

**EAPA**

**South Central Wisconsin Chapter**

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**Presentation by  
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**SEMINAL MOMENTS IN THE HISTORY  
OF  
EMPLOYEE ASSISTANCE PROGRAMS**

# I. PRE-EAP “Content without context is pretext” Warren Bennis

## ALCOHOLISM

1935 ALCOHOLICS ANONYMOUS

1935 THE YALE CENTER OF ALCOHOL STUDIES (CAS)

1939 “ALCOHOLICS ANONYMOUS” TO EMPLOYERS, CHAPTER 10

1941 JACK ALEXANDER ARTICLE, “ALCOHOLICS ANONYMOUS”,  
SATURDAY EVENING POST

1943 CENTER ON ALCOHOL STUDIES SUMMER SCHOOL

1944 THE NATIONAL COUNCIL ON ALCOHOLISM (NCADD)

1952 (1956) SMITHERS FOUNDATION

1962 THE RUTGERS CENTER ON ALCOHOL STUDIES

1971 NIAAA OCCUPATIONAL PROGRAMS BRANCH



# WORKPLACE ALCOHOLISM PROGRAMS

## EARLY 1940s through the 1960s

- ▶ Dupont Corporation and Eastman Kodak  
A guy named “Joe”
- ▶ Northern Pacific Railway Company-- Les Vaughn/Fran Coyne
- ▶ Employers of Wausau – Jim Ray
- ▶ Illinois Bell – Fern Asma, M.D.
- ▶ Northern States Power Company –Thelma Johnson, RN
- ▶ “Insight”, Kennecott Copper Company – Otto Jones
- ▶ A few dozen other companies largely on the East Coast many of which were assisted by the National Council on Alcoholism

# FORMAL APPROACHES

## STRAIGHT ALCOHOL IDENTIFICATION PROGRAMS -- IAP

- ▶ Approval of management
- ▶ A recovering member of A.A. is the designated referral resource
- ▶ Train supervisors in the signs and symptoms – The Jellinek Curve.
- ▶ Confront the employee, usually in the later stages and refer them to the referral resource
- ▶ Referral Resource refers employee to A.A. often taking them personally and serving as their AA sponsor



# Formal Approaches, continued

## JOB PRERFORMANCE FOCUSED ALCOHOL IDENTIFICATION PROGRAM -- OAP

- ▶ Approval of senior management
- ▶ Some Union involvement in organized workplaces
- ▶ Written policy
- ▶ Designated Referral Resource: recovering AA member; professional or para-professional with intimate/extensive knowledge of alcoholism
- ▶ Training of first line supervisors in signs and symptoms of alcoholism  
with strong admonishment not to diagnose.
- ▶ Refer to alcoholism resource only on basis of performance problems, ie:
  - \* Documented poor performance
  - \* Stay-away-absenteeism

# MERITS AND LIMITATIONS OF IAPs/OAPs

## Merits

### *High recovery rates*

- ▶ **Highly motivated** program coordinators
- ▶ **Natural Empathy** and insight
- ▶ Participants got *lots of personal attention*
- ▶ Demonstrated that even very late stage **alcoholics could recover**
- ▶ Advanced the **disease concept**

## Limitations

### *Low utilization rates*

- ▶ **Double message to supervisors:** “Here are the symptoms but don’t diagnose!” “Refer employee to AA counselor, but don’t diagnose!”
- ▶ **Hard to train and it didn’t last long.**
- ▶ **Reinforced negative stereotypes:** Late stage I.D., no one above the first line supervisory level ever got referred to the program
- ▶ **Very rare self/voluntary** referrals



## II. PROJECT 95 -- NIAAAA

### MAJOR OBJECTIVES

#### REDUCE THE STIGMA AND PUT A REAL DENT IN THE PROBLEM

- ▶ **Stereotype vs Reality**

5% ON SKID ROW – 95% IN THE WORKPLACE

- ▶ **Earlier Identification using the structured characteristics of the workplace**

Identify working models of intervention and referral with data

#### LAUNCH NATIONAL EFFORT – STATE BY STATE

REFINED OAPs

INTRODUCE “THE BROADBRUSH APPROACH”

“Insight” Otto Jones, Kennecott Copper Co. Ogden ,Utah

# GETTING STARTED–1972-1973

## OCCUPATIONAL PROGRAM CONSULTANTS (OPCs) The “Thundering 100”

### ▶ **Minnesota:**

Pat Paulding –State of Minnesota Employees

Jim Wrich – All other public and private employers

First 6 months: Contacts and presentation with 87 employers  
and 205 labor locals: 7 programs

### ▶ **Nationally**

Roughly 50 programs both OAP and Broadbrush



# MAJOR OBJECTIVE AND CRITICAL ISSUES: Project

**95**  
**OBJECTIVE: GETTING AS MANY ALCOHOLICS ON THE ROAD TO RECOVERY AS POSSIBLE**

## **ISSUES:**

### **UTILIZATION**

1. What is the population at risk and how large is it?
2. How many do we need to serve per year to penetrate that population at an acceptable level?

### **RECOVERY**

3. How will we know we are doing anyone any good?
4. What is recovery and what is an acceptable recovery rate

### **EVALUATION**

5. How will we know what difference our efforts made –
  - A. Program participant (Employee/Family)
  - B. Organization (Employer/Union)

# IMPLEMENTATION AND OPERATION 1974-1984

Minnesota and United Airlines

Nationally - Initial Core Technology

- ▶ **Defining the population at risk**
- ▶ **Written policy developed collaboratively**
- ▶ **Motivational Interviewer (A and R Resource)**
- ▶ **Identification and Referral**

Role of Supervision and Labor

Role of Family

Role of Company Doctor or Nurse

Peers and Self Referral

- ▶ **Key Employee Orientation**
- ▶ **Community Care Givers**
- ▶ **The Consultant**
- ▶ **The Administrator**
- ▶ **Volunteer Coordinators**
- ▶ **Confidentiality**
- ▶ **Evaluation**

1. **Identification of** employees with behavioral problems of legitimate concern to the workplace via documented job performance problems.
2. **Provision of consultation** by on-site expert about how to implement the policy avoiding legal problems that might be based in the job or job training.
3. **Discussion with employees** by supervisor about job performance problems based on principles of constructive confrontation
4. **Linkages of employee to counselling/community based treatment** most appropriate to the problem , insurance coverage and job/career in workplace and in context of agreements made with employee about needed performance improvement
5. Identify and selecting **community treatment appropriately** styled for employed people
6. Gradual but deliberate **change in workplace culture** regarding acceptance, tolerance and understanding of behavioral health issues and recovery.



# EAPA CORE TECHNOLOGY 2011 to present

1. **Consultation** with, training of, and assistance to work organization leadership (managers, supervisors, and union officials) seeking to manage troubled employees, enhance the work environment, and improve employee job performance;
2. Active **promotion** of the availability of EA services to employees, their family members, and the work organization;
3. Confidential and timely **problem identification/assessment** services for employee clients with personal concerns that may affect job performance;
4. Use of **constructive confrontation, motivation and short-term intervention** with employee clients to address problems that affect job performance;
5. **Referral** of employee clients for diagnosis, treatment, and assistance, as well as case monitoring and follow-up services;
6. Assisting work organizations in establishing and maintaining **effective relations with treatment and other service providers**, and in managing provider contracts;
7. **Consultation to work organizations** to encourage availability of and employee access to health benefits covering medical and behavioral problems including, but not limited to, alcoholism, drug abuse, and mental and emotional disorders; and
8. **Evaluation** of the effects of EA services on work organizations and individual job performance.

# III. POST Project 95: MAJOR OBJECTIVE AND CRITICAL ISSUES

**OBJECTIVE: GETTING AS MANY CHEMICALLY DEPENDENT EMPLOYEES ON THE ROAD TO RECOVERY AS POSSIBLE**

## **PROGRAM PARAMETERS**

1. What is the population at risk and how large is it?
2. How many do we need to serve per year to penetrate that population at an acceptable level?

## **UTILIZATION**

3. Supervisory referrals job performance
4. Supervisory referrals non-job performance
5. Self referrals
6. Other sources: Family, medical, HR, etc.

## **RECOVERY**

7. What is recovery and what is an acceptable recovery rate
8. How will we know we are doing anyone any good?

## **EVALUATION**

9. How will we know what difference our efforts made –
  - A. Program participant (Employee/Family)
  - B. Organization (Employer/Union)



# Objective and Critical Issue: Program parameters

**OBJECTIVE: GETTING AS MANY EMPLOYEES /DEPENDENTS WITH CHEMICAL DEPENDENCY AND OTHER ISSUES ON THE ROAD TO RECOVERY AS POSSIBLE.**

## 1. DEFINE THE TARGET POPULATION

- A. Alcohol/drugs only -- 8% to 11% of employees (Cahalin, NCS, NIAA)
- B. DSM 5 including concrete (V-codes) 29% current 48% life time (NCS, Kessler, et al)
- C. Everyone (No longer an EAP) 100% forever

## 2. PROGRAM SELECTION

- A. OAP .78% (Wrich-unpublished)
- B. BROAD BRUSH (EAP) 2.08% (Wrich - unpublished)
- C. Non-focused Concierge (less than the I & P in the general population)

# Objective and Critical Issues: Utilization

## EDUCATING REFERRAL RESOURCES

### KEY EMPLOYEE ORIENTATION –THE WHO

- A. MANAGERS AND SUPERVISORS FROM THE CEO ON DOWN
- B. LABOR LEADERS FROM THE UNION PRESIDENT ON DOWN
- C. ANYONE ELSE IN THE WORKPLACE WHO WILL NEED TO ANSWER INQUIRIES HR,  
Medical, ETC

### KEY EMPLOYEE ORIENTATION –THE WHAT

- A. WHAT THE PROGRAM IS
- B. WHAT THEIR ROLE IS
- C. HOW TO CARRY OUT THEIR ROLE
  - Job performance
  - Employee shares
  - Intuition
- D. MAJOR TOOL –MILTON MAXWELL'S OBSERVABLE SIGNS (next slide)

### KEY EMPLOYEE ORIENTATION –THE HOW

United Airlines and other programs



# “Behavioral changes and occupational alcoholism programs” Milton Maxwell, MD Director CAS Rutgers

A study of observable but not-recognizable on-the-job behavioral changes reported by 406 male alcoholics

Withdrawal	93.2%
Irritability	
Mood swings	85.4%
On-the-job absenteeism	68.0%
Deteriorating appearance	
Mistakes	
Stay-away absenteeism	51.5%

# Objective and Critical Issue: Recovery

## WHAT IS RECOVERY?

### Recovery def:

1. Remediation of symptoms
2. Measurable improvement in life functioning
  - A. Personal
  - B. Job Performance
3. Measurable improvement in life style

## WHAT IS AN ACCEPTABLE RECOVERY RATE?

3. Substance Use Disorder: alcohol, licit, illicit, opioids, etc.
4. Affective disorders: MDE; bi-polar, etc
5. Anxiety disorders: Major anxiety, group anxiety, phobias, etc.
6. Other



# Objective and Critical Issue: Evaluation participant

## HOW WILL WE KNOW WHAT DIFFERENCE IT MADE

### ▶ Penetration into the population at risk

Employees (FTE Headcount / First time employee participants = utilization rate)

Dependents (Absolute number first time dependent participants)

### ▶ Recovery rates

#### **Substance Use Disorders**

1 year continuous abstinence

Measurable improvement in life functioning

Measurable improvement in life style

Job performance indicators (pre/post program use)

#### **DSM 5 Disorders**

Change in alcohol/drug use

Measurable improvement in life functioning

Measurable improvement in life style

Job performance indicators (pre/post program use)

#### **Other issues**

Same criteria as DSM 5 Disorders

Job performance indicators (pre/post program use)

# Objective and Critical Issue: Evaluation Organization

- ▶ **Benefit to Cost Ratio Data**

  - Paid Sick leave – pre-post

  - Medical benefits –pre-post

  - Other Indicators (Maxwell's Observable signs)

- ▶ **Other Organizational Issues**

  - Managers that manage

  - Unions that represent

- ▶ **Collecting the data**

  - Integrate client clinical follow-up with outcome evaluation

  - HR Records

  - Referral resource (with permission)



# Contemporary programs vs. the 1972 vision

## WHAT AN EAP IS NOT:

- ▶ It is not industrial medicine
- ▶ It is not industrial psychology
- ▶ It is not industrial social work
- ▶ It is not on-the-job treatment
- ▶ It is not a refuge for sub-standard work-performers
- ▶ It is not a “witch hunt” or management cudgel
- ▶ It is not a substitute for effort of employee, family or friend to help resolve every day problems
- ▶ It is not a substitute for sound management
- ▶ It is not a labor arbiter or substitute for management union negotiation
- ▶ It is not everything to everybody

# Contemporary programs vs. the 1972 vision

## WHAT AN EAP IS

- ▶ It is a Labor-Management control system designed to earlier identify employees and dependents who have personal problems that can adversely affect the employee's job performance and/or the personal well-being of the employee or dependent.
- ▶ Its objective is to help employees with problems such as alcohol and drugs, emotional issues, financial, legal, or family issues, that they have been unable to resolve by themselves or with the help of family or friends.
- ▶ The program is confidential, professional, effective and free.
- ▶ It is the best hope many will ever have of getting the help they need.