A STEVENS PUBLICATION

employeeassistance

Behavioral Healthcare Solutions in Today's Managed Care Environment

SEPTEMBER/OCTOBER 1996

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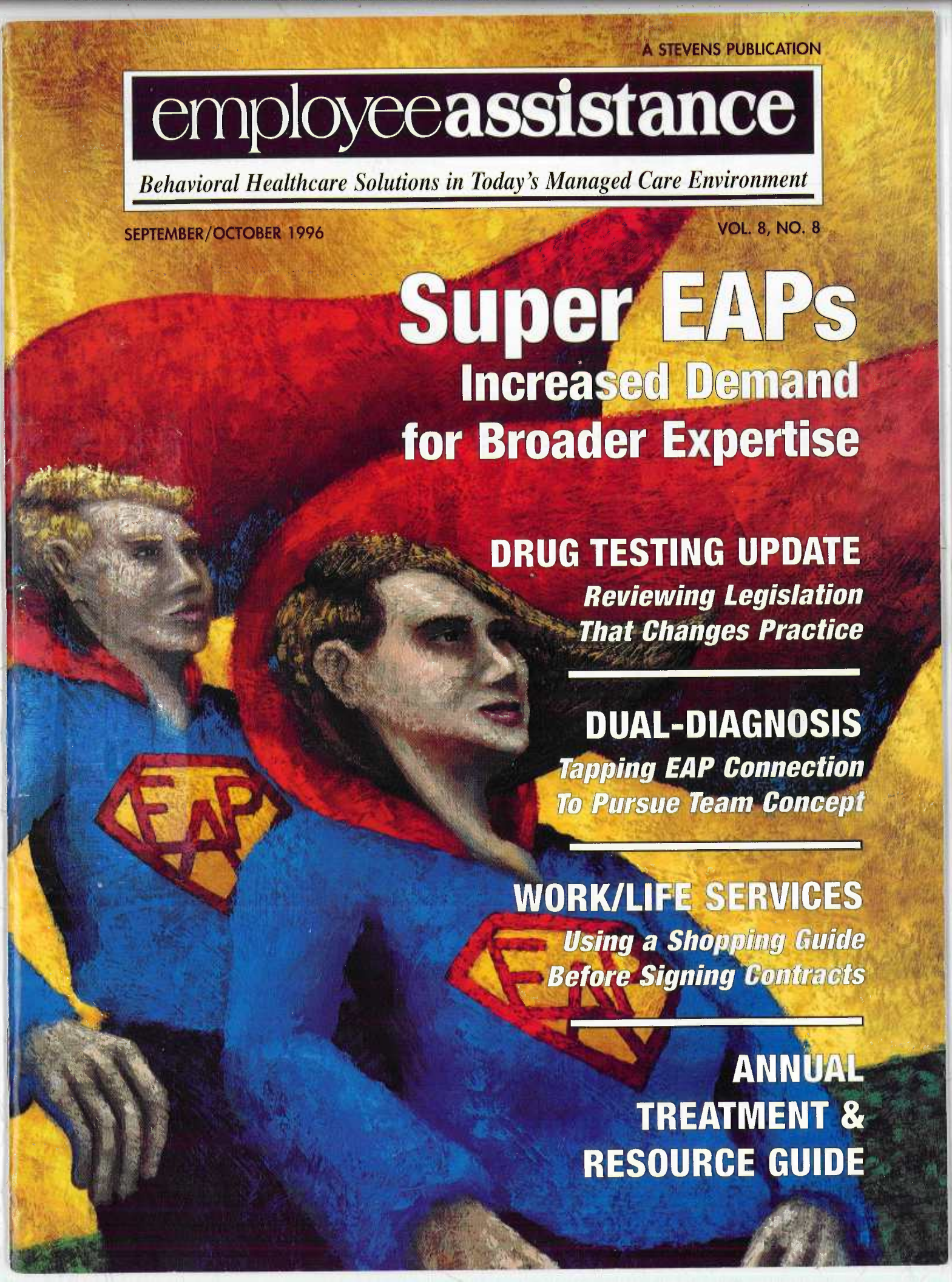

Super EAPs
Increased Demand for Broader Expertise

DRUG TESTING UPDATE
Reviewing Legislation That Changes Practice

DUAL-DIAGNOSIS
Tapping EAP Connection To Pursue Team Concept

WORK/LIFE SERVICES
Using a Shopping Guide Before Signing Contracts

ANNUAL TREATMENT & RESOURCE GUIDE

Yes! Treatment Works

The most important question you can ask concerning substance abuse treatment is 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 durgs. 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, 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!

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.

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.

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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Cover Art by Stephen Schildbach

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'SUPER' PROFESSION OR VIRTUAL VALUE?

employeeassistance has always believed in editorial that enhances EA knowledge on a broad range of topics, this issue's articles included, but not with the intention of advocating SuperEAPs. Still, the burgeoning call for "superworkers" does not exclude EA. Many EA professionals are pressured to be experts in every kind of problem-solving that affects workplace behavior or job performance: making optimum clinical referrals; covering all the bases from discrimination to work/family to risk-management; cleaning up after downsizing debacles; preventing their own burnout; and, most especially, proving their dollar-and-cents worth.

Even though EAs will probably bow to the pressure to perform as SuperEAPs as a business expediency, they should consider what has happened to many primary care doctors. Managed care has empowered them to make referrals for problems that often require the diagnosing expertise of specialists but without their training and given them a lot of incentive to keep the sessions short. (My last PC visit was pared to a "super" five minutes— too little time to establish trust, one of the vital intangibles of the healing process.)

Whatever the arena of their services, EA professionals have to ask: How fast can a service be performed and still be effective? How thin can expertise be spread before it becomes an illusion? If this is the future of the field, EAs need to take a hard look at their individual limits and where they will land should there be a split between the clinical and the workplace-oriented services.

We invite you to drop by our booth (# 237) at EAPA's Silver Anniversary Conference and let EA know where you stand on SuperEAPs.

The EAPA conference will also be a propitious time for Kenton R. Deardorff to take on his new duties as EA's new associate publisher. The staff has enjoyed working with Doug Garcia, who has moved on to a job in industry, and wishes him well.

Carole McMichael

employeeassistance
Behavioral Healthcare Solutions in Today's Managed Care Environment

Give us your tired, your overworked, your huddled masses yearning to breathe stress-free.

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Onsite's *Quality of Life* program has been specifically designed to address the health consequences of stress.

Through a week of self-discovery amid southern Arizona's Santa Catalina Mountains, participants acquire techniques to balance mind and body and overcome the stressful demands in their lives.

Quality of Life can be a liberating experience for anyone suffering from stress-related pain or other complications. Please call us at 800-341-7432 for more information on how we can help. It will shed new light on your options.

See us at EAPA, Booth 208.
Circle 2 on card.

ONSITE

16500 N. Lago del Oro Parkway
Tucson, AZ 85739

Keeping Up with Drug Testing

Update on Latest in Legislation, Law and Practice Affecting the Workplace

By William J. Judge, JD, LLM

Stability is a welcomed state, but for drug-testing issues, it is seldom achieved. For this reason, EA professionals, SAPs and benefits managers need frequent reviews of what is happening related to testing at the federal and state levels, in the courts and in business.

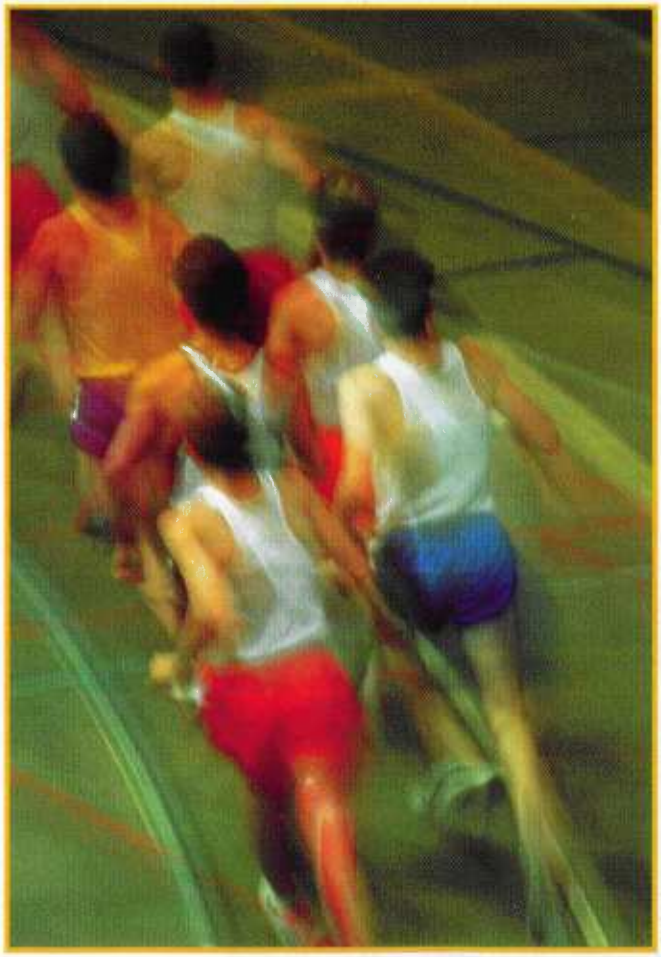

Photo by Super Stock

The Federal Department of Transportation (DOT) has already clarified or made changes to the 1994 alcohol testing rules, some of which affect those EA Professionals involved in SAP services. Those clarifications and changes include:

- adding to the definition of "substance abuse professional" (SAP), anyone certified by the International Certification Reciprocity Consortium.
- clarifying that the SAP function applies to drug testing as well as alcohol testing;
- proposing to consolidate the SAP rules into Part 40, applicable to each administrative agency of DOT.

DOT is also in the process of totally revamping Part 40 which includes the procedures applicable to collection, lab testing, medical review, and now, SAP functions related to regulated drug and alcohol tests. The Office of the Secretary hopes to release the Part 40 "overhaul sometime this Fall.

On the state level, activity related to drug and alcohol testing continues to be an attractive target of legislators. Tennessee has joined Colorado, Florida, Louisiana, Missouri, New Mexico and Oklahoma in passing laws making it more difficult for injured workers who test positive for drug or alcohol use to receive benefits, or reducing the employers' contribution for workers' compensation.

In the Courts

Drug and alcohol testing have been, and continue to be, litigious. The latest phase of litigation focuses on whether an individual who has lost a job because of the negligent acts (or omissions) of an independent service provider retained by that individual's employer can sue that independent provider. The issue is simple: *can the fired worker sue the collection site, the laboratory, the medical review officer or the treatment professional (e.g., SAP)?* The answer may depend on in which state the case arises. The past 18 months have seen dramatic and apparently conflicting decisions, which can have a direct impact on whether or in which states, providers agree to perform their services.

The two cases discussed below provide an example of the problem. On July 21, 1995, the Supreme Court of Texas, in a 6-to-3 decision, ruled that a job applicant whose job offer was withdrawn after testing positive for the presence of opiates ***could not*** sue the testing laboratory for failing to warn her future employer about the possible innocent explanation for the test result. (*SmithKline Beecham Corporation, et al. v. Doe,* 10 IER CASES 1487). In a factually similar case, the Illinois Appellate Court found that an employee who was terminated after a positive drug test could maintain a negligence action against the medical facility that collected and reported that test. (*Stinson v. Physicians Immediate Care, Limited,* 10 IER CASES 756).