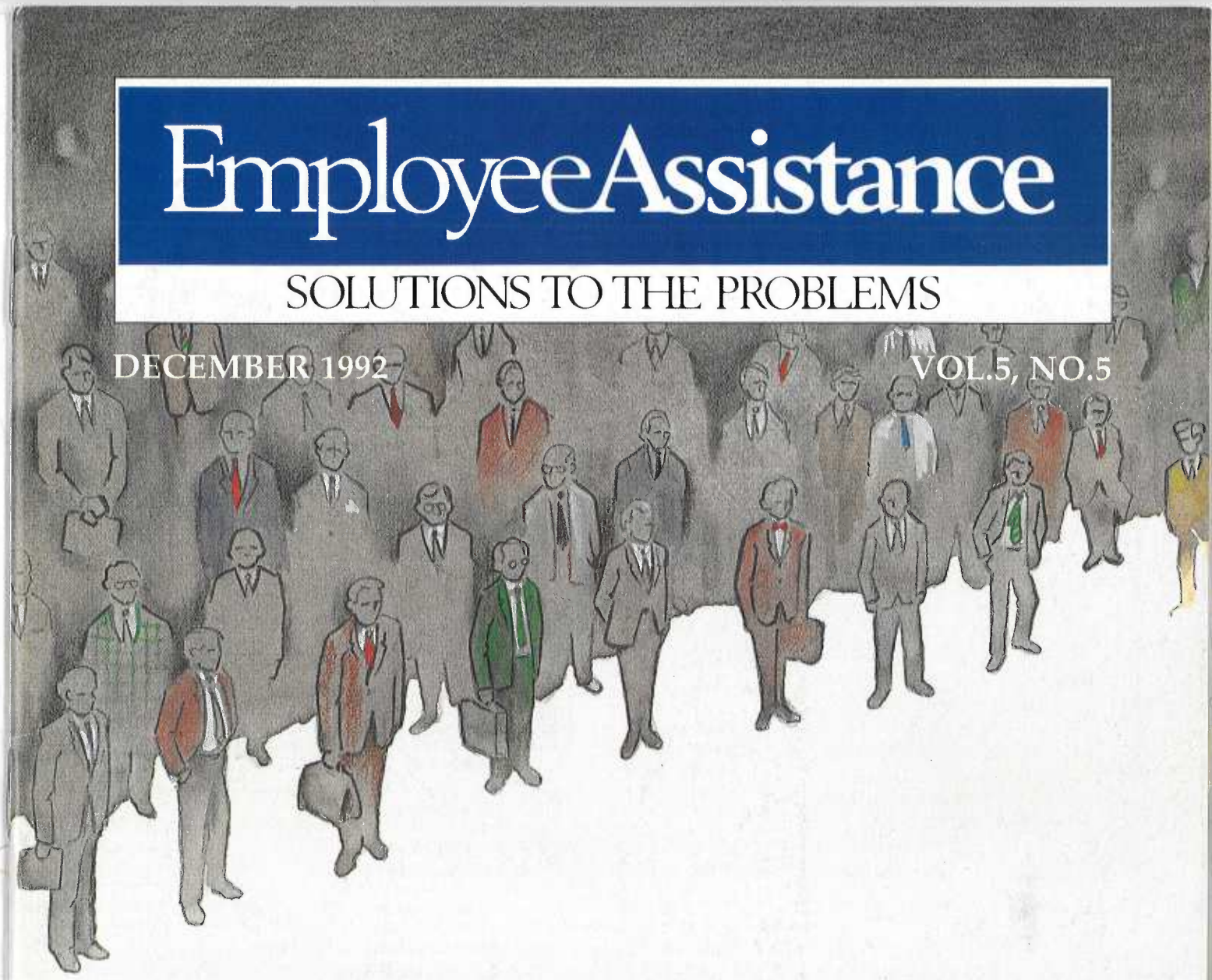
Employee Assistance

SOLUTIONS TO THE PROBLEMS

DECEMBER 1992 VOL.5, NO.5



LONELY VICTIMS

OF SEXUAL HARASSMENT

Prevention, Protection and the EAP

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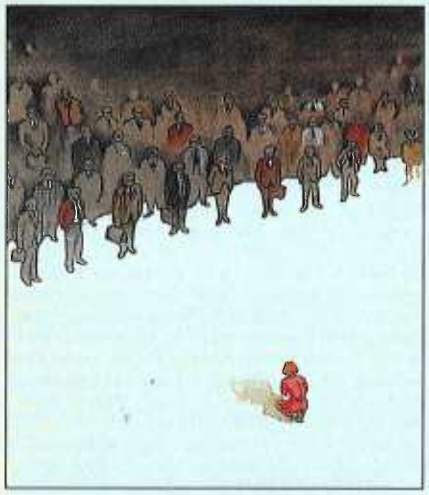

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. . . To Be Continued

Several years ago I worked at a family services agency. One case has stayed especially vivid. A thirtyish woman came to see me every week, usually late and often disheveled in thought and appearance. Occasionally those thoughts were focused and her appearance looked very appropriate—but each week she brought in a new crisis. These were not your minor crises, either—alcohol abuse, spouse abuse, child abuse, family dysfunction and finally suicide attempts. It wasn't until years later when a similar case came in that my psychiatrist supervisor remarked, "She's a borderline personality. So you know how you know that?" I didn't. He said, "Borderlines comprise but 5 percent of your caseload, but take up 95 percent of your time!" I didn't forget that. This month *Employee Assistance* presents a story on the borderline personality at work by Richard Paul.

Our cover story this month, by Randy Ito, looks at the meaning of sexual harassment in the workplace and then goes beyond these definitions to probe its extent, its effect and what role EAPs can play. Martin Shain also presents us with an excellent article on constructive confrontation, delving into issues of employer power and when and how this technique can be a pillar of EAP practice. Our final story analyzes performance testing in the workplace. We look at the state of current regulations, the issues different approaches raise and where the EAP fits in.

As the EA field continues to be pushed and pulled in new directions, look to *EmployeeAssistance* to be there bringing you the trends. One such trend, for example, is the recent pattern of employee assistance firms being purchased by managed care, insurance and ancillary health-care companies as the list developed below by the Institute for Behavioral Healthcare indicates:

Company	Merger/Acquisition	Year (Approx.)
Human Affairs Int.	Aetna	1989
Inst. Human Resources	United Health Care Corp.	1989
LifeLink Inc.	Pacific Care	1989
MCC	CIGNA	1989
Options	First Hospital Corp	1989
United Behavioral Systems	United Health Care Corp.	1989
Achievement & Guidance Centers	American Biodyne	1991
Assured Health Systems	American Biodyne	1991
Calif. Psych. Health Plans	American Biodyne	1991
U.S. Behav. Health Care	Travelers	1991
American Biodyne	Medco Containment	1992
Occup. Health Services	Foundation Health Care	1992
Personal Perf. Consult.	Medco Containment	1992

As we close 1992, we must face the one constant confronting us all: CHANGE. During this holiday season, our wish to you and your family is for true peace.

Chip Drotos

J.Chip Drotos, CEAP
Associate Publisher

EmployeeAssistance
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Another Core Element

By Paul M. Roman, PhD

With this column, I begin a series on the internal environment of work organizations, and the particular fit that EA work may have in that environment. The focus is upon what happens after employees have received EA services. It is well-recognized that most EA efforts fall short on follow-up and that they have confused roles in regard to aftercare. But there is a broader context within which to view these "post-intervention" issues.

This discussion is set within the crisis of value and credibility that EA work is facing at this point in its short history. We simplify the content of these crises into a couple of questions. First, does EA work make a positive impact on the workplace? Second, what is the best way to examine the evidence of EA impact?

THE BOTTOM LINE. Much of this may be boiled down to the single most pressing issue facing the EA community: agreement upon clear and distinctive definitions of the goals of EA work. One such goal is the fundamental question of "outcome," the desired improvement in functioning of employed clients who receive EA services.

This may be the most important outcome associated with EAPs, but it is clouded in confusion. The confusion centers on whether EA programs are (a) directed toward employee-client's significantly marked improvement in work performance, or (b) directed toward marked recovery/rehabilitation from an underlying behavior disorder, or both (a) and (b). It is fair to suggest that a good EAP should be oriented toward achieving both outcomes.

Some might say that variation in outcome is a non-issue because "everyone knows" that improved job performance and rehabilitation go hand in hand. It would be great if this were true, but it is not. Some employees' recovery is not accompanied by an improvement in job performance. Other employees resume effective and even superior job performance, despite what appears to be a less than successful recovery from their diagnosed problem.

So despite its easy dismissal as "obvious," the outcome question is a big deal. I have already entered this fray with a recommended solution: a "seventh element" of EA core technology.

WORK-BASED CRITERIA. This element comprises the evaluation of EA effectiveness on the basis of job-performance outcome criteria. In other words, EA work should be judged on the extent to which evidence can be marshaled to demonstrate that employees who were not performing effectively before an EA intervention are performing effectively at some reasonable point after that intervention. I believe this guideline is consistent with the rest of the core technology in its focus on the unique, workplace-based features of EA work.

Further, this element augments the core technology with a guideline for program evaluation. It does not dismiss the significance of clinical outcome criteria, but instead it makes them secondary to job-performance criteria.

I am rather sadly certain, however, that clinical criteria will continue to be primary in EA program evaluation. Such primacy helps foster a prevailing image of EA work as health-service delivery rather than an image of health-service management and managerial problem-solving. I believe the former image is the main reason some EA workers find their activities in jeopardy.

Although it has been said before, it is worth saying again: EA efforts should not be evaluated as treatment programs because treatment is only part of the EA process. It is a part of EA process that is, in many ways, outside EA staff control.

FOOD FOR THOUGHT. I hope that repeated attention to the distinction between employee performance and employee pathology will give some food for thought to EA workers pondering the direction of their activities. Again, it must be emphasized that what is at issue is placing clinical issues at a secondary level in assessing program effectiveness.

At this point, it may be useful to look at another part of the core technology, namely the sixth element. Here we find the statement that EA work alters organizational cultures by affirming that constructive and inclusive approaches to employee-behavior disorders are superior to destructive and exclusive approaches. This means that certain orientations toward the post-treatment employee/colleague must be developed, promoted and cultivated as part of EA organizational activity.

This leads into the main topic of this column, as well as the two that will follow: How can we characterize the kinds of workplace environments that are supportive of three different outcomes?

1. The primary outcomes discussed above—employees who resume adequate job performance after accepting an EA recommended intervention;
2. The secondary outcome of improved clinical status, reflecting the EA-recommended intervention through evidence of recovery or rehabilitation;
3. The extent to which organizational environments can function in a truly pre-

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