

EAP ASSOCIATION

EXCHANGE

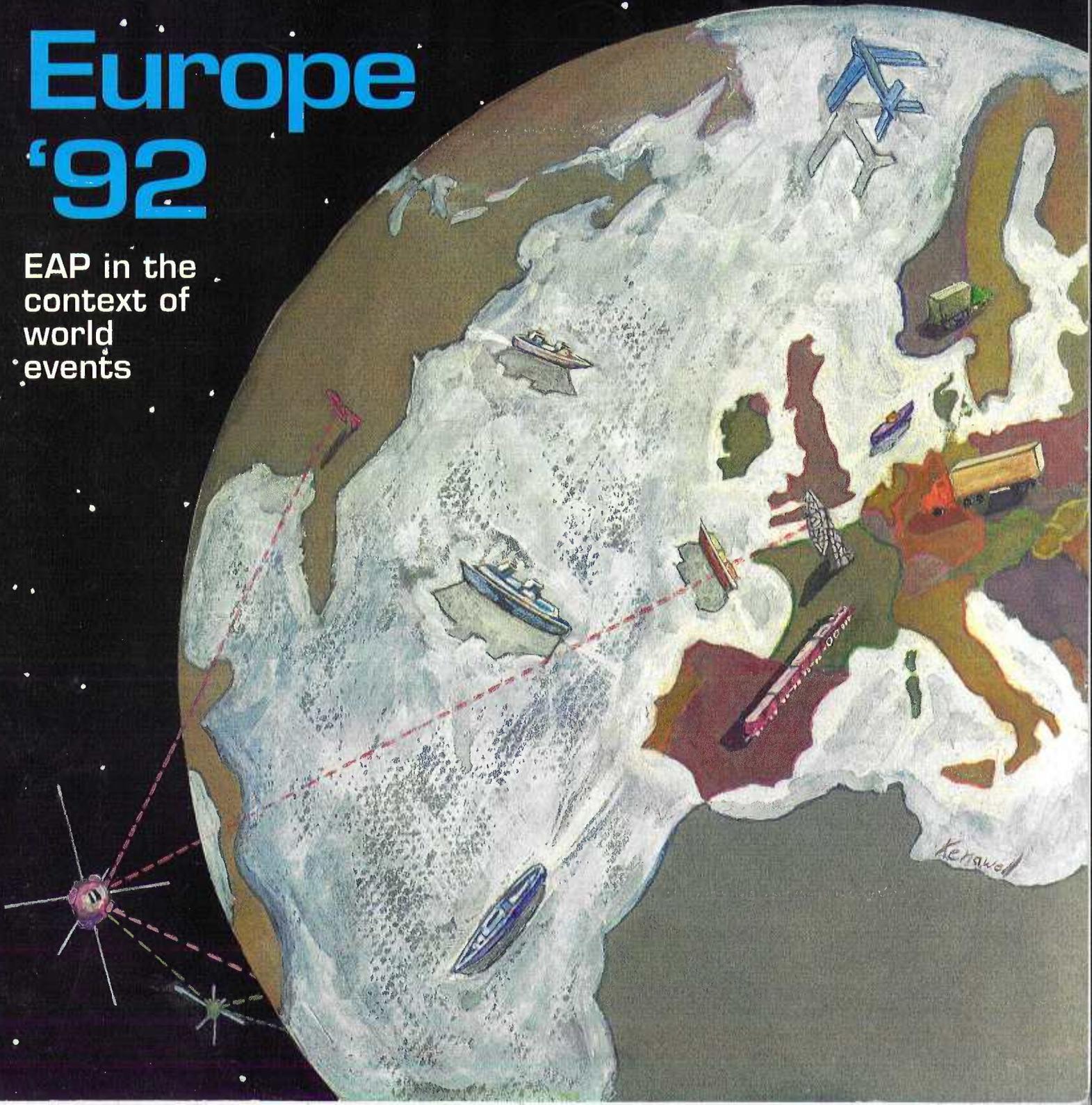
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Europe '92

EAP in the
context of
world
events

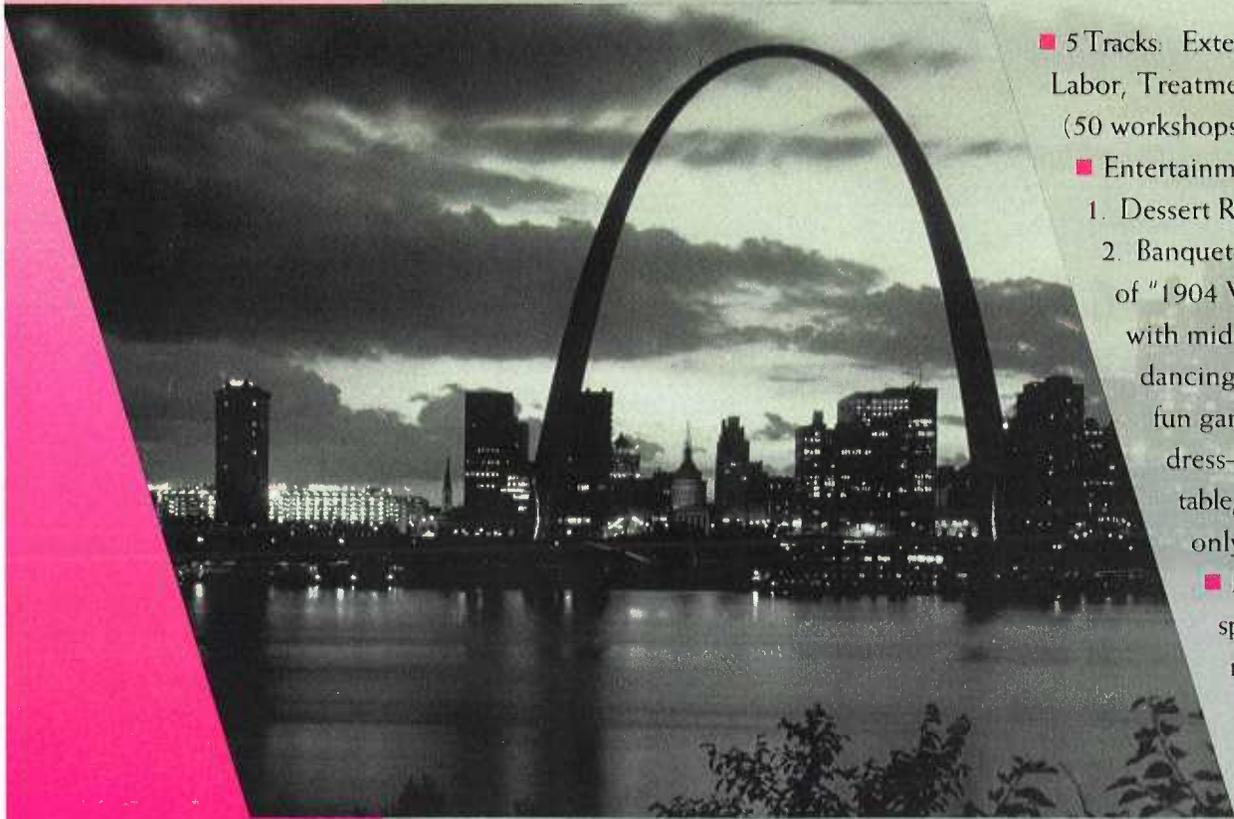


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NOT SO LONG AGO...

...it would have been unfathomable to conceive of EAP form and function being molded by world events broadcast on the network news, such as the European Community's moves toward free trade. After all many EAPs, just a decade ago, were struggling programs sequestered in their work organizations. The term "EAP" had never reached the ears of the average American citizen.

What a difference a decade makes! EAPs are firmly anchored in American business and industry. At the same time, the world's ports of call are opening to more international commerce. Consequently, the prospects for international EAP development appear to be changing, especially in Europe. Instead of idle banter about how far behind European EAPs are compared to the U.S. and whether this American invention is even compatible with work practices in Europe, more matter-of-fact speculation is questioning what genre EAPs will take overseas.

In this issue, Konstantin von Vietinghoff, director of an occupational consulting firm based in Brussels, shares his views from inside the European Community about EAP's prospects. It is accompanied by a sidebar article on the political, economic and commercial redefining of the 12-country European Community. The *Exchange* also interviews Vaughn Mosher, EAPA's International Region Representative, who works in Bermuda. Observing the developments of the U.S. and Europe from an island-nation in

between, Vaughn comments on his experiences in speaking to European audiences about EAPs.

Additional articles are from Canadian Region representative Brenda

Broughton, who describes Canadian EAPs based on a survey of practitioners, and John Burns, whose advice to U.S. multinationals seeking to export their EAP models to overseas affiliates is well worth reading. Additional articles on international EAP development will follow in coming issues.

TWO OTHER ITEMS OF NOTE in this issue: First, a special public policy section—henceforth a regular feature in the *Exchange*—begins on page 22. Second, a draft of EAPA's revised Bylaws is presented by EAPA's Bylaws Committee to members for review. It is prefaced by an article explaining the draft Bylaws' development, with remarks from committee chair Jim Roth. The proposed Bylaws is not offered for revision, but for approval by the individual, voting members at the Annual Business Meeting in St. Louis.

SPEAKING OF ST. LOUIS, advance registration for the 20th EAPA National Conference has exceeded projections. Those of you who would like to attend but have not registered in advance may do so on site. It will be well worth the price of admission!

Rudy M. Yandrick

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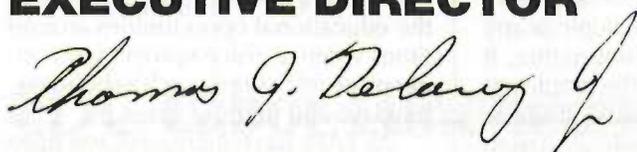
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FROM THE EXECUTIVE DIRECTOR



by Thomas J. Delaney, Jr., CEAP
EAPA Executive Director

Almost all employee assistance programs have a prevention component. Whenever I think of the prevention aspects of EAPs, I think of a meeting many years ago. I was representing the New York State alcoholism program at a meeting of all the programs which came under the jurisdiction of the New York State Department of Mental Hygiene. It came my turn to explain the priorities of the alcoholism division. We had just organized a prevention bureau which included EAPs. The commissioner, Dr. Alan Miller, interrupted my presentation with the question, "Mr. Delaney, just what is it you are trying to prevent?"

In the traditional public health scheme of primary, secondary and tertiary prevention, EAPs have often been seen as secondary prevention activities. Simply put, EAPs were responsible for designing and implementing systems that identified workers who already had a disease (often alcoholism or drug addiction) and helping them to identify ways to reverse their path to ill health. Sometimes, this would just mean pointing out to the employee the negative consequences of the use of the substance and s/he would change behavior on their own. More often, the EAP staff could have a few meetings with the worker and coach him or her to react differently to situations in which s/he would habitually drink too much.

More often than not, however, by the time the employee's condition got to the point where s/he came to the EAP, the person required the help of a community resource. It could have been a referral to a self-help group, such as Alcoholics Anonymous. As EAPs became better known, employees came to them for assistance in dealing with family problems that were bothering them, and referrals were also made to Al-Anon and tradi-

tional community support systems like their church. Others would be referred to outpatient resources including mental health clinics, family service agencies and private clinicians from the professions of social work, alcoholism counseling, psychology or psychiatry.

As the inpatient treatment system developed, EAPs were also able to refer employees in the early stages of the diseases to them. It also provided EAPs with a resource to intervene at the tertiary level with the much sicker employee. These were the employees whom it used to be thought were hopeless. Now, with the great knowledge accumulated by these treatment centers during the years of their existence and the skills of professionals highly trained in treating addictions, this population can be rescued and returned to productive employment and healthy life styles. It is not always easy, and sometimes "tough love" or the limits of third-party resources means that the EAP has to let go of them before success can occur.

PRIMARY PREVENTION

But what about primary prevention? I believe that EAPs have a major contribution to make in this arena. Indeed, there are models, working examples and studies which point this out. Unfortunately, in my opinion, EAPs have not devoted enough attention to their role in primary prevention. There are probably a number of reasons for this. They include the pressure to help management and deal with the immediate problems of the troubled employee, the willingness of the insurance industry and benefits administrators to pay for treatment but not prevention, and the resulting need to tap other accounts to pay for prevention, the perceived threat of prevention by decisions makers to their personal life styles, and the tendency of the drug addiction field to embrace neo-temperance and "Just Say No" campaigns

instead of well-thought-out primary prevention strategies.

Another problem for EAPs in developing primary prevention efforts has been their confusion with wellness and health promotion campaigns. These are designed to maintain the healthy population that is of little or no risk of alcoholism or drug addiction. For that matter, the target population is

"Unfortunately, in my opinion, EAPs have not devoted enough attention to primary prevention."

at generally low risk for any immediate health problems. These are people who tend to take care of themselves anyway. So it is a popular fringe benefit but, by itself, is not part of a strategy to prevent alcoholism and drug abuse among workers. Because of their popularity and the stigma that still attached to chemical addiction, top management may also figure that it would rather spend money on wellness or health promotion than even addiction-prevention efforts.

Such a decision is short-sighted. Although the incidence of addiction may differ in different groups, there are people at risk and there are people who will develop problems. Alcoholism and drug abuse prevention programs can target educational and lifestyle efforts before the disease manifests itself.

A truly drug-free workplace campaign is one such tactic. In *Spirits and Demons at Work*, which Trice and Roman wrote nearly 20 years ago, the chapter on drug abuse describes such a policy. It did not advocate drug testing, government intervention or witch hunts that would later would become associated with the drug-free workplace. Instead, it simply pointed out that illegal drugs and the workplace are incompatible. The employer