

EAP ASSOCIATION

EXCHANGE

SEPTEMBER 1990

OCU

VOL. 20 NO. 9



...
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Policy
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...

**Rediscovering an Opportunity
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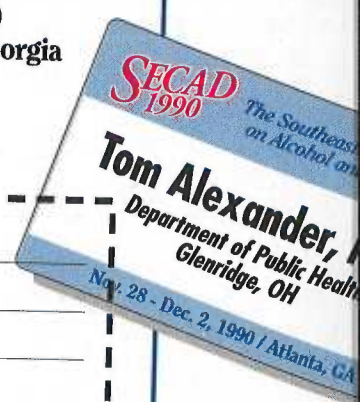
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THIS MONTH'S cover theme is somewhat of a journey back to the egg. Policy development has always been a *sine qua non* of workplace integration, a priority that today tends to get lost among the complexities of managed care, counseling and other issues. Policy development was a strong suit of the forebears who helped to start the EAP field because many of them worked in other positions for the same work organization before being assigned to manage the EAP.

By becoming vitally involved in the policy development and refinement processes, an EAP professional can integrate an EAP into a work organization in ways that might otherwise take years of building a trust relationship with management and union leaders, supervisors and stewards. Sitting on panels that draft or revise organizational policies on alcohol and drug use, employee assistance, fitness-for-duty and other issues helps to institutionalize basic EAP functions into the organizational mainstream. The authors of this month's lead feature assert that too often EAP professionals do not capitalize on this opportunity. In order to be aware of the opportunities, they contend, EAP professionals need to be in touch with decision makers in benefits, HR/personnel,

security and other departments so they know when policies are being developed or refined. This will assure that policies will not be created which, once on the tracks, leave the EAP standing at the station. The authors provide some history on policy development, how it is changing due to the drug-free workplace, and how EAP-related policies can integrate the basic principles of EAP practice.

ALSO, an editorial schedule of future themes appears on page 6. Besides providing you with current information on the association, we hope that the coverage provided in the *Exchange* helps EAPA members to become better EAP professionals.

Rudy M. Yandrick

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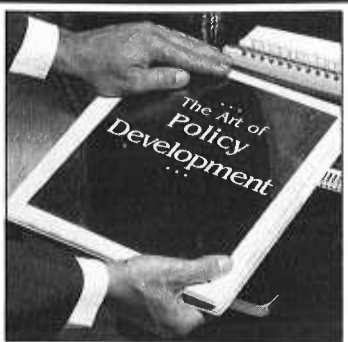
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FROM THE EXECUTIVE DIRECTOR

Thomas J. Delany

New program standards for the employee assistance field were published last month. These are the result of over a year of work by the EAPA Program Standards Committee and were described in the cover article of the June issue of the *Exchange*. The complete Standards document is available for a minimal handling charge from the EAPA publications unit. The committee is now working on a detailed consumer's guide that is planned for release early next year. The guide will provide practical guidelines for the development, implementation, maintenance and evaluation of programs using specific standards cited in the document.

The development of the *Standards* at this point complements several other efforts to promote quality EAPs in work settings. On the public policy front, EAP advocates in several states have been promoting the inclusion in state statutes of the "legal definition of EAP." This definition is included in the *Standards*. Although it has previously been published several times in the *Exchange*, it bears repeating:

An Employee Assistance Program (EAP) shall be a worksite-based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal concerns which may adversely affect employee job performance.

The specific core activities of EAPs shall include both of the following: 1) expert consultation and training to appropriate persons in the identification and resolution of job-performance issues related to the employee personal concerns listed above. 2) confidential, appropriate and timely problem-assistance services; referrals for appropriate diagnosis, treatment and assistance; establishing linkages between workplace and community resources that provide such services;

and follow-up services for employees who use those services.

The *Standards* describes ten direct services provided by EAPs. These include crisis intervention, assessment and referral, short-term problem resolution, progress monitoring, follow up, training, supervisor/union consultation, organization consultation, program promotion, and education. The standard for short-term problem resolution states: "Long-term, ongoing treatment is not part of the EAP model." The intent of the standard is stated as this: "There are occasions when it may be more efficient and effective for the EAP professional to provide short-term problem resolution services than to refer to an outside resource. At no time will the EAP professional operate outside his/her scope of expertise and licensure. . ."

On August 7th, I had the opportunity to attend a legislative conference in Sacramento sponsored by the California EAPA chapters. The chapters have been advising several members of the California legislature on bills that would promote EAP. Comments delivered by California Senator Seymour demonstrated how successful we can be in educating policy makers about the purposes of EAPs, while comments delivered by other speakers demonstrated that we still have a lot of work to do. Of course, this is not only true in Sacramento, but all over, and is a major reason that EAPA has encouraged recent projects such as promotion-of-EAP projects by local chapters and targeted press releases from the National Office.

The activities in Sacramento this year have provided EAPA with another opportunity to reinforce the statement in the *Standards* that EAPs do not include long-term treatment. It is critical to the survival of the EAP field that we get this message across to leaders of business and labor, as well as government policy makers. As Roman and Blum verified in their Core Technology research, EAPs provide unique

services to workers and their families which no other profession or human resource technique provides. EAP providers may deliver other services, which can be identified as such when performed under whatever licenses the state may require. More often, EAP

“. . .the history of American industry is littered with the wrecks of well-intended efforts to graft mental health programs onto the workplace."

providers will work cooperatively with community-based treatment providers to see that workers who need formal treatment are able to utilize the appropriate service.

The *Standards* states its intent is to assure the EAP functions as an integral part of the work organization. As Cornell University professor Harrison Trice has noted, the history of American industry is littered with the wrecks of well-intended efforts to graft mental health programs onto the workplace. The beauty of EAP is that it does not try to do this, but instead provides the mechanisms for prevention, identification and referral to community-based treatment. Some of the workers will not need formal treatment and can be helped with EAP short-term problem resolution. (For a good explanation of this phenomenon, see the article "Short-Term Counseling," by Dr. Gloria Cunningham of Loyola University, in the May-June 1990 issue of *EAP Digest*.) Other workers will need treatment at clinics, hospitals and rehabilitation centers. Despite the current popularity of "treatment bashing," some of these will need 28 or more days of inpatient care.

The *Standards* states: "When designing its EAP, each organization may apply these standards based on its