

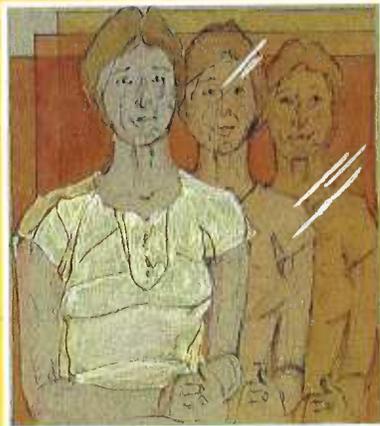
EAP ASSOCIATION

EXCHANGE

APRIL 1990



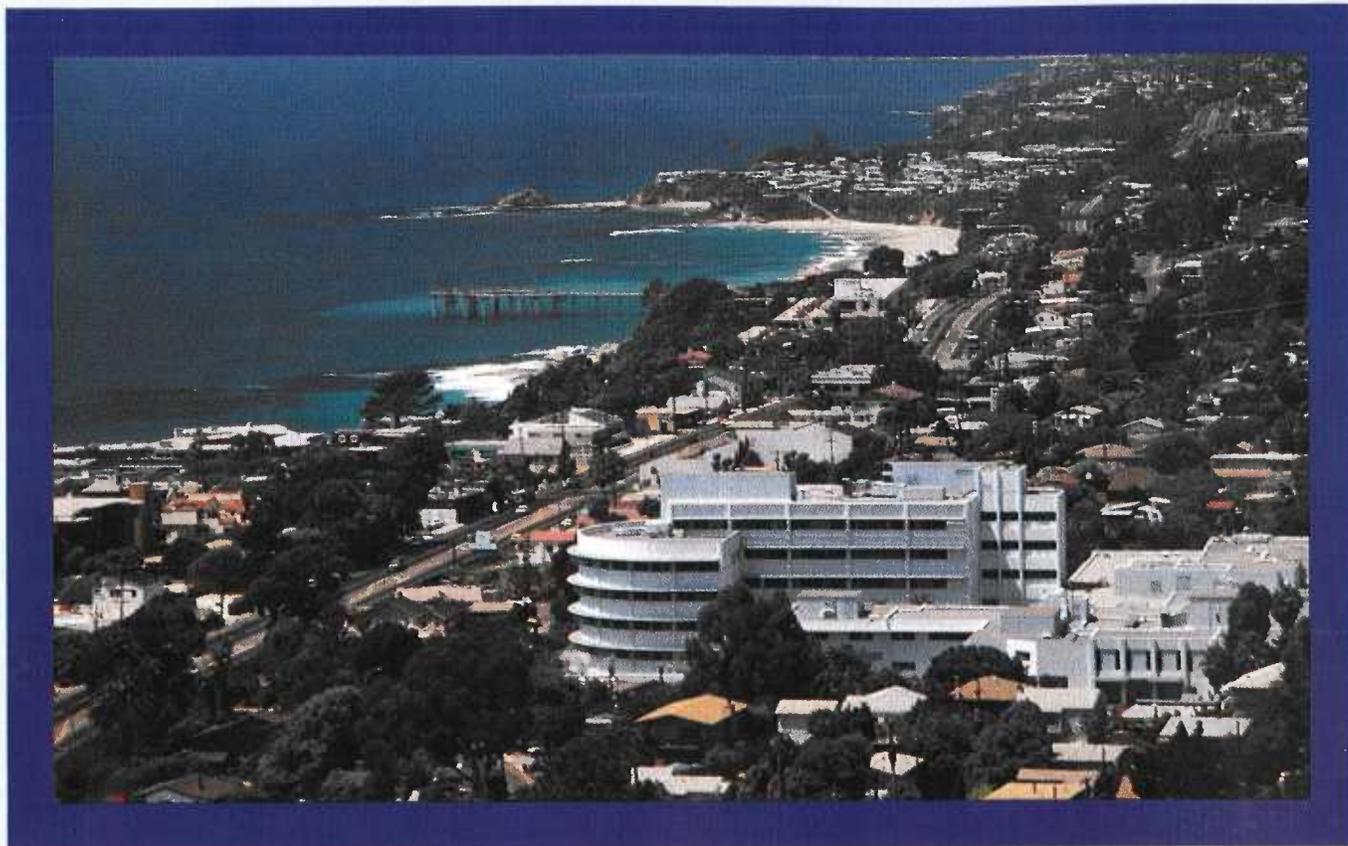
VOL. 20 NO. 4



**HELPING EAP
CLIENTS TO GET
THE RIGHT
TREATMENT**

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THIS ISSUE of the *Exchange* concerns "treatment," but treatment is not an isolated occurrence. For the EAP counselor, problem assessment and referral, and the administering of appropriate treatment, should be grafted together as tightly as possible. The value of the EAP counselor to a work organization, then, is predicated on his or her ability to place the client in the *right* treatment program.

THE BREAD AND BUTTER of EAPs has traditionally been the accurate assessment of addictive diseases, despite the characteristic denial that accompanies them as stigmatized illnesses. Historically, no one else in the occupational setting has dealt with these problems with the competency of EAP counselors. Over the years, many a manager and supervisor has been downright mystified when the EAP has rehabilitated a worker who was thought to be a "lost cause." This mystique serves to remind management that EAPs are a valuable, unique function to the organization.

As the art on this month's cover suggests, getting the EAP client the right treatment is often a matter of removing the "smoking glass" to get to the obscured, underlying problem. The first article is a basic "how-to" article by Marie McCormick on the art of conducting an accurate assessment. Dr. William Sonnenstuhl then describes how the EAP counselor's job of helping an alcoholic differs from helping

Removing the Smoking Glass

persons with other behavioral illnesses. Dr. John Wallace sheds some new light on the treatment of chemical dependency, and Dr. Ed Rosenberg and Michael Connor discuss the dual diagnosis of chemical dependency and mental illness. Finally, information

on the need for new alcoholism treatment is proffered by the Institute of Medicine. (This is based on the report "Broadening the Base of Treatment for Alcohol Problems," which is distinct from another recent IoM report, "Committee for the Study of Treatment and Rehabilitation Services for Alcoholism.")

REFERRAL TO APPROPRIATE TREATMENT is a money issue, too. In this, the era of cost containment for mental health treatment, there have been many new strategies to squeeze the pressure points where the dollars flow. An episode of inpatient alcoholism treatment may cost \$10,000. But this is paltry compared to the six figures that the untreated alcoholic often costs an employer in the treatment of secondary symptoms. Thus, real cost containment begins with effective assessment and referral, and this is the fertile high ground on which the EAP plants its flag.

Rudy M. Yandrick
RUDY M. YANDRICK
 EDITOR

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FROM THE EXECUTIVE DIRECTOR

Thomas J. Delany

There have been several developments lately which underscore the importance of EAPs in dealing with alcoholism. These include the release of the Institute of Medicine Report on Alcoholism (IoM); the adoption of a statement of principles by EAPA and several other national organizations in the alcoholism field; the trial of the skipper of the Exxon Valdez; the allegations that three members of a Northwest Airlines cockpit crew had violated FAA and company rules prohibiting drinking before flight time; and, finally, the plans for the 55th Anniversary Convention of Alcoholics Anonymous this summer.

The IoM study is entitled "Broadening the Base of Treatment for Alcohol Problems" and was commissioned by Congress in 1986. It is a massive document of 609 pages and will be available for purchase from the National Academy Press in May. From the beginning of the study, the IoM committee responsible for it expressed keen interest in the role of EAP, and the committee included former ALMACA/EAPA president Jim Francek.

I have had an opportunity to review the prepublication copy of the IoM study, a summary of which appears on pages 26-28 of this issue. It is well done and contains many suggestions which will be useful to the alcoholism field, from the individual program level to national policy debates. Its recommendations are rooted in a concept which it refers to as a "vision." This vision is a sense of where the system for the treatment of alcohol problems seems to be heading. The report states:

That structure is a treatment system in which a broad community-wide treatment effort is coupled closely with a comprehensive specialized treatment effort. The role of community agencies in treatment would include the identification of individuals with alcohol problems, the provision of brief intervention to a portion of those identified, and the referral of others to specialized treatment.

The report identifies several "principal actors" that it feels must take leadership in developing diversified treatment for alcohol problems. It states:

Employers...can take the lead...in the development and testing of the vision through their already existing EAPs...In some respects, EAPs are similar in form and function to the kind of mechanism recommended in this report...They have in place rudimentary assessment and continuity assurance mechanisms. EAP counselors...have informal means for evaluating treatment agencies and for matching referrals to them...Thus, an opportunity exists for EAPs...to implement the committee's vision...Recently, several companies have introduced assessment and case management systems (e.g. that were introduced by General Motors and United Auto Workers...) that are quite reminiscent of this report's recommendations."

The IoM tackled the issue of "what is treatment" and came up with a very broad definition. It is this:

Treatment refers to the broad range of services, including identification, brief intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services, and follow-up, for persons with alcohol problems.

This broad definition gives further strength to our position that "counseling" done by EAPs is different from the narrow definition of therapeutic counseling that legislators require for state licensing. This broad definition of treatment includes everyday activities for employers and other parts of the community to simply have people change unhealthy drinking patterns. When the drinking problem has progressed beyond this, the individual is referred to specialized treatment programs that legislators have in mind when they pass licensing requirements. The California Department of Corporations should acquire some of the broad knowledge of the alcoholism field that is possessed by the authors of this report. Indeed, the re-

port's broad vision of treatment reminds me of the enlightened definition of "non-therapeutic counseling" carved out by the California Supreme Court in the *Grace Church* case.

The report is full of outstanding insights about the broad scope of alcoholism treatment issues, and I do not intend to summarize it. It has one other point that I want to mention. The report brings back the notion of "pre-treatment" which I think is one of the most important contributions of the EAP field to alcoholism treatment and prevention, to say nothing of other health problems. Here is another passage from the text:

...although the identification of persons with alcohol problems has been much stressed in [EAP] programs, the therapeutic focus has been primarily on referral rather than on intervention. Referral may indeed be appropriate in some instances, but an on-site capability for dealing with at least some proportion of employee alcohol problems would be a logical extension of [EAPs]...Although the importance of alcohol problems...is considerable, it does not follow that the settings will necessarily be receptive to mounting intervention programs. It may be necessary over time to foster a climate of institutional change with respect to alcohol problems.

Gale Named as Western Region Nominating Committee Member

Page 6 of the March issue ran a listing of Nominating Committee members for the upcoming National EAPA elections. Linda Morrissey was shown as the Western Region contact. This is incorrect. The appropriate person to contact is **Joan Gale**. She can be written to or called at:

Joan Gale, Employee Assistance Counselor, Maricopa County, 11 W. Jefferson, Suite 14, Phoenix, AZ 85003; (602) 261-7030.