

# EMPLOYEE ASSISTANCE REPORT

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supporting EAP professionals

## Mental Health Parity Making Headway

Some disabilities are pretty obvious. An individual with a motor impairment may require a wheelchair or scooter. Someone with a vision or hearing impairment may need a service animal or some type of assistive technology in order to get around and do his or her job.

But not all disabilities are as apparent. An estimated 40 million Americans suffer from some type of mental illness, 5-1/2 million of which endure a severe mental illness such as schizophrenia or major depression. Private health insurance plans typically provide lower levels of coverage for the treatment of mental illness than for the treatment of other illnesses. Consequently, treatment for those with severe mental illness can exhaust mental-health coverage.

Congress passed the *Mental Health Parity Act of 1996* to help address these discrepancies in coverage between mental health and other illnesses. However, the bill required equality only for annual and lifetime limits for those with mental illnesses.

As a result, an amended version of the *Mental Health Parity Act* was needed to eliminate discriminatory provisions that create obstacles to accessing care for employees with mental-health disorders.

Last year, the Senate unanimously passed the *Mental Health Parity*

*Act of 2007*, while the House approved the *Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424)*.

According to the Suicide Prevention Action Network USA (SPAN USA), *H.R. 1424* was expected to be brought up for a floor vote in the U.S. House of Representatives in March. While specifics may change before the bill becomes law, the general idea is to:

- Require group health plans that currently offer coverage for mental health to provide those benefits in the same manner that benefits are provided to other medical and surgical benefits covered under the plan.
- Prohibit group health plans from imposing discriminatory annual lifetime dollar limits, co-pays and deductibles, or day and visit limits, unless similar limitations or requirements are imposed on other medical and surgical benefits.
- Protect over 20 state laws that provide greater consumer protection.

### More About Parity

The proposed legislation is in line with public opinion, in which many Americans believe that too many disparities occur in current health plans. For instance, while the majority of Americans (89%)

believe that mental health is as important as physical health, only a minority (24%) believe that physical and mental health are treated equally, according to a national poll by Research! America and SPAN USA.

Parity laws are a relatively recent development. When health-care costs began rising sharply in the 1970s and 1980s, many health plans tightened coverage for mental-health care. By the 1990s, significant disparities had emerged

*continued on Page 2*

### FEATURED INSIDE

- ▶ Office 'Politics' Considered OK
- ▶ 'Pharming' Parties Increasing Problem
- ▶ Gen Y Expects a Lot from its Leaders
- ▶ Health Care Insecurity Greatest Among Hispanics
- ▶ Working with Employees with Workplace Afflictions
- ▶ Committee Urges Support of 'ADA' Bill
- ▶ Conduct Disorder Raises Questions
- ▶ Employees Increasingly Need Financial Tips

### INSERTS

- ▶ *Brown Bagger*: Don't Suffer in Silence: Getting Past Stigma and into Treatment
- ▶ *Payroll Stuffers*
- ▶ *LifestyleTIPS*®

between medical and surgical coverage and mental-health coverage.

Consequently, Jerry Reed, executive director of SPAN USA, calls parity legislation a “significant step forward” to help end insurance discrimination against people with mental-health disorders.

### Mental Health is Expensive

The *Wall Street Journal* estimates depression’s annual toll on businesses at more than \$90 billion in medical expenditures, lost workdays, and decreased productivity.

Why so high a cost? According to the Collaborative Family Healthcare Coalition, up to one-half of all visits to primary care physicians are due to conditions caused or made worse by *untreated* mental or emotional problems. For instance, according to the *Journal of Clinical Psychiatry*, \$5 billion represents lost income due to depression-related suicides.

In addition, fatigue, lack of motivation, and decreased performance are among the symptoms of depression. *Less known is that two out of 10 people suffering from clinical depression say that their depression began with stress.*

Moreover, studies show that health plans with the highest financial barriers in mental-health services have higher rates of long-term disability claims. The following is additional evidence that parity works:

- At McDonnell Douglas, parity yielded a four-to-one return on investment after considering medical claims, absenteeism, and turnover.
- When Kennecott Copper provided mental-health counseling for employees, its hospital, medical, and surgical costs decreased 49%.
- Health of mind and body are

closely linked — access to mental-health treatment has an impact on health and health-care costs. For example, diabetics are twice as likely as others to become depressed, and untreated depression increases one’s likelihood to have heart disease. **(Editor’s note:** For more on this relationship, see this month’s LifestyleTIPS® insert.)

- A recent study in the *New England Journal of Medicine* came to this conclusion: “When coupled with management of care, implementation of parity in insurance benefits for behavioral health care can improve insurance protection without increasing total costs.”

### States have Benefited

The data clearly contends that there are savings to be realized with mental health parity. Minnesota enacted parity 12 years ago at an annual cost of just \$3 per person. Even that meager increase appears to be an exception to the rule. Consider:

- When Maryland enacted parity, they experienced an initial increase and then a reduction to pre-parity levels.
- Texas experienced a more than 50% drop in per person/per month costs when parity for state employees was enacted.
- When parity for all state employees was implemented in North Carolina, the result was a 32% reduction in the per member/per month cost of mental-health services.

### Parity in Wisconsin

*Senate Bill 375* was recently introduced in Wisconsin that, if signed into law, would require coverage for one annual mental-health screening and two screenings for perinatal depression.

## EMPLOYEE ASSISTANCE REPORT

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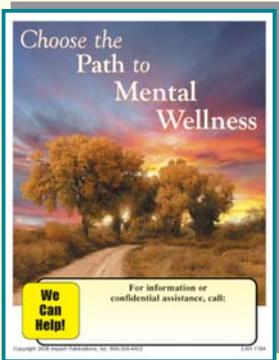
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In addition, the bill would repeal the \$7,000 maximum of mental-health coverage, and establish coverage at a level equal to that provided for treatment of physical conditions.

Wisconsin Lt. Governor Barbara Lawton succinctly sums up the parity issue on her website at [www.lt.gov.state.wi.us](http://www.lt.gov.state.wi.us): “... for businesses to thrive, to reduce unnecessary social and health care costs of untreated mental illness, and to improve our economic and physical

continued on Page 3

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## Editor's Notebook

Today's technological innovations enable us to provide value-added benefits to *EAR*

that didn't exist not so long ago. However, the speed at which these changes occur leads to some "glitches" in delivering these new services.

Consequently, we have changed the manner in which we are sending the electronic version of *EAR*.

Please see page 8 of this month's newsletter for details. Kindly direct any questions to Jennifer Heisler, (715) 258-2448 or [jennifer@impact-publications.com](mailto:jennifer@impact-publications.com).

Just a brief note on this month's cover story: In 2002, I was limited to six paid visits to an EAP to determine the nature of my mental-health condition, when no such stipulation

would have existed to have determined a physical ailment. With that in mind, it would appear that mental health parity is a step in the right direction to alleviate such disparities.

But not everyone agrees. *National Policy Analysis* states that mental-health coverage is best left to the insurer and the insured. Moreover, they add that: "*mental health parity is one of the most costly of benefit mandates.*"

More importantly, what do YOU think? Is mental health parity a good idea — or a bad one that will increase health-care costs? Give us a call or email. Until next month. ■

*Mike Jacquart*

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*Parity* continued from Page 2

## Workplace Survey

*security, speak out for mental health parity now!"*

### Summary

Specifics may vary from state to state, but the moral of the story is this: companies need to be reminded that overlooking mental-health care or providing ineffective treatment will likely add to health-care costs — and it will drive other economic burdens by increasing absenteeism and decreasing productivity.

In today's highly competitive global workplace, mental health is an issue that employers can't afford to ignore. ■

*Additional sources: Analysis Group, National Institutes of Mental Health, Faces and Voices of Recovery ([www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)), Interface EAP, and the United States General Accounting Office (GAO) report: "Mental Health Parity Act: Despite New Federal Standards, Mental Health Benefits Remain Limited." **Editor's note:** May is National Mental Health Month. See this month's Brown Bagger for more on this topic.*

## Office 'Politics' Considered OK

Talking politics has long been considered taboo at the office, but a new survey shows most workers aren't afraid to do so.

Sixty-seven percent of respondents said engaging in political debate is acceptable, within reason; while nearly four in 10 workers polled said discussing political campaigns and candidates is common practice. Only 18% of respondents thought that talking about politics is inappropriate.

"With the presidential election drawing near, it's only natural for politics to be a topic of interest," said Diane Domeyer, executive director of OfficeTeam.

"However, employees should be careful to not allow discussions of the election to become a divisive issue."

Domeyer pointed out that, as with any potentially sensitive subject, diplomacy is the key. "Imposing one's political views on others is never OK," she said. "Employees also should not pressure co-workers which particular party or candidate they support." ■

Source: *OfficeTeam* ([www.officeteam.com](http://www.officeteam.com))

## Resources

☎ **Child-Care Subsidy Hotline,**  
(800) 424-2246

☎ **Debt Relief Hotline,**  
(800) 685-2706

☎ **Tax Relief Hotline,**  
(800) 283-8580

continued on Page 8

# 'Pharming' Parties Increasing Problem

**A**gainst the backdrop of a nation conditioned to seek a pill for every ill, prescription drugs typically are viewed as safe even when used inappropriately, despite the highly addictive nature of certain drugs and the dangers in using them incorrectly.

The good news is that the increase in the production and distribution of controlled prescription drugs has brought relief to millions of people. The bad news is the 94% increase in the number of people abusing these drugs between 1992 and 2003.

Prescription drugs may also serve as gateway drugs to other illicit substances. Teens who abuse prescription drugs are twice as likely to use alcohol, five times likelier to use marijuana, 12 times likelier to use heroin, and 21 times likelier to use cocaine.

In addition to getting high, some teens abuse prescription drugs to self-medicate feelings of stress or depression, anxiety, or other mental health problems. Indeed — more people with a mental illness abuse prescription drugs compared to the general population. While some individuals with a mental illness abuse prescription drugs to self-medicate, others may have legitimate prescriptions but begin to abuse them over time.

## Why the Increase?

The problem of prescription drug abuse has grown to the point where it now eclipses abuse of all illicit drugs combined except marijuana.

The question is — why? For one thing, these drugs can be found in abundance in family medicine cabinets in every town, and they are just a click away on the Internet. They can be found with relative ease from doctors, friends, and others.

## What Drugs are Being Abused?

A number of additional over-the-counter drugs are being abused. They include Vicodin, OxyContin®, Valium, and the ADD drugs Ritalin and Adderall. Some use the drugs at parties to get high — others to stay awake and focused when studying; still others to control their weight. But most teens don't recognize the dangers. Taking high doses of Ritalin, for example, can lead to delirium, hallucinations, and toxic psychosis.

## Recommendations

Prescription drug abuse has become a major health problem, affecting more people than the abuse of cocaine, hallucinogens, inhalants, and heroin combined.

Parents, doctors, pharmacists, and other health care professionals must be trained to spot the problem and know how to respond; educate the public about risks; tailor prevention and intervention to abusers; and provide appropriate and accessible treatment.

- *Parents using prescription drugs must take steps to keep them out of the reach of children and teens.*

Easily accessible medicine cabinets containing these drugs are an open invitation to "pharming" parties in which teens bring drugs from home and trade or share them to get high. Teach youth about the dangers of abusing prescription drugs, and be sure to lock all medicine cabinets.

The White House Office of National Drug Control Policy (ONDCP) has launched a major federal effort to educate parents about teen prescription drug abuse. Research shows that many parents are not aware of teen prescription drug abuse and are not discussing

the dangers with their teens. Only a third of parents (36%) have discussed the risks of prescription drugs with their teen, even though research shows that parental disapproval is a powerful way to keep teens from using drugs.

- *Educate the public on the dangers of prescription drug abuse.*

Schools, communities, EAPs, and others must incorporate prescription drug abuse into substance-abuse prevention programs.

- *More physicians need to protect prescriptions.*

A Center on Addiction and Substance Abuse (CASA) survey found that only 23% of physicians conduct pill counts when they suspect a patient is abusing prescription medication.

Physicians may also write prescriptions so it's difficult to change prescribed drug dosage. For example, writing out dosages in words can help prevent abuse because it's easier to add a zero to the number "10" to make it "100" than it is to alter the word "ten" to turn it into "hundred."

- *Improve treatment for prescription drug abuse and addiction.*

Only 11% of underage youth receive such treatment. More treatment is needed for teens for whom prescription drug abuse is often part of a larger drug problem — and for adults who may have inadvertently become addicted to these drugs as a result of misusing prescribed medications. ■

*Sources: CASA and Employee Assistance Professionals Association (EAPA). For more information, visit [www.theantidrug.com](http://www.theantidrug.com). To view the complete ONDCP report, go to [http://theantidrug.com/pdfs/prescription\\_report.pdf](http://theantidrug.com/pdfs/prescription_report.pdf).*

# Gen Y Expects a Lot from its Leaders

**B**aby Boomers and Generation Y (broadly defined as those born between 1979 and 1999) may have less of a generation gap than one might think.

New research from Robert Half International and Yahoo! HotJobs® reveals that Gen-Yers, also known as Millennials, share many of the same concerns as more tenured workers when it comes to saving for retirement, finding a solid health care plan, and achieving work-life balance.

However, Millennials aren't concerned only with benefits — they also expect a lot from company leaders and look to them as partners in success and job satisfaction.

In the guide, *What Millennial Workers Want: How to Attract and Retain Gen Y Employees*, Robert Half International and Yahoo! HotJobs® examined the professional priorities of Generation Y — those who have already started a career or will soon start one. More than 1,000 adults ages 21 to 28 were polled for the project.

“The research depicts a pragmatic, future-oriented generation that holds many of the same values as its

predecessors,” said Reesa Staten, senior vice president and director of workplace research for Robert Half International.

“Yet, certain distinctive qualities, such as a desire for very frequent feedback from their managers, are unique to this generation,” Staten added. “Making sure supervisors of Gen-Y professionals have supportive management styles can go a long way in attracting and retaining these workers, who will play a greater role in organizations as more Baby Boomers retire.”

## Big Expectations

Survey respondents rated working with a boss they respect and can learn from as the most important aspect of their work environment, ahead of having a nice office space, a short commute, or working for a socially responsible company.

Those surveyed also indicated that they expect more “face time” from their supervisors than a weekly status meeting. The majority of Gen-Yers (60% ) want to hear from their managers at least once a day.

## Redefining Success

Most respondents appeared optimistic about the future, but this isn't a group whose idealism overshadows practical concerns, according to the study. When evaluating job opportunities, for example, the research shows that salary, benefits, and room for professional growth are top concerns for this group.

While 46% of Gen-Yers consider their career prospects better than previous generations, many respondents feel they also will have to save more money for retirement and study harder than past generations. In fact, nearly three out of four (73%) Gen-Yers surveyed said they will likely go back to school to obtain another academic degree or certification.

A corner office or impressive job title doesn't equal success for Gen Y either, survey results suggest. In fact, respondents ranked “a more prestigious job title” last among seven factors that would prompt them to leave their current positions. Opportunities for professional growth and advancement rated a greater career priority, the research shows.

The top factors that would tempt Gen-Yers to look for greener pastures are added pay and benefits, opportunities for advancement, and more interesting work. Even firms that provide some of these incentives may not be able to keep Gen-Y staff members for the long term. Four out of 10 respondents said they plan to stay at their job up to two years — but only one in five foresees staying at his/her current job six years or longer. ■

Sources: Robert Half International ([www.rhi.com](http://www.rhi.com)), Yahoo! HotJobs® (<http://hotjobs.yahoo.com>).

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# Health Care Insecurity Greatest Among Hispanics

As health-care costs increase and employer-provided health care continues to shrink, it's no wonder that workers are becoming more worried about their health care. Those worries, while high across all groups, are greatest among Hispanics.

According to the Rockefeller Foundation's *American Worker Survey*, 26% of Hispanics do not visit the doctor because they are concerned about costs. This compares to 17% of whites and 20% of African-Americans.

Moreover, 25% of Hispanics are most likely to take money out of personal or retirement savings to pay for health-related expenses. This compares to 17% of whites and 19% of African-Americans.

Finally, among those with health insurance, Hispanics are also the most worried about losing their coverage. An estimated 25% of Hispanics expressed this concern, compared to 21% of African-Americans and 13% of whites.

It seems apparent that Hispanics are at the forefront of the decline in American health care. ■

Source: *Economic Policy Institute* ([www.epi.org](http://www.epi.org)).

# Working with Employees with Work Environment Afflictions

Multiple Chemical Sensitivity (MCS) and Environmental Illness (EI) are among afflictions that involve an inability to tolerate an environmental chemical(s).

MCS and EI develop from exposure to substances in the environment such as certain fragrances, cleaning agents, pesticides, smoke, new carpeting, and poor indoor air quality. Some people cannot tolerate even low levels of exposure to certain substances.

MCS/EI symptoms may include: headaches, dizziness, fatigue, nausea, breathing difficulties, tightening of the throat, difficulty concentrating, memory loss, eczema, and muscle pain. Allergies and asthma may elicit similar reactions.

The *Americans with Disabilities Act (ADA)* does not list specific medical conditions that constitute disabilities. Therefore, some people with respiratory impairments will have a disability under the *ADA*, while others will not. Generally speaking, a person is considered to have a disability if he/she has a physical or other impairment that substantially limits one or more major life activities, and there is a record of such an impairment.

The following is a sample of some of the ways to accommodate employees with MCS/EI:

### Ventilation and Air Quality

- Provide an office or work-space with windows that can be opened.
- Use High Efficiency Particulate Air (HEPA) venti-

lation filters and be sure that ducts are maintained. Air filters may also reduce asthma triggers.

### Remodeling and Cleaning

- Notify employees ahead of time if you plan to remodel, paint, wax floors, shampoo carpets, etc.
- Allow alternative work arrangements for people who may be sensitive to chemical agents, such as working from another office, on a different floor, or working from home.

### Situation and Solution

A clerical employee was having difficulty breathing due to certain fragrances from co-workers. The employee was placed in a more enclosed cubicle with an air purification system, co-workers were asked to decrease or eliminate the use of fragrances, and the time the employee spent in the office was reduced by decreasing face-to-face communication and increasing phone calls, and email and fax transmissions. ■

Source: *Job Accommodation Network*. This is only a sample scenario. Solutions need to be tailored to the specific individual and work environment. For more information, visit [www.jan.wvu.edu](http://www.jan.wvu.edu). **Editor's note:** See also the November 2006 *EAR*: "Going Smoke Free isn't as Easy as it Sounds," and "Working Together to go Smoke Free." May is Clean Air Month.

## look ahead

### UPCOMING EAR FEATURES...

- Impact of War on Veterans
- Ethics
- The Truth About Safety Incentive Programs

# Committee Urges Support of 'ADA' Bill

The American Civil Liberties Union recently applauded the House Committee on Education and Labor for holding a hearing on H.R. 3195, the *Americans with Disabilities (ADA) Restoration Act*.

The original *ADA* passed with overwhelming bipartisan support in 1990 and was heralded by Republican and Democratic leaders as the "emancipation proclamation" for people with disabilities.

However, due to a series of Supreme Court decisions that have narrowed the definition of disability under the *ADA*, the vast majority of *ADA* cases brought against private

employers have been dismissed by the courts.

The *ADA Restoration Act* restores the original intent of the *ADA* by clarifying that anyone with an impairment, regardless of his or her successful use of treatments to manage the impairment, is entitled to seek a reasonable accommodation in the workplace. Specifically, this legislation:

- Amends the definition of disability so that individuals whom Congress originally intended to protect from discrimination are covered under the *ADA*;
- Prevents the courts from con-

sidering the use of treatment or other accommodations when deciding whether an individual qualifies for protection under the *ADA*; and

- Focuses on whether individuals can demonstrate they were treated less favorably on the basis of disability.

"It is time to fix the problems created by the Supreme Court," said ACLU Legislative Counsel Joanne Lin. "The *ADA Restoration Act* would reestablish Congress' original intent in passing the *ADA* and restore the Act to its place as one of our country's great civil rights laws." ■

Source: ACLU.

## Clinical Perspective

# Conduct Disorder Raises Questions

Most practitioners agree there is a "muddy" consensus as to what defines Conduct Disorder.

As a result, it's essential for the practitioner to examine each risk factor — which include cognitive deficits; academic failure; confrontational, aggressive parent-child interaction; and family dysfunction — and evaluate them in their entirety.

Youth that suffer from Conduct Disorder often also suffer from another mental-health disorder, such as ADHD or Oppositional Defiant Disorder (ODD). The *DSM-IV-TR* describes the difference between ODD and Conduct Disorder by explaining that children with Conduct Disorder often

have serious and more persistent behavior patterns, such as violating the basic rights of others.

The length of treatment will vary, but it is rarely brief since establishing new attitudes and behavior patterns take time. However, early intervention offers the best chance for improvement.

Family therapy is an important component in treating Conduct Disorder because it will address the family stress normally present when living with a child with Conduct Disorder. These treatments will include strategies for managing behavior, and it may help parents discipline more effectively and encourage appropriate behaviors.

Conduct Disorder is a complex

problem with many forms. No single intervention can be used for every case. Practitioners must look carefully at the factors related to diagnostic assessment because identification of these factors is a critical aspect of the therapeutic process.

With the increase in managed care, it's imperative that mental health practitioners develop research that will clearly identify which treatment(s) is most cost effective to ensure that clients continue to receive coverage for necessary treatments. ■

Source: Sophia Dziegielewski, a licensed clinical social worker with over 70 published articles about health, mental health, and evidence-based best practice methods. **Editor's note:** May is National Mental Health Month.

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# Employees Increasingly Need Financial Tips

Between credit card debt, the recent home mortgage foreclosure crisis, and a potentially slowing economy, people seem to be more concerned about their finances than ever before. But what can an EAP do? The following are a few ideas:

- ✓ Employers who may be wary about getting involved in what appears to be strictly a personal matter should bear in mind that reducing debt can reduce stress and increase productivity by stopping collection calls and related financial concerns at work.
- ✓ Budgeting and debt management counseling (and referrals) give EAPs another tool to boost utilization.
- ✓ While 401K information is fine, employers should recog-

nize that workers age 25-40 are much more concerned with debt than retirement plans.

Consequently, the following advice may help to improve individual finances:

- **Exercise fiscal restraint.** Living within a budget means you don't spend more than you have coming in. If necessary, ask for help in coming up with a monthly budget, and where expenses can be pared.
- **Resist impulse shopping.** Ponder tempting, yet unnecessary purchases (think "want" vs. "need") for 24 to 48 hours first. If you can learn to resist initial impulse

spending urges and gain some perspective, you'll find yourself living with less and enjoying it more.

- **Avoid temptation.** The best way for an alcoholic to keep from "falling off the wagon" is to steer clear of places that serve alcohol. The same is true for people who overspend. Don't put yourself in situations where your purchasing juices will get stirred up. If you nearly always buy unnecessary items at a major retailer, avoid that store whenever possible!
- **Check out online resources.** Consult websites such as [www.nfcc.org](http://www.nfcc.org) (National Foundation for Credit Counseling), [www.crown.org](http://www.crown.org) (Crown Financial Ministries) and [www.stretcher.com](http://www.stretcher.com) (The Dollar Stretcher). ■

Sources: "Money Clues for the Clueless," Promise Press/Barbour Publishing; and Harlan Accola, financial advice columnist and senior loan officer with MONEYWISE Mortgage Co., in Marshfield, WI.

## We Need Your Email Address!

Due to feedback from our readers, *EAR* subscribers will now receive an email with links to the electronic versions instead of as an email with attachments.

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Also due to customer feedback, we have added a new item — **EAP Blasts**. Each month, we will place

the *Payroll Stuffers* insert in a **full-color** Word document that you may customize to meet your needs. You can edit them, save them, print them, email a blast to your clients, or place them on company intranets.

Finally, we remind readers that you may also customize the *Payroll Stuffers* and *LifestyleTIPS*® insert with company imprinting for additional convenient and professional-looking printed documents.

We are committed to being a great resource for EAP professionals, and we appreciate your input. Please direct any questions to Jennifer Heisler, (715) 258-2448, ext. 223 or email [jennifer@impact-publications.com](mailto:jennifer@impact-publications.com). ■

### Resources continued from Page 3

📖 **Results That Last: Hardwiring Behaviors That Will Take Your Company to the Top**, by Quint Studer, \$24.95, Wiley, ISBN-13: 978-0-471-75729-0. The author teaches readers how to build an organizational culture that develops great leaders today and instills the means and mindsets to foster great leadership tomorrow.

📖 **Table for Eight, Raising a Large Family in a Small-family World**, by Meagan Francis, \$14.95, Alpha Books, published by the Penguin Group, ISBN: 978-1-59257-673-9. Today's small-family world can be tricky to navigate if you're blessed with a big family! The author shows how. ■