

We Want to Hear from You!

We want to know what readers think of various articles in *Employee Assistance Report*.

Each month we will use the *Employee Assistance Report LinkedIn* group to refer readers to an article in the most recent *EAR* and encourage feedback.

Be on the lookout for it!

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Legal Lines

Anticipation: Examining Workplace Violence Policies

In recent years, churches, movie theaters, schools and office buildings have all been affected by headline-grabbing violence. Not all workplace violence makes the news, however. The U.S. Department of Labor defines workplace violence as, “any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site,” noting that workplace violence may include anything from “threats and verbal abuse” to physical assaults and homicide.

Workplace violence policies should account for all types of “violence”—ranging from verbal threats to physical assaults to gun violence. Employers should consider supplementing workplace violence policies with policies designed to reduce tension in the workplace,

including “open door” policies to air grievances and EAP counseling programs designed to allow for both counseling and support (recognizing that many instances of workplace violence arise in the context of domestic assault).

Employers should schedule regular drills so employees know how to react in the event a situation does arise. In addition, workplace violence policies should include, at a minimum, the following provisions:

- Zero tolerance policy for possession of weapons, threats and/or violence;
- Training for supervisors, HR and executives on how to recognize threats and respond appropriately;
- Compliance with state law conceal/open carry, “parking lot” or other laws relating to

the presence of guns in the workplace;

- Anti-discrimination provisions indicating that employees will not be discriminated against due to firearm status, especially in those states where questioning on such factors is prohibited;
- If an employer leases space, coordinating with the owner of the property to comply with relevant laws;
- Postings regarding any prohibitions on possession of firearms in connection with state law;
- Procedures for reporting threats of violence or fear of violence in the workplace; and
- Compliance with any state laws relating to protection of domestic violence victims. ■

Source: *The National Law Review*.

EMPLOYEE ASSISTANCE REPORT

supporting EAP professionals

We Want to Hear from You! ... See pages 3 and 8

Volume 19, No. 6
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Leading Trends in EAP & Wellness – Part I

By Todd Donalson and Dave Sharar

The ancient Greek philosopher Heraclitus once said, “The only thing that is constant is change.” Change remained a constant in 2015, whether it was in terms of globalization, or in the growing 24/7 culture, which is continuing to pressure the business community to innovate. Perhaps nowhere is this more noticeable than in the health care industry.

In this report Chestnut Global Partners (CGP) examined leading trends within EAP, surveyed EAP colleagues, and analyzed recently published research and survey data in the areas of employee assistance, behavioral health, and workplace well-being.

The five EAP trends CGP cited are:

- Increasing demand for EAP services due to occupational stress;
- More companies are seeking global EAP services;
- Utilization of mental health apps increases, but do they drive outcomes?
- The relationship between fatigue and workplace safety has increased; and
- Employee engagement initiatives are having limited impact.

We will discuss the first two of these trends in this article, with the remainder to be presented in the conclusion.

Trend #1: Increasing demand for EAP services due to occupational stress

The number of EAP cases for occupational stress (job satisfaction, workload, co-worker conflict) was sixth on the list of top presenting concerns, breaking into the top seven for the first time since CGP began publishing information on EAP utilization data.

Primary EAP concerns broke out as follows:

- Stress, 21%;
- Relationships, 16%;
- Child behavior, 10%;
- Depression, 9%;
- Anxiety, 9%;
- Occupational, 7.8%; and
- Legal, 6%.

The continuation of this two-year trend represents a 15%

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increase in the number of EAP cases due to occupational stress compared to 2013. Overall EAP utilization was 6.9%, similar to the 2014 rate of 7.0%, but higher than recently published industry benchmarks.

Similarly, three out of six regional EAP vendors who participated in the survey conducted by CGP reported an increase in the number of crisis counseling sessions in 2015. Crisis counseling sessions were primarily defined as sessions provided for high-risk conditions including mandatory referrals for work performance or conflict, risk of harm to self or others, and serious mental health concerns.

While the underlying causal factors are difficult to pinpoint, they appear partially related to ongoing organizational changes evident in many industries, continued economic issues, and a general trend by employers to increase deductibles in health care coverage, which can have an unintended cost of driving more employees with high-risk conditions to the EAP.

Put another way, *ongoing organizational change, continued economic stress, and the movement toward high-deductible medical plans appear to be contributing to greater emotional distress seen from many users of EAP services.*

Moreover, the top five reasons for accessing EAP services remained the same as the previous two years with stress and relationships as the most common presenteeing concerns. *Requests for assistance with child behavioral concerns increased for the second year in a row, moving into the top three for the first time.*

Trend #2: More companies are seeking global EAP services

As more and more companies become multi-national, many are

looking to extend EAP services outside their “Western-based” home country. In fact, *in 2015, the number of inquiries CGP received for a request for proposal (RFP) for global EAP services increased by nearly 25%.*

The reasons for the increase were varied but seemed largely driven by:

- A desire by procurement departments to streamline administrative processes and consolidate EAP vendors;
- Ongoing mergers and acquisitions that have in part resulted in a desire to provide consistency in benefits across countries; and
- Increased awareness of service capabilities in emerging markets that previously did not offer EAP services.

Yet as the number of RFPs seem to be increasing the information often requested by procurement, benefits, or HR departments suggests that many do not always have a clear understanding of how a Western-style EAP “transfers” when set up outside of US borders. The following are some key issues for consideration:

❖ **Networks and credentials.**

Global vendors will assert that they have a competent and well-trained network of counseling professionals in hundreds of countries, but EA providers are subcontractors and not uniformly or sufficiently “equipped.” The huge variety of providers, credentials (or lack thereof), office settings, data systems, and available supervision outside the “West” have significant implications for purchasers of an international EAP.

There are numerous countries outside the “West” that do not have any recognized licensure or regulatory bodies that govern the practice of psychology, social

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work, or counseling. In addition, the certification or accreditation process often rested with an independent professional association, when it *did exist* at all. *Therefore, the ultimate quality of a primary global vendor depends on the vendor's ability to prepare, influence, train, and monitor a remote network.* Unless the RFP process is designed to assess this, minimum qualifications may prove inadequate for many purchasers.

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EACC Releases Key Findings of CEAP Survey

The Employee Assistance Certification Commission (EACC) is responsible for the development and maintenance of the only recognized credential for advanced practice in employee assistance, the Certified Employee Assistance Professional (CEAP) credential.

Last year the EACC began collecting data to assess the viewpoints of current CEAPs about their certification. The goals of the survey were both to determine satisfaction with the credential and to seek input in shaping the future direction of the CEAP®. The following are among the key findings:

- ❖ Of the 832 respondents, 93% were from the United States, with the remainder from various non-U.S. regions including Canada (1.4%) and Asia (1.5%).
- ❖ More than two-thirds of the respondents had been a CEAP for more than 10 years, with almost half of the individuals surveyed reported having held the credential for over 15 years.
- ❖ A majority of those surveyed (over 60%) indicated that “demonstrating EAP expertise” was the strongest motivator in obtaining the CEAP®. Only 20% indicated that increased earning potential was their primary motivation. Almost 50% of respondents

said the CEAP® was required by their employer.

❖ Almost two-thirds of respondents believed that the CEAP® is helpful in “differentiating” them from other mental health professionals. Only a small number of respondents (13%) believed that the CEAP® had not helped them significantly.

❖ When asked how the CEAP could be more valuable, 14% of those surveyed suggested that requiring the CEAP® for EA practice would enhance its value. Another 12% thought that marketing of the CEAP credential by EAPA and the EACC would enhance the certification's profile. ■

Time Management

Lifestyle Tips Recap

The following is a list of page one stories that have appeared in the *Lifestyle Tips* insert so far in 2016. Watch for a more extensive list later this year.

January – *What's Your Morph?* Aaron J. Allie, (health and fitness);

February – *Bidding Farewell to Death by PowerPoint*, Cordell Riley, (workplace presentations);

March – *Learning to Say NO is Vital to Your Health*, Travis Bradberry, (stress management);

April – *Dieting Magic – or Logic?* Aaron J. Allie, (health and fitness); and

May – *Mistakes that Drive Customers Away*, Joseph Michelli, (improving customer interactions to increase business). ■

Time Management

Brown Bagger Recap

The following is a list of *Brown Bagger* inserts that have appeared so far in 2016. Watch for a more extensive list later this year.

January – Communication – *All Bosses are Not Created Equal*

February – Drugs in the workplace – *Marijuana Policy Needed*

March – Stress and fatigue – *The Dangers of Shift Work*

April – Workplace bullying – *Tools to End Workplace Bullying*

May – Effective training sessions – *Adult Learning Principles* ■

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Text Messaging Seen as Possible Addiction Tool

Young adults who screened positive for a history of hazardous or binge drinking reduced their binge drinking by more than 50% after receiving mobile phone texts following a visit to the emergency department, according to a study published online in the *Annals of Emergency Medicine*.

Researchers enrolled 765 young adult emergency patients with a history of hazardous drinking, which is defined as five or more drinks per day for men

and four or more drinks each day for women.

For 12 weeks, one-third of participants received text messages prompting them to respond to drinking-related queries and received texts in return offering feedback on their answers. The feedback – according to *Depression on My Mind* via Psych Central – was tailored to strengthen their low-risk drinking plan or goal or to promote reflection on either their drinking plan or their decision not to set a low-risk goal.

One-third received only text message queries about their drinking and one-third received no texts at all.

The group receiving both text message queries and feedback decreased their self-reported binge drinking days by 51% and decreased the number of self-reported drinks per day by 31%. The groups that received only texts or no text messages increased the number of binge drinking days. ■

Quick Ideas

Sloppy Emails Hurt Productivity

By Carson Tate

Let's face it, sloppy emails waste our time. And they cost you hours each week, which means they're also costing you money. But how do you keep this from happening? The following are several ideas.

❖ **Use the subject line to improve response time.** NEVER hit the send button when the subject line of the email reads RE: FWD, or some other cryptic phrase that relates to a prior message. Why? Because you're sending a message with an unclear purpose. *The subject line of an email should be your topic sentence.* A clear subject line is essential if you want to communicate

effectively and improve both the quality and response time on the email messages you send. Make sure the subject lines on your emails reflect the current topic, purpose, or desired outcome.

❖ **Change subject lines to reflect changes in the message.** We're probably all guilty of this faux pas: forwarding the same message over and over and over even though the topic now has nothing to do with the original email! *When you respond to an email you've received, change the subject line to make it current and clear.* Instead of "marketing meeting" which means nothing, especially the third time around, change the subject line to, "Tuesday marketing meeting

moved to 2 p.m." Now the recipient understands the message, and he/she would not even have to actually open the email, saving precious time. Don't be afraid to delete old messages and create NEW ones, too... especially if the email no longer is applicable.

Summary

Before you send that next email, ask yourself: Will the recipient(s) know what it's about? If the topic requires action, and/or a deadline, will that be clearly understood? If not, make the appropriate changes before pressing send. ■

Carson Tate is the founder and principal of Working Simply, a management consulting firm.

Leading Trends...cont'd from Page 2

❖ **Cultural relevance.** A "Western style" EAP cannot be simply transferred to an Asian or Latin American country. For instance, Chinese culture uses group rules and compliance with norms, so its emphasis is on using the EAP to promote harmony in the workplace or to become a better person or family member. This is in stark contrast to the West in which a program stresses "fixing personal problems."

Initial access to employees is another cultural relevance issue. Indigenous employees prefer contacting professionals who speak their first language and know their cultures and communities. Employers are urged to engage in due diligence for EAPs with regional call centers that cover multiple countries to handle language differences. Language translation is commonly used, but they are not usually perceived by EAP clients as being "culturally relevant" – especially when individuals are calling about a sensitive personal issue. Most global EAP call centers cannot truly staff 24/7 access to professionals fluent and competent in multiple languages. *This means it's a good idea to make "in-country" access a best practice model.*

❖ **Some work-life services won't apply elsewhere.** Work-life services commonly included or embedded in an EAP are frequently not culturally relevant and may not even make sense in another country. As one example, child and elder care services in numerous Asian countries are mainly a family obligation and so few, if any, child and elder services are even available as a resource. *Employers should not assume that a standard U.S. style work-life service will apply in numerous overseas locations.*

Space precludes me from discussing cultural differences in short-term counseling and referrals, confidentiality, and several others. The URL



Editor's Notebook

Change is a constant in today's increasingly technological and global society. In

part one of a two-part cover story Chestnut Global Partners presents important trends affecting EAPs. (Readers should pay particular attention to the segments highlighted in *italics* and in **bold type**.)

Part two next month will examine other important trends, including mental health apps, a vital topic that is also discussed in the 2nd quarter 2016 *Journal of Employee Assistance*, which I edit for EAPA.

Speaking of change, *EAR* wants to know what readers think about various articles appearing in this newsletter. Each month we will use the new *Employee Assistance Report* LinkedIn group to refer readers to the page one story in a recent *EAR* and encourage feedback. However, if you wish to comment on a different article in *EAR*

other than the one listed, we're certainly receptive to other discussion.

On April 7, as a preview of this month's page 1 story, a question asked what YOU see as some of the leading trends affecting YOUR specific EAP. As of May 5, the date this issue of *EAR* mailed (and emailed), readers have an opportunity to express their views specifically on this month's cover story. Was the article helpful? How are these trends affecting YOUR EAP?

Next month, watch for the May 7 and June 2 dates; first, regarding additional EAP trends, and then for a chance to chat about part two of this article. Again, this is all on LinkedIn. I'm looking forward to hearing from you!

Mike Jacquart

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for the complete CGP report is listed at the end of this article.

The following are five best practice recommendations:

1. **Examine initial telephone functions.** Include who answers calls, in what language, and in what location.
2. **Have local, "in-country" personnel review promotional materials.** This will enable you to check for proper translation and cultural sensitivity.
3. **Ask to see actual names, locations, and credentials.** You need to know *exactly* who your affiliate providers are who are serving your global workforce.
4. **Evaluate your primary vendor.** Consider how the vendor

trains, supports, and pays its global affiliates.

5. **Examine health benefits coverage.** Determine if your company covers mental health or substance use disorders that support making referrals outside the EAP. ■

NEXT MONTH: Mental health apps, the relationship between fatigue and workplace safety, and employee engagement initiatives are addressed.

Todd Donalson, MA, LCPC, is the Director of Training & Consultation with Chestnut Global Partners. Dave Sharar, PhD, is the Chief Clinical Officer with CGP.

The complete version of this report is available at <http://chestnutglobalpartners.org/Portals/cgp/Publications/Chestnut-Global-Partners-EAP-Trends-Report-2016.pdf>.

People Planning: Boosting Performance – Part I

By Gregory Lay

When “getting ahead” on your job means finding ways to strengthen team performance, having a strategy to find ideas is like discovering gold. That was the discussion when Judy met Dan for coffee recently. They’d attended school together and taken jobs in different towns. Nearly three years into their careers, this was their first chance to compare notes. The conversation soon focused on where they were with their respective companies and what it takes to be “on the fast track.”

“I’m happy,” Judy admitted. “Just got my third promotion and I’m supervising four people.”

“That’s great,” Dan smiled. Then his voice dropped as he added, “I feel stuck. I’ve applied for several promotions and they tell me I was a finalist each time but didn’t get the job. I volunteer for special projects and try to make creative suggestions – but twice when I’ve been given the go-ahead on a suggestion to management, I got no cooperation and the idea flopped!”

“I see how that would be frustrating. I remember you got all-A’s in Business Planning courses, but maybe you need more People Planning!”

“People Planning? What do you mean?”

Judy continued, “You saw how to ‘fix’ processes and convinced management on your ideas, but you didn’t start with the people

actually doing those jobs. Do you think they felt undervalued when you went straight upstairs without asking for their input?”

“Oops. I get it,” conceded Dan, “I didn’t sell the idea to front line people, I took it to the person who doesn’t do the real work.”

“Light bulb! You’re getting there. Ideas are great, but real brilliance is giving ownership of an idea to people who can actually make it work. When the whole team participates in creating a concept, they make sure it succeeds!”

Judy went on to outline several ways of people planning to get buy-in from the people who would implement Dan’s proposals. One such method involves:

Finding patterns

Correcting mistakes as they’re spotted is a typical tactic, but too often where a single correction

seems helpful in the moment; it doesn’t contribute to long-term improvement. Identifying repeated behavior and habits to improve is the key to lasting progress. ■

NEXT MONTH: More people planning ideas are presented.

Gregory Lay provides information for people who want to improve their job without necessarily changing employment. He is a certified speaking coach, specializing in organizational understanding. To learn more visit www.AccidentalCareer.com.



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Virtual Reality Seen as Huge Boon to Therapy

Recovering from Post-Traumatic Stress Disorder (PTSD) and overcoming anxiety disorders is challenging, time-consuming work; it’s also essential for the many people who suffer from these conditions. According to *Tech Insider*, one unlikely tool that could make it easier for thousands of patients to get the help they need is virtual reality technology, which can mentally transport users to another time, another place, another state of mind.

There’s a lot of research that backs up the potential clinical uses of VR. But while VR has been around and in use for some time now, it has still been largely

unavailable to much of the public, since access required investing in special systems and headsets. Since 2016 is the year that headsets like the Oculus Rift and HTC Vive will finally go on sale, that accessibility issue is about to totally change.

Using VR (and perhaps some other additional tech), a clinician can recreate a scene that triggers fear or anxiety in a patient, putting them virtually on a plane or in a room full of people or even in a battlefield setting.

With guidance, people can grow accustomed to the scenario until they get to the point that they can cope with the scene. Researchers have treated people

with arachnophobia by exposing them to virtual spiders and even more effectively, having them touch fake spiders during that process. Studies have shown that VR exposure therapy can help people with other conditions, including fear of flying, social anxiety, and perhaps PTSD.

“I think there are a lot of areas where with some clinician support we can amplify the effects of therapy by having self-administered VR,” says Dr. Albert “Skip” Rizzo of the Institute for Creative Technologies, but “some forms of treatment really do require the guidance and diagnostic skill of a clinician.” ■

Link Found between Facebook and Alcohol

Researchers at the University of Georgia have found links between certain patterns of connections among Facebook friends and drug and alcohol use among college-aged females.

Using network data extracted from the Facebook accounts of 318 female students at UGA, researchers found that the severity of child physical abuse is associated with how central an individual is in her social network, potentially increasing the risk for alcohol abuse.

Key findings of the study included:

- ❖ Students with a history of childhood physical abuse were found to have more densely interconnected groups of Facebook friends, patterns associated with **higher risk** for alcohol use and problems.

- ❖ Students with a history of childhood sexual abuse were found to have more loosely interconnected groups of Facebook friends, dominated by a few friends. This pattern is associated with **decreased** alcohol use and problems.

“Leveraging social media to understand risk for addiction is a new, emerging frontier,” said James

MacKillop, study co-author and director of the Peter Boris Centre for Addictions Research at McMaster University in Ontario, Canada.

“Platforms like Facebook provide us with new ways to characterize social networks’ influences on healthy and unhealthy behavior.”

Assaf Oshri, the study’s lead author, noted there are definite limitations to the study, but the potential for using online social networks to determine risk and to even create targeted interventions is a possibility. ■

Sources: University of Georgia, News-Medical Net.