition of a "case" and any contractual agreement in this regard.)

CONTRACTS / PROPOSALS

2.3 - A proposal must clearly define the scope and extent of the service to be provided as a result of winning a contract for EAP services.

C - The proposal then can become the addendum to the contract and listed as services provided.

2.4 - The nature and extent of accountability to management and advisory committee, if one exists, should be described.

2.4.1 - All communications between the EAP and management, the advisory committee or other persons or groups in the organization must protect the confidentiality of EAP participants.

2.5 - The qualifications, including education and experience of the program director and staff, must be described.

2.6 - For external providers, the proposal of services could also include:

- experience in providing EAP services;
- prior liability experience and insurance coverage;
- availability of emergency coverage;

C - • office locations (staff and affiliate) to provide clientele ease of access

- quality control procedures;
- staff supervision;
- staff development procedures and experience;
- response time for request for services; and
- confidentiality provisions

C - • procedure and supervisory practices for the affiliate network.

2.7 - A description of program standards (for internal programs)should include:

- acceptable time frame for EAP response to request for service;
- location of office(s) to provide clientele ease of access;
- confidentiality provisions;
- availability of emergency coverage;
- quality control procedures;
- staff supervision;
- staff development procedures and
- experience; and
- budget/authorization

C - • for programs that are internal and external all of the above apply.

2.8 - A plan for communicating the EAP to employees should include but not be limited to the following:

- use of brochures;
- orientation sessions;
- supervisory and/or key employee training;
- and promotional activities;
- use of brochures.

2.9 - Criteria used to screen and monitor referral resources and referral procedures must be presented.
2.10 - A statement of confidentiality and its limits, if any, must be clearly outlines;
2.11 - A description of the means used to evaluate program effectiveness must be included; and
2.12 - A definition of utilization rate and an estimate of the expected rate by contract-defined users of the EAP must be included with EAP costing information.

S4.5.03 - The EAP operates with established and formal contractual agreements which clearly state the services to be provided, financial terms, mutual indemnification, where appropriate, and the obligations of the EAP and client organization, etc.

S4.5.05 - The EAP and client organization work together to identify important potential EAP stakeholders in the client organization and develop a plan for interface with the EAP by these individuals, etc.

4.0 – The company hiring the EAP should be encouraged to establish an Advisory Committee and/or Coordinator to provide overall direction and feedback to the EAP.

4.1 - An Advisory Committee or Coordinator functions within Terms of Reference.
4.2 - The Advisory Committee or Coordinator should receive feedback from the EAP at least on a quarterly basis.
4.3 - There is active consultation or participation of both management and union leadership in a unionized environment.
4.4 - Committee membership or consultation may be drawn from the following groups:

- Medical;
- Union/employee associations;
- Personnel/human resources;
- Safety and occupational health;
- Finance;
- Legal;
- Training and development;
- Line staff management; and
- EAP staff.

5.0 - An implementation plan that outlines the actions required to establish a fully functioning EAP must be developed and available to the contracting organization. The following outlines the actions required to do this:

5.1 - The implementation plan must articulate the responsibilities of the EAP administrator and staff, the Advisory Committee (if any) and key management and union personnel.
5.2 - The implementation plan should encourage "ownership" by involving a broad cross-section of the organization.
5.3 - The plan must describe the premises, equipment and staff resources required.
5.4 - The plan must include program promotion and employee communications involving by not limited to the following:

- printed communications;
- supervisory training;
- employee orientation; and
- other promotional and educational
- activities.

5.5 – Supervisory training sessions should include but are not limited to the following:
5.5.1 – Understanding the philosophy of the EAP, which embraces:

- a review of key elements of the policy statement stressing the following: (confidentiality, referral process, range of services, location of offices and telephone numbers, and roles and responsibilities of management, supervisors and unions (if applicable).

- how to deal with performance problems
- where personal problems are a
- contributing factor
- procedures to deal with referrals resulting
- from confirmed drug test and/or Drug-
- Free Workplace Act. (This standard refers
- to U.S.A. Legislation and programs and
- does not apply in Canada);
- the steps involved in making a supervisory
- referral; and
- the expectation that a supervisor-initiated referral is based solely upon performance issues or a request for assistance by the employee.

5.6 - The plan must include a description of record-keeping and reporting procedures.
5.7 - The plan should describe the levels and limitations of health/mental health benefit coverage.
5.8 - The plan must include a description of the strategies used to integrate the EAP with the host organization.
5.9 - The plan must include the steps required to identify and evaluate the quality of organization resources.
5.10 - The plan must include how the EAP service is to be evaluated.
5.11 - The plan should detail the steps, based on the evaluation findings, that would be taken to assure quality of service.
5.12 - The evaluation plan should also contain a description of the time frames within which 5.1 through 5.11 above are to be accomplished.

EAP POLICY

C - 3.0 - The EAP organizations must have a sample written policy and program description written and available to contracting organizations. It should include but is not limited to the following:

3.1 - A policy statement describing the operating philosophy of the EAP and including:
- language indicating that the purpose of the EAP is to assist employees with personal problems such as: emotional, mental, social, family and substance abuse problems;
- the fact that such problems respond to appropriate intervention and treatment;
- and that such problems are often progressive in nature, and early use of the EAP is encouraged to minimize adverse impact of problems on personal and family life and
- job performance.

3.2 - A description of the kind of services offered by the EAP.
3.3 - A statement concerning confidentiality clearly describing any limits to confidentiality
3.4 - The location of the EAP services and how to access them.
3.5 - A clear description of the kinds of referrals and the referral process to the EAP.
3.6 - A clear statement that the decision to participate in an EAP rests with the employee and/or eligible participants requesting EAP services.
3.7 - As appropriate, a description of the return-to-work process when an employee has been referred for inpatient treatment.
3.8 - A description of the responsibilities of management and of labor unions or employee associations where applicable.
3.9 - The availability of emergency services.
3.10 - The role and responsibilities of EAP staff.
3.11 - A statement to the effect that the EAP adheres to all legal requirements.
3.12 - A statements affirming that use of the EAP will not adversely affect job security, promotion, or career development.
3.13 - A description of who is eligible for EAP services.
3.14 - A statement maintaining the EAPs neutrality in the organization with respect to employee/employer relations.
3.15 - A description of the nature and extent of preventative and health promotion activities to be undertaken through the EAP.
3.16 - A statement that client files are the property of the EAP provider.

REPORTING PROCEDURES

6.0 - The EAP administrator is responsible for making periodic reports of EAP service available to the appropriate department and/or the payer of EAP services.

6.1 - A standardized method of calculating utilization must be clearly outlined in the report, whether monthly, quarterly, or annual as outlined in B 2.2.
C - 6.2 - The report shall include data requested by program managers such that no breaches of confidentiality occur. (Note: In the case of very small firms, no number less than three will be utilized to preserve confidentiality and then NA will be substituted. Larger employers may require monthly reports.)
6.3 - No program services should make it possible to identify EAP users.
6.4 - Copies of all reports should be retained on file by the EAP, and made available for accreditation site reviewers.

PROGRAM OPERATIONS

C – It is critical for those EAPs providing telephone assessment and counseling across state lines to clarify the legal ruling regarding provision of services by persons not licensed in that state.

S4.2.09 - Regardless of the models used by the EAP whether internal, contractual, external, managed care, or union-based, the EAP is able to provide the following core services:

- an assessment, referral, and short-term
- counseling capability
- an indication of support from key personnel in the organization for whom the organization is to provide services;
- employee education and outreach;
- training of supervisory and union
- personnel;
- a organization referral network from which can be obtained needed services which are not provided under the contract and/or are not available at the organization; and
- a system of follow-up of referrals made through the employee assistance service.

S4.3 - The EAP provides a comprehensive education, consultation and training program.

S4.3.01 - The EAP develops and provides supervisory and union representative training on use of the EAP as a management tool.

S4.3.02 - The EAP provides individual supervision/union representative consultation regarding referral to the EAP and management of job performance and behavioral problems.

S4.3.03 - The EAP possesses competencies in and offers to its EAP client organizations consultation on organization issues (e.g., critical incident debriefing, including protocols; managing change; AIDS, ADA, smoking, EAP or drug testing policies; managed care)

S4.3.04 - The EAP develops and provides educational sessions on dealing with the problems of daily living and wellness topics for employee/union members.

S4.3.05 - The EAP provides client organizations with printed program promotional materials and provides either an educational newsletter or articles for inclusion in client organizations' internal newsletters.

S4.3.06 - The EAP provides critical incident debriefing and supportive services during periods of crisis facing the organization.

1.0 - The EAP should encourage the use of client services and make it easy for employees to identify and approach the EAP as self-referrals for assistance with problems or be referred by supervisors, employee organizations or peers when appropriate.

C - The following are goals but if the contract with an external provider does not allow for this an explanation of each and rationale for why not provided should be given.
1.1 - The EAP must be promoted no less than 3x/year at all work sites. Through distribution of promotional materials, information and education sessions and/or posters.
1.2 - There should be some form of targeted promotional material for eligible dependents every eighteen months.
1.3 - Employee Orientation and Supervisory Training must be presented every twenty-four months or more and within four months of program start-up.
1.4 - Key employee education/training should be provided to HR professionals, Safety Committee Members, Benefits Managers and similar key employees including key union reps.
C - Online training should be explored and evaluated.

INTAKE PROCESS

2.0 - There must be written policies and procedures governing the intake process for face-to-face counseling. Telephone counseling is addressed separately..

2.1 - The intake process is an important part of the service. Whereas a receptionist can direct the call to another individual to do the intake, a screening/intake telephone call which determines the presenting problem requires a qualified staff person (i.e. masters level mental health counselor) who keeps up with the EAP training to cope with crises. The individual who orients the EAP client to the program on the telephone must have the training and skills to determine eligibility and take relevant data in order to refer to the appropriate resource for a face-to-face assessment.
2.2 - All clients must be informed of the benefits of their EAP program, the limits on confidentiality and the costs to them of services, if any.
2.3 - Case records must be keep on all clients.
2.4 - There must be criteria for determining the eligibility of individuals for EAP services.
2.5 - There must be procedures to be followed, including alternative referrals, when an applicant is found ineligible for EAP services.
2.6 - Statistical data must be kept on the intake process. Said data should include but not be limited to client demographics, presenting problem, referral(s), outcome.
2.7 - For external programs, the telephone intake, carried out by a qualified case manager, should determine the presenting problem sufficiently to refer appropriately. Professional counselors shall document the primary assessed problem during the initial face-to-face session.
2.8 - At the initial face-to-face counseling session, the counselor and the client complete the bio-psychosocial assessment, the counselor assesses the primary problem, and both determine the goal t be achieved and the preliminary treatment plan.

2.9 - Acceptance of a client for counseling is based upon the presenting problem, the client's goal(s) and the resources to meet goal(s) within the time constraints of the program.
2.10 - Appointments for initial intake and ongoing counseling should be available during the client's non-working hours so that self-referrals can protect their anonymity.
2.11 - Methods of intake should be based on the service provided by the EAP organization and the needs of clients.

DEVELOPMENT OF A SERVICE OF TREATMENT PLAN
G8.4 - The treatment/service plan is developed in a timely way and is based upon the findings of the assessment.

G8.4.01 - The findings of the assessment serve as the basis for service planning, build on identified strengths, and provide for further internal and external referral.

G8.4.02 - There is a logical relationship between the content of the assessment and the plan developed with the person served and the goals and strategies in the plan are focused on timely resolution of the needs presented.

G8.4.03 - A written plan is developed as soon as feasible and within a time frame appropriate to the urgency of the problem and the typical length of service required to achieve clinically appropriate outcomes.

G8.4.04 - All service or treatment plans are goal-directed, build on strengths, engage the persons served in resolving the problem they came to the organization to solve, and focus on achieving goals in the shortest possible time.

G8.4.05 - When appropriate, the treatment plan addresses behavior management approaches specific to the needs of the person(s) served and results in a clearly articulated plan which provides the rationale for the approach or approaches, the schedule or timing of their use, and the impact this may have on the individual's right to self-determination.

G8.4.06 - For those persons with complex needs which can be most appropriately addressed by interdisciplinary approaches, an interdisciplinary team develops and reviews the plan when a significant change in functional abilities takes place.

3.0 - Counselors working with intake/referral and short-term therapy EAP models must conduct bio-psychosocial assessments at the initial face-to-face interview to guide their choice of treatment plan, e.g., counseling or referral.

3.1 - A bio-psychosocial assessment of each client must be developed, possibly using a checklist or anecdotal description containing, at a minimum, the following items. All questions should be checked off, and information relevant to the presenting problem must

be documented in the client file. Participants must be given time to focus on their primary concerns, such as:

- environment and home;
- religion(if appropriate);
- financial status and health insurance (if appropriate);
- social and peer groups;
- interests, skills, aptitudes;
- short work history;
- education;
- physical illness/somatic variables/medical treatment
- the use of alcohol or other drugs; and
- behavioral/cognitive patterns that cause health risks, based on the physical, emotional, behavioral, social, and when appropriate, legal, vocational and/or nutritional needs of the client.

3.2 - Psychological training (e.g., MMPI) shall be available when appropriate to suggest treatment planning alternatives. In some States or Provinces, a DSM diagnosis can only be documented by a registered psychologist.
3.3 - A "clinical impression" should be documented based on the assessment.
3.4 - A solution-focused therapy goal must be established with the client at the initial session.
3.5 - An individualized treatment plan and progress notes for each session with the client must be documented.
3.6 - The EAP professional must maintain, in written form or on computer, a directory of relevant organization resources with licensure, accreditation, certification and pricing information as applicable.
3.7 - Referrals should be made to organization-based resources for treatment when the client requires resources beyond that possible within the stated mandate of the EAP; e.g., in the case of a short-term therapy model, alcohol/drug rehabilitation or psychiatric care would be referred to a organization resource.
3.8 - A treatment plan of referral to a organization resource must be tracked as 'accepted' or 'declined' with a determined date for follow-up with the EAP client.
3.9 - A discharge summary must contain a closing statement regarding the disposition of the case, including referral to outside resources (if germane) and client agreement.

S30 – INFORMATION AND REFERRAL SERVICE
An organization which provides the above service also complies with the standards of this section.

S30.1 - The eligible participants are informed about means of accessing the service.

S30.1.02 - When the service has a particular focus, such as elder care and pre-legal services, it adequately informs the participants of this specialization of the service.

S30.2.01 - The organization maintains a organization resource file which includes name, location, telephone number, contact person, services offered and eligibility requirements, updates it regularly, and checks it for accuracy once a year.

S30.3 - Providers of the service are properly trained and supervised to deliver the service.

S30.3.03 - Providers of the service are specifically oriented to issues of confidentiality, to laws governing disclosure of suspected abuse or other criminal behavior, and to organization policy which reconciles the principles of confidentiality and the requirements of the law.

S30.4 - The service can demonstrate a rapid and effective response in linking clients in need with appropriate organization resources and supportive interventions.

S30.4.01 - The organization documents, through its data collection efforts, the number and type of requests for service, response time, and nature of intervention.

S4.2.08 - The EAP follows up with every case to monitor referrals for completion and determine consumer satisfaction and outcome, and has written procedures for monitoring referrals, especially for involvement with return-to-work planning and substance abuse relapse prevention.

S30.4.02 - The organization maintains records of referrals made to collaborating organizations and conducts routine follow-up on a sample of referred cases to determine whether individuals receive the service(s) for which they were referred.

S30.3 - Qualifications of Information Service should be Masters' Level Clinician.

REFERRAL OF CLIENTS

5.0 - All EAPs should have written policies and procedures that facilitate the referral of clients and the provision of consultation between the EAP, the client and the treatment provider.

C - There should be a standard procedure for obtaining a Release of Information from a client when he/she is referred out so the counselor can follow-up to assure the referral has been completed.
5.1 - There should be a standard procedure for obtaining a Release of Information from an employee/client, or communication with the appropriate department when an employee must be absent from work to participate in treatment or be hospitalized which will not jeopardize the client's employment nor stigmatize him or her.
5.2 - Written policies should indicate limitations and responsibilities of follow-up, after care and transition, I.e. Who follows up, when, what happens after treatment, and what happens until the client gets into treatment.
5.3 - There must be policies and procedures that assure continuity of care for the client.
5.4 - Written policies and procedures should be reviewed annually by the
EAP administrator, the clinical supervisor and the CEO (or his/her designee) when these positions are held by separate individuals.

6.0 - The EAP should maintain a monthly log of clients and referral sources.

6.1 - The log shall include:
- referral source;
- date and method of referral;
- client identifier;
- presenting problem;
- disposition; and
- follow-up schedule (to be included only on client file)

C - name of counselor.

S4.2.05 - The EAP determines that organization resources which it utilizes are appropriately qualified (e.g. Licensure, accreditation, certification, pricing information, open practices) and maintains computerized or written records of organization resources.

S4.2.06 - The EAP makes referrals to appropriate organization resources based on the unique needs (e.g. Level of care, geography, clinical requirements, and preferences for clinician gender or ethnic background) of the person served.

S4.2.07 - The EAP has and complies with policies and protocols for determining whether to retain a case for short-term counseling, and whether it is appropriate to refer a case for ongoing treatment to the EAP or its parent organization.

7.0 - Client follow-up and reintegration into the workplace or family is essential to the EAP.

7.1 - Follow-up should be undertaken at least two weeks after a case is closed or after a referral and after 90 days, six months and one year if clinically indicated. The EAP client must give permission verbally if the only contact is telephone screening, and when seen by a counselor, must sign permission for follow-up telephone contact by the EAP. Telephone follow-up should be undertaken at least two weeks after the case closing or referral to resources outside of the EAP to ensure appropriate treatment for rehabilitation and, where the client agrees, four weeks after expected completion of treatment.
7.2 - Ongoing consultation (within the confidentiality provisions and with a signed Release of Information from the client) should be available to managers as they help clients in the reintegration process, and reasonable accommodation laws should be followed.
7.3 - The EAP client file should contain a closing summary, including a report of changes in condition regarding the identified problem, referral or further action by client and employer, and actions and recommendations for further action by the EAP provider.
7.4 - When a client at risk, e.g. With psychiatric disorders or treatment of substance abuse, leaves voluntarily before the course of treatment is completed, the EAP will assess the risk and legally required notification will be provided to employer or family when there is imminent risk of danger to self or others.

7.5 - A written follow-up plan should be present in the client's case file and followed whenever appropriate. The clinical supervisor shall determine appropriateness.

8.0 - A treatment plan shall be developed for all cases involving chemical dependency and/or mental health disorders when the EAP treats (counsels) or manages care.
8.1 - A preliminary treatment plan is formulated at intake.
8.2 - Therapeutic efforts may begin before a fully developed treatment plan is finalized.

9.0 - When an EAP uses subcontractors, private practitioners or branch offices to deliver EAP services, the prime contractor is responsible for ensuring that those counselors remote from the main office adhere to the same standards and quality of care that is available at the primary service center.

9.1 - The external EAP provider shall qualify subcontractor, private practitioners and others who provide supervisory training, employee assessment, referral and/or counseling services according to the same quality and training standards as the primary service center. This qualification shall include the filing of a rŽsumŽ, copies of credentials, liability experience and evidence of current liability insurance, as well as documentation of having read the orientation package.
9.2 - The external provider shall provide expertise in a full range of presenting problems in areas where these exist. Employees at sites served by subcontractors must be notified in advance if services required differ from the stated EAP contract or policy.
9.3 - The EAP must require each subcontractor/affiliate to keep records of all training/education received and make it available to the provider and/or EASNA site reviewers on request.

S4.5.09 - If the EAP uses subcontractors, it maintains contracts with them obligating them to comply with EAP's policies and procedures, and the EAP designates a liaison with responsibility to coordinate and monitor subcontractor performance.
C - This includes a copy of the signed confidentiality agreement.

CLINICAL SERVICES

S4.2 - The EAP provides core clinical services through a comprehensive, formal delivery system.

C - S4.2.01 - EAP clinical personnel provide face-to-face assessment and/or telephone counseling of the problems of the employee/eligible participants, develop a plan of action, and, when appropriate, recommend or refer to a organization resource for resolution of the problems.

C - It is critical for those EAPs providing telephone Information and Referral across state lines to clarify the legal ruling regarding provision of services by persons not licensed in that state.

S4.2.02 - EAP clinical personnel provide short-term counseling services, when contractually stipulated.

S4.2.03 - EAP assessment includes level of risk to self and others, work-related issues, diagnosis when required by the EAP contract, and presenting problem, in addition to other standard assessment components.

RECORD KEEPING

C - All record keeping policies apply to sub-contractors and affiliates as well as staff offices.

C - A clear policy must delineate when an affiliate returns the case records to the central office and if the affiliate can keep a copy.

1.0 - The EAP must maintain a written or computer-based case record for each client. All of the following items must be filed in the case record if applicable.

1.1 - Demographic information on the client, including age, sex, and race (if permitted).
1.2 - Results of all assessments.
1.3 - A plan for care

1.4 - Progress notes of services provided (summaries of services provided should be sufficiently detailed so that a person not familiar with the case can identify the service provided, and notes should be dated, filed in chronological order with relevant data and the signature of the staff providing the service).
1.5 - A detailed account of supervisory, personnel or staff consultations, including the data for the consultation, recommendations and actions taken.
1.6 - Aftercare plan.
1.7 - Follow-up information.

2.0 - The case record must demonstrate that during the intake assessment both a psychosocial assessment, and contributors to the client's presenting problem as listed in Program Operations were considered.

S4.7 – EAP maintains separate EAP records and policy for content, handling, and secure storage of hard copy and computerized records.

G.7.4 – Records of persons served contain the information essential to the provision of service or treatment.

C – The organization maintains for each individual person served, a separate record of such essential information as is deemed necessary to provide appropriate services, protect the organization, or comply with legal regulation.

G7.4.03 – Where necessary for service to individual persons served because of the nature of their needs and/or type of service being provided by the organization, basic information may be supplemented by the following:
- psychological, medical, or psychosocial evaluations;
- court reports, documents or guardianship or legal custody, birth or marriage certificates and any court orders related to the service being provided;
- financial information used to establish fees; and
- documentation by the organization of ongoing services to the person served.

G7.4.07 – The organization has operational procedures regarding materials to be expunged from the record and screens its records at closing or at least annually in long-term cases for unsummarized notes, observations, and impressions which are unrelated to the delivery of service.

G7.4.08 – Record entries for professional or clinical services are completed, signed, and dated by the person who provided the service.

G7.5 – Access by Persons to Case Records
Persons served or their designated legal representatives are provided access to the case record consistent with statute or regulation and the organization's professional judgement as to the best interest of the person(s) served.

G7.6 - Security of Case Records

G7.6.01 – The organization:
- establishes operational procedures consistent with the policy on confidentiality of information about persons served which govern access to case records by auditing, contracting, and licensing or accrediting personnel;
- develops adequate safeguards to protect the confidentiality of any materials used in its quality assurance activities; and
- limits access to authorized participants in those review processes when confidentiality is assured.

C - Records on computers or on hard copy for an individual client must be reconciled. Policy is in place explaining the process of reconciliation.

G7.6.02 – Controls exist so that records can be located at any time.

G7.6.03 – The organization has a policy to protect the security of all case records, whether electronically maintained or in paper form, which protects these records from destruction by fire, from loss or other damage, and from unauthorized access.

G7.6.04 – The organization has written operational procedures, consistent with legal requirements and with the policy on confidentiality of information about persons served, governing the retention, maintenance, and destruction of records of former persons served, which address:
- protection of the privacy of former persons served;
- legitimate future requests by former persons served for information, where not in conflict with laws or regulations, particularly for that which may not be available elsewhere; and
- disposition of case records in the event of dissolution of the organization.

5.0 - A program shall provide facilities for the storage, processing and security of the case records.

5.1 - The case records must be kept in locked and secured rooms and files.
5.2 - The case records of the EAP should be kept separate from any company, personnel or medical records.
5.3 - The case records should be readily available to those program staff who provide direct services to the client.

8.0 - Storage of computer data, computer files, faxed information, and other types of auto information systems procedures shall be developed to prevent inadvertent and unauthorized access to client data.

8.1 - This may involved encryption of data, "firewall" or other security measures which ensure client names and records are not available to individuals outside of the EAP organization.

9.0 - Information systems shall cover the following types of information:
- client identification;
- demographic and work data;
- referral source;
- presenting and assessed problem;
- resolution of problem;
- completion/termination of treatment/service;
- client satisfaction with service; and
- other statistical data relevant to the quarterly and annual reports;

C - • outcome measurements.

BENEFITS INFORMATION

S4.6 - EAP personnel have access to various benefits provided from each contract

S4.6.01 - EAP maintains updated information on organization's demographics, business, and covered EAP benefits

S4.6.02 - EAP develops protocol for interfacing with client's medical plan and all other programs maintains updated info on provisions.

CONFIDENTIALITY

G7.2 – Confidentiality and Privacy Protections for Persons Served
The organization follows written policies and procedures governing access to, use of, and release of information about the persons served and assures itself that such policies meet any applicable legal requirements.

1.0 - Confidentiality is the key component in ensuring the credibility of the EAP. Written policies and procedures for confidentiality must ensure that case records and client information are kept confidential and handled in compliance with all applicable federal, state and provincial laws.

1.1 - These policies and procedures specify the conditions under which information on clients may be disclosed and the procedures for releasing such information.

1.2 - A written consent shall be obtained from the client for such disclosures and should contain the following:

- the name of the person, agency, or organization to which the information is to be disclosed;
- the specific information to be disclosed;
- the purpose of the disclosure;
- the date the consent was signed and signature of the individual witnessing the consent; and
- a notice that the consent is valid for a specified period of time.

1.3 - Policies and procedures shall delineate under what circumstances and conditions information may be released without written consent, including such issues as medical emergency, harm to self or other, or child abuse.

1.3.1 - When information has been released under these conditions, all pertinent details of such release should be entered into the case record including:

- the date the information was released;
- the person to whom the information was released;
- the reason the information was released;
- the reason written consent could not be obtained; and
- the specific information released.

1.4 – A written statement of understanding delineating the confidentiality policy and limitations shall be reviewed with the client and signature obtained before any services are rendered so that the client is informed of the program's responsibilities and procedures regarding confidentiality.

1.5 - The program shall notify all employees, managers, supervisors, union representatives and other key persons of the confidentiality policies and procedures governing the operation of the program.

1.6 - Policies and procedures shall delineate how client data will be used for reports, research and evaluation.

1.7 - Care should be taken by the program to protect client confidentiality with regard to location of the office, appointment scheduling, and telephone calls.

1.8 - If the contract with an organization specifies the possible use of a third party auditor, client authorization should be obtained in writing during the initial intake for the release of client data, with the understanding that such data will be protected, used only for audit purposes, and not be released to the contracting organization.

C- Relevance to the Federal Confidentiality Regulations for the U.S. programs must be borne in mind.

2.0 -All information related to the site review report prepared by the EASNA accreditation team shall be kept confidential.

2.1 - The report or portions thereof shall not be used for advertising/public relations purposes, and shall not be made available to external auditors or consultants.
2.2 - It is, however, appropriate to make the accreditation status widely available and included in all presentations/proposals.

COMPLAINT RESOLUTION

S4.8 - EAP communicates complaint resolution policy and has appeals process.

G7.8 – Grievance Procedures for Persons Served
The organization provides applicants and persons served with a means of expressing and resolving complaints or appeals.

G1.6.04 – Formal and informal mechanisms exist through which both personnel and persons served can inform the organization's management and governing body of problems with service provision or other matters of concern.

STAFFING

11.0 - A ratio of one counselor to 4,000 employees at risk shall be the normal maximum ratio for accreditation. Where the employee population is located over a large geographical area, the ratio is determined by access to the counseling location, with the over-riding criterion being the existence of a counselor within two hours driving time. An informal and referral for assessment model may have a 1 FTE:5000 ratio.

C - Telephone access for clients receiving telephone counseling are addressed in a new section.

11.1 - A full-time counselor should be available to counsel 25 hours/week
11.2 - No counselor should average more than 30 hours/week face-to-face counseling over any four-week period.
11.3 - Administrators and support staff should not be included in the staff-to-eligible population ratio calculation unless administrators handle cases on a regular basis. At no time should an administrator be considered more than a half-time counselor.

Contractual Relationships and Provider Alliances

G6.8 – The organization which engages in contractual agreements as a purchaser or vendor of services or as a cooperating provider in an alliance or network complies with the following standards.
C - Sub-contractors should be available for review of the accreditation team.

1.0 - EAP staff must not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions.

1.1 - There shall be written policies regarding staff conduct and establishing administrative responsibilities that guard against inhumane, illegal or unjustifiable actions by EAP staff.
1.2 - There shall be quality assurance review procedures under the direction of the EAP administrator and the clinical supervisor.

2.0 - EAP counselors should limit their counseling and training activities to areas of demonstrated professional competence.

C - For general EAP practice a CEAP credential or evidence of working towards this is acceptable for each counselor and/or affiliate.

Characteristics:
2.1 - EAP counselors should have specialized training and demonstrated competence in all areas of EAP practice in which they are active. This competence is demonstrated by academic training, mentored inservice experience, accredited EAP training and accreditation by a professional counseling association.
2.2 - Specialized training is required for family and marriage counseling, alcoholism/drug/addictions counseling, AIDS counseling, mental health counseling and critical incident debriefing. EAP counselors who work in these areas must have documentation of this training.

C - All specialized training needs to be documented on the counselor's resume.

3.0 - EAP counselors shall avoid any action that violates or diminishes the legal and civil/human rights of users of their EAP services.

3.1 - EAP counselors should inform clients of their legal and civil/human rights when such knowledge will empower the client, safeguard their job or protect their civil rights.
3.2 - EAPs should maintain accurate, current and pertinent records which include issues that affect the client’s legal and civil rights.

4.0 - EAPs should request that at least one internal liaison individual be assigned by the contracting organization, in order to ensure coordination and delivery of EAP services.

5.0 - Qualifications of Staff for assessment and referral. Qualifications shall meet following minimum standards: Masters degree in social work, psychology, organization counseling, educational counseling, nursing, rehabilitation counseling.

S4.4.01 - Direct EAP clinical personnel are qualified in the following ways:

- a minimum of a master's degree in a mental health profession and appropriate state licensure, certification, or registration;
- training and experience in alcoholism/substance abuse treatment and organizational dynamics;
- a minimum of 3,000 hours post-licensure clinical experience;
- CEAP designation, CAC, or Master's of Addiction Counseling (MAC) when possible; and
- Two years employee assistance program experience in a management or direct service role, when possible.

G7.1 Codes of Conduct
The organization follows its own code of ethics, expects its professional personnel to adhere to the codes of ethics of their respective professions, and avoids conflict of interest in carrying out its responsibilities.

6.0 - All counseling staff and affiliates must have a membership in professional organization with code of ethics. Pertinent documentation must be available to site reviewers.

7.0 – Qualifications of counseling staff that provide Assessment, Referral and Short-term counseling shall include:
a Master's degree or equivalent in psychology, social work, pastoral counseling, educational counseling, psychiatric nursing, rehabilitation counseling.

S4.4.03 – Personnel assigned supervisory responsibility are further qualified by additional training in supervision, specialized skills, and a minimum of 2 years of supervised post-graduate experience in counseling and/or in family and children's services.

S4.4.06 – The EAP monitors the interactions of non-clinical personnel with those served and provides these personnel with feedback and improvement suggestions.

10.0 - The EAP should have a mechanism to determine credentials, experience, and to verify the references of all service providers within the organization and in locations remote from the administrative center of the EAP

10.1 - The EAP shall maintain file documentation of educational credentials, proof of licensure (if applicable), proof of current liability insurance (if applicable) and documentation verifying experience and suitability of EAP staff, local service providers, and

contracting counselors elsewhere.

11.0 - The EAP must have written job descriptions that define responsibilities, lines of authority, roles and qualifications of EAP staff.

11.1 - An organizational chart which indicates an employee's position and role in the EAP should be available.

STAFF SUPERVISION:

1.0 - The EAP organization should have a supervision policy which is based upon staff credentials that outlines the frequency of supervision for both clinical and contract staff.

S4.4.07 - In-house personnel or consultants provide specialized EAP case consultation/supervision on a scheduled basis with all counselors and affiliates.

2.0 - The organization should specify a senior staff member to monitor supervision policy.

3.0 - Contract (account) managers should report to and meet with the EAP Program Manager/Administrator for a minimum of two hours per month. This can be an individual team of account managers. The focus should be on maintaining and upgrading the standards of the EAP programs. Contract management activity should be documented and reported on a regular basis to the contracting organization.

S4.5.06 - The EAP puts into place provisions for effective account management including:
- a designated account manager for each EAP contract;
- determination of clear lines of responsibility for all aspects of each
- contract;
- identification of a designated EAP liaison within each client organization; and
- written first year and ongoing plans which are developed for each contract by the respective account manager and client organization liaison.

4.0 - Contract manager supervision should emphasize the Contract Manager's ability to implement, monitor and effectively coordinate EAP services. Supervision should also involve discussion of basic EAP principles, record-keeping, confidentiality, EAP models and organizational dynamics.

5.0 - For both internal and external programs, professional staff with a Ph.D. Or Master's level in psychological/counseling or related degree and less than three years EAP experience must have a minimum of one hour of individual supervision for every thirty client contact hours.

5.1 – For EAPs, counselors/affiliates with more than three years experience must have a minimum of 1 hour of supervision for every thirty client contact hours. For counselors with less that three years, the ratio should be 1 to 20.
5.2 – Particular attention is required in the hiring and/or contracting of counselor to document a minimum of three years experience, licensing or certification by their state or professional association, and initial orientation to the program.
5.3 - Where counselors in diverse geographical locations are subcontracted to represent the EAP, supervision should be carried out by telephone or written contact at least once for every 30 client contact hours. The EAP must have a policy related to these contacts regarding who initiates the contact, on what dates and what hours. Calls must be documented and available for EAP auditing or EASNA site reviewers.
5.4 - EAP clients who are seen for more than the initial face-to-face meeting and are "at risk" (of danger to themselves or to others) must either be seen by the Clinical Director or senior Clinical Supervisor, or the psychologist/counselor must confer individually by telephone or in person with the Clinical Supervisor or his/her designate about that client.
5.5 – Telephone intake workers and Case Managers must meet with the Clinical or Program Director for training and supervision a minimum of twice per year.
5.6 - The emphasis in supervision of all EAP counselors must be on ensuring the safety of the client, upgrading training and ensuring the quality of documentation in clinical files.

7.0 - Clinical supervision should be documented. For example, after discussion of a case and a review of the pertinent clinical files by the supervisor, a sheet signed by the supervisor and counselor specifying the date of supervision should be placed on the counselor's file. The client's file should also be signed by the supervisor and the date of supervision noted. For telephone supervision of outlying contractors, documentation should include a note in the counselor's personal file as well as in the client's file.

STAFF DEVELOPMENT

G4.11 – Training and Development
The organization has a training and development program which enables personnel to improve their knowledge, skills and abilities and which promotes awareness and appreciation of and sensitivity to the cultural background and needs of persons served by the organization.

1.0 – Organizations need to have a documented procedure to ensure that staff receive ongoing staff development in areas associated

with Employee Assistance Programs. Professional staff who counsel EAP clients must have documentation on file of their curriculum vitae demonstrating university level work in the mental health field. Individuals must have a Doctorate or Master's level degree.

2.0 – EAP organizations should conduct and document an internal needs assessment/performance appraisal with every staff member on an annual basis to identify areas of individual and program weakness and develop a training program that addresses those needs.

S4.4.04 – The EAP has a formal in-service training component for personnel with a required number of hours per year which covers information on:

- customer service;
- crisis intervention;
- brief therapy modalities;
- managed care;
- critical incident stress debriefing;
- differential diagnosis if the EAP provides

C • knowledge of the work life program

- the impact of mental health and substance
- abuse problems on job performance;
- work performance assessment;
- organization development and human resource management;
- training in the business side of EAP
- management (e.g., the business rationale for the benefits of an EAP, benefit design and managed care, marketing and sales;
- EAP policies and procedures and developments in the EAP field; and management information systems;

C • legal issues;
C • management consultation;
C • account management;
C • marketing the EAP;
C • cost benefit;
C • outcome measures.

3.0 – All EAP staff who interact directly with EAP corporate or clinical clients will be expected to complete Level 1 Staff Development training within the approved time limits. Applicable EAP staff must demonstrate that they have participated in the required training, or they must actively pursue the training through continuing education opportunities.

3.1 – Level I Staff Development training, which is required for applicable staff in an accredited program includes completing approved training in the following areas: Introduction to Employee Assistance Program Theory and Practice (16 hours), Introduction to EASNA Standards for Assessment and Referral (4 hours), and introduction to Short Term Therapy Techniques (4 hours). Curriculum vitae or documented training/certification such as the CEAP which demonstrates sufficient hours in any one of these areas will exempt the individual from corresponding Level I training requirements.
3.3 – Ph.D. and Master's level employees must complete the Level 1 Staff Development Training or document equivalencies within twelve months of entering the Employee Assistance Program profession. Some of this training may be available at the annual EASNA Institute, and some may be completed in conjunction with graduate level studies.

S4.4.05 – The EAP has a formal in-service component for non-clinical EAP personnel who have direct service contact with a required # of hours/year, etc.

S4.4.06 – The EAP monitors the interactions of non-clinical personnel.

4.0 – Employee Assistance Program professionals must complete Level II Staff Development training that is commensurate with their education level. Staff must demonstrate the achievement of the required training or they must participate in the training through continuing education opportunities.

4.1 - EAP counseling professionals must complete the PDH requirement, or its equivalency, each year.
4.2 – Level II Staff Development training includes areas of study related to Employee Assistance Program issues. Examples of acceptable training are Confidentiality, Communication Skills, Crisis Intervention, Critical Incident Debriefing, Managed Care, Organization Resource Development, Record-keeping, Case Management, AIDS Intervention, Legal Issues for EAPs and Ethical Considerations for EAPs. All EAP staff are required to take Interfacing with Special Populations.

C - Some of the EASNA Level II Staff Development Training may be provided at the annual EASNA Institute.

S4.4.08 – All EAP counseling and management personnel demonstrate a commitment to continuing professional education.

S4.4.09 – EAP counseling and management. Stay current with regulatory and legislative developments.

5.0 – Annual minimum training in ethical issues, addictions and crisis intervention must be established.

5.1 – A minimum of one hour of training in 'Ethical Issues for EAP` should be taking every year.

5.2 – Professional staff should have a minimum of one hour of training in 'New Issues in Addiction' annually.
5.3 – All EAP staff must have a minimum of 30 minutes per year of 'Client Rights and how to protect them'.
5.4 – All EAP staff who handle incoming calls and who counsel must document annual completion of two hours of training in "Crisis Intervention."
6.0 – Employees must maintain a record of attendance and successful completion of training. The documentation must include the attendee's name, title of subject, number of hours, date of training and the presenter's name and credentials.
7.0 – Staff Development training must be completed at accredited colleges/universities, other State or Provincially licensed institutions, or at EASNA, EAPA, CEAP, or EACC sponsored courses. In EAPs where more than 10 Ph.D. and experienced M.A. or equivalent staff work on the same site, and where training is not readily available in the area, the EAP can apply to the accreditation committee of EASNA to have training performed on site.

QUALITY CONTROL/EVALUATION

S4.9.06 – The EAP works with client organizations at the contract outset and then annually to determine desired outcomes and performance standards, identify means of measuring these outcomes, and determine format and frequency of reports.

Quality Control can be defined most simply as accountability for the provision of high caliber services. A quality control program for an EAP is a formal monitoring tool in which designated aspects of the program are evaluated, comparing performance to optimum standards. Feedback from this comparative assessment is used to adjust and enhance the program.

Whereas accreditation involves demonstration of Standards through documented policy and following through on procedures, evaluation is the measurement process which documents progress of EAP operations on a regular basis, providing the wherewithal to implement quality control.

1.0 – The EAP organization should have a written plan for evaluation and quality control which is based on its written statement of goals and objectives consistent with guidelines.

1.1 – Documentation of program evaluation methods that measure progress and results relative to current objectives must be maintained by the program and available for review by those who accredit programs.
1.2 – The statement of purpose should describe the purpose of the service and reflect the philosophy of care.
1.3 – The principal functions of the service should be listed and described.
1.4 – The written evaluation plan should be based on measurable goals and objectives, and should be updated regularly as agreed in the contract. The plan should:

- specify the procedures for assessing outcomes and the review process for planning program improvements; and
- specify when evaluations will be performed and the locations where they will be carried out. All sites must be evaluated on a planned cycle.

1.5 – The statement of purpose and the goals and objectives of the EAP should involve input from EAP staff and consultation with client organizations, and must be available in written form. There should be a mechanism for communicating the purpose, goals and objectives to all EAP staff. The statement of purpose and goals must be reviewed and revised as necessary at a minimum of every three years, and dated accordingly.

1.6 – The written goals must include specific business goals as well as goals which support the needs of the client organization.

1.7 – Specific objectives must arise from these goals, and include both process and outcome objectives.

1.7.1 - The Process objectives of the EAP should, as a minimum:

- include details of promotion strategies;
- schedule training sessions to meet EASNA requirements;
- specify evaluation criteria for production of EAP services;
- produce upgraded documentation regarding organization agencies; and
- document schedules of program benefits for each contract.

1.7.2 – The corresponding Outcome objectives of the EAP should specify:

- dates for the attainment of annual promotional goals;
- a schedule for attainment of EASNA training standards;
- The timetable for converting evaluation results into positive changes;
- An annual review and dissemination of the updated organization agency liaison/information; and
- Dates for the reporting of results to contracting organizations.

1.8 – An annual evaluation progress report must be completed for each EAP contract. The report should be distributed to EAP staff and made available on request to client organizations. This report should contain:

- documented results of evaluation and whether objectives for each EAP contract were achieved;
- explanation of successes or failures connected with each objective;
- details of how the EAP program intends to improve its performance in areas needing improvement; and
- specific assessments of the resources required/utilized to meet objectives and/or intended changes for following year.

1.9 – The written evaluation plan must specify the information to be collected and the procedures for retrieving and analyzing information. Examples of collection mechanisms include Client Satisfaction Questionnaires, Organizational Satisfaction Questionnaires, Employee Surveys, Training Evaluations, Incident Reports, and Documentation of satisfaction at follow-up of service.

1.9.1 – A Client Satisfaction Questionnaire should be given to each EAP client after the first and fourth sessions. A compilation of these results should be available annually to the contracting organization.

1.9.2 – A fact-to-fact telephone interview should be conducted annually with a minimum of three Human

Resources/Supervisors/Managers;/Health Services/Contract Organizations' Administrators to determine satisfaction with the EAP organization and contract.
1.9.3 – An evaluation sheet should be handed out following each training session.
1.9.4 – An Incident/Complaint Form should be available to both the contracting organization and individual clients, and a written procedure documented for dealing with complaints. Compilation of data should be available to the Clinical Supervisor at the end of the contract year.
1.9.5 – The Case Manager or EAP counselor who follows up referrals to an outside agency should document the results for annual evaluation by the Clinical Supervisor (and accreditors if applicable).
1.9.6 – Each EAP organization should have a written plan for evaluation of all EAP professional staff. For example, a Checklist for Files could be distributed among EAP counselors, in order for each individual to assess his/her own files according to EASNA standards.
C - and 25% of counselor's files could be audited by the Clinical Director, preferably annually. In addition, a Performance Appraisal for counselors could be filled out by counselors on an annual basis and reviewed by the supervisor with the counselor, preferably annually, and at a minimum of three-year period.
1.10 – There must be some demonstration that the finding and recommendations of annual evaluations influence organizational and activity planning.

G2.5 - The organization maintains information necessary to plan, manage, and evaluate its programs effectively.

Evaluation and Internal Quality Control
G2.6 - The organization's systems, procedures, and outcomes are evaluated on an ongoing basis, the results of which are used continuously to improve performance.

G2.6.02 - An internal review of randomly selected open and recently closed cases for the quality of assessments, case or service planning, services provided or obtained, outcomes of service, and aftercare planning is:
- conducted on a quarterly basis;
- carried out so that workers and supervisors do not review cases in which they have been directly involved; and
- distinct from regular case review or service monitoring in which the direct service provider and supervisor participate.

G2.6.05 - In the event that the organization purchases some of its services from other organizations, it has a system in place to monitor, evaluate and improve those contracted services.

Outcomes

S4.9 - The organization is able to document that, as a result of the service individuals and families have experienced behavior and/or emotional change which enhances their ability to cope with social, work, psychological and interpersonal problems.
Demonstrates individual improvement

S4.9.01 - Based on the service plan developed for each individual, the EAP is able to demonstrate individual improvement in:
- psycho-social functioning;
- adaptive and coping behaviors;
- interpersonal relations; and/or
- problems associated with conduct, identity, anxiety, affect, adjustment, impulse control, and other mental disorders.

S4.9.02 - Outcome measures include:
- Success of service consists of an analysis of following aggregate data;
- nature of referrals made and their outcome;
- alleviation of presenting symptoms;
- increased work productivity; and
- individual's perceptions of the amount of change effected.

S4.9.03 - Overall evaluation of the success of the service consists of an analysis of the following aggregate data culled from individual outcome evaluations:
- symptomatology;
- life satisfaction;
- family/interpersonal relations;
- social or work adjustment;
- social interaction within the organization;
- perception of individuals' about the amount of change effected; and
- individuals' satisfaction with the services received.

2.0 – If a contracting organization requests a third-party audit of the program, the EAP should recognize this as a legitimate evaluation activity designed to foster service accountability, due diligence, and program development.

2.2 – The audit firm and/or its designated auditor must be independent of the contracting organization and the EAP. Its eligibility for clinical evaluation expertise needs documentation.
2.3 – At all times during an audit, client confidentiality must be protected.

C - 2.3.2 – Under U.S. Federal regulations, bona fide audits, inspections, and evaluations are allowed without prior consent. Other Federal legislation needs to be stated from other countries served.
C - 2.3.4 – Records may be copied for audit purposes.
2.3.1 – The scope of the audit is bound by the EAP confidentiality policy in effect during the established audit period.
2.5 – If the use of a third party is a consideration for on-going program evaluation, including program audit, a provision for the use of a third party should be incorporated into the EAP service contract
2.6 - The EAP should be prepared to respond to observations shared by the auditor with the EAP.
2.7 – The cost of performing evaluation activity including periodic third party audits should be included in the EAP budget, and may be legitimately incorporated into the fee structure as part of an EAP service contract. However, the audit fees should be paid by the party requesting the audit, usually the contracting organization. The EAP should be prepared to cooperate to facilitate the auditor's review as part of its regular contract management activity and without additional charge to the contracting organization.
2.8 – The EAP should insist that the audit firm:

- sign non-disclosure and confidentiality agreements to protect the EAP's intellectual and proprietary property; and
- provide evidence of appropriate Errors and Omissions insurance coverage.

RESEARCH

Research Protection for Persons Served
G7.7 - When the organization or another acting on its behalf participates in Research involving clients of service, the organization exhibits due regard for the privacy and right of refusal to participate on the part of the persons involved.

G7.7.01 – The governing body has a mechanism for reviewing and recommending approval or denial of research proposals, whether internal or external, which involve past or present persons served.

G7.7.02 – When the organization conducts research, it complies with applicable laws governing research with human subjects.

G7.7.03 – Identity and privacy of the persons served are safeguarded in all phases of research which is conducted by or with the cooperation of the organization.

G7.7.04 – The participation of persons served in research or follow-up studies requiring individual contact or recontact is voluntary, which is indicated by a signed, informed consent from the person, or the parent or legal guardian, if the person served is a minor, for each person involved in a research activity.

C - Telephone agreement is also acceptable.

1.0 – When an EAP conducts or participates in research with human subjects, policies and procedures must be written to ensure that there is a review of the merits of each research project and the effects of any research procedure on any research subject.

1.1 - An interdisciplinary review committee should review all research projects using human subjects and actively monitor the research throughout its life cycle.

1.2 - Members of the review committee shall be:

- qualified by professional training and expertise to serve;
- experience in the appropriate research area to be reviewed/monitored; and
- in the majority, external to the EAP and the sponsoring agency and not directly associated with the research project or the EAP.

1.3 – Prior to the initiation of the research, there should be a comprehensive review to determine the following:

- the adequacy of research design and methodology, including sample selection, use of controls and statistical program;
- the qualifications and experience of investigators and all research staff;
- the benefits of the project to the EAP field and to the organization;
- the benefits and risks to participants;
- compliance of the research with accepted ethical standards and criteria for human research in stress disciplines (e.g. psychology/medicine);
- the process for obtaining participants; informed consent;
- the process for providing adequate response to any potentially harmful efforts; and
- the process for monitoring compliance to standards and for review of committee recommendations.

1.4 – The process for obtaining informal consent from participants must include information given to each participant detailing the following prior to getting consent, as follows:

- a description of benefits expected;
- a description of potential harm, discomfort or risks;
- a description of alternative services available; and
- a full explanation of the procedures to be followed highlighting those which are experimental.

1.6 – Consent may be revoked at any time, allowing the participant to discontinue without effecting their status in the organization, or causing any alternatives in their eligibility or access to service.

1.8 – All research must comply with federal, state, provincial or local legislation and regulations concerning human rights, confidentiality, healthy care services and the use of human subjects.

1.9 – Reports of research shall be made available to the funding authority and maintained by the EAP.

CONSULTANT REVIEW OF ADDITIONAL DOCUMENT FOR INFORMATION PURPOSES

1. Guidelines for the Development and Assessment of a Comprehensive Federal Employee Assistance Program

National Institute of Drug Abuse
U.S. Department of Health and Human Services
DHHS Publication No. 88-1595
1988

This was published in 1988. This is a well-written manual developed by a team of forty EAP experts for the National Institute of Drug Abuse (NIDA). Their purpose was to develop a guide for federal EAP managers to develop a comprehensive EAP. A good reference, but not specific to standards. The word "adequate" is consistently used without a definition. It is also based on an information and referral model, though counseling is referenced once. The accreditors need to know of the existence of this document but it does not represent federal standards. Lastly, because of its NIDA sponsorship it does not include the review by National Institute of Mental Health (NIMH).

2. EAPA Standards and Professional Guidelines for Employee Assistance Professionals

EAPA, Inc.
Arlington, VA 22201, U.S.A.
1999

The EAPA standards are more guidelines and not nearly as comprehensive as either EASNA or COA's. They also have some major deficiencies such as:

- *The EAPA standards are based on the Core Technology which does not allow for counseling, only assessment and referral.*
- *Specific counselor qualifications regarding education, licensing, and professional training are not addressed. "Professional competence" is alluded to but not defined in regulatory terms.*
- *With reference to clinical supervision a CEAP is to be utilized. CEAPs, as we know, do not have to have any clinical experience or specific clinical education.*
- *The evaluation which is to include worker's compensation claims, job performance, accidents and injuries, healthcare claims and absenteeism is commendable, but totally unrealistic.*