

Employee Assistance

SOLUTIONS TO THE PROBLEMS

NOVEMBER 1995

VOL. 8, NO. 2



RISK MANAGEMENT

Prevention, Policy, and Performance—

Yes! Treatment Works

Yes, Valley Hope offers quality substance abuse treatment services with the focus on individual recovery. Professional, certified staff direct an individualized treatment plan. All Valley Hope facilities are JCAHO accredited and/or state licensed.

Yes!

Quality treatment does not have to be expensive. Valley Hope can answer your questions about affordability with a resounding yes, too. Call us today and let Valley Hope say yes to your treatment needs.

The most important question you can ask concerning substance abuse treatment is whether or not it works. At Valley Hope, our answer is a resounding Yes! Treatment Works. People can and do recover from their addiction to alcohol and other drugs. Lost work days can become productive work days and families torn apart by the addiction can begin to love again.

There are some other important questions. Valley Hope's answer is the same for each. . . Yes.

Yes!

Yes, the treatment services offered by Valley Hope are grounded in 12-Step philosophy with strong emphasis on family participation, spirituality (non-denominational) and continuing care placement.

And Yes! Again



**VALLEY HOPE
ASSOCIATION**

Alcohol, Drug and Related Treatment Services

Treatment facilities in Arizona, Colorado, Kansas, Missouri, Nebraska and Oklahoma.
Fly to Recovery Program available across the United States.

Corporate Offices P.O. Box 510 Norton, KS 67654

ADMISSIONS 1-800-544-5101

INFORMATION 1-800-654-0486

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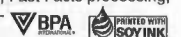
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Evolving Healthcare and the EAP

Brenda Blair, Tamara Cagney, Jack Dolan, Jim Oher, Cynthia Sulaski, Bernie Dyme, Dan Ansell, Bruce Davidson, Ed Bergmark, Dan Berman, Jay Youell, Carl Tisone, Charla Parker, Les Vergil, Rick Kinyon, Charlotte McCluskey, David Redfield, Bill Roiter, Ed Trieber, Jeanne Trumble, Peter Brill, Pat Fields, John Pugliese, Gary Atkins, Jim Keener, Sue Green, John Maynard, John Burke, Jim Costabilo, Roger Knot, Bill O'Donnell, Terry Gorski, Ron North and Art Bennett.

What do you think these people have in common? In varying capacities, they, and many others, were part of the recent Behavioral Healthcare Tomorrow show in Dallas to find out the latest trends to bring back to their companies. Their faces were familiar—what had changed were some of their titles and what they were doing. However, they were all using their EA skills to help troubled employees. They have evolved as surely as healthcare has, and is, evolving.

BHT and the National Managed Care Congress regional show in Chicago explored themes as to where the evolution is heading. Three themes emerged. The first seemed to be the impression that healthcare companies, be they behavioral or otherwise, will continue to increase in size and scope of service. Carve-out behavioral services sold separately to a purchaser seem more likely to be carved back in again and sold as part of a total healthcare package.

Secondly, mergers/acquisitions between EA and managed care companies seemed to be more openly discussed. Companies approached EA people to determine whether EAP providers were for sale. Last year, at this same show in Washington, people were genuinely interested in what an EAP did and where to get information about programs. The year before, it seemed that managed care companies all had EAPs, or so they thought. Over the past year, EA providers have positioned themselves at the front end of the behavioral integrated model as the most effective means of getting the troubled employee to the appropriate level of behavioral care. The merger of mid- to large-sized EA providers with mid- to large-sized managed care providers appeared to be the trend this year. Too small and you may not be able to service the sites required. The national EAPA conference this month in Seattle will continue the forum on this trend.

The third theme is that information systems are poised and ready to keep track of the data. Programs ranged from information gathering and tracking to aids to determining symptoms and levels of care necessary. Twenty-one of the 145 exhibitors fell in the information systems category at the show with a variety of ways to collect the data.

As the healthcare industry focuses on bottom-line cost savings, the accurate keeping and tracking of client/troubled employee care becomes even more essential. The day appears close when your computer screen and keyboard will link you to all record-keeping forms and provide the ability to transport them to the referral bases as well as the EA provider of service. Aftercare information, ancillary care options and aids to broaden your knowledge in a particular area will be no further than your fingertips.

Stay tuned. *Employee Assistance Magazine* has some good things coming.

Chip Drotos

Employee Assistance

SOLUTIONS TO THE PROBLEMS

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EmployeeAssistance Magazine has focused on restoring the troubled employee to full productivity in the workplace by finding the appropriate level of care. In that same spirit of providing "solutions to the problems" the publishers of *EmployeeAssistance* Magazine are proud to introduce for 1996: *The 1996 Stevens EmployeeAssistance Resource & Referral Guide.*

The *Resource & Referral Guide* provides comprehensive easy-to-use sections covering facilities and professionals specializing in Drug & Alcohol Treatment, Mental Health, Outpatient Care and Rehabilitation, plus, an Information Resource Services Section which lists continuing education products and services.

When seeking outpatient or mental health counseling for a friend or family member you need access to local and distant inpatient and outpatient services. Turn to the leading information source...

Here's what you'll find in the 1996 Stevens EmployeeAssistance Resource & Referral Guide:

USER-FRIENDLY FORMAT

5 Sections with thousands of up-to-date, detailed listings of facilities and professionals who treat or counsel troubled individuals. Each section is arranged geographically by state.

ASSOCIATIONS AND PROFESSIONAL ORGANIZATIONS ARE INCLUDED

Listing of related associations and professional organizations to help round out the necessary details.

STATE AND FEDERAL SERVICES

Provides listing of state and federal organizations that provide information and services.

AVAILABLE IN PRINT OR CD-ROM

The *Resource & Referral Guide* on CD-ROM includes all of the information contained in the printed guide plus Dynamic Search Capability. With this feature, you can cross-index by any combination of variables to get the information you need. Quickly. The CD-ROM version is PC-based and is compatible with Microsoft Windows™.



Introducing the 1996 Stevens Employee Assistance Resource & Referral Guide.

Before you make your next referral decision, call us at **(800) 727-7573** to reserve your 1996 *Resource & Referral Guide* at a special Pre-Publication rate, or complete and mail the attached order card.

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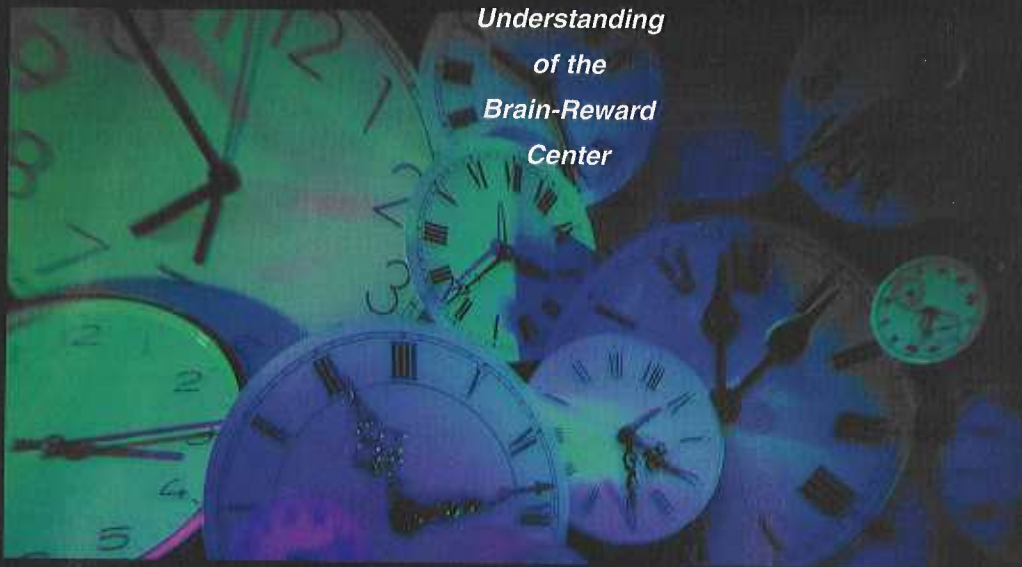
Resource +Referral Guide

DRUG, ALCOHOL, MENTAL HEALTH, REHABILITATION and OUTPATIENT SERVICES

Circle 2 on card.

stages of RECOVERY

*Customizing
Recovery
Programs
Draws on
Understanding
of the
Brain-Reward
Center*



Various professionals talk about recovery and relapse in separate terms, while others call relapse a part of the recovery process. Still others contend that alcohol and drug addiction are very different from gambling, sex and other behavioral addictions. Therefore, the prescribed methods for recovery are as varied as the type of behaviors themselves. This causes difficulty for third-party reimbursement, clients' treatment planning and education of professionals and clients. While often the varying opinions and philosophies lack even a thread of consistency, it is the intent of this brief article is to identify the common denominator of each person that needs to "recover." Specifically, how a person's brain will react to consistent repeated stimuli, whether chemical or behavioral, and the stages the brain will go through in achieving homeostasis or "recovery."

Biochemistry and Addiction

The brain goes through several changes whenever external chemicals or behaviors consistently stimulate it. It adapts in several fashions, including neurochemical changes, cellular changes, physiological reward systems adaptation, neurohormonal changes

and end-organ adaptation. It is not the intent of this article to discuss each of these in depth, but to explain that some of these effects are immediate, while others take several months or even years to change. It is critical for both healthcare providers and clients to understand that consistent repeated behavior affects long-term adaptations of the brain chemistry as alcohol and drugs.

1. Neurochemical Changes:

The delicate balance of neurochemistry or brain chemistry changes when we ingest drugs or alcohol, do certain behaviors or think certain thoughts. The "rush" we experience when we have a close call or become frightened, or the "down feeling" we experience when we receive bad news, are examples of the feelings generated from these changes in brain chemistry. If these changes occur frequently and consistently, the brain will begin to adapt in an effort to regain normalcy. The brain follows the concept of "for every action there is a reaction."

2. Cellular Changes:

A hit-and-miss behavior or the occasional use of alcohol does not affect the cellular aspects of the brain except in rare instances, such as a direct toxic effect of certain chemicals or poisons.

By Joel C. Robertson, Pharm D, and Brian D. Molitor