

# Employee Assistance

SOLUTIONS TO THE PROBLEMS

MARCH 1993

VOL.5, NO.8

Dr. Jodi Jacobson Frey  
University of Maryland  
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SPECIAL ADOLESCENCE SECTION

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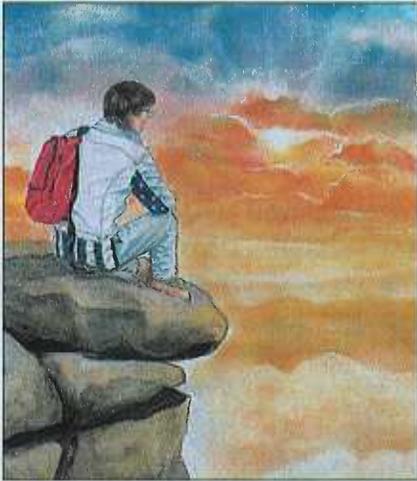
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# Employee Assistance

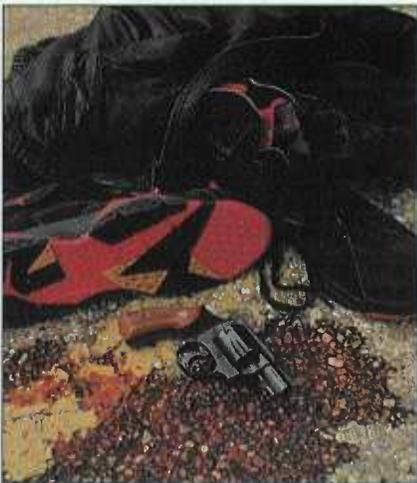
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## Run 'N Gun —Not Just Sneakers

If it's March, it must be adolescence, violence, traumatic brain injury and (whatever happened to?) occupational social work. Jam-packed, chock-full—this month. Here goes...

Adolescence: I saw some stats the other day on teen-agers from the U.S. Office of Technology Assessment indicating that one in five suffers from serious health problems. Researchers at the U.S. Centers for Disease Control and Prevention report AIDS cases among 13- to 19-year-olds almost doubled between 1989 and 1991. AIDS is now the sixth-leading cause of death among 15- to 24-year-olds. Teen pregnancy is rampant. Every 64 seconds a baby is born to a teen-age mother, and nearly one in 10 teen-age girls gets pregnant. Drug use is in the same problem category. CDC data show half a million 12- to 17-year-olds have tried crack, 3.5 million use marijuana. Another 10 teens die each day in alcohol-related car accidents.

Even more frightening are the CDC stats on teen-age violence. One in 25 high school students carried a gun in 1990. Homicide is the leading cause of death for black males age 15 to 19, and suicide is the third-ranking cause of death among teen-agers of any race. No wonder I worry about my two teen-agers. If you had any doubts about whether an EAP ought to treat the family, I hope the above figures paint a bright red picture of the assessment and referral role the EAP can play in helping resolve teen problems that grow into adult problems.

One major adult problem is what criminologists call the fastest-growing form of murder in America: workplace homicide. Of the 7,000 fatal injuries that occur annually in the workplace, 12 percent are homicides, according to NIOSH.

EA professionals know downsizings are excellent opportunities to reach and intervene with the disgruntled workforce. There may be few better jobs EAPs can do than be involved in their companies' restructuring plans. The "people part" of corporate-culture change is made for EA professionals.

Hopefully, this work can stave off the frightening rise in workplace violence. As the workforce is forced to do more and more with less and less, companies are cutting away the fat and all that's left is bone. Our stories on violence offer some perspective.

Our story on traumatic brain injury (TBI) highlights a disorder that can be confused with malingering in the workforce if not properly diagnosed. Personality changes, impaired thinking, confusion and anxiety are commonplace and recovery may take years.

Dale Masi wrote our piece on occupational social work (OSW). We had been wondering what had happened to OSW over the years. Back in Boston, more than 10 years ago, a National Association of Social Workers conference highlighted OSW, and many social workers interested in EAP and the workplace attended. If you work in OSW, please contact us at EA and share your perspective.

This issue starts our show season. We will be travelling to Portland, Ore., for the Western District EAPA Conference held on April 18-21. Please say 'hello' and offer suggestions to us about helping EA fit your needs.

*Chip Drotos*

J. Chip Drotos, CEAP  
Associate Publisher

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# THE VOICE OF THE PATIENT

Recently, the public has voiced concerns about practices in the psychiatric health care industry. There have been serious and appropriate questions raised about the quality of care being provided.

Even before that, HCA Psychiatric Company was quietly raising its own questions about quality of care. And two years ago we began a research project to find the answers.

Because HCA Psychiatric Company believes in continuous quality improvement, we asked our patients to rate the effectiveness of the health care delivery systems in our affiliated hospitals.

More than 90 percent of the patients rated their overall hospital stays as good to excellent. They reported significant improvement in their own conditions as a result of treatment.

Those scores are a direct reflection of the professional excellence exhibited by the caregivers and support staff in HCA Psychiatric Company affiliated facilities—from physicians and administrators to therapists and housekeepers.

More than 8,000 patients were questioned, at 32 hospitals nationwide. They were all adult psychiatric and chemical dependency patients who were discharged between October of 1989 and November of 1991.

The patients rated their hospital experience and their own mental health. In addition, they participated in a clinical assessment of their ability to function outside the hospital setting after treatment.

This "triple track" approach is unique, and has given our hospitals information they need to continue to improve. Taken as a whole, the research provides a picture of HCA Psychiatric Company's hospitals from the point of view of our ultimate customers.

We're excited about the results, which set us apart from others in the industry. We always believed in the quality of care being provided—and now we have proof that our customers do, too.

As our project continues, we remain committed to asking the right questions, and listening carefully to the voice of the patient.

Because when we listen, we learn.

**HCA** Psychiatric  
Company

If you would like a copy of our research results or more information, please contact HCA Psychiatric Company, One Park Plaza, P.O. Box 550, Nashville, Tennessee 37202-0550, (615) 320-2746.