
Employee Assistance Programs

Theory and Operation



INFORMATION ABOUT ALMACA

The Association of Labor-Management Administrators and Consultants on Alcoholism, Inc., is a non-profit national health organization of professionals involved in occupational programming. Individual members direct or administer programs for all types of employers — small business to major corporations, government at all levels, public and private institutions and unions — or provide specialized consulting services to establish, develop and operate programs. Associate members include those persons not qualified as individual members but who provide treatment or are members of allied health professions. Members work closely with labor organizations whose support and cooperation, along with that of management, is considered essential to successful programs. Student members include those enrolled in a degree program in alcoholism.

ALMACA is supported by individual and company or organizational memberships, publications, fees for national conferences, advertising and contributions.

MEMBERSHIP

ALMACA, formed in 1971, has individual and corporate members throughout the world, many of whom belong to its regional, state, county or metropolitan chapters. Corporate members include firms with thousands of employees as well as companies with fewer than 100 workers. Some of the largest labor organizations are also members or support the organization's work.

There are four types of membership: (1) Individual — those employed primarily to develop, implement or administrate occupational alcoholism programs; (2) Associate — those with an interest in the field but who do not meet criteria for individual membership; (3) Student — those enrolled in courses leading to degrees in alcohol-related disciplines; and (4) Organizational — firms, institutions or associations that want ALMACA services and/or support its goals.

ACTIVITIES AND OBJECTIVES

As a national advocate for the field of occupational alcoholism, ALMACA:

- * Works to advance the cause of occupational alcoholism programming to make sure the interests of EAP professionals receive proper attention.
- * Stimulates new occupational alcoholism programs and provides professional identification for those who work in the field.
- * Acts as a forum for the interchange of ideas, as a central source of information and spokesman for the field before legislative bodies, management and labor and the general public.
- * Seeks to improve the state-of-the-art of occupational programming through research and development of program and professional standards for the new profession.

FURTHER INFORMATION

For further information about ALMACA and occupational alcoholism contact:

ALMACA, Inc.
1900 N. Kent Street

*Chilham
Edmond*



FOREWORD

This publication has been developed by Aluminum Company of America as a public service. It is intended for the use of any organization which believes that the personal well-being and productivity of men and women contributes to its success. It deals with helping people....people who suffer under the burden of alcoholism or other human problems which destroy victim and job.

We are extremely proud of our Employee Assistance Program. It has grown from rudimentary beginnings in 1963 to the present-day sophisticated network of Employee Assistance and Alcoholism Programs. We have always known, as a socially responsible employer, that having a program available for employees and their families is the right thing to do.

Today, we know the program to be cost-effective as well.

The information contained in this publication is simply an overview and guide to Employee Assistance Programs rather than a formula for program development or operation. It is our hope that making it available will contribute to the continued progress and broader adoption of Employee Assistance Programs.

Charles W. Parry
Charles W. Parry
President
Aluminum Company of America

Table Of Contents

I	Human Problems and the Workplace	1
II	Responding to Human Problems	1
III	Employee Assistance Programs in Theory	2
IV	Employee Assistance Programs in Operation	5
V	Appendix - Program Standards	9

Human Problems and the Workplace

Alcoholism, drug abuse, stress, divorce, mental illness, bankruptcy, grief, suicide . . . familiar terms, but somehow, meaningless unless it happens to us or someone close to us. And yet, the chances that any individual can navigate life from birth to death without facing a serious personal problem are virtually zero. Consider for a moment the following:

- In excess of 40% of marriages will end in divorce.
- 3-5% of adult Americans suffer from chronic, psychologically crippling forms of mental illness.
- 1 in 6 Americans will face the psychological consequences of being the victim of violent crime.
- In excess of 15% of the adult population exhibit some potentially serious symptom of stress (e.g. high blood pressure)
- A minimum of 6% of those who drink are, or will become, alcoholic.
- There are over 3,000,000 teenage alcohol and drug abusers in the U.S. today.
- The U.S. has one of the highest suicide rates in the world.
- A large percentage of Americans live beyond their financial means. The rate of personal bankruptcy and/or default is escalating.

Numbers, percentages . . . each of which represents people, usually someone's employee or an employee's dependent.

If it were possible for employees to segregate their personal problems from their worklife, or for employers to ensure that individual productivity was unaffected by personal situations, there

would be no need for Employee Assistance Programs (EAP). The simple fact is that problems affect people, and people affect productivity. This translates into:

- Absenteeism 1 to 6 times an acceptable norm.
- Safety Problems - 15% of on-the-job accidents occur due solely to personal factors (e.g. pre-occupation).
- Escalating Health and Benefit Costs - Troubled employees are excessive users of company health and benefit plans, but are seldom treated for the real problem.

The National Institute of Alcohol Abuse and Alcoholism (NIAAA) in *Alcohol and Health*, Fourth Special Report to Congress, January 1981, placed the annual cost to industry for *alcoholism alone* at:

- **Lost Production - 19.64 Billion Dollars**
- **Health and Medical - 12.75 Billion Dollars**

It is clear then that work organizations have legitimate economic reasons to be concerned. Coupled with a sense of personal concern for employees, an effective response is possible . . . The Employee Assistance Program (EAP).

Responding to Human Problems

Programs aimed at helping employees with personal problems are not new. Prior to the 1940's, however, most such efforts were unofficial and without a sense of potential benefit.

The founding of Alcoholics Anonymous (A.A.), a self-help organization which demonstrated that alcoholism was a treatable disease, stimulated a number of pioneering company physicians,

managers and union officials to refer known alcoholic employees to A.A. Success stories multiplied about employees who formerly were considered "hopeless drunks" returning to productive living.

Such success led to formal employer and/or union-sponsored programs developed almost exclusively to aid the alcoholic employee. Employees with alcohol-related job performance problems were offered a chance for rehabilitation.

Programs continued to develop slowly in the 1940's and 50's. During the 1960's and 70's these programs increased in sophistication and number. Currently, more than 5,000 work organizations have some form of Employee Assistance Program. The predominant form of program today is one that deals with a broad range of personal problems while maintaining a strong focus on alcoholism (EAP).

In addition to a growing sense of social responsibility—the primary motivation for many programs—there is an increasing realization of the potential cost-benefits of such programs. Many companies report return on program investment ranging from 4 to 1 to as high as 16 to 1. Perhaps, however, the most significant aspect of such programs is the current emphasis on problem prevention, or, at the least, catching the problem early on before personal and monetary costs reach crisis proportions. This is clearly the case in work organizations where a program has earned the respect and vocal support of both management and labor, as well as credibility with individual employees.

Employee Assistance Programs In Theory

Perhaps the soundest explanation of program proliferation other than its positive impact on people with problems has been the ability of a program to meld seemingly diverse interests in the workplace toward a common purpose. This ability to foster positive management/labor relationships, promote

problem resolution, maintain the employee's dignity and confidentiality and provide a return on investment is an enviable accomplishment. Inherent in such programs are what we describe as the eight basic components of a program:

- **Policy Statement** - A clearly worded statement which defines what kind of problems are covered by the program, how an employee can seek help, and a commitment to confidentiality within specified limits. It outlines the responsibility of the employee, employer, and union (if applicable), and provides a means to address performance problems as well as encouraging self-referrals. Ideally, the highest levels of management and labor should endorse the policy.
- **Procedures For Case Handling** - The development of specific methods to handle referrals from any source, define program parameters, protect information, maintain client contact and distinguish between internal versus external (treatment) responsibilities.
- **Accountability** - Procedures for program management which are consistent with management and labor interests, define staff roles, support sound business practices and facilitate program evaluation.
- **Identification of Treatment Resources** - Investigation of qualified treatment providers for a wide range of human problems. Emphasis is placed on public and private resources which, in addition to being clinically competent, are desirous of working with program staff toward expedient and cost-effective service delivery.

- **Communication Support Program** - Utilization of various media and training vehicles to ensure the program is consistently visible and understood at all levels of the organization. Included in this process should be regular contact by letter into employee homes.
- **Training of Staff, Supervisors, and Union Officials** - Program usage is, in large measure, a result of how effectively management and labor utilize their respective positions to deal with performance problems or circumvent such problems before they occur whenever possible. Training is essential and usually requires formal sessions as well as routine contact with all levels of labor and management.
- **Confidential Record Keeping System** - Maintenance of case records in a secure place and coded in such a manner to minimize any possibility of compromise. Record keeping systems should allow for individual data to be used in aggregate form for evaluation purposes. The maintenance of records should be distinct from all other employee records and staff must operate in conformance to federal/state law in obtaining or disclosing information.
- **Appropriate Insurance Coverage** - Benefit coverage should be consistent with the scope of problems covered by the program. Frequently, a viable program can offer benefit modification ideas which provide for adequate treatment of employee problems and contribute to health cost-containment strategies.

Program scope of operations, structural design, and organizational placement are critical issues in the long-term effectiveness of an occupational program. These issues should be carefully evaluated. Generally, a program should fit the organization and its people. The following points may serve as a basis to examine these issues:

- **Scope of Operation** - While some programs focus almost exclusively on alcoholism, an EAP also deals with drug abuse and drug addiction, psychological or psychiatric disorders, marital/family problems, legal or financial difficulties. Less typically, a program may offer services relative to career, relocation, or retirement counseling while some even serve an "ombudsman" function to deal with internal problems. Determining the scope of operations is a preliminary and necessary first step in program formulation.
- **Structural Design** - Depending on organization size, employee demographics, geographic disbursement, and management preference, five models, each with its own variations, are most common:
 - Full time Internal Staff - employed most often in large (3000 +) centralized workforces.
 - Part time Internal Staff - for smaller workforces (750 or less) utilizing a specifically-trained existing employee.
 - Consortium - combination of multiple sites of one organization or single sites of multiple organizations utilizing an external staff.
 - Regional - Full-time employee used as a "circuit rider" or overseeing local contracted personnel.

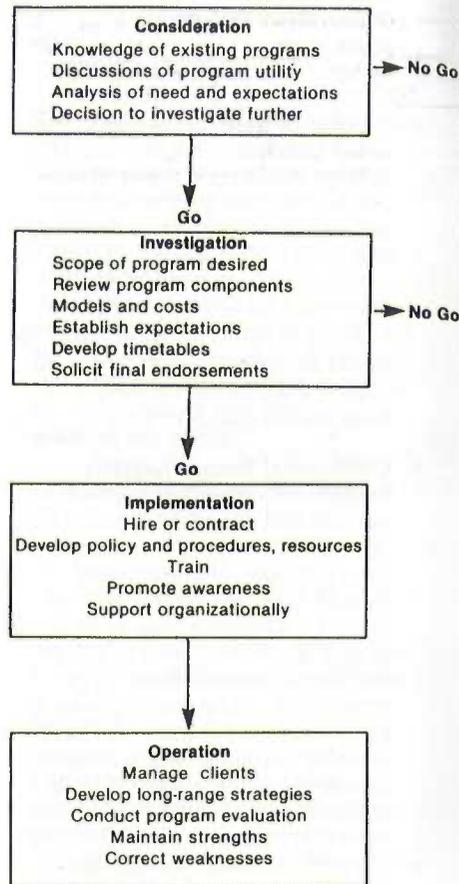
- Contractual - Consolidation of from one to all an organization's worksites under a single national EAP contractor.

There are advantages and disadvantages to each model, but with careful planning, an appropriate and viable program can be established under most circumstances.

- Organizational Placement - Proper placement within an organization can have tremendous bearing on program effectiveness. While most existing programs were originally organized in personnel or medical departments, they are not necessarily a "natural" fit with any existing department. The following considerations should be taken in account regarding placement:

- The program must be highly visible and located in such a way to promote a sense of permanence and credibility.
- Placement should be consistent with, and equivalent to, other human resource functions.
- Programs generally do not attract referrals from organizational levels higher than their own.

In summary, an Employee Assistance Program, from initial consideration to implementation, is basically a four-step process.



In all respects, an Employee Assistance Program is similar to any new product or service. There will be a learning curve for everyone involved within the organization and appropriate adjustments should be made when necessary to guarantee the long-term success of the program.

Employee Assistance Programs in Operation

Now that a decision has been made to establish a program, how does it really work? To answer that, we need to look at a "typical" program in terms of its function and operation.

- Staff and Staff Functions** - Whether external or internal, program staff usually have social science or business degrees and a broad understanding of a wide range of human problems. As counselors or coordinators, they accept referrals from many sources, conduct preliminary evaluations, make referrals for treatment, and monitor results. As administrators, they maintain case records and periodically conduct program evaluations. As trainers, they provide the necessary skills to people within the organization likely to make referrals and to employee groups to encourage early problem recognition and self-referral. As consultants, they may advise management on issues related to benefits, human resource, and labor relations matters.
- Program Operation** - Staff time is devoted mainly to dealing with employees with problems. Most programs extend the term "employee" to include the dependents, as well. Since *all* referrals to the program are voluntary (even where performance is involved), the staff utilizes extensive human relations skills to help the individual recognize the problem, assess alternatives, and when necessary, accept treatment. Depending on the severity of the situation and the circumstances of the referral, this can be a long-term process . . . whatever it takes to get the individual back on track permanently.

Graphically, the program system looks like this:



To better understand the critical aspects of a program in operation, let's take a look at two fictitious (but very common) cases, both of which appear, on the surface, to be identical.

Jack, Age 47, Engineer with 20 years seniority

- Jack and his wife are seemingly miles apart on everything. Having raised two children, both of whom are now gone, there doesn't seem to be much to talk about anymore. If you asked Jack or his wife individually what was wrong, both would say, "He/she doesn't seem to care about me anymore, or hear what I say. We just don't communicate." Recently, there have been subtle hints that maybe a separation might help. Jack knows his company has a program, and out of a total sense of frustration, calls the coordinator. His work is fine, but Jack has reached his limit.

Karen, Age 31, Department Supervisor, 7 years seniority

- Bill, Karen's department head, is worried and frustrated. More than anyone else, he has been responsible for Karen's career growth within the company, but since Karen was promoted to supervisor two years