

EMPLOYEE ASSISTANCE REPORT

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supporting EAP professionals

Training the Next Generation – Part I

By Daniel Hughes

Research indicates that most current EA practitioners in the U.S. have completed advanced degrees in at least one or more professional disciplines. A recent study found that of this group, approximately 60% are social workers.

Not surprisingly, these findings were consistent with an earlier survey in 1986 that identified 39 graduate programs in social work that were offering courses containing employee assistance-related content. Of these, 17 said they had a specific occupational concentration in their programs designed to prepare social work students for workplace practice.

Alarming, only four such programs remain today. This raises the important question, *how and where will aspiring EA professionals learn the historic methods, techniques and theory of EA practice?*

The Challenge

The aging of the American workforce has become an increasingly important topic of concern, and the employee assistance field is no exception. In 2005, the average age of members of one large urban chapter of the Employee Assistance Professionals Association (EAPA) was 54. Clearly, sweeping demo-

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graphic changes, technological innovation and globalization are dramatically reshaping the contemporary workplace.

These workplace trends raise many issues, particularly in the area of occupational knowledge retention, transfer, and professional training. This is especially true for established professions, whose current and future legitimacy is based on access to knowledge and technical proficiency.

Accordingly, each profession is faced with the crucial task of pass-

ing along its accumulated knowledge and expertise to the next generation of practitioners. *How is the employee assistance profession planning to retain its collective knowledge, while training the next generation for practice in an increasingly complex workplace?*

A Brief History of EA Training

Originally, many EA practitioners came from the ranks of recovering

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employees who were willing to assist their peers struggling with alcohol problems. Subsequently, a diverse but select group of early workplace oriented practitioners received additional training sponsored by the National Institute of Alcoholism and Alcohol Abuse (NIAAA) in the methods and techniques developing within occupational alcoholism programs (OAP). They joined the ranks of a group known as, "The Thundering One Hundred". This elite cadre was composed of two representatives from each state and given the charge to promote and diffuse methods and techniques demonstrated to be effective by the early OAPs.

This effort was varied, enthusiastic, and frequently informal but, nonetheless, effective. By the late 1970s, the OAPs were evolving into modern EAPs with the adoption of the "broad brush" practice model.

Additionally, research led to the development of EA core technology. Consequently, there was an increased need for practitioners with broader skill sets and specific mental health expertise. This created opportunities for a range of professionally trained individuals to enter the field. As a result, numerous academic programs began featuring EA content. These practitioners held degrees in various disciplines, including medicine, psychology, nursing, social work, and business. Unfortunately, specific graduate-level training programs in EA practice and theory never materialized despite substantial interest expressed by occupational social work programs.

Significantly, the Employee Assistance Professionals Association (EAPA) established the Employee Assistance Certification Commission (EACC). The EACC developed and introduced the Certified Employee Assistance Professional

(CEAP) credential in 1986. The CEAP was based on the principle of prerequisite hours of experiential learning, mentoring, and the successful completion of an exam in six domains of competence. Interestingly, no educational standards were required.

Similarly, no consensually agreed upon curriculum for EA education was developed. Apparently, experiential learning continues to be the mainstay of EA training. Accordingly, a recent study found a statistically significant relationship between years of practice in the field and knowledge of EA core technology.

Recent Training Surveys

A recent survey conducted by the author and sponsored by EAPA's Research Panel revealed that, during the 2010-11 academic year, the four remaining social work schools with occupational specializations placed 34 students in EAPs for training internships. Of these, twenty-six (76%), were placed in internal programs; five (14%) were placed in Members Assistance Programs (MAP), and three (9%) were placed in external programs.

However, two of the students placed in the external EAPs were administrative and had no clinical or employee contact. *Disturbingly, one faculty member reported decreased interest among social work students regarding EA training placements due to the lack of post-graduation job opportunities.*

A contrasting perspective on current EA training activities was provided by a second survey conducted among members of the International Association of Employee Assistance Programs in Education (IAEAPE). The IAEAPE is an innovative professional association composed primarily of internal EAPs providing services to colleges and universities.

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Thirty-seven institutions responded to the survey, revealing that 46% were providing training opportunities to graduate students in seven different disciplines. Most of the 25 students in IAEAPE placements were enrolled in social work (53%) and counseling psychology (25%) programs.

However, marriage and family counseling, mental health counseling, psychiatry, and clinical

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psychology students were also included in the sample. Cumulatively, the IAEAPE programs providing internship opportunities have established training affiliations with 19 individual graduate schools across the country. *Significantly, several members of the IAEAPE have begun to develop teaching strategies for graduate-level EA training.*

Discussion

Most professions establish educational standards for entry-level practice. Therefore, professional schools have evolved with appropriate curricula-driven courses of study. Consequently, physicians attend medical school, lawyers attend law school, and social workers attend social work school.

Early in the history of EAP field, 12-step programs were considered more relevant than graduate schools. However, contemporary employee assistance practice is based on a platform of increasingly sophisticated methods and techniques – ranging from performance-based identification and constructive confrontation – to behavioral risk assessment and critical incident management. ■

NEXT MONTH: More on why the lack of a university-based educational model hurts the EAP profession; recommendations are presented to address this industry-wide problem.

Daniel Hughes, Ph.D., CEAP, is the director of the Mount Sinai Medical Center's EAP and an assistant professor of preventative medicine at the Mount Sinai School of Medicine. Dan is a long-time EAPA member who lives and practices in New York City. This article originally appeared in the Journal of Employee Assistance (Vol. 41, No. 4), and is reprinted with permission. For a list of references used in this article, contact Dan at daniel.hughes@mssm.edu.



Editor's Notebook

Where will the next generation of employee assistance professionals come from? Daniel

Hughes, a CEAP in New York City and presenter at numerous World EAP Conferences, addresses that important question this month in part one of a two-part article.

The article has more of an academic tone than many of the articles that we publish in *EAR*. However, that doesn't make this topic any less important. Quite the contrary – with the aging American workforce, this is a very real issue that many fields, including EAP, will begin facing in the near future, if they're not already.

But demographics aren't the only problem. The author explains that

the lack of a university-based educational model also hurts the EAP profession as it competes for young adults with behavioral health backgrounds and related degrees seeking to enter the workforce.

Daniel offers interesting observations to consider, that many EA professionals probably haven't thought of amidst busy day-to-day schedules. Watch for part two next month. Of course, as always, we hope you find plenty of additional useful reading in *this* issue of *EAR*. Until next time.

Mike Jacquart

Mike Jacquart, Editor
(715) 258-2448

mike.jacquart@impacttrainingcenter.net

Quick Ideas

Critical Mistakes Made by Managers

The following are eight critical mistakes made by managers and supervisors when dealing with employees in trouble at work:

Critical mistake #1 – Failing to set clear expectations or to regularly enforce them.

Critical mistake #2 – Letting problems you're aware of fester before addressing them.

Critical mistake #3 – Failing to communicate with people about their problems.

Critical mistake #4 – Taking the matter (whatever that is) personally.

Critical mistake #5 – Playing “gotcha” with troublesome or difficult people.

Critical mistake #6 – Waiting too long to get professional help, such as an EAP.

Critical mistake #7 – Failing to recognize the importance of due process; and

Critical mistake #8 – Unwillingness to see a problem through to resolution.

Are the managers and supervisors of *your* corporate clients making any of these mistakes? If so, what can *you*, as an EA professional, do to help? ■

Sources: Bob Gilson, a retired government labor and employee relations director; FedSmith (www.fedsmith.com).

Employees Not Prepared for Accidents and Illnesses

Six out of ten American workers do not have a financial plan in place to deal with an unexpected and costly life event such as a medical emergency. That was a key finding of a national study that analyzed the trends, attitudes, and use of employee benefits.

The 2011 Aflac WorkForces Report found that 51% of workers said they are not very or not at all prepared to pay for out-of-pocket expenses not covered by major medical insurance. And 31% percent have less than \$500 in savings for emergency expenses.

The study uncovered that a minority of U.S. workers believe an accident or illness could impact them or a family member. The report revealed that only 19% of employees think it likely they or a family member will be diagnosed with a chronic illness, such as heart disease or diabetes, and 13% said they thought a serious illness like cancer will occur or that there will be a need for long-term care. Only 9% foresee a long-term hospital stay, 8% think they or a family member will become disabled, and just 6% think they will be in a car accident.

The numbers reveal a much different reality. In but one example, according to the National Safety Council more than 25 million people in the U.S. suffered accident-related disabling injuries in 2008 with 13 million incidents happening at home and more than 5 million involving motor vehicles. The



total cost of all unintentional injuries was more than \$700 billion.

When asked how they would pay for out-of-pocket expenses due to an unexpected illness, 44% of workers said they would have to borrow money from family or friends, tap retirement savings, or use a credit card. And 19% – one out of five people –

have no idea how they would cover the costs.

“About half of the workers we surveyed said they are *already* struggling with financial stress,” said Audrey Tillman, executive vice president of Corporate Services at Aflac. “This shows how close to the edge many people are and how an unexpected accident or illness could make things even more challenging, financially.”

“Businesses have a responsibility to educate employees about the risks of being unprepared for the unexpected and should offer workplace benefits which meet that need,” Tillman added. “And workers need to take better control of their futures by realizing financial well being is tied to their health.” ■

For more information, visit www.Aflac-WorkForcesReport.com.

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Accountability Increases Ability – Part II

By Diane Ciotta

Many employers are challenged daily by the frustration of lackadaisical attitudes of their personnel, which is seemingly contagious and complicated by the expense of constant turnover. It's also an issue that affects employee assistance professionals, who are often called in to resolve employee performance problems.

Can accountability really be taught? There are several ways to establish a comfortable, non-complacent environment. Several of these recommendations appeared in part one of this two-part article – the remainders appear this month.

❖ **Provide incentives for produc-**

tive activity in addition to end results. Rewards given for reaching a goal or completing a duty are great, but there are benefits to recognizing *effort* as well as accomplishment. Acknowledging a positive action through incentives is a subliminal way of encouraging productive behavior. Activity becomes habit, and affirmative results increases conviction.

❖ **Dedicate time in department meetings to recognize excellence.**

Team meetings typically cover “house-keeping items” that could be easily communicated through email. Instead, using this forum as an environment to edify activity rather than to cover mundane information offers a terrific opportunity to recognize accomplishment in areas of attitude and activity. The impact is two-fold. To hear praise

is terrific but to be *praised in front of associates* is awesome, while it subconsciously raises the expectation bar.

❖ **Commit to replacing complacent behavior.** Neither party is doing the other a favor by hanging on to something that's not a good fit. In many cases, a decision to terminate an inadequate performer results in a better outcome for both people where the terminated employee finds something more appropriate for his or her professional needs and the employer fills their position with someone much more qualified for the requirements of the position. It's a win-win situation. ■

Diane Ciotta is the founder of The Keynote Effect, where she presents a passionate message of accountability and encourages activities to conquer complacency. For more information, visit www.thekeynoteeffect.com

Employees Seek Help in Boosting Workplace Health

Two new reports find that employees in Canada and the U.S. want their employers to help them get healthy.

While many companies are already using a combination of workplace health services and financial incentives to improve the health of their employees, workers in both countries say they want more help from their employers in getting and staying healthy.

To improve employee health and productivity, employers are increasingly offering programs such as *employee assistance programs*, bio-

metric screenings, health risk assessments, on-site clinics and pharmacies, according to a report from Aon Hewitt, a human resource consulting and outsourcing firm. *Making sure that employees and their dependents are aware of these programs is a weakness for most companies, according to the research.*

In 2011, more than one-third (36%) of consumers did not participate in any health program or service offered by their employer, the research found. Among the programs that workers did participate in, blood tests or biometric screenings were

the most popular (61%), followed by health risk assessments (57%).

Despite low participation, *when workers do take part in these programs, satisfaction is extremely high*, the research found. Almost all (97%) workers who took part in blood work/biometric screening or used an on-site clinic pharmacy were satisfied, while almost as many (92%) were satisfied with the health risk assessment. ■

Additional sources: Live Science, Employee Assistance Professionals Association (www.eapassn.org).

The Importance of Strong Business Relationships

By Shelley Plemons

The month of February generates a lot of talk about the importance of relationships.



An EAP's bond with a consultant/ broker is one of the most valuable to the organization. A strong connection generally means increased revenue for the EAP. However, the bidding process can often seem a lot like a dating game. EAPs sometimes receive numerous requests for proposals, but few engagements.

However, you can increase your number of winning bids by developing a strong relationship with a broker. Demonstrating how your EAP can save their client time, money and improve employee performance will make them fall in love with your business. I have spoken with several brokers/consultants who have shared some of the traits of their preferred EAP vendors.

They include:

- An easy and familiar process;
- A good bargain for their client rather than just a low price;
- Quality and expertise to offer their client;
- Experience coordinating with large health care and insurance organizations;
- Little to no complaints;
- Quick responses; and
- One point of contact.

Health care is expensive for employers, and brokers/consultants are responsible for helping their clients reduce costs. They often look for individuals who can provide:

- Active management of chronic conditions, and improved health and wellness;
- Improved employee productivity and satisfaction;
- Focused health care programs that address the specific health-related needs of the specific organization's workforce;
- Reduced costs related to health care, disability, absenteeism, and "presenteeism";
- Consumer programs that address the needs of the specific organization's workforce – consequently resulting in high participation rates;
- Pharmacy cost savings;
- Increased employee understanding of the value of health care benefit and a culture of wellness; and
- Reduced hospitalizations.

Gaining a firm understanding of a consultant/broker's needs will assist you in the way you represent your EAP services and approach the market. Listed below are the suggested steps in selling to the broker/consultant community. The most critical action is determining your most desired brokers/consultants.

Step 1: Identify the 10-15 companies you want to win this year.

Step 2: Call a benefits or human resources director at each company and ask if they work with a consultant or broker. While you have them on the phone, ask if they have an EAP and if they do, when it comes up for renewal.

Step 3: Make contact with the identified broker/consultant and tell them the name of your contact from "ABC company" gave you their name. It is important to work with the broker/consultant instead of going around them.

Step 4: Ask to meet with the consultant to discuss your services. The key to this appointment is to identify what **their** goal for this client is. This is the time for you to differentiate yourself. Discuss how you can customize certain aspects of your services to meet each client's needs such as training topics, CISD, management consultations, and a wellness program. The key is only to discuss the aspects of your organization that will make a difference in their client's world. ■

Shelley Plemons has more than 25 years' experience in the behavioral health industry. During that time she worked for several successful companies such as Charter Medical, MHN and Life Care. She founded Strategic Sales Solutions in 2003, and assists clients with strategy and training. Her website is www.strategicsalesolutions.com.

Editor's note: This story is the fourth in a series that will discuss business solutions for EAPs. If you have a topic you would like covered, send an email to shelley@strategicsalesolutions.com or call (817) 946-5334.

Social Media More Important to Younger Workers than Salary

The desire of younger employees to use social media, mobile devices, and the Internet more freely in the workplace is strong enough to influence their future job choice even more than salary, according to an international study published by Cisco.

The second-annual *Cisco Connected World Technology Report* surveyed more than 2,800 college students and young professionals in 14 countries.

The study revealed that one in three college students and young employees under the age of 30

(33%) – collectively known as Generation Y – said that they would prioritise social media freedom, device flexibility, and work mobility over salary in accepting a job offer, indicating that the expectations and priorities of the next generation of the world’s workforce is not solely tied to money.

More than two of five college students (40%) and young employees (45%) said they would accept a lower-paying job that had more flexibility with regard to device choice, social media access, and mobility than a higher-paying job with less flexibility. More than

half of college students globally (56%) also said that if they encountered a company that banned access to social media, they would either not accept a job offer or would join and find a way to circumvent corporate policy about the use of social media. ■

The study was commissioned by Cisco and conducted by InsightExpress, a third-party market research firm based in the U.S. The 14 countries were: the United States, Canada, Mexico, Brazil, United Kingdom, France, Spain, Germany, Italy, Russia, India, China, Japan and Australia.

Workplace Survey

Social Media Training Found Lacking

A new survey from the Society for Human Resource Management (SHRM) shows few employees tasked with social media duties are trained to do so by their employer.

The *Social Media in the Workplace* survey shows that 73% of employers do not provide social media training to employees engaged in social media outreach to external audiences. Twenty-seven percent of employers do provide such training.

The survey defined social networking services and multimedia platforms to include Facebook, LinkedIn, Twitter, and YouTube. Also included is MySpace, Foursquare, Second Life, photo-sharing applications, and video-sharing sites other than YouTube.

Those organizations that use social media tend to use four sites: Facebook (45%); LinkedIn (34%); Twitter (28%); and YouTube (18%).

Most human resource professionals report social media to be a “somewhat effective” mechanism.

Similarly, a notable amount reports it to be “neither effective nor ineffective.”

The lack of social media training may explain the low marks for effectiveness. Few human resources professionals rated social media a “very effective” mechanism for achieving goals such as sharing content, improving brand awareness, or increasing website traffic. ■

Source: SHRM Social Media in the Workplace Poll, Part 3.

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Alzheimer's in the Workplace – Part I

By Jennifer FitzPatrick

Joanne, a 54-year-old sales manager, was fired because of her declining performance over the past 18 months. She was arriving late to meetings with clients, missing report deadlines and misplacing confidential company data. Prior to these issues, Joanne had a superior track record with the company so her boss was especially disappointed in these changes. During her 15-year tenure with the organization Joanne had won two awards, been promoted three times and was one of the highest earners in the organization. What happened to this star?

Unbeknownst to anyone, including Joanne, she was suffering from early onset Alzheimer's disease. Alzheimer's disease is generally considered an older person's illness, and usually that is true. But approximately 200,000 Americans suffer with the early onset type. Early onset Alzheimer's symptoms, by definition, manifest in patients before age 65, and can occur as early as the 30's and 40's but are most typically diagnosed during the 50's.



What Is Early Onset Alzheimer's?

Early onset Alzheimer's disease is a type of permanent dementia for which there is currently no cure. Dementia symptoms consist of short-term memory loss, confusion, personality changes, poor judgment and getting lost with familiar tasks and in familiar places. Those suffering with early onset Alzheimer's disease usually have been experiencing symptoms for a year or more by the time they seek a doctor's advice. Since dementia symptoms can be caused by a number of temporary conditions, many physicians correctly consider those first, particularly for those under age 65.

Temporary causes of dementia can include significant stress, dehydration, infection, medication side effects and drug or alcohol abuse.

Joanne may have assumed her problems were simply because she was getting older. Although everyone has changes in the brain including shorter reflex and reaction times, increased tip of the tongue moments and mild forgetfulness, dementia symptoms are never part of the normal aging process.

If Joanne had known about her condition, perhaps she would have remained employed. With a proper diagnosis, she may have had access to medications that could have had minimized symptoms impeding her job performance. While these drugs are not a cure, they have improved the quality of life for many people suffering with permanent dementia. Joanne also would have had the luxury of processing the diagnosis and preparing personally and professionally instead of facing the humiliation and stress of a dismissal.

NEXT MONTH: What employees and employers can do.

Jennifer FitzPatrick, MSW, LCSW-C is an author, speaker and educator. For more information visit www.generationshealth.com.

Resources

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