

EAP ASSOCIATION

# Exchange

The Magazine of the Employee Assistance Professionals Association

**Viva Las Vegas!  
1998 Annual  
Conference  
Issue**

**EAP  
Cost/Benefit  
Analysis**

**Public Policy  
Updates on:**

- Sexual Harassment
- Welfare-to-Work Initiatives
- Job Coaching for Disability Management

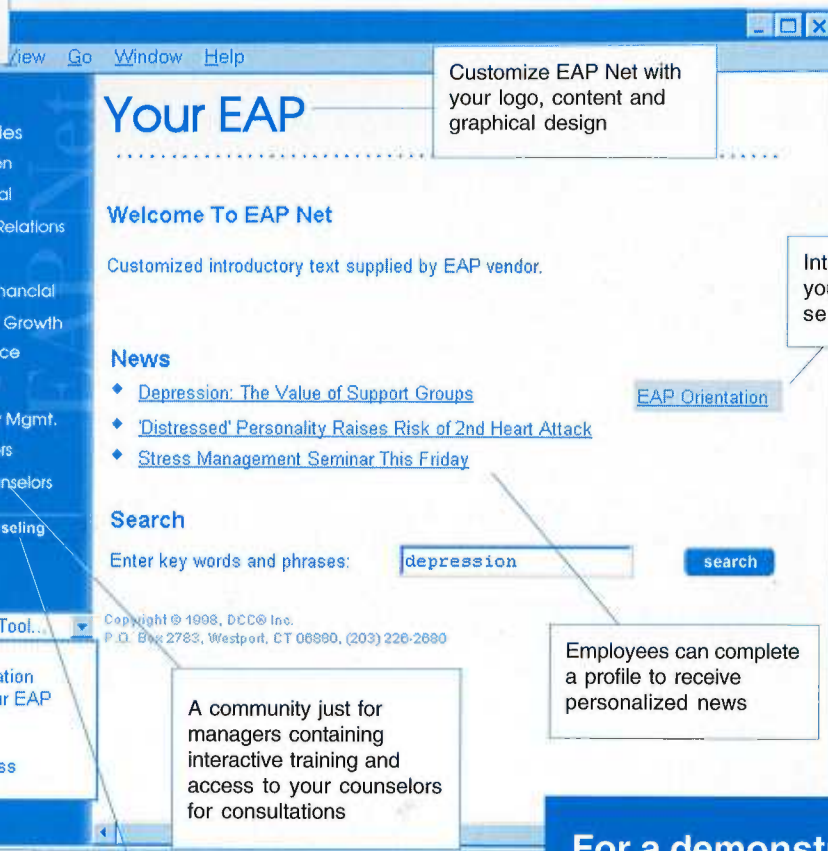
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# Front Desk

This month's issue was coordinated by EAPA Exchange Advisory  
Committee Chair Jim Wrich

## Public Policy: It's Our Job

This *EAPA Exchange*, which will be distributed at our 27<sup>th</sup> EAPA Annual Conference in Las Vegas, focuses once again on public policy issues, those legislative topics of primary importance to EA professionals. Some may wonder if we haven't already said enough about public policy issues after all these years. The answer is a resounding no, and we won't have said enough until every public official in the U.S. can speak knowledgeably about EAPs.

Federal and state legislation has a significant impact on how and why we serve as EA professionals. In recent years, EAPs have been receiving well-deserved recognition in federal and state legislatures for their role in helping keep the work force drug-free, for helping employers comply with mandated regulations, and for implementing workplace policies that help increase productivity. Unfortunately, how EAPs work and what EAP models are most successful remains a mystery to a large number of our lawmakers. We as EAPA members must continue to educate our legislators so that laws affecting EAPs will help and not harm us.

This issue includes information on:

- how job coaching can help employees with mental disabilities meet their job requirements;
- what's happening with the proposed "Drug-Free Workplace Act of 1998";
- what's in-store for EA professionals regarding the Supreme Court's latest interpretation of sexual harassment;
- how EAPA members in North Carolina are using EAPs to support welfare recipients who are entering the workplace.

On behalf of the *EAPA Exchange* Advisory Committee, I want you to know how much we have enjoyed working on the EAP Association's magazine. Our goal has been to make the *Exchange* your most valuable source of information on EAP and EAPA issues, and we sincerely hope we have achieved that goal. Many, many thanks to our volunteer authors who have contributed such outstanding articles, and best of luck to the new members of the *EAPA Exchange* Advisory Committee.

Sincerely,



Jim Wrich  
Chair

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**Exchange**

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*EAPs Interfacing with M.D.s*

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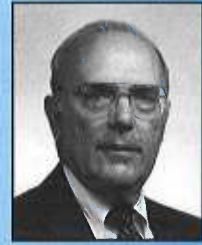
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# President's Page

## Step 7: We Will Follow Our Personal Programs

by Don Magruder, CEAP



DON MAGRUDER, CEAP  
EAPA President

**W**ith this issue of the *EAPA Exchange*, I offer the seventh and last of the seven proposed "EAPA Steps": We will follow our personal programs that help us improve our personal and professional development.

Though I've listed this as the last point, it is perhaps the most important to the success of our EAPA program for progress as an Association. With this step, we acknowledge that we must first strengthen ourselves personally and professionally so that we may then use our strength for the benefit of the EAP field.

As EAPA members, many of us already familiar with 12-step programs where we are reminded on a daily basis that we can't help others until we help ourselves. This is not a selfish attitude but one of personal responsibility that suggests we must be responsible for our actions and their outcomes. In that same sense, I urge all EAPA members to take a closer look at this step to make personal and professional improvements.

We EAPA members share an enthusiasm for the benefits of employee assistance through the workplace. The best testimony for any EAP, however, is the transformation it can bring to our own lives. When we practice this step, we gauge our level of transformation by asking ourselves these questions:

- Does our own performance in the workplace reflect the values of employee assistance?
- Do we practice the same moderation and judgment in our own world that we espouse for others?
- Can we say that we are better off as individuals because of the EAP influence in our lives?

By asking ourselves these questions periodically, we can keep ourselves on the right course.

This same step has significant implications for our Association as well. Our personal programs, especially those that support EAP principles, affect what type of negotiations and business transactions take place within EAPA. I was reminded of this recently when I reflected on the past two years of my term as president. At the beginning of my term, our Association faced an apparent crisis. Reflecting on that time, I remembered how we all relied on our personal programs to help us manage the negotiations. I'm happy to say we learned some important lessons during that time and we are now facing a bright future. So let's use our personal programs to bring changes into our lives and our Association.


### Many Thanks

As I prepare to pass the gavel to our next president, Greg DeLapp, I want to thank each and every EAPA member who has supported me with dedication, participation, and loyalty during these past two years. EAPA is a wonderful organization because of the wonderful people who belong to it. It has been my pleasure to serve as your president, and I will now dedicate myself to serving as your immediate past president.

In 1996, I asked for your support with expanding EAPA into international corners of the world. Two years later, we have seen chapters formed or forming in Australia, Brazil, Chile, Japan, Scotland, South Africa, etc. Employee assistance is "good news" for the entire world, and I'm so grate-

ful that EAPA members have worked so hard to make international participation possible.

### The EAPA Steps

1. Diverse though the interests and backgrounds are of EAPA members, we share a common bond: We believe in the benefits of employee assistance.
2. Recognizing that our greatest strength comes from working together, we will work side-by-side as brothers and sisters to lead the EAP field and promote its benefits to the working world.
3. We will focus only on those projects and issues that support the EAPA mission: To promote the highest standards of practice and the continuing development of EA professionals, programs, and services.
4. When performing our EAPA activities, we will produce results that will improve our Association, the EAP field, and our respective organizations.
5. We will encourage our associates from other associations and organizations to become EAPA members.
6. We will share information about the benefits of employee assistance within our respective work organizations.
7. We will follow our personal programs that are intended to improve our personal and professional development. 

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## Look for These Familiar Faces at the Annual Conference

by Sylvia Straub, Chief Operating Officer



SYLVIA STRAUB  
Chief Operating Officer

It is always a pleasure to introduce the staff at the annual business meeting that takes place at each EAPA conference. I always point out to those who attend that the staff works hard to carry out the Association's agenda and that they work from a sense of commitment to EAPA and its members.

I experience on a daily basis the sense of commitment EAPA's staff members bring to their work as they process orders, answer questions about certification or other matters, help a member with conference registration, change an address in the Association's database, or respond to any one of numerous other requests that come into EAPA headquarters each day. I see their commitment as they deal with knotty public policy issues, edit the Association's award-winning *Exchange Magazine*, launch a membership recruitment drive, update and/or rewrite the certification publications, prepare minutes of a committee meeting, and so on. I learn daily about a staff member "going the extra mile" to help out a member or support a colleague in the office.

In the July/August *Exchange*, you read about Reggie Newell, EAPA's new manager of services for labor and other member segments. Recently, EAPA added three more staff members to the roster: Janice Laughlin, Resource Center manager; Kathleen Rigden, conference and training manager, and George Figliozzi, executive assistant to the Board and COO, office manager, manager of information systems, and Web master. Janice comes to EAPA with extensive experience in the publishing world and is laying the groundwork for updating

and increasing the titles available in the Resource Center. Within little more than a month on the job, Kathleen met our exhibit sales goals, and because of her superb work, EAPA has sold completely out of booth space at the 1998 conference. George wears several hats and brings to EAPA an excellent background in computer science and extensive experience as an office manager.

In March, we published photos of all the EAPA staff. On the following pages, you will see again photos of EAPA staff, including our new staff members and their titles. I hope you will greet them at the conference and tell them how much you appreciate the great work they are doing on behalf of the Association.

**Janice Laughlin. Resource Center Manager.** I have been the Resource Manager for three months. I have a master's degree in librarianship as well as 18 years of sales and marketing experience in academic publishing. Because the Resource Center needs to recoup its costs and provide information, my job



is to see that we respond quickly and accurately to fulfill all publication orders and requests. I also attempt to answer the surprising range of questions that come in each day via phone/fax/mail/Internet. There's lots to do and to learn, so it's helpful that I am an avid reader and enjoy solving mysteries! I'm looking forward to my first EAPA annual conference in Las Vegas.

**Kathleen S. Rigden. Conference and Training Manager.** I serve as exhibits manager on the EAPA annual conferences and assist the conference director with other aspects of the event. I will also work closely with the Legislative and Public Policy director on the annual public EAPA



policy conference. In the future, I will serve as the staff liaison to the Education and Training Committee. Since 1984, I have coordinated special events and meetings with a soup-to-nuts approach and am happy to be working at EAPA, an organization whose members provide an invaluable service: saving lives. I am a voracious reader. I also enjoy a variety of arts and crafts including basket weaving, painting, and needlecrafts, and I recently started crocheting.

**George Figliozzi. Executive Assistant to the Board and the COO, Office Manager, Manager of Information Systems, and Web Master.** I joined EAPA in August 1998 and have been busy ever since



providing computer support to staff, rearranging to make more effective use of our office space, and getting ready for my first EAPA annual conference. I attended Montgomery College and Salisbury State University and hold a degree in computer science with a specialty in microcomputer applications. I spend my free time enjoying Washington's multitude of performing arts, exercising, and boating.





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## **EAPA Members: Be Sure You're Listed In These EAPA Publications**

- The *1999 EAPA Member Resource Directory* is now in preparation. Your member listing as of December 31, 1998 will be listed in the 1999 edition. If you want to change that listing, call the Membership Department at 703-522-6272, ext. 315 or 317.
- *The Employee Assistance Providers List* is continually being updated and distributed through the EAPA Resource Center and our Web site. Call the Membership Department at the numbers listed above for information on how to participate.



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*Recent decisions by U.S. Supreme Court justices on ground rules for sexual harassment create new challenges and opportunities for EA professionals.*

# SEXUAL HARASSMENT

## The EA Professional's Role in Prevention and Intervention

*by Charla Parker, MPA, CEAP  
with Jim Comstock, M.Ed., CEAP and William Judge, JD*

**H**igh-risk human behaviors in the workplace create opportunities and challenges for EA professionals who provide consulting and training support to the human resource specialist in the organization. In the past, the culture and mores of the specific work organization had the opportunity to define acceptable behavior. This local culture sometimes overrode the preferences of the individual and the EA professional often found himself or herself in the middle trying to facilitate a work group consensus on new work norms. For example, in one organization the maintenance office walls were covered with a historical collection of calendars depicting scantily clad women. A female worker who was subsequently hired into the work group objected to the collection and her male co-workers became extremely upset and refused to train or assist her with her work. The EA professional spent hours with this work group trying to facilitate a new consensus on acceptable office decor and male/female behavior in the workplace.

Now, the EA professional's job is made somewhat easier by virtue of the emerging sexual harassment legislation and judicial interpretations that provide guidelines on what behavior is and is not acceptable in the workplace and what the employer must do to maintain a work environment that is free from sexual harassment. Armed with these new guidelines, the EA professional can offer extended prevention and intervention services to the client organization.

### Facts about Sexual Harassment

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a coworker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser's conduct must be unwelcome.

There are two main arenas in which sexual harassment usually occurs: 1) in "quid pro quo" situations, and 2) in a "hostile environment." "Quid pro quo" exists when: a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual. "Hostile environment" exists when conduct "unreasonably interferes with an individual's work performance" or creates "an intimidating, hostile, or offensive working environment."

Defining factors might include: 1) whether the conduct was physical or verbal or both; 2) how frequently it was repeated; 3) whether the conduct was hostile or patently offensive; 4) whether the alleged harasser was a coworker or supervisor; 5) whether others joined in perpetrating the harassment; and 6) whether the harassment was directed at more than one individual.

### Incidence of Sexual Harassment

Nationwide, sexual harassment is the fastest-growing area of employment discrimination, according to the Equal Employment Opportunity Commission (EEOC). Some 15,889 complaints were filed with the EEOC in 1997, up nearly 160 percent since 1990, when only 6,127 complaints were filed.

## Recent Court Rulings

The U.S. Supreme Court issued a pair of landmark decisions on June 26, 1998, which accomplished two things: 1) upheld the individual's rights to work in an environment free of sexual harassment, and; 2) clarified for employers their burden of responsibility.

Justices Anthony Kennedy and David Souter wrote the companion 7-2 rulings that outlined the following guidelines regarding sexual harassment:

- Employers are liable when a sexually harassing supervisor, rebuffed by a subordinate, retaliates with a negative, tangible consequence, such as a firing, demotion, or lack of a pay raise.
- An employee who refuses to submit to a manager's advances can sue a company even if the supervisor doesn't follow through on threats to make a subordinate's work life miserable.
- When an employer's instructions to a subordinate are not heeded, the company can defend itself from lawsuit by showing it had a sexual harassment policy communicated to workers, a means for filing grievances, that it tried to "prevent or correct promptly" the harasser's behavior, and that the complaining employee "unreasonably failed" to report the problem through proper company channels.

## Role of the EA Professional

As with other EAP functions, the EA professional has a dual role: 1) to help the employer prevent sexual harassment from occurring in the workplace; and 2) to help the individual worker who feels that she or he has been a victim of harassment. In order to fulfill these roles, the EA professional can:

- Help the employer develop a sexual harassment policy
- Develop communication materials that educate employees on their rights regarding sexual harassment
- Train supervisors to understand their role in carrying out and enforcing the company policy
- Assist with investigations of complaints
- Mediate and diffuse coworker conflicts that could lead to charges of harassment
- Provide communications and other training to work groups that need help in changing behaviors
- Assess and refer for counseling individuals who perceive themselves as victims of sexual harassment
- Provide coaching to supervisors with high-risk work groups.

## Case Example

An EA professional was asked to investigate a complaint filed by a female employee against a male coworker who had repeatedly left on her desk pictures of obese women followed by pictures of trim females in bathing suits. The male employee reported he was trying to encourage her to lose weight. When the female worker com-

plained to the supervisor, he brushed off the incident with "you two need to learn to get along." Feeling unheard, the female employee then filed a formal complaint.

The EA professional interviewed all parties and was able to make the female worker feel heard. In addition, the EA professional was able to educate the male coworker on the aspects of his behavior that met the criteria for behavior that constitutes sexual harassment. With this new learning, the male employee wrote a letter of apology and discontinued his offensive behavior. The female coworker dropped the complaint, thus preventing a costly and antagonistic lawsuit.


## Key Questions

The following are some of the questions that employees most frequently ask of EA professionals during sexual harassment prevention training sessions:

- How do I file a complaint?
- How long do I have to file a complaint?
- What evidence do I need to have in order to file a complaint?
- If I file a complaint, who handles the investigation and how is it done?
- If I file a complaint, what will keep my employer from retaliating against me?

The EEOC provides answers to these and other questions in a handout that should be part of every EAP's educational library.

## Summary

The modern EAP has the opportunity to add consulting and training services that help employers comply with new guidelines for preventing sexual harassment. Information about the regulations is available in local law libraries, on the Internet, and from EAPA's Headquarters Resource Center, which can be reached at 703-522-6272, ext. 307. 

References for this article are available from the authors.

*Charla Parker, MPA, CEAP, has been developing expanded EAP training topics for more than 20 years in northern California. She provides independent consulting and training services to EA professionals and to human resource specialists. She can be reached at Charla Parker Morgan@MSN.com.*

*Jim Comstock is the executive director of ASSIST U, an EAP in the San Francisco Bay Area, which specializes in offering comprehensive human resource training to its client organizations. He can be reached at james.comstock at MPH@ccgate.MPHS.org.*

*William Judge, JD, LL. M., is a practicing attorney specializing in legal issues with particular reference to employer/employee relationships. He is vice president and director of Workplace Health Co-Op in Chicago. He can be reached via e-mail at: www.OL2.com.*

# The Job Coach

## *A Reasonable Accommodation for Persons With a Psychiatric Disability*

by Jan Bending, Ph.D., CEAP

**T**he Americans with Disabilities Act requires that employers provide reasonable accommodation for persons with disabilities, meaning that they need to find ways to make reasonable accommodations for new hires, persons needing an accommodation to stay on the job, and persons returning to work following a disability or job-related injury. For persons with a psychiatric disability, however, the reasonable accommodation requirement is not straightforward and has become a focus of concern for many employers.

For the employer, questions routinely arise regarding functional limitations and the reasonableness of a potential accommodation for persons with psychiatric disabilities. This becomes a complex issue because the answer is not intuitively obvious—it is not obvious to the supervisor, the medical director, the employee, or the EA professional. For a person with a psychiatric disability, the recommendations often involve changes in the *social* structure of the job. This can be difficult for both the supervisor and the employee to accept. It is hard to understand that the mental disorder itself can make it difficult for a person to perform a job adequately, or to interact with customers, coworkers, and supervisors.

In March 1997, the Equal Employment Opportunities Commission (EEOC) issued the document, *Enforcement Guidelines: The Americans with Disabilities Act (ADA) and Psychiatric Disabilities*, which offered some clarification regarding the implication of reasonable accommodation when an employee has a psychiatric disability. The EEOC guidelines suggest, among other things, that *job coaching* can help identify a reasonable accommodation for the employee and the employer.

A job coach can provide an early intervention when a person with a mental disorder has problems performing the job or interacting with others. Coaching services offer a way to accurately identify solutions for reasonable accommodation for the person with a psychiatric disability.

### **What Is Job Coaching?**

Job coaches, who provide specialized on-site training, identify ways for the employee to perform his or her job successfully. They also teach the employee effective and socially appropriate ways to interact with others. The coach identifies the employee's current ability to follow directions, perform a work task for several hours, tolerate noise, remain calm under pressure, and maintain good personal grooming habits. The coach evaluates the employee's connectedness to mental health services and to support from family and friends. Coaches work to keep the employee's expectations realistic and stable by focusing on the positive aspects of the job (pay, benefits, independence, work satisfaction, and commitment). Finally, coaches address the employee's needs to keep life in balance and to manage the influence of individual personalities and office politics.

The coach determines the skills the employee needs to perform the job effectively. By observing the employee doing the specific job, the coach can introduce job aids and learning tools to assess the employee's ability to perform the job. The coach works with the supervisor to identify "do-able" accommodations that do not compromise the components of the job that represent essential functions. To reintegrate an employee into the workplace following a disability, the coach typically evaluates the work environment and instructs the employee in ways to manage social interaction with coworkers and supervisors.

### **History**

The job coach model is a component of a more general concept of supported employment, which focuses on placing mentally retarded persons into jobs, using natural supports to teach the needed skills. The idea is that "mainstreaming" provides better work experiences for the disabled person and educates the community about the ability of the person to be a contributor on the job. Prior to this,

# EAP: Emphasizing the "Ability" in Disability Management

by David L. Coles, CEAP, and Elizabeth V. Bolt, RN, MS, LCDC, CEAP

Short-term disability (STD) benefits have historically been viewed primarily as an employee benefit. The intent of the benefit is to provide income bridging or protection for affected employees during their recovery period or until the start of long-term disability benefits. As such, STD administration has traditionally been based on a medical-model that is directed more toward risk management and cost containment activities. At the Halliburton Company, however, STD administration is a shared responsibility between the Employee Benefits Group and the Employee Assistance Program (EAP).

The Halliburton Company serves worldwide customers in the energy services, engineering and construction, and energy equipment fields. Halliburton's Employee Benefits Group coordinates the receiving, processing, and paying of STD claims. A registered nurse/CEAP in the company's internal EAP, however, is responsible for the STD case review and case management functions. This provides win-win outcomes for both Halliburton and its affected employees. The success factor in Halliburton's STD case management is the pairing of disability-based medical knowledge with high-leverage EAP activities, such as:

- maintaining supportive contact with employees to enhance their morale during the disability period,
- referring employees to counseling resources as needed to proactively address disability-related emotional issues (self-esteem, loss, etc.),
- case-finding activities that identify issues that are related or secondary to the disability (financial, childcare, family issues, etc.),
- mentoring the employee about how to address co-morbidity issues that may not have been identified or are not being addressed in the treatment plan for a particular disability,
- assisting with disability-related "activities of daily living" (e.g., coaching a spouse who may be unaccustomed to the responsibility for writing checks to pay the family's bills),
- having clinical sensitivity to the potential for splitting/triangulation and being uniquely trained to serve as the company's primary point-of-contact with the employee,
- keeping employees connected with the workplace and returning them to productive employment at the earliest opportunity,
- working with clinical care professionals to help them understand the needs of the company related to its disabled employees,
- evaluating work-site issues to ensure that employees are not returned to environments where safety would be inadvertently compromised,
- coaching employees about how to deal with temporary and permanent job performance limitations,
- smoothing workplace reentry by facilitating such activities as back-to-work conferences,
- coaching supervisory management about short-term and long-term job performance expectations,
- providing expert consultation about temporary and permanent accommodation issues,
- mentoring supervisory management about human relations factors that may be situation-specific,
- coaching supervisory management about appropriate post-reentry supervision activities, and
- following up regularly with employees in the short- and mid-term to ensure satisfactory transition back into the workplace.

Unlike with traditional medical-models of STD administration, the cooperative partnering between Halliburton's internal EAP and its Employee Benefits Group is a value-added contributor to the company's ability to provide leading technology, operational excellence, innovative business relationships, and a dynamic work force.

David L. Coles, CEAP, and Elizabeth ("Liz") V. Bolt, R., MS, LCDC, CEAP, both work in the Halliburton Employee Assistance Program in Houston, Texas. David also serves as treasurer and Liz serves as the vice-president for Committee Development of the EAPA Houston Chapter. Dave is also a member of the EAPA Exchange Editorial Advisory Committee.

mentally retarded persons typically worked in sheltered workshops. The sheltered workshop setting is one in which the person with the disability performs meaningful work producing goods and services contracted to the workshop from the private sector. In such a setting, a non-disabled worker was the shop foreman. This person performed the job alongside the disabled person, serving as a model for how the work should be done. Rehabilitation counselors (often called work evaluators or adjustment counselors) provided support services to the sheltered workshop employees. The counselors addressed the employees' personal concerns. One problem with this model was that persons in this setting had few opportunities to learn the performance and behavioral standards expected of persons in jobs in the competitive marketplace.

In a retrospective study examining performance and behavior change among workers at a sheltered workshop facility, behavior exhibited by a worker at entry into the program was the best predictor both of successful placement in a competitive job and of increases in productivity over the long term. There was little likelihood of behavior

change while attending the sheltered workshop program. This suggests that improved behavior is unlikely if the individual is placed with others exhibiting similar behavior, even though expectations of the workshop staff are clearly stated. In comparison, the supported employment model brings the person to the job, and it provides a job coach to train the employee how to perform the job and how to behave on the job.

## Where Do EAPs Fit In?

Employee assistance professionals often learn that the employee has problems performing the job, or has difficulty interacting with customers, coworkers, and supervisors. Sometimes the supervisor contacts the EAP reporting frustration and concern about the employee's behavior or performance. Other times, the employee feels unable to manage the job and seeks help from the EAP. Generally, the employee had satisfactory performance and interpersonal relations prior to this episode. No one can clearly identify what initiated the changes in behavior. For the EAP, this is

a perfect opening for discussion about the appropriateness of using a job coach to evaluate the situation. The job coach strategy is an on-site workplace intervention that the employee, coworkers, and supervisors tend to accept. The job coach intervention supports the employee who is at risk of losing his or her job because of problems related to the psychiatric disability. This is a new concept in that employers are beginning to recognize the need for and initiate the use of job coaches to meet the needs of their employees who have disabilities. The EAP needs to introduce the idea and coordinate the process because the job coach concept is unfamiliar to the work group. In addition, the EA professional educates the coach about the company and the work culture.

### **How Does the Job Coach Intervention Work?**

Here is how the job coach model works. Some member of the work group contacts the EA professional. The EA professional interviews the employee who has difficulty managing the job. Reasons typically given include stress, technology change, or changes in the workplace environment. The employee may have a chronic psychiatric condition that is re-emerging as a problem, or this could be a new condition for the employee. In either case, the employee feels he or she cannot do the job, and the supervisor can no longer tolerate the disruption caused by the employee. The employee, who had acceptable evaluations, now demonstrates poor performance in terms of productivity, accuracy, and/or social interaction. Coworkers do not know what to do because the employee used to interact with the work group but no longer talks or socializes. Or, in another example, a newly hired employee with a mental disorder simply may not fit in, may find the job overwhelming, may make poor judgments, or may sit without working at all. In each of these situations, an assessment by a job coach could be helpful.

Initially, the job coach observes the job and its requirements. The coach discusses the employee's perceived problems in handling the job. Next, the coach talks with the supervisor and identifies what needs to change for the employee to perform the job adequately. The information learned from the assessment phase may be sufficient for the coach to determine the employee's job performance capability. One case involved an assessment of an employee who performed a job for 20 years. During those 20 years, the job became increasingly technologically sophisticated. In effect, the job went from a sorting and marking job to one involving tasks in a computer-based environment. The coach requested information about the employee's reading and math skills. The individual tested at a third-grade level and was incapable of performing the tasks currently required of an employee at this position. The assessment included the introduction of a variety of learning methods intended to frame the job in ways the employee might grasp. The employee could not learn the job. Further, this

worker's frustrated attempts to accomplish the job tasks in spite of the limitations contributed to a major depressive episode requiring inpatient psychiatric hospitalization. This led to the identification of a job the employee could do within the limitations of her ability. Until the intervention, the supervisor was at the point of dismissing the employee for performance issues.

In another situation, a person employed 15 years with a company had chronic bipolar disorder and periodically exhibited bizarre and disruptive behavior at work. He would talk with customers about his grandiose plans or religious beliefs (which people found frightening). The supervisor contacted the EAP for assistance. During an EAP visit, the employee reported non-compliance with medication because he felt the "meds" took away his personality. The intervention involved the use of a job coach who, together with the psychiatrist, communicated the importance of taking the medication. The coach instructed the supervisor in ways to speak directly with the employee about the inappropriate behavior. Observations of the employee's interactions with coworkers and customers helped the coach determine ways to teach the employee to interact with others appropriately. This included identifying what can and cannot be discussed during work time.

### **How Long Does a Job Coach Work with an Employee?**

Job coaching can involve a short intervention of one or two weeks. It can also be long term. The intervention depends upon the employee's needs and the employer's ability to make the accommodation. Generally, the coaching experience takes two to four months. The coach begins by working alongside the employee and then fades as the training progresses. For some people, there is a stigma associated with receiving the services of a job coach, and this is often true for persons with psychiatric disabilities. In these cases, the coach maintains contact by telephone, lunch visits, or e-mail.

### **How Do I Find a Job Coach and What Is the Fee?**

Typically, job coaches work in rehabilitation environments. Most work for agencies or schools and a few job coaches work independently. Coaching services cost between \$30 and \$45 per hour. Coaches tend to receive their training on the job. Probably the easiest way to identify job coaches is through the local office of the state rehabilitation services agency. Good job coaches have to know how to interact with supervisors effectively, and they need to be able to establish a helping relationship with the employee. Coaches must understand the needs of the business and they cannot present themselves to employers as "do-gooders." Coaches do not need actual expertise in the job the employee performs. They analyze the tasks involved in the job, evaluate the job and the employee's ability to learn the job. In one case, the coach evaluated a highly technical job and trained a skilled technician about the learning style of the employee. The technician retrained

the employee using the learning style identified by the coach. The coach maintained contact with the two throughout the training, providing consultation as needed.

Some new developments in the job coaching field include specialized academic training and certificate programs for coaches. In Cincinnati for example, Raymond Walters College, a branch of the University of Cincinnati, is beginning a job coach certification program. This program addresses the needs of employers to hire job coaches who understand the business environment. Virginia Commonwealth University, Kent State, and the University of Toledo also offer job coach training.

**Other Considerations When Using a Job Coach with Persons with a Psychiatric Disability**

It is critical that the job coach maintain confidentiality regarding the employee's psychiatric disability. The coach's role is to increase the employee's ability to function on the job. The coach addresses both the performance and the behaviors.

Job coaching can be an effective disability management tool for persons with psychiatric disabilities offering strategies for reasonable accommodation. It can help keep the employee at work and it can return the employee to work faster. ☺

References are available from the author.

*Jan Bending, Ph.D., CEAP, is the EAP administrator for Cincinnati Bell Telephone Company. She can be reached at 513-397-1010.*

EAP ASSOCIATION

# Exchange

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## 1999 EDITORIAL CALENDAR

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<b>January/February</b>	The Interface Between EAPs and M.D.s
<b>March/April</b>	EAP Service Delivery Models
<b>May/June</b>	Acquisitions/Mergers & Organizational Change
<b>July/August</b>	Policy Violations and Grievances: How to Handle Workplace Offenders
<b>September/October</b>	A Look at EAPs within Managed Care Organizations
<b>November/December</b>	Public Policy Issues for EAPs

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(sales through dealers and carriers, street vendors, and counter sales)	0	0
(paid or requested mail subscriptions)	7100	7098
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Total distribution	7700	7698
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(return from news agents)	0	0
Total	8500	8500
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I certify that the statements made by me above are correct and complete.  
*Kay Springer, Editor*

# The Greening of an EAP Public Policy Advocate

by Gary Alger, M.Div., CADC, CEAP

**D**rug-Free Workplace Programs • ERISA • COBRA • HIPAA • MH/SA Parity • EA Professional Licensure • Confidentiality. In my mind there is no doubt: EAPA's annual Public Policy Conference (PPC) is the best way I know to become informed about and involved with the critical legislative and public policy issues challenging our field today.

In March 1997, I could easily fit my entire basket of knowledge about public policy issues in a small paper bag, and still have room for a good-sized lunch! Oh, I had written a few letters to legislators in my time, out of a sense of social or moral obligation, but usually only when pestered by colleagues or a mail solicitation and only after being provided with my legislators' names and addresses. I certainly could not have named one if my next meal depended on it.

In 1997 I became interested in the issue of EA professional licensure. As conversations at EAPA chapter meetings became more frequent and emotionally charged about this issue, I sensed that my livelihood might be in jeopardy if I simply stood by and did nothing. With little more than a vague notion that "I should know more about this stuff," I registered for PPC'97.

My experience was transforming. I learned about several national and state-specific legislative initiatives relevant to our profession, and found it all exciting, if indeed overwhelming. The three-day conference closed with visits to Capitol Hill to meet with congressional leaders and discuss the EA profession and EAPs.

To be truthful, I felt very nervous, out of my element, intimidated. My only comfort was being accompanied by our chapter's Legislative and Public Policy (L&PP) committee chair, who was much more familiar with the whole process. With anxiety surpassed only by one approaching heaven's gate, I found my way to appointments, holding EAPA member Chris Love's coat sleeve, equipped with EAPA position papers, my map and legislative directory, as well as my commitment to my profession.

I was pleased to find every legislative aide with whom we spoke to be friendly, knowledgeable, and open to our concerns. I came away from the morning with a tremendous sense of satisfaction and accomplishment that I had taken part in our democratic process. I overcame an intimidating misapprehension that had kept me from becoming more involved years sooner!

Upon returning home, I began talking about my experience and commitment to EA professional licensure at chapter meetings. Long story short: In September I found myself as the new chair of the EAPA Connecticut Chapter's L&PP Committee! Again feeling overwhelmed and intimidated, I remembered my lessons from Washington, D.C. and promptly made appointments with my state legislators. I went to Hartford and met with each one, asking for their assistance in learning about the state-level legislative process. Again, I was pleased and impressed with the openness and availability of state legislators to me as a constituent (and voter).

This past spring, I returned to our nation's capital for PPC'98. This time I felt no anxiety or fear; instead, I was equipped with information about our government and how it works. Again we learned about current federal and state issues facing all EA professionals. Again, we planned visits to Capitol Hill. This year as chairperson of my state's L&PP Committee, I walked with confidence to my legislators' offices and discussed (with some level of insight and experience) important concerns relevant to EA professionals in Connecticut and the U.S. And this year, I was accompanied by another (slightly anxious) member of our committee, looking to me for leadership and guidance in overcoming the many intimidating circumstances encountered when interfacing with our democratic bureaucracy!

My hat is off to EAPA and its L&PP Department for giving me the opportunity to become educated and involved in the political arena, where important decisions regarding the future of the EA field are being made today.

I encourage every EA professional to take advantage of the annual Public Policy Conference held each spring. Meet your colleagues from around the country, earn PDHs, become informed about and involved in the process, and then pass on what you learn to others back home. It's your best opportunity to get into this important challenge to protect and augment our profession. Budding advocates should mark their calendars now for PPC'99: February 27-March 2, 1999 in Washington, D.C. Hope to see you all then.

*Gary Alger, M.Div., CADC, CEAP, chairs the L&PP Committee of the EAPA Connecticut Chapter. He is the program coordinator for Alliance EAP, an internal/external provider, in New Britain, Connecticut.*



## Licensure Update from the EAPA Connecticut Chapter's Legislative and Public Policy Committee


The EAPA Connecticut Chapter's Legislative and Public Policy (L&PP) Committee began holding regular meetings on its licensure initiative in September 1997 and has set a busy course of action for the coming year. Approximately 120 (CEAPs) living and practicing the EAP core technology in Connecticut will benefit from licensure. Once established, licensure should provide: 1) quality assurance to consumers, 2) clear definitions of EAP practice in law, and 3) confidentiality regulations specific to the unique work we do.

The EAPA Connecticut Chapter is preparing to introduce EA professional licensure legislation in the 1999 session of our legislature, which begins in January. In striving toward that goal we have taken the following steps:

- selected and hired a professional lobbyist, Stephen Duffy, Esq., a former Connecticut state representative to assist us in forming a strategy and guiding us through the process of passing legislation in our state;
- gathered demographic data on our membership in order to match CEAPs with their respective legislators around the state. We will be asking for input from each of our members as the session approaches;
- met with EAP colleague Patrice Alexander, CEAP, from North Carolina, and the first chair of North Carolina's EA Profes-

sionals Board, to learn from her state's experience and avoid unnecessary pitfalls;

- developed a time line to list and prioritize our tasks and guide our process;
- began to introduce EAPA Connecticut Chapter members to the legislative process and lobbying effort during breakfast meetings in Wallingford and Norwalk;
- identified potential support and opposition within various political, professional, business, and labor organizations around the state. Plans are underway to meet with these groups to discuss EAPs' unique workplace services and how these services are complementary to other groups' interests and needs;
- met with leaders from Connecticut's licensed psychologists' and social workers' organizations to introduce ourselves, discuss our initiative, listen to concerns, and seek support.

As momentum grows this fall, the EAPA Connecticut Chapter's L&PP Committee invites and encourages chapter members to become educated, get involved, and be ready to contribute their essential support to this all-important effort for themselves, their jobs, and their profession. For more information, call Gary Alger, L&PP chair for the EAPA Connecticut Chapter, at Alliance EAP in New Britain, 1-888-866-4445; e-mail address: galger@nbgh.org. 

### Aging Parents. Caring Children. A Common Sense Guide For Both Of You.

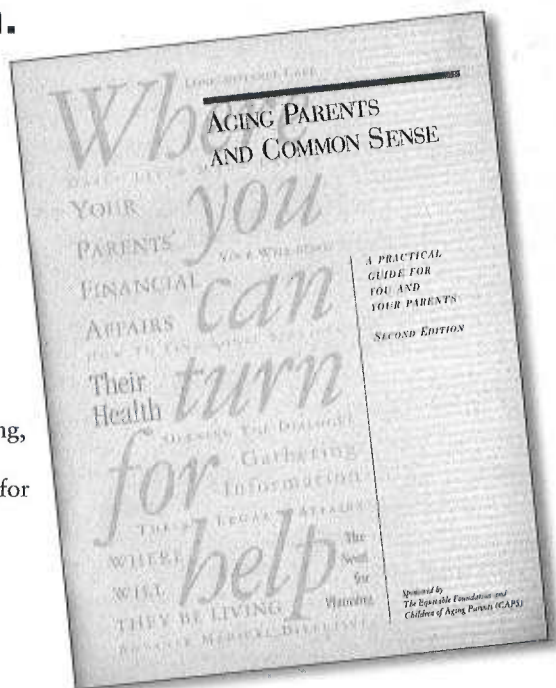
This all-new edition of the successful *Aging Parents and Common Sense* is an easy-to-use guide offering 60 pages of hard-to-find and essential information for parents and children:

- Information on financial, legal and medical issues
- An extensive listing of national and local eldercare resources, including Internet resources
- Real life examples of specific situations
- A glossary of aging terms

Published by The Equitable Foundation in cooperation with Children of Aging Parents and the National Alliance for Caregiving, you can order copies of *Aging Parents and Common Sense - A Practical Guide For You and Your Parents*, by sending a check for \$3 per copy (payable to Equitable Life) to:

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# Cost/Benefit Analysis Shows EAP's Value to Employer

by Kenneth R. Collins, LCSW, CEAP, BCD

**A** well-executed EAP cost/benefit analysis provides a compelling statement about an EAP's return on investment and plainly defines how it adds value to the organization in terms that are meaningful to the target audience. Conducting a cost/benefit analysis and studying the effects of treatment on worker productivity ideally should be a significant component of every EAP's business plan.

This is an ideal seldom realized, however. The truth is that cost/benefit analyses in the EAP field are rarely reported. Studies of the impact of treatment on workplace safety are also far apart and few in number. There are many reasons for this:

- Analytical resources are typically in short supply for both internal and external programs.
- EAP managers and staff are generally not researchers by training or inclination.
- Obtaining hard data on employee productivity is a formidable challenge.
- Coding formats that major corporations use for different kinds of absenteeism are often abstruse.
- Supervisors don't record absenteeism consistently.
- Obtaining information on a subset of the employee population, whose identity needs to remain confidential, is problematic.
- Frequently, separate vendors are involved in providing the EAP, authorizing treatment, and paying claims.

Not having the time to write up such studies for publication also contributes to the paucity of studies in the EAP literature.

This article presents two approaches to cost/benefit analysis that the Chevron Corporation's EAP performed over the past decade. The first (Study A) was a three-part study that computed the EAP's return on investment and

the second (Study B) was a study of safety records for post-treatment employees who had a history of substance abuse problems, as an example of an inferential approach to cost/benefit methodology. The combination of the three parts of Study A showed an estimated return of 14 dollars for every dollar spent on Chevron's EAP. Study B showed that employees returning to work after treatment for drug and alcohol problems had accident rates that were no different from the rest of the population, affirming the EAP's ability to support the safety of the workplace.

## **Study A: Measuring the Dollar Impact of the EAP**

This analysis looks at three areas in which Chevron's EAP has measurable effects from which a dollar benefit can be calculated. The sum of the three analyses shows an estimated return of 14 dollars for each dollar spent on the EAP. The first analysis is based on dollars the company has saved in *not* having to fire and then hire and train replacements for employees with drug and alcohol problems and employees referred to the EAP by their supervisors for job performance problems. The second analysis looks at company savings as a result of productivity improvement for all supervisor-referred cases. The third analysis also looks at productivity improvement for the rest of the 11,773 EAP cases opened since 1990, subtracting the supervisor referrals.

## **Section # 1, Terminations Avoided**

This analysis considers 740 drug and alcohol clients and 616 non-drug and alcohol supervisor-referred cases, for a total of 1,356 cases that were opened at Chevron between 1990 and 1994. Chevron was the first major oil company to design a mental health/substance abuse bene-

# Understanding the Cost/Benefit Study Process

Cost/benefit analysis is a process requiring significant preparation and planning to be successful long before any data are translated into dollar savings. The process includes the following steps:

- Identifying the benefits of doing a cost/benefit analysis
- Defining the target audience
- Aligning the process with the business objectives of the target group
- Collecting the data
- Developing the cost/benefit equation
- Communicating the results in a venue that will reach the target audience

## Identifying the Benefits

The EAP manager or vendor must begin with a clear sense of purpose—understanding the benefits of doing a cost/benefit analysis—in order to make the necessary commitment of money, time, and effort. The past decade has been characterized by reductions in corporate staff and elimination of personnel unrelated to the company's core business. These trends have hit human resource functions especially hard. For an internal EAP, the challenge is to demonstrate how the program justifies both its cost and the number of employees required to administer the EAP. For an external vendor, the challenge is to differentiate one's program from that of one's competitors, ideally by demonstrating how the EAP adds value, so that the EAP is not viewed by the customer merely as a commodity to be purchased at the lowest cost.

## Defining the Target Audience

The EAP manager/vendor must decide on the target audience. This means defining who are the EAP's primary and secondary customers, who are typically not synonymous with the program's "clients." The individuals who make the purchasing decisions are the primary customers, while the people whose opinions are the basis for the primary customers' decisions are the secondary customers. Determining who the primary customer is allows the EAP manager/vendor to select areas of study that are aligned with that customer's business objectives.

## Aligning with the Business Objectives

Chevron Corporation, a major producer, refiner, and marketer of petrochemical products, is interested in employee productivity and in avoiding accidents. Experience within the petroleum industry has shown that a single intoxicated tanker captain can lead to losses in billions of dollars. Chevron initially implemented an internally staffed EAP in 1970 specifically to help employees with alcohol problems. The program was expanded the following year to assist employees with a broad range of personal problems affecting their job performance.

To demonstrate how the EAP contributes to company productivity, Study A shows savings in three categories:

- Drug- and alcohol-abusing employees who were successfully rehabilitated through EAP and did not have to be replaced
- Supervisor-referred employees whose job performance improved by an average of 50 percent, in the judgment of their own supervisors, and
- Self-referred employees whose job performance showed a conservatively estimated five percent improvement.

Study B shows how Chevron's EAP supports the company goal of avoiding accidents by comparing on-the-job and off-the-job accident rates

for employees who had gone through treatment with EAP support with the rest of the employee population.

## Collecting the Data

Gathering data is a long-term project, typically requiring mechanisms to be in place for years so that significant numbers of cases can be included. Section 1 of Study A examined employee retention rates over a span of 10 years. The first cases were treated in 1986 and the last cases were treated in 1994 and examined as to work status in 1996. Section 2 of Study A depended on a 1990 decision to examine the EAP's impact on work performance by collecting data at the time of supervisor referral and every three months thereafter, as long as the case remained active. The EAP purchased customized software to support this function. More than 1,000 cases over a five-year period were included in the job performance study. Section 3 of Study A considers the nearly 12,000 employees who referred themselves or members of their families to the EAP from 1990 through 1994. Study B examined employee safety records for the year following EAP rehabilitation, from 1992 through 1995.

## Developing the Cost/Benefit Equation

Cost/benefit analysis needs to be built on data that are attainable, meaningful to the target audience, and credible. Obtaining comparable data from other sources may be a means of retaining credibility, while controlling costs. For example, in the Chevron study, data on employee retention were available. For the drug and alcohol cases included in the study, employment status was tracked for two years following treatment. Employee resignations were considered to be in the same category as terminations because underlying reasons behind the decision to resign could not be verified and the impact on the company in having to hire a replacement was identical. Comparative data to determine the impact of the EAP were based on the 1992 Comprehensive Assessment and Treatment Outcome Research (CATOR) study. This was a privately funded study conducted jointly through the University of Illinois at Chicago and the University of Minnesota at Minneapolis. This research involved nearly 10,000 patients and established that 55 percent of all patients drop out of aftercare in the first year. Another use of comparative data involved several studies of the accident rates of untreated substance-abusing employees, showing two to three times the number of on-the-job accidents for a substance-abusing population, compared with the total employee population.

## Communicating the Results

The Chevron EAP included the cost/benefit analysis in its annual report, which is routinely sent to executives and managers. The EAP manager uses the annual report as a basis for yearly meetings with senior management and the presidents of the larger operating companies. To communicate effectively with senior managers, who typically have little time to read reports unrelated to their core functions, it is essential to provide understandable graphics and concise text. Highlights of the annual report are summarized in a single-page executive summary. In addition, the annual report contains a customer feedback questionnaire, which is used to gather input from corporate officers and senior executives. The questionnaire asks executives and managers to rate the value of the various sections of the report and to request that future reports focus on particular issues. The questionnaire also confirms who among the executive ranks has read the report.

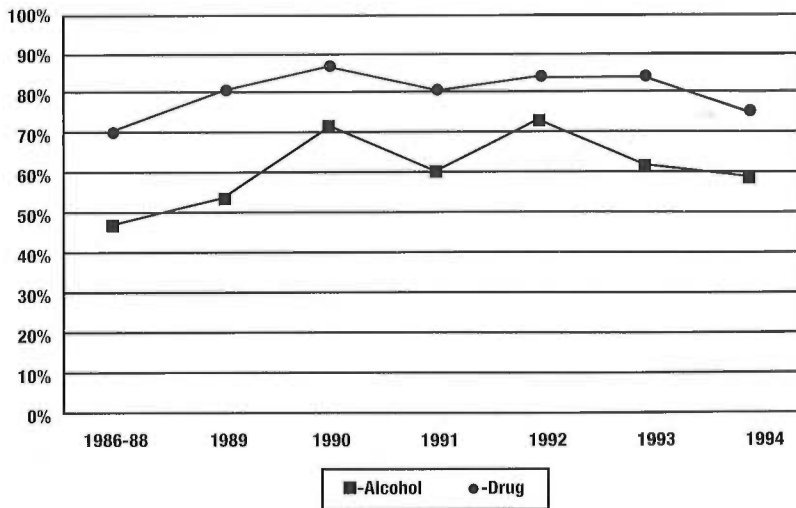


Figure 1. Employee Retention 2 Years after Treatment.

fit plan with a compelling financial incentive for employees to use the EAP to access treatment for drug and alcohol problems. The benefit pays up to \$25,000, with the first \$5,000 paid at 100 percent and the remainder at 80 percent, if an employee goes through the EAP. Chevron's rigorous monitoring of employees who are in post-treatment follow-up involves weekly screening for the first year of follow-up and biweekly screening for the second year. In effect, the weekly drug screening and loss of job resulting from a positive test makes recovery and continuation of employment very highly correlated. The Chevron return-to-work contract provides clear expectations about 12-step meeting attendance, requires documented completion of aftercare, biweekly EAP contact for the first 3 months following treatment, and monthly EAP contact for the next 21 months. Research from the 1992 CATOR study (explained on page 17) on treatment outcome for employed people reported a 50 percent recovery rate for alcohol cases and a 35 percent recovery rate for drug cases. Chevron's success rates have averaged 80 percent for alcohol cases and 65 percent for drug cases since 1990. (See Figure 1.) Based on these differences in recovery rates, Chevron's EAP had approximately 37 percent fewer alcohol cases and 46 percent fewer drug cases end in termination. (It should be noted that Figure 1 shows a decline in retention rates that coincides with significant corporate downsizing at Chevron beginning in the early 1990s. In behavioral terms, less certainty about job security would make job retention a less powerful motivator for recovery.)

*Three Levels of Supervisor Referral.* The Chevron EAP identifies three different kinds of supervisor referral. Many companies have random drug and alcohol testing programs, which result in "mandatory" supervisor referrals to the EAP. Supervisors also make informal or "soft" referrals to the EAP, when either minimal or no job per-

formance problems are present, and formal or "hard" referrals if there are significant job performance problems. Because hard referrals are confrontational and have disciplinary implications, supervisors are often reluctant to use them. Chevron supervisory training emphasizes the difference between the referral types and the necessity for the supervisor to call the EAP when making a job performance-based referral.

Many work environments do not prioritize supervisory referrals. Some companies simply don't know how to cultivate and support supervisory use of the EAP. While industry-wide averages for supervisory referrals tend to be very low, Chevron's 24 percent rate for supervisor-referred employee cases demonstrates the importance of having the

EAP counselor spend time on site, not only to gain the trust of management, but to learn about the work environment. Supervisors and managers will refer employees to an EA professional who is visible, readily accessible, knowledgeable about company policies and practices, and follows up with supervisors after the referral is made.

The Chevron data show that one-third of supervisory referrals were mandatory, one-third formal, and one-third informal. Supervisors' evaluation forms indicate that employees referred for job performance problems have more serious work performance issues than employees with drug and alcohol problems identified by random testing. Based on the severity of job performance problems and the initiation of disciplinary action in the majority of cases, it is estimated that at least 50 percent of the formal referrals would have been fired had they not been referred to the EAP.

For every termination avoided, Chevron saved approximately \$50,000, based upon figures from the Chevron human resources department. Sixty percent of supervisor-referred cases were operators, technicians, maintenance, or

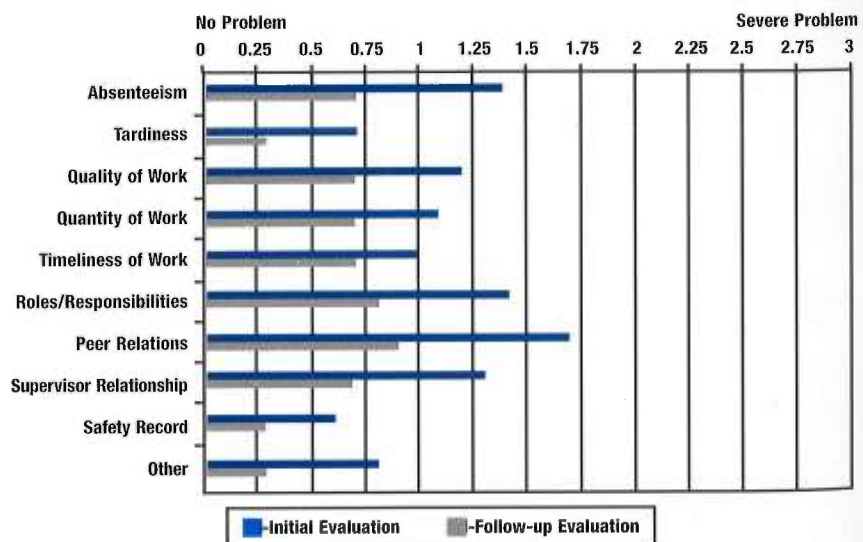


Figure 2. Summary of Supervisor Evaluations, 1012 Cases, 1990-1995

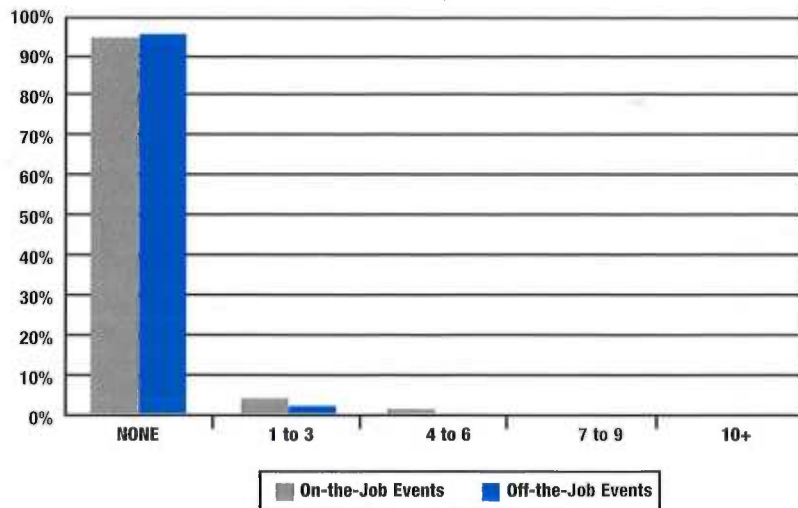


Figure 3. Accident Rates for Rehabilitated Employees One Year After Treatment

transportation workers, for whom the costs of hiring and training amount to at least \$50,000 for each individual. Twenty-one percent of supervisor-referred cases were in other work categories, for which replacement costs also average around \$50,000. The value of not firing and replacing 764 employees over a five-year period is equal to annual savings of \$7.6 million.

### Section #2, Productivity Improvement for Mandatory and Formal Referrals

This analysis focuses on the recovery in productivity for supervisor-referred employees. As stated above, industry-wide comparisons show a very low number of employees referred to an EAP by supervisors for job performance problems. At Chevron, a positive random test results in a mandatory EAP referral. Productivity gains for employees with drug and alcohol problems are directly related to the effectiveness of rehabilitation.

When a Chevron supervisor refers an employee to the EAP, the EAP counselor sends the supervisor a performance evaluation form with which to rate the employee's performance on 10 work criteria. As long as the employee remains an active case, the supervisor is sent a follow-up form at three-month intervals. The follow-up form captures changes in the employee's work performance. The chart on page 18 shows aggregated initial and follow-up scores based on five years of data for 1,012 cases currently in the database. (See Figure 2.)

Supervisor-referred employees improved in work performance an average of 50 percent on each work performance criterion. Equally significant in estimating the value of an employee's work performance improvement is factoring in the effect on coworkers. In the case of absenteeism and tardiness, the coworker must cover the employee's position, often at an overtime rate of time and a half. This calculation assumes that the improvement in an employee's productivity is increased by half again due to the "coworker effect," so that the combined productivity gain may actually be 75 percent. At Chevron, an average employee's

salary/burden is equal to \$50,000 per year. Combining a 50 percent performance improvement with the coworker effect suggests that the recovered productivity for a single supervisor-referred employee is worth approximately \$37,500. Averaging the estimated value for the 1,012 supervisor referrals over the past five years yields yearly savings of \$7.6 million.

### Section #3, Productivity Improvement for Self-Referred Cases

This analysis considers the recovered productivity for the 11,773 remaining EAP cases opened at Chevron since 1990. This study assumes that there is at least a five percent gain in employee productivity

for the average case when the employee's personal problem is serious enough for him or her to seek professional assistance. The decision to use "five percent" to represent the overall productivity gain for employees who self-refer to the EAP was based on clinical knowledge of significant change and the importance of providing a credible, but conservative, figure in the absence of collected data. Given the cultural values of the largely male population of refinery and oil field workers, truck drivers, and technicians who comprise the bulk of the Chevron EAP caseload, help is typically sought at a point when the employee is in a crisis state and willing to forego his sense of independence. Employees self-refer for marital and family conflicts, emotional problems such as anxiety and depression, and family problems over a range of issues, including having a dependent with emotional or substance abuse problems. About 70 percent of Chevron's self-referred EAP cases involved employees who came in for their own personal problems. For the remaining 30 percent of cases in which a family member was the primary client, three out of four times it was the employee who contacted the EAP to seek assistance for the family member in question. So, even though these cases primarily involved a family member, they still involved the employee and affected employee productivity.

At 6.8 percent, Chevron's utilization rate is slightly above the industry average of 6.3 percent, identified by a 1996 Mercer study of EAPs. From 1990 through 1994, approximately 12,000 employees and their family members referred themselves to the Chevron EAP. The estimated value of a productivity recovery of five percent is equal to annual savings of \$5.5 million.

Combining the estimates from the three analyses above, total savings from employees retained and productivity recovered represents about \$20.6 million. The annual budget for Chevron's EAP is approximately \$1.5 million. The ratio of return on investment for EAP is approximately 14 to 1.

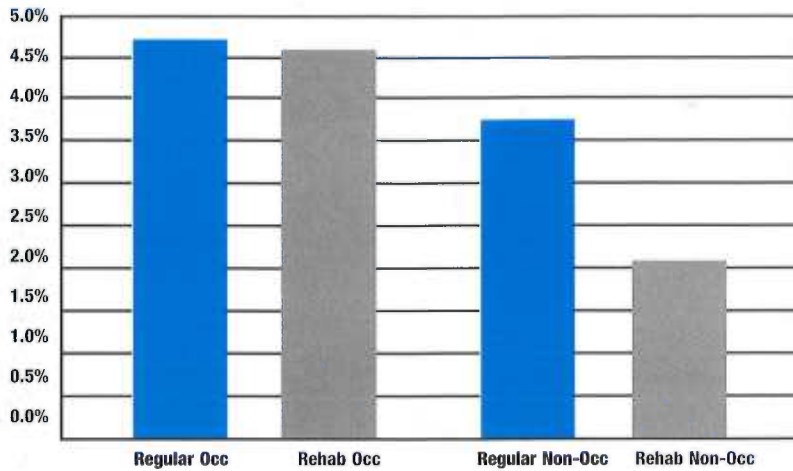


Figure 4. Percent of Regular and Rehab Employees with Lost Time Injuries, 1992-1995

### Study B: Comparing Accident Rates of Treated Substance-Abusing Employees with Regular Employees

EAPs add value to companies in a number of ways, depending on the nature of the business, the EAP's structure and goals, and how the EAP defines its customers. Not all the ways in which the EAP adds value can be quantified. In its corporate policy manual, Chevron defines the EAP as being a program to improve employee job performance. Senior management also views the EAP as an important employee benefit. A 1995 random survey showed that 96 percent of company employees consider the EAP to be a valued benefit.

This study compares the occupational and non-occupational injury rates of Chevron employees treated for drug and alcohol abuse with the rest of the Chevron employee population. A total of 637 employees was treated for substance abuse problems by the EAP from 1991 through 1994. The on-the-job and off-the-job injury rates of these treated employees were examined in the year following treatment and compared with the rest of the Chevron employee population. Seventeen cases having significant amounts of lost time were looked at in detail to determine if the absences resulted from accidents that preceded treatment and carried over into the study period. Six cases were excluded as a result of pre-treatment injuries. The chart on page 19 (Figure 3) shows the percentage of rehabilitated employees who lost workdays the year following treatment due to an on-the-job or off-the-job accident. Out of the 637 cases, 95 percent had no lost time due to on-the-job accidents and 97 percent had no lost time due to off-the-job accidents.

The chart above shows the rehabilitation cases compared to the regular employee population for the years 1992 through 1995. (See Figure 4.) Comparison of the post-treatment EAP cases with the rest of the company population shows no significant difference in on-the-job or off-the-job injury rates.

### Explanation of Data Sources

Study A employed a combination of computed data and estimates. The savings attributable to drug and alcohol recovery is based on a large national study of treatment outcome, actual employee status two years after treatment, and on typical Chevron recruitment and training costs. The estimated savings related to terminations avoided for employees who were supervisor referrals, but not drug and alcohol cases, is based on the severity of job performance ratings at the time of referral. The estimated value of recovered productivity for all supervisor-referred cases is derived from the supervisor rating forms used at the time of referral and at three-month follow-up intervals. The

value of recovered productivity for self-referred employees was estimated from the clinical knowledge that an employee's personal problems affect job performance and the workplace knowledge that excessive absenteeism, within the Chevron system, results in a supervisory referral. The combined estimated return on investment ratio for Chevron's EAP is 14 to 1, based on total yearly savings of \$20.6 million and an annual EAP budget of \$1.5 million. The safety figures were processed with the help of a Chevron epidemiologist. While Study B shows that the post-treatment accident rate for the EAP drug and alcohol cases are equal to company averages, the dollar value of accidents prevented and litigation avoided could not be calculated.

### Conclusion

Given the resource constraints of today's business environment, the survival issues confronting internal EAPs, and the competition among external vendors, it is better to attempt a cost/benefit analysis and acknowledge its inferences and limitations, than to make no attempt to capture follow-up data and estimate the related savings. While experimental design precision and unassailable results are rarely attainable, the real value of a cost/benefit analysis is to demonstrate compellingly to one's primary and secondary customers that the EAP accomplishes its purpose. In the instance of the Chevron study, the EAP achieved its desired result in convincing management that a strategically focused EAP contributed to employee productivity, achieved a high rate of treatment success, and prevented accidents among employees treated for substance abuse. ©

References are available from the author.



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Sandra Nye received her JD from De Paul University College of Law in 1982 and her MSW from Loyola University School of Social Work in 1974. Ms. Nye is principal of the Chicago law firm of Nye and Associates, Ltd., concentrating in law related to human service delivery and family law. She is author of three editions of the *Employee Assistance Law Answer Book*, and of numerous articles and chapters on legal issues in human service delivery.



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# Quantum Leap Strategies Into Welfare Reform

## *Enhanced EAPs and Work First*

*by Smith Worth, MSW, LEAP, CCAS*

**T**he evidence from across the United States is clear: Treatment for alcohol and other drug problems is a critical component of statewide welfare reform efforts and is a successful strategy for promoting individual self-sufficiency and for moving welfare recipients into meaningful employment. Many states, including North Carolina, have discovered, however, that qualified healthcare professionals who are available and accessible to welfare recipients in need of substance abuse treatment services are in short supply.

The need for such services is great. Data from four national studies estimate that the portion of the U.S. welfare population in need of substance abuse intervention ranges from 15.5 to 39.2 percent. Variations in the numbers are in large part due to different sampling methods and age groups. A 1995 North Carolina Household Telephone Survey conducted to determine the prevalence of substance abuse concluded that 35 percent of the welfare caseloads are at risk for substance abuse.

Because of the work requirements inherent in recent welfare reform laws, states such as North Carolina cannot afford to ignore the needs of these welfare clients. The 104th Congress enacted a welfare reform law (P.L. 104-193) that eliminated Aid to Families with Dependent Children (AFDC) and created an alternative welfare program known as Temporary Assistance to Needy Families (TANF). The new law, which is known as Work First in North Carolina, mandates participation in the work force for all welfare recipients, with a goal of economic self-sufficiency and with a lifetime eligibility limit of five years.

In the face of these realities, the state of North Carolina this year initiated a program called the Enhanced Employee Assistance Program (EEAP), which is designed to aid participants in the state's Work First welfare reform initiative

who are not yet employable because of alcohol- or drug-abuse problems. The state will make available the services of EAPs, who are skilled at early identification of substance abuse, to help close the gap between welfare and work within the communities across North Carolina.

### **Work First in North Carolina**

North Carolina's Work First program, implemented in July 1995, is one of the nation's toughest, most comprehensive welfare reform efforts. The program demands work and demonstrable personal and parental responsibility in exchange for temporary support as families move off welfare. Work First, a statewide welfare reform initiative, attempts to replace a fragmented welfare system with a coordinated program that focuses on employment and economic self-sufficiency.

### **North Carolina's Enhanced EAP Model**

As many as 90 percent of all new job openings in the North Carolina labor market are with small businesses; however, most small and medium-sized businesses provide no EAP services to their work force. Currently, private employers are disinclined to hire Work First participants because of the anticipated number of personal problems (particularly substance abuse) that such employees might carry into the workplace. EAPs, however, are proven and cost-effective resources for identifying and assisting troubled employees. Through the EEAP, start-up money for new EAP contracts will go directly to businesses that hire Work First participants. In exchange for hiring Work First participants, employers will receive free EAP services for their entire work force, including employee dependents,





# Employee Assistance Research Supplement

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## *When Will Behavioral Health Problems Receive the Attention They Deserve?*

*by Kirk Harlow*

It has long been a tenet of employee assistance programs (EAPs) that the early identification of troubled employees is cost-effective. My own as well as others' research has shown that health benefits utilization increases sharply in the two or three years prior to treatment for both emotional and substance abuse problems. In addition, treatment intervention seems to contribute to health benefits cost reduction. Early identification is one of the central factors that differentiate an EAP from managed care. At best, managed care waits for an employee to show up, and at worst, may even discourage treatment. EAPs, on the other hand, strive to identify troubled employees and get them the treatment they need.

Traditionally, supervisory referrals were the primary mechanism for early identification. Unfortunately, more and more organizations are restricting or eliminating that practice as a result of legal concerns. The good news is that there are other ways to accomplish early identification. One, in particular, is the use of screening instruments. Depression screening, for example, has become increasingly widespread, in part because of the hard work of former EAPA president Sandra Turner and other dedicated EAPA members. In this issue of the *Employee Assistance Research Supplement*, we present two articles on screening in work organizations. One is on issues of implementing the process, and one is on the use of a particular screening instrument.

Use of the term behavioral health, which encompasses depression, mental health, and substance abuse, implies a focus on health. Receiving treatment for a behavioral health problem should have no more stigma than treatment for any other health problem. In other words, screening for behavioral health problems should be as commonplace as screening for cholesterol. It is my hope that EA professionals will take the lead in making this idea a reality. The articles published in this *Supplement* should bring us one step closer to achieving that goal.

**The opinions expressed in this publication do not necessarily  
reflect the opinions or endorsement of the EAP Association.**

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# Documenting the Benefits of Your EAP: Outcome Assessment and Treatment Planning with the Quality-of-Life Inventory\*

MICHAEL B. FRISCH, PH.D.  
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## Abstract

The need for outcome assessment in EAPs is discussed. The criteria for choosing a reliable, valid, and clinically useful outcome measure or test are discussed in the context of quality-of-life measures, in general, and the Quality-of-Life Inventory, in particular. Quality-of-life outcome measures can often supplement or replace pathology-oriented and symptom-oriented outcome measures in documenting the effectiveness of EAP services.

## Introduction

EAPs are under increasing pressure to conduct outcome evaluations in order to "prove" that their interventions are effective.<sup>1</sup> In order to be accepted, outcome measures must be shown to be scientifically valid, reliable, and clinically significant through research.<sup>2</sup> Practically important or clinically significant change is shown when a client's test score moves into the "average" range for his or her healthy peers after counseling. (To show this, a test must also be given to a group of healthy adults who are not seeking counseling.) Outcome tests should also be brief, easily scored and interpreted, and understandable to clients, counselors, employers, and EAP administrators alike. Measures of "positive mental health" or "quality of life" are often preferable to measures of "mental illness," symptoms, and psychiatric diagnoses, which can stigmatize a client as "crazy" or mentally "sick."<sup>3-5</sup>

Research also has shown that symptom-oriented measures are not sufficient by themselves in demonstrating positive treatment outcome; often, clinically and socially meaningful outcomes such as reduced satisfaction with life are only captured by quality-of-life measures.<sup>6-10</sup> In fact, symptoms may remit completely without any improvement in a patient's general life functioning, including their perceived quality of life.<sup>11,12</sup> Because positive and negative mood are independent and because good health is much more than the absence of disease or symptoms, symptom measures, by themselves, cannot provide a complete picture of patients' mental and physical health.<sup>11,13</sup> Quality-of-life or positive mental health measures can effectively supplement or even replace symptom-oriented measures since clients with an average quality of life relative to their peers are usually without behavioral health care problems.<sup>13</sup>

## Literature Review

To be most convincing, outcome evaluations should include an assessment before, during, and after an intervention.<sup>14</sup> Recent advances in psychological assessment suggest that some outcome tests (that is, life satisfaction or quality-of-life tests) given at the start of treatment can both document outcome and identify clients at high risk for health problems, such as depression, heart disease, chronic pain syndrome, respiratory infections; and for problems

in the workplace, such as reduced productivity, satisfaction, and morale.<sup>4,8,15-25</sup> These measures can even predict future health care expenditures to be made by clients.<sup>12</sup> Quality-of-life test results can be invaluable for early screening because those at high risk for future health problems, work problems, and health care expenditures (such as numerous visits to primary care physicians) can be identified and preventively treated, thereby minimizing a client's suffering and saving costs associated with treating future, more serious, health and work problems. Such measures can also assess relapse risk in those who have already been treated.<sup>26</sup>

For example, in one of the few prospective studies of its kind, which followed people who showed no symptoms of depression prior to being diagnosed as clinically depressed, Lewinsohn and his colleagues<sup>8</sup> found that low life-satisfaction predicted future episodes of clinical depression. Participants showed low life-satisfaction just before the onset of clinical depression. Life-satisfaction ratings tended to worsen during the depressive episode, only to move up into the average or normal range once the depression lifted. Low life-satisfaction was the only variable found to be "prodromal, or an early manifestation, of depression's onset"<sup>8 (p. 163)</sup> both in this study and in a prospective study of depressive relapse, which followed patients after being successfully treated for depression.<sup>26</sup> When the results of these studies were repeated and extended in another prospective study of randomly selected community volunteers, low life-satisfaction significantly predicted the onset of depressive, anxiety, and somatoform disorders two years in advance.<sup>17</sup> The authors conclude that low life-satisfaction is a major risk factor for behavioral healthcare problems. They suggest that since life satisfaction is simple to measure, members of the population should be screened for low life-satisfaction so that those at high risk for a mental disorder can be preventively treated with coping skills training. On a positive note, low life-satisfaction also predicts a willingness to participate in prevention programs aimed at eliminating unhealthy behaviors such as smoking.<sup>27</sup>

## Purpose of This Review

The purpose of this review is to highlight a new outcome measure that has the potential to achieve many of the objectives discussed above, including the documentation of positive out-

\*Editor's Note: Publication of this research does not constitute an EAPA endorsement of this screening instrument.



Figure 1. Clinical Example of Quality of Life Inventory Test Results

comes in counseling. A recent independent review of the validity and usefulness of behavioral health care measures concludes that "the most promising quality-of-life outcome instrument currently available is the Quality-of-Life Inventory™ or QOLI®."<sup>2 (p.92), 9</sup> EAPs may improve the efficiency, effectiveness, and accountability of their services by using the QOLI: 1) as a standard outcome measure given before, during, and after treatment to demonstrate clinically significant change for virtually any physical, psychological, or behavioral disorder or disease; or 2) as a standard intake measure or treatment planner that can identify key problems in living that can cause and maintain chemical dependency, depression, anxiety, and other psychological disorders. Quality-of-life test results can help put any behavioral health care disorder in context by giving the tester a view of a client's overall life circumstances, problems, and strengths.

#### Description of the Quality-of-Life Inventory

The QOLI is a brief but comprehensive measure of positive mental health, life satisfaction, and "problems of living" that can assess progress/outcome with an overall score and facilitate treatment planning by revealing problems and strengths in various aspects of life.<sup>7, 11</sup> The QOLI consists of the following 16 items selected to include all areas of life that have been associated with overall happiness in research studies:<sup>7, 11</sup> Health, Self-Esteem, Goals and Values, Money, Work, Play, Learning, Creativity, Helping, Love, Friends, Children, Relatives, Home, Neighborhood, and Community.

#### Method

Clients rate how important each of the 16 areas is to their overall happiness followed by a rating of how satisfied they are in each area. Clients also can indicate what problems interfere with their satisfaction in each area. Both hand-scored and computer-

scored versions of the QOLI are available.<sup>7</sup> (See Figure 1 for an example of computer output.) The QOLI takes about five minutes to complete. Clients usually complete it themselves while waiting for an appointment. It can be read to clients who are illiterate.

#### Norm Group Comparison Sample

Psychological test results are interpreted by comparing an individual's test score with the average score obtained by a norm group or standardization sample. The norm group should consist of a representative sample of the type of people for whom the test was designed. The QOLI was designed to assess quality of life among general, nonclinical U.S. adults (i.e.: adults able to function normally at home and at work) so that counselors could clearly see when clients were significantly above or below the average for healthy U.S. adults. To accomplish this, the QOLI was completed by 798 adults from 12 states representing the Northeast, the South, the Midwest, and the West. The norm group approximates the ethnic composition found in the 1990 U.S. Census: The norm group/census percentages are 70/76 % for whites, 14/12 % for blacks, 13/9 % for Hispanics, and 3/4 % for "other" minorities.

#### Data Analysis

Figure 1 provides an example of test results from a client at the beginning of counseling. The QOLI's reliability, validity, sensitivity to treatment-related change, treatment planning utility, and nationwide norms are well established.<sup>2, 7, 9, 11, 14, 28</sup> For example, the reliability or consistency of QOLI scores over time has been supported in studies of alcoholics ( $r=.91$ ), the general U.S. population ( $r=.73$ ), and college students ( $r=.80$ ).<sup>7, 11</sup> Just as a thermometer is reliable if it yields the same temperature every five minutes for the same person, so too is a psychological test deemed reliable if the test yields about the same results (or scores) when it is given to the same person at two different times. A test is valid

if it is accurate, that is, if it measures what it is supposed to measure. The QOLI is significantly related to (or correlated with) eight other well-established measures of quality of life, including the Quality-of-Life Index ( $r=.75$ ), the Campbell Index ( $r=.57$ ), and the Andrews and Withey scale ( $r=.64$ ).<sup>7,11</sup>

The criterion-related validity of the QOLI was supported in studies showing significantly ( $p < .0001$ ) lower life-satisfaction scores for clients in counseling (either general or chemical dependency counseling) relative to healthy, non-counseling control groups.<sup>11</sup> In this case, the QOLI test could predict the criterion or demonstrate the difference one would expect between people in distress who are seeking counseling versus those who are not seeking help (in one case, successful graduates of a chemical dependency program were compared with clients who were still involved in the treatment program and did not as yet have their chemical dependency under control).

## Discussion

Because the QOLI is not disease- or disorder-specific and because a central goal of all health care interventions is to improve client's quality of life in addition to reducing symptoms,<sup>3,5,14,29-31</sup> the QOLI may serve as an all-purpose outcome measure, one that may be used to evaluate the effectiveness of psychosocial and medical interventions for virtually any problem in living or mental or physical disease/disorder. The QOLI improves upon patient satisfaction measures through its: 1) more extensive validation; 2) usefulness in screening and treatment planning as well as outcome assessment; 3) greater resistance to faking (e.g., social desirability);<sup>11</sup> and 4) nationwide norms and clear cutoffs for clinically significant change.<sup>1</sup>

The QOLI may also serve as a treatment planner. It can quickly and economically identify a patient's problems and can help in selecting the most cost-effective and appropriate intervention. For example, research has suggested that behavioral health problems such as depression, chemical dependency, and anxiety disorders often are caused in whole or in part by the external, situational, or practical quality-of-life problems revealed by the QOLI and related measures.<sup>13,32-34</sup> In fact, Jacobson et al.,<sup>35</sup> Grant et al.,<sup>28</sup> and Frisch<sup>36,37</sup> found that severely depressed clients were "cured," that is, were no longer clinically depressed, after interventions aimed solely at their quality-of-life problems were enacted. For example, couples or marital therapy alone reduces depression as effectively as Beck's cognitive therapy in clients who report a low quality of life based on marital dissatisfaction.<sup>35</sup> Furthermore, Beck and others<sup>33</sup> report that reducing external quality-of-life problems can, by itself, reduce clinical depression. For example, a depressed homemaker with a special needs child who was born with a hole in her heart indicated quality-of-life problems on the QOLI with her work as a homemaker, her low level of play or recreation, distance from her friends, and problems with her husband.<sup>6</sup> Quality-of-life interventions developed by Frisch<sup>36,37</sup> and aimed at these areas of life as well as others, were largely responsible for her complete recovery from depression. It was especially curative for her to ask for needed assistance in caring for her infant from her best friend, husband, church acquaintances, doctors, and other parents of children with heart disease.

In another example, the perfectionist community college student whose QOLI results are depicted in Figure 1 indicated on the inventory that he felt like a "loser" for not getting all As in school. His QOLI further indicated that when not incapacitated by depression, he put all of his time into school, thereby ignoring his needs for recreation and dating. Interventions aimed at these quality-of-

life issues alone<sup>30</sup> helped to eliminate this client's depression and move his QOLI score into the average range, thereby reducing his risk for depressive relapse. In fact, he remained free of depressive symptoms at a one-year follow-up assessment.

In studies with more than 300 behavioral health care clients,<sup>6,7,9,14,28</sup> the QOLI has been found to increase the ease, efficiency, and effectiveness of psychological and medical interventions by revealing problems and strengths in 16 areas of everyday life measured in the inventory. (see Figure 1).

The QOLI is readily understandable to clients because it is written at a sixth-grade reading level and because its theoretical basis is common-sensical and clear. For example, the QOLI instructions state that "satisfied means how well your needs, goals, and wishes are being met in this area of life."<sup>7</sup> Clients can readily see how a gap between what they want and what they have in a particular area of life will determine their happiness or satisfaction. They can also see how areas of dissatisfaction contribute to their unhappiness, depression, alcohol abuse, etc. Recent research supports this theory that low life-satisfaction or quality of life is often a central cause of many psychological disorders, especially when clients are repeatedly frustrated in their attempts to achieve satisfaction or fulfillment in highly valued areas of life.<sup>13</sup> Finally, clients can see that areas of dissatisfaction are logical targets for treatment because their overall QOLI score will go up if their happiness with specific, valued parts of life goes up. An examination of a QOLI profile will suggest areas on which clients may want to focus attention (see Figure 1). The QOLI is easily administered, scored, and interpreted by counselors with little background in psychological assessment.

The QOLI may be used to contain health care costs by identifying those at high risk for future health care expenditures and problems such as clinical depression.<sup>13</sup> Those identified as "at risk" for these health problems can be preventively treated. The QOLI may also identify those at risk for work difficulties, including job dissatisfaction and lack of productivity. Finally, the QOLI also can identify relapse risk in those already treated who may need to be reassessed periodically to prevent relapse (see "Literature Review" section above for supporting research studies).

## Conclusion

Third-party payers and consumers are demanding that health plans and EAPs produce data for public release on treatment effectiveness.<sup>1</sup> Particular EAPs and EAP counselors may gain a competitive edge by demonstrating that their service improves patients' quality of life (as measured by the QOLI) both by itself and relative to competitors (that is, other health plans and EAPs).<sup>30</sup> Given its potential as a universal outcome measure, the QOLI may provide the industry-wide standard of outcomes assessment that the health care field has been looking for.<sup>38</sup>

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# A Focus Group Assessment of Alcohol Screening in the Workplace

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## Abstract

In 1995, alcohol misuse cost the nation approximately one-hundred and thirty-three billion dollars (\$133,000,000,000). The bulk of this expense—\$95 billion—was accumulated by losses to productivity in the workplace due to illness and death of skilled workers.<sup>1,2,3</sup> This report explores whether the Screening and Brief Intervention (SBI) technology for detecting alcohol misuse would be applicable in the workplace setting. A corporate focus group convened on three occasions in early 1997 at the McDermid Company in Waterbury, CT to discuss the concept, unearth obstacles and incentives, and configure distinct methods of implementation in the workplace setting. Focus group conclusions and recommendations provide the basis for modeling methods of SBI for future feasibility testing in the workplace.

## Purpose and Rationale

Over the last two decades, researchers in various countries have developed and tested a new screening tool to identify and reduce at-risk drinking, called *Screening and Brief Intervention (SBI)*. In general, the goal of SBI is to help people become aware of their drinking risks and to reduce those risks. It requires the active participation of people in a process of education and behavior change. SBI has two principal components—screening and brief intervention. *Screening* usually involves the use of a simple self-report questionnaire, such as the Alcohol Use Disorders Identification Test (AUDIT) or the Michigan Alcohol Screening Test (MAST) to measure drinking levels and the existence of problems or signs of dependence. Early screening creates the opportunity to identify and intervene with alcohol misuse before it becomes too costly (either financially or in the progression of illness). *Brief Interventions* are enacted when respondents score within or above risky limits as articulated by the screening instrument. In general, a health care professional who reviews the screening instrument and provides feedback conducts *Brief Interventions*. Feedback is structured around five core domains: 1) information; 2) motivation; 3) goal identification; 4) advice; and 5) follow-up. *Brief Interventions* are low in intensity and the corresponding feedback has the flexibility to be packaged and delivered in a variety of ways (e.g. face-to-face, through the mail, over the phone, via computer).

The majority of people who misuse alcohol are not alcoholics; they simply drink above safe, recommended limits occasionally or on a regular basis. (Fewer than 5% of adults meet the criteria for alcohol dependence or alcoholism).<sup>4,5</sup> Nevertheless, research has shown that most people will change behaviors if they know that harm is imminent or understand that their drinking behavior is destructive.<sup>6</sup> In 32 clinical trials conducted between 1977 and 1992 in health care settings with 6,000 men and women in 14 different countries, SBI has shown consistent results.<sup>7</sup> For example, brief interventions were found to be more effective than the absence of interventions. In addition, concise interventions

such as SBI were as effective at reducing risky drinking behavior as longer therapeutic treatment approaches. Meta-analysis of three studies with women resulted in an average 26% reduction in drinking among those who received SBI. Whereas, similar analysis of seven studies with men show an average reduction of 36%, with drinking declining from 4.5 drinks a day to about 2.5.<sup>4</sup>

SBI is effective in reducing risky drinking as implemented in health care settings. Can SBI achieve similar results where alcohol misuse also takes a toll on human and financial resources? This research project explores the potential to move SBI beyond primary health care to alternative settings, including the corporate workplace.

## Methods: Exploring the Concept

To examine the potential for applying SBI in the workplace setting, a research team recruited a corporate focus group via contacts with various corporations in Connecticut. Representative corporations with large (1,000+) and diverse employee bases were asked to participate in partnership with The University of Connecticut's Alcohol Research Center on a project considering ways to reduce alcohol-related costs to corporations. Seven managers and administrators from wellness, employee assistance programs (EAPs), and human resource departments in seven different corporations composed the focus group.

The purpose of convening the focus group was to assess corporate interest and opinion and to gain corporate insight about modeling SBI in the workplace setting.<sup>8,9</sup> The focus group convened in January, March, and May 1997 and discussed three topics as guided by the researchers: 1) the value of SBI to corporations; 2) barriers and obstacles to SBI implementation; and 3) location and models of workplace practice.

## Findings: Focus Group Results

In general, pulling together a corporate focus group proved insightful and useful. Participants expressed a high level of interest in learning more about alcohol misuse and its effects on cor-

BARRIERS AND OBSTACLES (Problems)	Management support: Corporate leadership needs to be interested and understand "risky drinking."	Finding appropriate niche or corporate location to be responsible for the intervention program	Overlap with existing programs (e.g. wellness/EAP)	Proof of the effectiveness of SBI	Sensitivity of topic and stigma associated with alcohol misuse	Introducing concept to employees
WAYS TO OVERCOME (Solutions)	Present the concept and follow-up  Define methods and identify needed approvals; gain support only from key members of management.	Depends on type of industry, but generally human resources, wellness, and EAPs offer logical starting points	Include as a menu item of existing health or wellness curriculum.  Articulate as flexible process that is quick and cheap to administer to many employees.  Package as a stand-alone educational forum.	Calculate cost estimates and losses to productivity and provide to interested corporations.  Place in a prevention context of greatest good for greatest number.  Conduct program evaluation components to show that the method is cost-effective over a period of time.	Ensure corporate employees understand and make distinction between risky drinking and alcoholism.  Address confidentiality issues.  Educate about value judgments.	Provide background materials to introduce the concept and proper definitions.  Advertise SBI method, use "sound-bite" marketing  Incorporate in human resources or wellness newsletter

Figure 1. Obstacles and Incentives for Implementing SBI in the Workplace.

porate productivity or "the bottom line." They viewed SBI as a way in which corporations could raise consciousness about alcohol use and abuse and lessen what is currently considered "one big expense."

#### The Value of SBI to Corporations

To begin exploring the concept, the focus group received an overview of the intervention and concept—SBI in the Workplace. After giving the focus group this information, researchers asked group members whether SBI would be of value to their corporation. In general, the group agreed that SBI would "certainly be of value" if it could be linked to spending reductions and "the corporate bottom line." The focus group also clarified that "value" varies by individual corporate culture and leadership. Therefore, in addition to bottom line savings, the concepts "risky drinking" and "alcohol misuse" need clear explanation so managers and corporate leaders understand the scope of the issue and the necessity of assessment and intervention. The focus group suggested that for SBI to be of value to corporate work sites, in particular, it should remain a "cheap," "quick," self-administered tool to benefit interested employees or to augment health and wellness curriculum packages.

#### Obstacles and Incentives

The *obstacles to implementation* in the workplace that the focus group identified include cultural variation among corporations and the logistics of accessing employees in the workplace setting. Strategies to overcome specific obstacles were also delineated. (See Figure 1).

The focus group suggested that *incentives* for corporations to adopt SBI need consideration. For example, company-specific cost offsets or total cost savings would be useful, as well as further evidence that SBI lessens the costs associated with risky drinking. Focus group members, however, recognized that few, if any, programs carry this sort of evidence and that corporate decisions to implement an SBI program would probably not require such evidence. Corporate leadership interest and support as well as *employee access, confidentiality assurances, and satisfaction were more likely to be determiners of corporate acceptance and utilization of SBI.*

#### Location and Models of Workplace Practice

With the feasibility assessments, suggestions, obstacles, and incentives delineated by the focus group, the research team collected enough qualitative data to generate preliminary plans for a pilot study. The research team outlined four models of SBI for workplace application: 1) the mail method; 2) the computer method; 3) the health interviewer method; and 4) the 1-800 phone interview. The models differed in modes of delivery and packaging. (See Figure 2).

The research team asked the focus group which of the models might be most feasible to implement and in what type of workplace. After further discussion, the focus group ranked the four models. The research team, with the focus groups guidance, selected the computer method for pilot testing during the next phase of the study, which is currently ongoing.

## Proposed Methods of Application

1. **MAIL METHOD:** The mail method includes a health assessment screen and the AUDIT packaged and mailed to employees. Employees will complete the screens and self-score. The mail method is cumbersome if delivered at one point in time because the package would include feedback for all potential scores. It also remits response validity and face-to-face contact with a health professional in lieu of recipient self-assessment.
2. **COMPUTER METHOD:** The computer method is conceived as an on-line health interview employees can access on a network. The on-line system could provide automatic scoring, feedback, and interventions, but raises concerns regarding employee confidentiality and corporate resources.
3. **HEALTH INTERVIEWER METHOD:** As a part of an annual health appraisal (EAP or wellness programs), the health interview method involves bringing a trained health interviewer to the workplace to interview employees. This interviewer would conduct a face-to-face health interview including the embedded AUDIT. Those scoring positive on the AUDIT would receive their brief intervention and advice from the health interviewer. Employees could also indicate their willingness to be followed up as a part of an evaluation study.
4. **1-800 PHONE INTERVIEW:** The phone interview method asks employees to schedule a health interview appointment to be conducted over the phone at a place and time convenient to the employee. During the interview, the phone interviewer conducts a health assessment, completes the scoring of the AUDIT portion, and provides corresponding brief interventions when necessary. It is difficult to generalize about the effectiveness of this method because individuals elect to call in for an interview; however, this group of employees also might be more likely to receive follow-up

Figure 2. Four Models of SBI for Workplace Application.

### Discussion

The research team found convening a focus group of experts invaluable in developing a concept for SBI's compatibility to an alternative setting outside of the health care arena. Because SBI is a preventive health intervention, moving it beyond the traditional health care settings requires expert consultation. The corporate focus group came to the table to consider the concept and in doing so deemed the initiative both of value to employers and feasible in a workplace setting. The focus group also articulated which models to test in the workplace and which strategies should be employed when selecting a pilot site. For the past year, the research team focused on developing the computer method of SBI for workplace application because it is user-friendly and impersonal—characteristics the focus group articulated as being important. The computer method also offers efficient interactive feedback that is personalized to each respondent. To date, the research team is piloting this model of SBI, called HealthCheck, at the University of Connecticut Medical School in Farmington. The team's preliminary results will culminate in a refined and interactive SBI instrument that will enable the recruitment of a corporate partner to conduct a controlled feasibility study. Eventually, SBI will be taken "on the road" in an attempt to reach a broader population and lessen the costs associated with risky drinking and alcohol misuse, costs associated with losses to productivity that corporations usually absorb.

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# Enhanced Employee Assistance Program Initiative

The North Carolina Department of Health and Human Services (DHHS), through the Substance Abuse Services Section, has awarded funding to seven EAPs to provide free enhanced EAP services to North Carolina businesses willing to hire TANF/Work First welfare recipients as part of the state's Enhanced Employee Assistance Program (EEAP) initiative. The North Carolina DHHS is funding this initiative for a two-year period, committing a total of one million dollars annually for the program's expenses. The seven EAPs selected to implement the EEAP model (which include six public EAPs and one nonprofit EAP) serve TANF/Work First clients in 11 counties across the state of North Carolina. The selected counties are representative of the state's welfare population, mirror the state's urban and rural composition, and have the potential to implement successfully the key components of the EEAP initiative.

In exchange for hiring Work First participants, employers will receive free EAP services for their entire work force and their dependents for up to two years, as well as enhanced EAP services for Work First employees, also for a two-year period. The EEAP model is designed to help small businesses overcome their reservations about hiring people who they anticipate may have numerous personal problems, particularly substance abuse. In addition, the EEAP initiative will promote the value of EAPs among small businesses that may not otherwise have an EAP.

The Robert Wood Johnson Foundation has awarded funding to the University of North Carolina at Chapel Hill to evaluate the effectiveness of the EEAP initiative. Ray Kirk, Ph.D., and Amelia Roberts, Ph.D., clinical associate professors at the UNC School of Social Work, will be the principal investigators who will conduct the evaluation.

The evaluation involves the construction of a longitudinal tracking system and the compilation and analysis of data to answer specific research and program questions. These questions relate to the state's ability to identify alcohol- and/or drug-abusing TANF/Work First recipients and to provide gender-specific treatment services (such as childcare and transportation for female recipients) designed to promote long-term labor force attachment, reductions in treatment relapse, and movement towards economic self-sufficiency.

Under the direction of the North Carolina DHHS, the following individuals are staffing the EEAP: Smith Worth, MSW, LEAP, CCAS, of Chapel Hill; Roy Sonovick, CEAP, of Raleigh; Joan Radford, CEAP, of Rocky Mount; Cynthia Wallis-Hill of Carrboro; and John Burke, CEAP, of Topsail Beach; all are EAPA members.

and additional "enhanced" EAP services for Work First employees. While retaining the core functions of an EAP, the enhanced EAP services to Work First participants are specifically designed to maximize their success for job retention.

Currently, 11 counties serve as demonstration sites for the EEAP program, representing 7 EAPs in North Carolina. The seven EAPs selected include Presbyterian EAP of Charlotte, Gaston-Lincoln EAP, Foothills EAP, Cleveland County EAP, VISIONS EAP, Duplin-Sampson EAP, and Cumberland County EAP.

## Enhanced EAP Goals and Strategies

The focus of the EEAP initiative is Work First participants who are not ready to be hired because of alcohol or drug problems. A primary goal will be the identification and timely referral of all Work First participants in need of substance abuse services. Consistent with this goal, the initiative is emphasizing treatment and support services, such as childcare and transportation, which are critical to helping women succeed in the workplace.

A second goal of the EEAP is increasing the number of Work First participants who are job-ready. This will involve a system intervention prior to a participant's employment and/or working with employers after the hiring process has been completed. Program activities in support of this goal

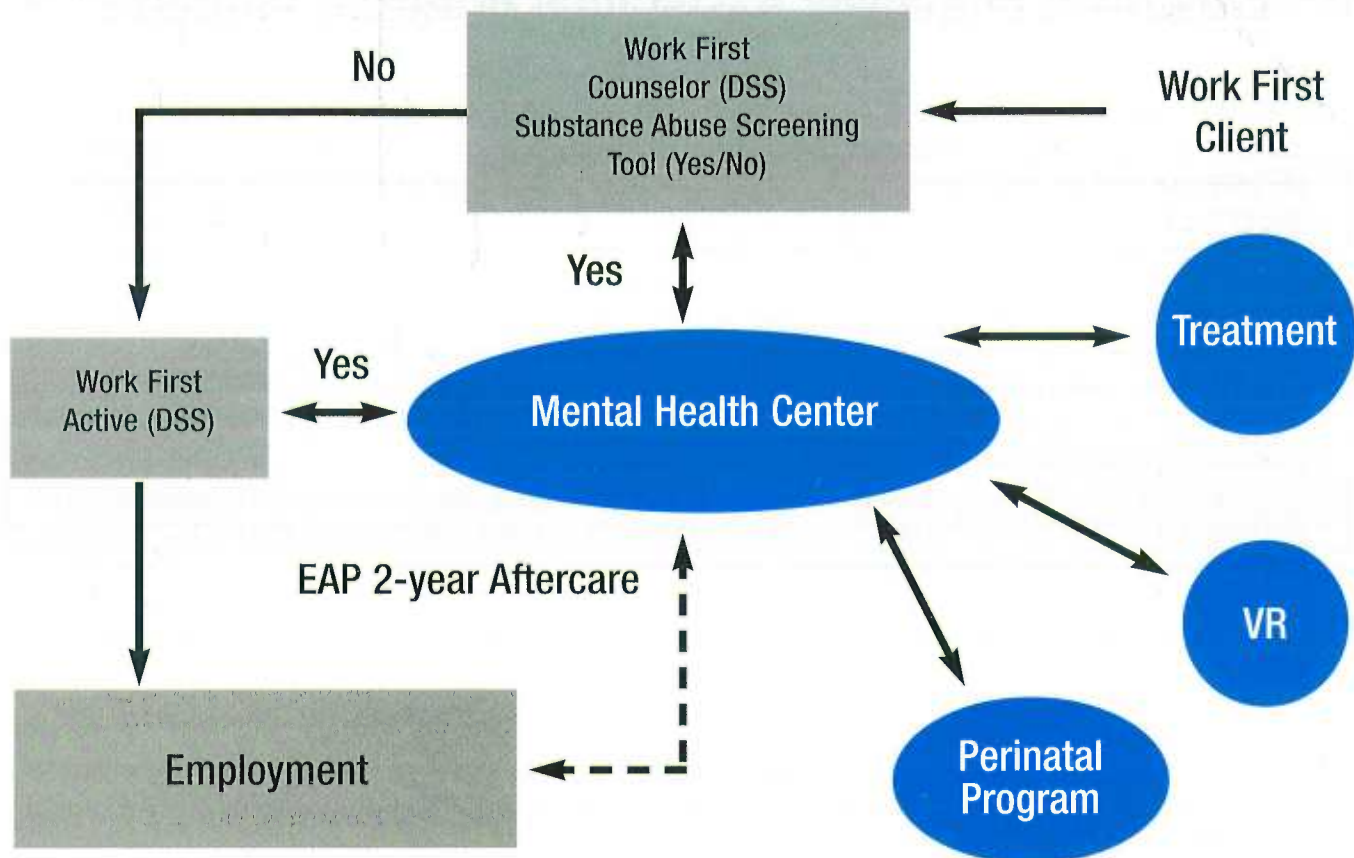
will be two-fold: 1) Work First eligibility specialists will use valid and reliable screening tools to detect early- and middle-stage substance abuse; and 2) participating EAPs will provide aftercare for up to two years following initial treatment.

A third goal of the program is to serve as a resource for employers by helping them identify and refer troubled employees to the EAP. This goal will be accomplished by providing supervisory training for employers and by providing return-to-work conferences for Work First participants and their employers.

The EEAP's fourth goal is to ensure program needs and objectives are being met effectively. Establishing an information system to determine which participants need treatment, which ones received treatment, and what aftercare plans and follow-up were used will be critical to meeting this goal. The EEAP initiative also will provide to the demonstration counties whatever program data they need to evaluate the progress and outcomes of the EEAP initiative.

The fifth and final goal for the EEAP model will be to expand the number of small businesses providing EAP services in North Carolina. Seed money for new EAP contracts will help provide a broad continuum of treatment services and an array of case-management strategies in support of individual self-sufficiency and positive treatment-related outcomes.

## The Enhanced Employee Assistance Program



### Discrepancy Identification

North Carolina's rationale for prioritizing substance abuse services as the focus of the EEAP is based on three realities:

- A significant number of Work First participants use alcohol and drugs in ways that impair their ability to secure and keep jobs.
- This population is unlikely to succeed in welfare-to-work transitions without effective substance abuse treatment services. This failure would affect North Carolina's overall rates of job placement and welfare exit significantly enough to undermine its efforts to carry out welfare reform.
- North Carolina's interpretation and implementation of the federal welfare reform law (TANF) will significantly affect substance-abusing parents. Relevant provisions include time limitations for receiving benefits, the prohibition from providing benefits to persons convicted of certain types of drug felonies, the option for drug testing, and the definitions of job readiness activities.

### EEAP: A Value-Added Concept in the Workplace

It seems apparent that programs focusing solely on welfare reform to reduce welfare roles will be disappoint-

ing. Instead, we must look for ways to strengthen the "bottom end of the labor market." If, as a state, North Carolina is going to invest money, it makes sense to invest it in a way that will help Work First participants enter the work force and become economically self-sufficient.

In states all across the country, the urgent need to contain welfare costs and achieve greater program efficiency and effectiveness is the catalyst behind the ongoing welfare reform efforts and state efforts to restructure their human services delivery. In order to adapt the private sector's best practices, the system as a whole must be motivated to employ new ideas. Enhanced EAP services will offer all of us a genuine chance to refocus our attention on a new bottom line of helping families become, and remain, truly self-sufficient. ☺

References are available from the author.

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# Conferences & Workshops

## EACC-Approved Conferences and Workshops

Rutgers University Center of Alcohol Studies

The following workshops will be held in Piscataway, NJ: December 3, "Promoting Behavioral Change with an At-Risk Population," 6 hrs.; December 10, "Driving While Intoxicated and the Breathalyzer," 6 hrs.; January 14, "Ritual, Myth, and Recovery," 6 hrs.; January 21, "Neuropsychology of Substance Use Disorders," 6 hrs.; January 28, "How to Help Your Clients Deal with Tobacco," 6 hrs.; February 4, "Culture vs. Treatment Resistance (Knowing the Difference)," 6 hrs.; February 11, "Ten Treatment Goals to Prevent Relapse: A Relapse Prevention Approach Based on Stages of Change Theory," 6 hrs.; February 18, "Process Addictions: What's the Connection," 6 hrs.; February 25, "Addiction and Incest—Responsible, Simultaneous, and Integrated Treatment," 6 hrs.; March 4, "EAP for the New Corporate Environment/Not Just Business as Usual," 6 hrs.; March 11, "Biological Foundation of Chemical Dependency Disorders: Use of Medication as an Adjunct to Treatment," 6 hrs.; March 18, "Cults and the Addictions... Implications for Recovery," 6 hrs.; March 25, "Introduction to the Approach and Techniques of Rational Emotive Behavioral Therapy," 6 hrs.; April 8, "Strategic Time-Limited Treatment with Chemically Dependent Clients," 6 hrs.; April 15, "Growing Up with an Addict or Alcoholic: Impact of Addiction on Children and Adolescents," 6 hrs.; April 22, "Substance Abuse Literacy: Pharmacology of the Biopsychosocial Disease Model," 6 hrs.; April 29, "Putting the Client Back in Substance Abuse Treatment: Harm Reduction Approaches," 6 hrs.; contact Gail G. Milgram, Ed.D., 732-445-4317.

EAPA Nebraska & Western Iowa Chapters

March 9 in Omaha, NE, "The Human Side of Organizational Change," 3 hrs.; contact Bill Hutto, 402-293-5835.

## Other Conferences and Workshops

Scottish Branch of EAPA

December 4 at Heriot-Watt University in Edinburgh, "Health and Help in the Workplace—EAP: Who Really Benefits?" Contact Liz Glencorse, Scottish Branch Secretary, c/o Motorola Cellular Subscriber Division, Easter Inch, Bathgate, West Lothian EH48 2EH; 0131-479-1051.



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# Congratulations to These 1998 EAPA Award Winners!!!

(Presentations will be made during the Annual  
Conference in Las Vegas)

## ★ Member of the Year

**Ted Mapes, CEAP**  
Program Administrator  
Transport Workers Union  
New York City

This award is presented to a current EAPA member for outstanding service to the field of employee assistance through the member's career. Nominee must have been an EAPA member for at least five years.

## ★ Ross Von Weigand Award

**Bell Helicopter Textron Inc. and  
United Aerospace Workers Locals 218 and 317**

This award is a tribute to Ross Von Weigand, one of ALMACA's founders. In 1971, he was director of Labor Management Services for the National Council on Alcoholism. In large part because he recognized the need to form a peer group through which occupational alcoholism administrators and counselors could share experiences, ALMACA earned its birthright. This award is given to management and a union in recognition of an excellent joint labor/management EAP.

## ★ John J. Hennesy Award

**Arnold R. (Skip) Bradford, CEAP**  
UAW EAP Representative  
Bell Helicopter Textron, Inc.  
Eulless, Texas

This award honors an EAPA member who exemplifies labor leadership in the EAP field.

## ★ Special Recognition Awards

**Lee Mauk, CEAP**  
Upper Midwest Chapter  
RLM Consulting, Inc.  
Minneapolis, MN

**Robert A. Horning, MSW, LSW, CCDCI, CEAP**  
UAW Administrator  
General Dynamics Land Systems  
Findlay, Ohio

**Thomas J. McHale, CEAP**  
EAP Coordinator  
General Motors Corporation  
Flint, Michigan

These awards are made to members or programs that have made special contributions to EAPA or the EAP field during the past year. This award is also given to companies, to employees, or for special events that EAPA wishes to recognize (for example, programs to increase awareness of depression in the workplace).

## University of Maryland School of Social Work

Applications are now being accepted for four (4) 10-month tenure track faculty positions, at junior through senior levels, at the University of Maryland School of Social Work. This School is located in downtown Baltimore on a Health and Human Services Professions campus with a threefold mission: education, research and community service. The only MSW-granting institution in Maryland, we are a large, nationally ranked School, rich in promise and opportunity, with a research focused Ph.D.

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In addition to these four positions, consideration will also be given for an anticipated faculty opening in Research and Human Behavior & Social Environment.

Rank is open and salary is competitive and commensurate with qualifications and experience. For best consideration, submit application by December 1, 1998; search will continue until positions are filled. To apply, submit letter of interest, curriculum vitae, and names with address and telephone numbers of three references to:

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University of Maryland, Baltimore  
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# IN MEMORY OF DONALD FULTON GODWIN • 1933-1998

by Paul Roman, University of Georgia

On October 11, 1998, EAPA member Don Godwin ended a 10-month struggle with cancer, leaving the EAP field a remarkable legacy of creative leadership, and leaving his family and friends wonderful memories of a fine and decent human being.

It can be said without reservation that Don was the central figure in building and maintaining the foundations for EAP work throughout its critical years of development. This was accomplished largely because of Don's remarkable ability to bring people and resources together, and "get things done."

The beginnings of the present generation of EAP workers began with a small group of men and women who first gathered in the early 1970s around some exciting ideas and possibilities. Prominent in this group was the Occupational Programs Branch of the National Institute on Alcohol Abuse and Alcoholism, which in 1971 was assigned large sums money for launching a national effort to reach employed alcoholics.

The first branch chief, Will Foster—who was a founding member of EAPA—had a brief tenure but created a crucial foundation of strategies for EAP work. Don Godwin was his successor, and Don continued as branch chief until the reorganization of NIAAA in 1981. Subsequently, he worked to facilitate research on EAPs and program development in NIAAA's Prevention Research Branch, the National Institute on Drug Abuse, the U.S. Department of Labor, and the Center on Substance Abuse Prevention (CSAP).

Don was a conscientious steward of the funding that he managed in his several government positions. From the start, he saw the critical contributions to EAP work possible through the involvement of organized labor. Don encouraged a vast range of demonstration projects to see "what worked" to introduce EAP services into diverse employment settings. He was a steady advocate of EAP research. Don was the primary force behind the "seed grants" in the mid-1970s that launched ALMACA as a viable organization. He later served with enthusiasm as a commissioner of the EACC.

Don had a natural trait of genuine interest in the ideas and aspirations of his fellow human beings, regardless of where they found him. Most importantly, he had a unique trait of celebrating the achievements of others, with virtually no interest in promoting his own contributions. He had an intense love of life and remained active and optimistic to the end of his days.

While it is typical to mourn someone's passing by saying that we are "less" because of our loss, in Don's case, we in the EAP field can say we are so much "more" because of his influence. We have been blessed by Don's vision, his hard work, his good ideas, and his total respect for others' contributions. We will deeply miss his wit, energy, and kindness. His treatment of others and his persistence at finding effective ways to help people in trouble are models for our personal and professional lives.



As we were going to press, EAPA staff were making arrangements for friends and associates of Don Godwin to get together during the EAPA Annual Conference in Las Vegas to share memories of his many contributions to our personal and professional lives. Contact the conference registration desk in Las Vegas for time and location of that meeting.

## Need practical advice

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The *Series* is available to IPMA agency members for free, while individual members pay \$20 per packet and non-IPMA members pay \$40. To see the full list of the CPR Series topics, link to *Personnel Research* from IPMA's Web site at <http://www.ipma-hr.org>. You can also receive an order form at your fax machine by calling 800-549-3291 (FAX1) and selecting document #5000. Or contact the Center for Personnel Research at [cpr@ipma-hr.org](mailto:cpr@ipma-hr.org) or 703-549-7100.



## EAPA Recommendations Incorporated Into DFWP Bill

by Sheila Macdonald, Director, Legislation and Public Policy

### As We Were Going to Press

On October 21, 1998, President Clinton signed into law an omnibus spending bill that will fund the U.S. government for FY 1999, beginning October 1. EAPA's preferred version of the DFWP Act of 1998, is tucked into 10 pages of the 2285-page, 40-pound, 16-inch high bill; it can be found in Section 9, Division C, beginning on page 1753. A copy of the final version of the DFWP bill and other materials are available from the EAPA Resource Center, 703-522-6272, ext. 307. EAPA has already met with representatives of the U.S. Small Business Administration, the Center for Substance Abuse Prevention at the Substance Abuse and Mental Health Services Administration (SAMHSA), the Drug Enforcement Agency, the U.S. Chamber of Commerce, and other community drug groups to talk about implementation of this legislation. This is a good bill for EAPs and should provide new opportunities to provide EA services to small businesses in the future.

### Senate Committee Action

On September 15, the Senate Small Business Committee unanimously reported to the Senate a substitute version of the "Drug-Free Workplace Act of 1998." This proposed revision to bills previously introduced by Senator Paul Coverdell (R-GA) in the Senate and Representative Rob Portman (R-OH) in the House, incorporated EAPA-proposed amendments that, if signed into law, could enhance opportunities for EAPs to participate in establishing drug-free workplace (DFWP) programs for small businesses.

The purpose of the proposed legislation is to provide grants for establishing DFWP demonstration projects in

small businesses, to show the value of such programs, and to encourage states to adopt financial incentive programs so that small businesses can use EAPs and continue DFWP programs.

### House and Senate Bills

Both the Senate substitute bill and similar legislation already approved by the House would authorize the U.S. Small Business Administration (SBA) to distribute \$10 million in grants to establish DFWP programs for small businesses over a two-year period. Eligible organizations would have to meet the following criteria. They need to have:

- at least two years experience in the delivery of DFWP programs,
- an in-house DFWP policy,
- a U.S. address, and
- a primary purpose of either developing or providing DFWP programs/services, or providing other forms of assistance/services to small businesses.

The Senate substitute would allow all organizations, including for-profit EAPs, that meet the above criteria to apply for grants; the House-approved measure would limit applicants to nonprofit 501(c)(3) and 501(c)(6) groups. (EAPA proposed this change.)

The Senate revision specifies that demonstration DFWP programs would be required to have the following characteristics:

- a written policy for a DFWP program;
- two hours drug and alcohol abuse training prevention for employees plus additional *voluntary*\* education for employees who are parents;
- mandatory illegal drug testing program for employees (meaning *employment applicants, hired employees,\* supervisors, managers, and officers and owners who are*

active in a business's management);

- employee access to an "employee assistance program, including *confidential*\* assessment, referral, and short-term problem resolution" (federal law recommends only that employers provide employees a list of resources including EAPs); and
- continuing alcohol and drug abuse prevention education.
- The words in italic were provided by the Senate substitute including the word *confidential* to protect EAP records. The Senate revision also incorporates a new section to establish privacy for specified DFWP program records. [EAPA proposed strengthening confidentiality provisions].)

Because small businesses will need incentives to implement and continue DFWP programs, the legislation would encourage states to provide incentives, including enacting laws to: 1) reduce workers' compensation premiums; 2) reduce unemployment insurance premiums; and 3) provide tax deductions in an "amount equal to the amount of expenditures for employee assistance programs...." Passage of federal law, of course, would not ensure that states pursue incentive plans, but these suggestions would enable EAPA chapters to promote these concepts in state legislatures.

### EAPA Recommendations Incorporated into Senate Substitute

EAPA, recognizing that the DFWP Act of 1998 could provide opportunities for EAPs, worked with association leaders—Roy Sonovick, CEAP, chair, Legislative and Public Policy (L&PP) Committee; and Ted Mapes, CEAP, labor director to the EAPA Board, and

members of members an L&PP sub-committee—to develop amendments to strengthen EAP-related sections of the bill. EAPA does not have a position on DFWP programs or mandatory drug testing per se, but does support increased opportunities for the EA profession. The substitute as reported by the Senate committee incorporates many of the EAPA proposed changes; other EAPA-backed ideas are expected to be included in the committee's report. Committee reports become part of a bill's legislative history and can help shape regulations issued later to implement a law.

In its letter to the Senate Small Business Committee, EAPA recommended:

- that grant recipients not be limited to nonprofit 501(c)(3) and 501(c)(6) organizations; *The Senate substitute provides that any organization that has a two-year history of offering DFWP and meets other criteria could be eligible to apply.*
- that, if drug testing is mandatory, rehabilitation services be offered; *The Senate substitute references rehabilitation in two sections and the committee report is expected to emphasize employee access to treatment and, upon successful completion, a chance to return to the job.*
- that confidentiality of DFWP and EAP records be required; *The Senate substitute added the word confidential to EAP records, plus a new section on confidentiality for test results, other medications, and participation in rehabilitation.*
- that mandatory requirements for drug testing in the DFWP demonstrations will not necessarily preordain that mandatory tests be part of possible future permanent small business DFWP programs. *This issue is expected to be addressed in the committee's report.*

EAPA also pointed out that, under existing National Labor Relations Board rules, collective bargaining agreements remain applicable to the *terms and conditions* of mandatory workplace drug testing and are subject for contract negotiations in union environments including those in small businesses.

## Outlook for Passage

The House overwhelmingly approved Portman's House version of the DFWP Act—HR 3853—June 23, 402 to 9. Now that the Senate Small Business Committee has voted unanimously to report a similar substitute measure (originally introduced by Coverdell), prospects for enactment this year have increased measurably.

Once the 1998 DFWP Act becomes law, the government can be expected to move quickly to implement its provisions. An updated legislative information packet that includes a copy of the Senate is available from the EAPA Resource Center: Tel: 703-522-6272, ext. 307. Please note that only \$4million was appropriated for FY 1999; only a few of the most eligible EAPs will obtain grants. EAPs interested in applying for grants would be prudent in taking first steps now to investigate the SBA processes and locating small businesses that would want to participate. ☺

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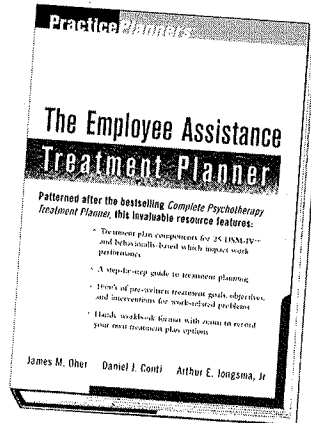
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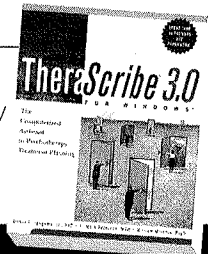
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## Points of Interest

**T**he following EAP highlights were found in 1998 issues of *Work and Family Connections*:

- Intracorp employees who used their EAPs and other work/family programs such as dependent care, flex options, seminars, long-term care insurance, and family leave were "significantly more satisfied" with their jobs, had lower stress levels, were more productive and more able to balance work, family and personal lives. These same workers had the least work-family conflict, the lowest stress levels, and the fewest minor health problems. (April 1998)
- A climate survey of PepsiCo employees showed that those employees who expressed the least satisfaction with the organization's culture had the highest accident rates. (April 1998)
- A University of Southern California survey has revealed that EAPs are effective in reducing the risk of workplace violence, with 90 percent of companies surveyed having EAPs in place. Companies that did not have EAPs showed a higher trend for fighting, having weapons at work, destroying company property, and having attempted or actually committed murders. (August 1998)
- Members of the "Welfare to Work Partnership," a nonprofit formed to promote hiring welfare recipients, say those workers are staying longer than most other entry-level hires. Representatives from Borg-Warner, Marriott, Salomon Smith Barney, and Sprint say retention rates for these workers has ranged from 79 percent to 92 percent. United Airlines, whose retention rate for welfare recipients was twice that of

similar United hires, says the company's mentoring program was a key factor in its success. (July 1998)

- The "Welfare to Work Partnership" has formed an alliance with the Enterprise Foundation and together they provide "employee finder" guides in Atlanta, Baltimore, Dallas, Denver, New York, San Antonio, St. Louis, and Washington, D.C. The guides list workers and include lists of local entry-level jobs for welfare recipients. Call 888-872-5621 for more information. (September 1998)

### **New Project Will Identify What Works Against Depression in the Workplace**

The Midwest Business Group on Health has launched the Depression Quality Improvement Project to identify what changes are necessary in detecting, diagnosing, and treating employees who have depression. The project's advisory panel hopes to build on successful depression-care initiatives that have been developed by innovative employers, including McDonnell Douglas, Digital Equipment Corporation, First Chicago NBD, L.L. Bean, Champion International, Motorola, and Pitney-Bowes.

In phase one of the project, which is being funded jointly by Eli Lilly and Company, Pharmacia, and Upjohn, experts will identify specific changes that need to take place in three areas: the workplace, in health plans, and in primary and specialty care clinics and offices. In phase two, improvements will be made and results will be measured over a nine-month period. In phase three, the experts will collect and report results at a national conference and in a national publication.

EAPA member Jim Oher is a consultant to the project. For more information, contact him at 914-238-0607.

### **Take This Job...and Feel Proud of It**

According to a notice in *The Wall Street Journal* (October 1998), an Arizona State University study shows that workers who perform "dirty jobs," such as garbage collectors and gravediggers, are usually proud of their work and feel it is their "badge of honor" because they know "only tough people could pull it off."

### **Disability Fears Among Some Workers**

According to a survey conducted by Unum Life Insurance Company of America, a disability insurer, 71 percent of the workers they polled said they would be very comfortable working with someone with a disability. One interpretation for why 28 percent of the workers said they would not feel comfortable, according to the article in *The Wall Street Journal*, is that they worry that their own work could be affected or that they could get the disorder themselves.

### **Kentucky Court Says Teaching Jobs Are Safety-Sensitive**

The federal appeals court in Cincinnati upheld a Knox County, Tennessee, school district policy of testing new teachers for drugs, despite the absence of suspicion of drug use. The school district had ruled that teaching jobs are "safety-sensitive"; even "a single mistake" by a teacher could harm students, according to this article in *The Wall Street Journal*. ©



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Anthony Brown, Certification Assistant • Ext. 319 • EAPCERTDEP@AOL.COM

Joni Reed Cooley, Certification Director • Ext. 311 • EAPCERTDIR@AOL.COM

Mary Craigie, Membership Director • Ext. 315 • EAPMEMDIR@AOL.COM

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# On the Labor Front

## Union Groups Earn Award for Innovative Drug and Alcohol Testing Program

by Ted Mapes, CEAP

**P**ennsylvania was first in freedom in the eighteenth century and first in the industrial revolution in the nineteenth century. In the twentieth century, labor and management groups in Pennsylvania have developed agreements that ensure management productivity, reduce costs, and eliminate costly redundancies in worker alcohol and drug-testing programs. One such program that recently captured the attention of the Pennsylvania governor involved Philadelphia Electric (PECO) and several Delaware Valley refining companies and their contractors, who together with member unions of the Philadelphia Building and Construction Trades Council, have developed a uniform drug and alcohol testing program for on-site contractors of each company involved. For the purpose of this program, the individual companies formed a coalition known as the Delaware Valley Owners Coalition For Uniform Drug and Alcohol Policy, also known as "CUDAP."

In September, recognizing this exemplary effort between the Philadelphia Building and Construction Trades Council and companies such as Sun Oil, Tosco Refinery, PECO, and Hake & Company contractors, Pennsylvania Governor Thomas Ridge presented a Labor Management Award to EAPA member Jack Dempsey, director of The Allied Trades Assistance Program, and Patrick Gillespie, business manager of the Philadelphia Building and Construction Trades Council. These two individuals were instrumental in developing the CUDAP labor/management agreement.

### Uniform Drug and Alcohol Testing Program

The primary goal of the program is to ensure that each member company of the CUDAP coalition commits to providing safe, dependable, and economical service to their customers, while maintaining a safe workplace and promoting high standards of employee health. To achieve this, CUDAP members must have work forces and workplaces that are free of the adverse effects of alcohol and drug abuse. Accordingly, each member company of CUDAP requires its on-site contractors to adopt and join with CUDAP owners in implementing the Uniform Drug and Alcohol Policy.

### Benefits of the Program

The Uniform Drug and Alcohol Policy will provide a cost-effective and efficient uniform drug and alcohol testing program as an alternative to the current practice of individual testing requirements and procedures by different contractors, which results in a great deal of redundancy in the testing procedures. The following are the major highlights of the CUDAP program:

- An outside, independent third-party administrator will be responsible for establishing, performing, and administering standardized drug and alcohol testing.
- The drug and alcohol testing procedures will include:
  - on-site specimen collection and handling procedures
  - chain-of-custody procedures
  - appropriate laboratory qualifications and testing methodologies



EAPA Member Jack Dempsey (center) and Patrick Gillespie accepted the Labor Management Award from Pennsylvania Governor Thomas Ridge.

- quality control procedures
- reporting requirements
- properly trained and licensed personnel.

- The third-party administrator will review all test results and ensure that a medical review officer verifies all positive tests.
- Drug and alcohol testing shall be administered under the following conditions and circumstances:
  - Pre-employment/pre-access testing
  - Testing for cause
  - Lottery selection testing—performed on an annual basis,


commencing at a 50 percent rate for all contractors' employees in the CUDAP pool. (The lottery selection testing will eliminate the need for annual re-testing for the entire work force.)

Re-testing shall take place under the following circumstances: In response to requests for re-analysis or independent confirmation; and to monitor re-employed individuals who have completed counseling.

The third-party administrator also will establish and administer a certification system. As a result, individuals holding a valid certification card will not be re-tested prior to the commencement of work at another CUDAP company unless they were selected through the lottery process. Additional responsibilities of the third-party administrator include: standardized program development (consisting of a new employee orientation program); training; general consulting associated with fitness-for-duty; drug program implementation; and developing and maintaining a complete record-keeping system.

The obligations imposed by the CUDAP program will not supplant, detract from, or otherwise modify any obligations imposed by law or any collective bargaining agreement. The 50 percent lottery sample may be reduced in future years if it proves unnecessary to remain at that level in order to maintain deterrence.

The program allows for the rehiring of workers who test positive, and thereafter, complete counseling, pass a drug test, and agree to accelerated follow-up testing. This allowance is for one time only. A second violation in the form of positive drug and alcohol testing results will constitute a basis for permanent exclusion from CUDAP projects.

Companies who are presently members of the CUDAP coalition include PECO Energy, BP, and the refineries of the Sun Oil Company. The coalition expects other industrial owners to join CUDAP in the near future. 

*Ted Mapes is the EPA Labor Director.*

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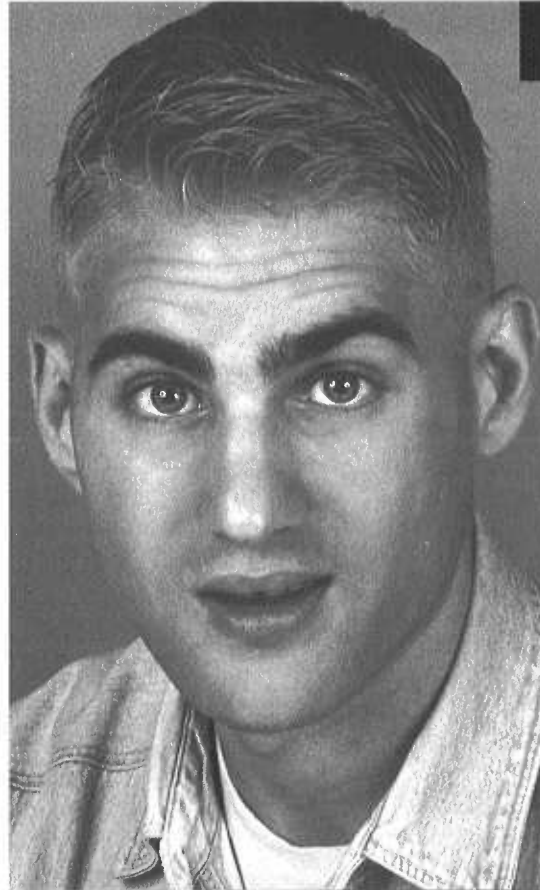
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# Certification Update

## *New Options for Former CEAPs to Regain Certification*

by Doug McKibbon, CEAP

**F**or many years, EA professionals have suggested to the EACC that some leniency is needed for those CEAPs who have difficulty, because of professional demands, in maintaining their certification. The EACC has struggled to remain consistent with published guidelines, and to strengthen the integrity of the credential. At the summer 1998 meeting, EACC Commissioner Will Jones, CEAP, and the EACC Recertification Committee brought forth a policy that was adopted to provide options for people who have been a CEAP and who regretfully have let it lapse. This new initiative will provide flexibility for people who have let the CEAP lapse so that while still maintaining the educational/training requirements of a CEAP, the person will not have to begin the entire candidacy process (EAP experience, advisement, PDHs) from the beginning. This new policy is effective January 1, 1999. Here is the new policy:

Effective January 1, 1999, lapsed CEAPs may regain their CEAP certification under the special conditions described below. Unless exceptions are noted, please refer to the *CEAP Certification Guide*, the *Handbook for CEAP Exam Candidates*, and the *CEAP Recertification GuideFile* for further information on exam guidelines and recertifying through professional development hours (PDHs).

The conditions for regaining the CEAP credential after having let it lapse vary according to the length of time that has elapsed since the former CEAP's recertification deadline. June 30 is the recertification deadline for CEAPs whose certification periods end

in March or May; January 31 is the recertification deadline for CEAPs whose certification periods end in November or December.

The following conditions apply to former CEAPs who are 12 months (365 days) or fewer past their recertification deadline:

1. Candidates may regain certification by: submitting 60 PDHs or passing the CEAP exam.
2. To qualify under these conditions, either: The PDH packet (with the approved PDHs, application to regain certification, and proper payments) must be postmarked within 365 days of the former CEAP's recertification deadline; or the date of the CEAP exam for which the former CEAP is applying must be within 365 days of the former CEAP's recertification deadline.
3. (*For exam option only*) Although exam takers must abide by the CEAP exam application guidelines, they need not meet the EAP experience, advisement, or PDH eligibility requirements for the exam.
4. (*For PDH option only*) Former CEAPs must have earned PDHs either within the previous certification period and/or between that period and the date when they apply to regain certification. These PDHs may *not* be used again for the next recertification. Former CEAPs must follow the PDH recertification guidelines in the *Recertification GuideFile* regarding PDH review, and submit the application to regain certification form, *not* the application to recertify form.

5. Former CEAPs must pay a penalty fee of \$100. Checks, money orders, and credit cards are all accepted (Visa, MasterCard, American Express); no purchase orders. U.S. funds only.
6. Former CEAPs must also pay PDH review, exam fees, any unpaid balance of CEAP certification fees, and upcoming CEAP certification fees as required (upon applying to regain certification through PDHs or upon passing the CEAP exam.)
7. Former CEAPs who successfully complete all the requirements will be granted certification retroactive to the end of the former CEAP's previous certification. (For example, if the former CEAP's certification ended November 12, 1998, the newly regained certification period would be from November 12, 1998-November 12, 2001.)

The following conditions apply to former CEAPs who are more than 12 months (365 days) past their recertification deadline:

1. Former CEAPs may regain certification by passing the CEAP exam. They must abide by the CEAP exam application guidelines, except as noted in #2 and #3 below.
2. They need *not* meet the advisement or EAP work experience requirements to qualify to take the exam.
3. Former CEAPs must submit the total number of PDHs required to apply for the exam, but need *not* meet the requirement that 60 percent of the PDHs be in content areas 3 or 4. *Continued on page 36*

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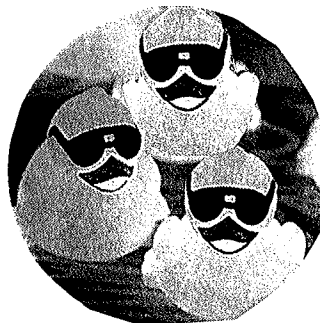
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## EA Professional Role Delineation Study

The EACC will embark upon an important EA professional role delineation study in 1999. The purpose of this study is to update and reaffirm the content domain and validity of the CEAP certification exam. This task is often considered the most important foundation of a sound certification program.

ALMACA conducted the original EA professional role delineation (sometimes called job analysis) study in 1985, from which the current EAP content outline was developed. The EAP content outline, with its six content areas, is the basis of the CEAP exam and PDH system. Because no professional field is static, a role delineation study must be recreated periodically to ensure that the content outline continues to reflect the current knowledge, skills, and abilities needed in the field.

The EACC is currently working with consultant Michael Hamm of Hamm and Associates of Rockville, Maryland to develop the request for proposal for an independent research firm to perform the role delineation study. The EACC anticipates selecting a firm by January 1999, at which point the study will begin. Watch your *EAPA Exchange* magazine and *CEAP MATTERS* newsletter for further information.

4. The PDHs submitted with the exam application require EACC approval; trainings that have not been approved for PDHs will not be accepted with the exam application. If the EACC has not pre-approved trainings attended, former CEAPs may apply for post-approval of PDHs for these trainings, prior to applying for the exam, as per the procedures in the *Certification Guide*.
5. Former CEAPs must pay a penalty fee of \$100. Checks, money orders, and credit cards are accepted (Visa, MasterCard, American Express); no purchase orders. U.S. funds only.
6. Former CEAPs must also pay exam fees, post-approval fees, any unpaid balance of CEAP certification fees, and upcoming CEAP certification fee upon notification of successful results of the exam.
7. The newly regained certification will be in effect from the date the exam is taken. (For example, for a former CEAP whose certification expired in May 15, 1995 and who then passed the December 11, 1999 CEAP exam, the new certification period would be from December 11, 1999 to December 11, 2002. CEAP certification would *not* be granted for the time period between May 15, 1995 and December 11, 1999.) Please contact the EAPA's

Certification Department for guides, forms, and information. You can reach the department by telephone at 703-522-6272, ext. 310, or by fax at 703-522-4585, or at the department's e-mail address: [eapcertman@aol.com](mailto:eapcertman@aol.com). The EACC believes that this initiative is another step in maintaining and enhancing the CEAP credential. While strengthening the credential through the candidacy (pre-CEAP) process, we have also allowed for greater flexibility to maintain the credential. We trust that our colleagues will appreciate the change.

During the Las Vegas conference, the EACC will hold a workshop on advisement. This is a "must-attend" session for both CEAP candidates and advisors. In addition, EACC commissioners and staff will be in an EACC booth in the exhibit hall, where we would welcome your questions, comments, and suggestions. See you in Vegas! ☺

Next issue: Increased options for earning PDHs.



*Doug McKibbin, CEAP, chairs the Employee Assistance Certification Commission.*

## Wisconsin EAPA Chapters

*continued from page 41*

Did our policy and program advocacy stop here? No, indeed! The chapters used this event to increase efforts to complete and fund a statewide EAP Web site and to further promote use of EAP public service announcements (PSAs) developed in 1997. Several area television networks have agreed to telecast the PSAs regularly and to use them in a story about the Proclamation and Resolution. In addition, we will work with other organizations to determine the availability of EAPs and areas of need. Look for more from the Wisconsin EAPA chapters. We have only begun to exceed our grasp, to identify and respond to policy and program advocacy opportunities in order to promote access to EAP services for all employed persons and their families in Wisconsin. We have only just begun.... ☺

*Sandy Kohn, MSSW, CICSW, CEAP, is president of the SouthCentral Wisconsin EAPA Chapter as well as EAP and Critical Incident Stress Management Services Director for the City of Madison and a field faculty instructor with the University of Wisconsin-Madison School of Social Work.*

## EAP Growth Outpaces Most Family-Oriented Benefits, Says Survey

The use of EAPs in medium- and large-sized companies continues to rise, with particularly growth reported in the past three years, according to a 1998 study reported in the *Hay Benefits Report*. Among flexible and family-oriented benefits, EAPs are rated second only to flexible spending accounts in terms of prevalence, the report indicated. EAP prevalence rose from 61 percent in 1990 to its current 70 percent, and the majority of growth occurred since 1995, the Hays Benefits Report reported. EAP prevalence is far greater than such flexible and family-oriented benefits as flexible hours (45 percent); full flex (23 percent); work-at-home policies and job-sharing programs (14 percent); and payment of adoption expenses (13 percent). For further information, write to Hay Group Inc., Attn: HRB Survey Unit, 100 Penn Square East, Philadelphia, PA 19107-3388.

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# Internal EAP Spotlight

## *3M's Employee Assistance Resource Center*

by Scott Cullen-Benson, MA, CEAP

In many ways, 3M's (Minnesota Mining and Manufacturing) EAP has mirrored the development of the EA profession as it has progressed since the 1970s. The 3M program began with an emphasis on occupational alcoholism, evolved into more of a "broad-brush" approach in the 1980s, and now exists as the Employee Assistance Resource Center (EARC) for "3Mers," their families, and management. The current manifestation of EAP services at 3M offers a work and family component with staff available to assist our employees with child and eldercare situations. We also offer prevention services and programs that have been developed to address drug and alcohol problems, depression, and violence in the workplace. Our staff also provides consultation services to supervisors and managers around workplace issues and behavioral health. The above services are in addition to the traditional EAP assessment and referral services that 3M offers to its 60+ manufacturing, sales, and warehouse facilities around the United States.

One of the unique aspects of EARC centers around our ability to provide services to our manufacturing sites around the United States. At the corporate headquarters in St. Paul, Minnesota, the EAP is delivered through an internal model that is focused on work-related issues. Local external EAP providers serve our remote facilities. We contract with local EAP providers as *individuals* not as a part of an agency or firm. This enables these individual providers to work under the EARC umbrella, even if their agency receives the remuneration. We then contract with the sites to provide a set number of hours of EAP, training, and prevention services for the upcoming year. This

blended model gives us the best of both worlds. We can use EA providers who are local and who know what resources are available; yet, at the same time we can develop the close management and employee relationships that internal EAPs often excel at providing.

As the needs of our employees and their families have become more complicated, EARC has also evolved to match this diversity of needs. In addition to assessment, consultation, and referral services, we offer services that assist with dependent care. The Work and Family Program provides services that include child and eldercare databases, a sick child-care program, and a childcare Summer Resource Fair. 3M is also a co-sponsor of a nearby kindergarten program. EARC also assists several support groups, a few of which deal with issues such as grief and loss and cancer. 3M Befrienders offers one-to-one support and friendship to individuals experiencing personal difficulty.

The department also provides classes and presentations on a wide variety of inter- and intra-personal topics. For example, our work-group presentations focus on stress, parenting, communications, relationships, and family caregiving, as well as on work and home life balance. One resource that we make available to employees is our Coping Kit. This neatly packaged resource that 3M designed provides written material and an audio tape that focuses on stress reduction and on personal resilience.

Because 3M is a company that never seems to rest on its "product laurels," so too does the EARC strive to provide the best possible service to our employees. Our future goals include improving communication with our EAP providers via the Internet. Our

providers will be able to communicate with us through the Internet using a system of passwords and encryption. With this system, we will be able to provide easy access to information such as our *EARC Standards and Procedures Manual*. We will also be able to maintain discussions with EAP providers via on-line "chats."

We are also building our prevention programs as part of a cross-functional effort with our Safety and Medical Departments and Total Compensation Resource Center (benefits). This effort, known as 3M Lifescapes, provides innovative, quality programs, resources, and services for employees and their family members to enhance health, safety, and well-being. The collaboration among our four departments has allowed us to integrate to a degree that is usually not found in companies. These departments have put aside turf issues in an attempt to address the greater issues of health, safety, and well-being. Examples of these services are smoking cessation, pre-natal care through our Healthy Babies Program, a 24-hour nurse help line, and private health screenings through our intra-net Web site.

As part of 3M Lifescapes, our department is developing and delivering resources designed to enhance and sustain individual, family, and workplace resiliency. Much research has been done on the factors that contribute to the ability to adapt and thrive amidst the pressures of work and home life. Along with the previously mentioned prevention programs, we are in the pilot phase of something that we call "The Resiliency Initiative." This initiative will involve training and self-assessment, but it also points the way to an overall shift in the way employees and families view "stress,"



from focusing on the negative to drawing on energies and reserves that all of us already possess.

The 3M Employee Assistance Resource Center offers programs and services designed to build capacity, prevent problems, and assist with problem-solving. This enables 3M employees to be successful both at work and at home. ☎

*Scott Cullen Benson, CEAP, is the contracted services supervisor with 3M's Employee Assistance Resource Center in St. Paul, Minnesota. For more information, please contact him at 651-736-8467 or via his e-mail address: [spcullen-benson@mmm.com](mailto:spcullen-benson@mmm.com).*

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# The Nevada Chapter Welcomes You to the 27<sup>th</sup> EAPA Annual Conference

by Sally Davis, CEAP

**W**elcome to the beautiful state of Nevada. We members of the Nevada Chapter are excited about having you here for this international conference.

The Nevada Chapter is a small group with a lot of heart. Our roots were forged with the same dedication and determination found in the miners and pioneers who came here not so many years ago. Our chapter began, as many chapters did, on the foundations of alcohol and drug treatment and other recovery programs. The Nevada Chapter was formed from the Nevada Bureau of Alcohol and Drug Abuse, locally known as BADA. BADA had a position for an employee assistance consultant. The function of the position was to start EAPs throughout the state especially in locations and with employers who previously did not have an EAP. The first EAP in a casino setting was founded through this position. In 1986, Sharyn Peal became the new BADA consultant. Fresh from the East and having had experience with ALMACA, she not only began to see the great need for EAPs in our state but also realized that the resources for experienced EA practitioners were sparse. She believed that training people to be EA professionals was the most effective way to fashion the beginning of EAPs in the businesses and industries of Nevada. BADA supported her efforts and she began to recruit professionals throughout the state "by hook or by crook," she says, to gain enough members to start the chapter.

We are appreciative of Sharyn Peal and the Nevada Bureau of Alcohol and Drug Abuse, who carried the expenses and the running costs of the EAPA Nevada Chapter for the first three years. BADA still sponsors an annual summer school that Sharyn founded in her efforts to train qualified EA professionals. The school includes a track especially for EA professionals and Labor and offers more than 30 PDHs for CEAPs who are attending. Today our individual membership includes six government presidents, members from the northern and southern areas of the state, and offers a professional development forum during our monthly meetings for those members who need to earn PDHs.


As I complete my term as chapter president, I realize that great things are about to happen in our state. Our



population growth, new casinos, and employment opportunities are abounding, and EAPA will be ready to offer support to them. Our chapter has a Web site with the following address: [www.lvrj.com/communitylink/eapa](http://www.lvrj.com/communitylink/eapa) Check out our latest information regarding chapter meetings and announcements. We are heavily involved in a membership drive at this time and are reaching out to human resource and labor professionals in ways we never have before. We welcome your participation, suggestions, and involvement.

## Things to See and Do in Nevada

Nevada is often thought of as a desert state because its major city—Las Vegas—has the fastest growing population of any city in the U.S. Our capital city of Carson, situated in the northern region of the state, is located in the lovely Sierra Nevada Mountain Range not far from beautiful Lake Tahoe. Nevada can not only boast some of the most enjoyable gaming properties in the U.S., but also water sports at Lake Mead, skiing in Lake Tahoe in the north, and Lee Canyon just outside Las Vegas in the south, with hiking, backpacking, horseback riding, biking, ranching, fishing, and, of course, golf. Las Vegas has more than 20 golf courses within the city limits. Perhaps you'll find an opportunity to schedule a tee time—after the conference, of course.

The state of Nevada is blessed to be the homeland of the Paiute Native American Tribe, which still exists in the Moapa Valley. Also found in Nevada is the spectacular Red Rock Canyon with exciting vistas that are a feast for the eyes. The Valley of Fire is a short drive just 15 minutes outside Las Vegas and shouldn't be missed. Maybe you'll win a set of tickets in the exhibit hall raffle to the most breathtaking example of human engineering in the American southwest: Boulder Dam. If you have questions about what else there is to see and do in our wonderful city, don't hesitate to ask someone in the registration booth at the annual conference. We have asked Las Vegas residents to be there especially to guide you to where you want to go. Or ask me—I'll be the lady with all the pins on her name tag advertising the many great things to do and see in Las Vegas. 

# Wisconsin EAPA Chapters Advocate For All Employees and Families

by Sandy Kohn, MSSW, CICSW, CEAP

**T**he three EAPA chapters in Wisconsin (SouthCentral, Southern, and NorthCentral) have taken to heart Robert Browning's statement: "Ah, but a man's (person's) reach should exceed his grasp..." With a statewide proclamation and City of Madison Resolution, these chapters have gone beyond the EAP core technology of outreach to and education of employees and families within their represented employer organizations to advocate for those who are without EAPs throughout the state and local communities.

The chapters worked cooperatively with the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA) and produced the Proclamation by Governor Tommy G. Thompson and a Resolution (No. 24192) by City of Madison Mayor Susan J.M. Bauman. The documents declared September 1988 as "Employee Assistance and Drug-Free Workplace Awareness Month." The Proclamation and Resolution "...encourage all employers to establish and maintain Employee Assistance Programs (EAP) policies utilizing EAP core technology to assist employees and their families in

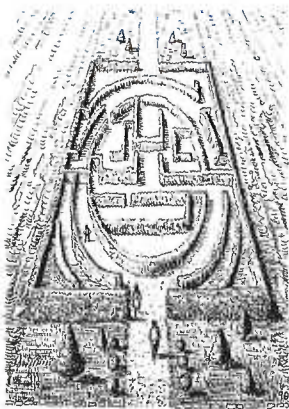
resolving or better managing illness, disability, and personal problems that interfere with their capacity to achieve work expectations and/or their ability to meet the essential needs of their families." Mayor Bauman, along with Alderpersons Jake Altwegg and Nfike Verveer, further noted that EAPs are essential to preserving the economy, its work force, community, and families.

On August 18, 1998, Governor Thompson signed and read the Proclamation in his Capitol conference room with 11 supporters present including Joe Leraan, secretary, State Department of Health and Family Services; Sinikka McCabe, administrator, Division of Supportive Living; Jim Buchen, vice president, Government Relations, Wisconsin Manufacturers & Commerce; and representatives from the SCAODA, the Intervention and Treatment Committee, and the Wisconsin EAPA chapters. During the ceremony, the participants stressed the need to offer EAP services to W-2 (welfare-to-work) participants and workers in smaller public and private sector organizations.

*continued on page 36*

## Ethical Dilemmas in Workplace Counseling: A Casebook

*Developed by the EAPA Houston Chapter in collaboration with EAPA International Headquarters*



In today's healthcare environment, EA professionals often find themselves dealing with issues that are complex and confusing. In particular, they need standards that protect the interests of those with behavioral problems and the integrity of the EAP field.

Members of EAPA's Houston Chapter have prepared a new publication that will be a valuable working resource for EA professionals as well as others in the counseling professions.

This 86-page report includes:

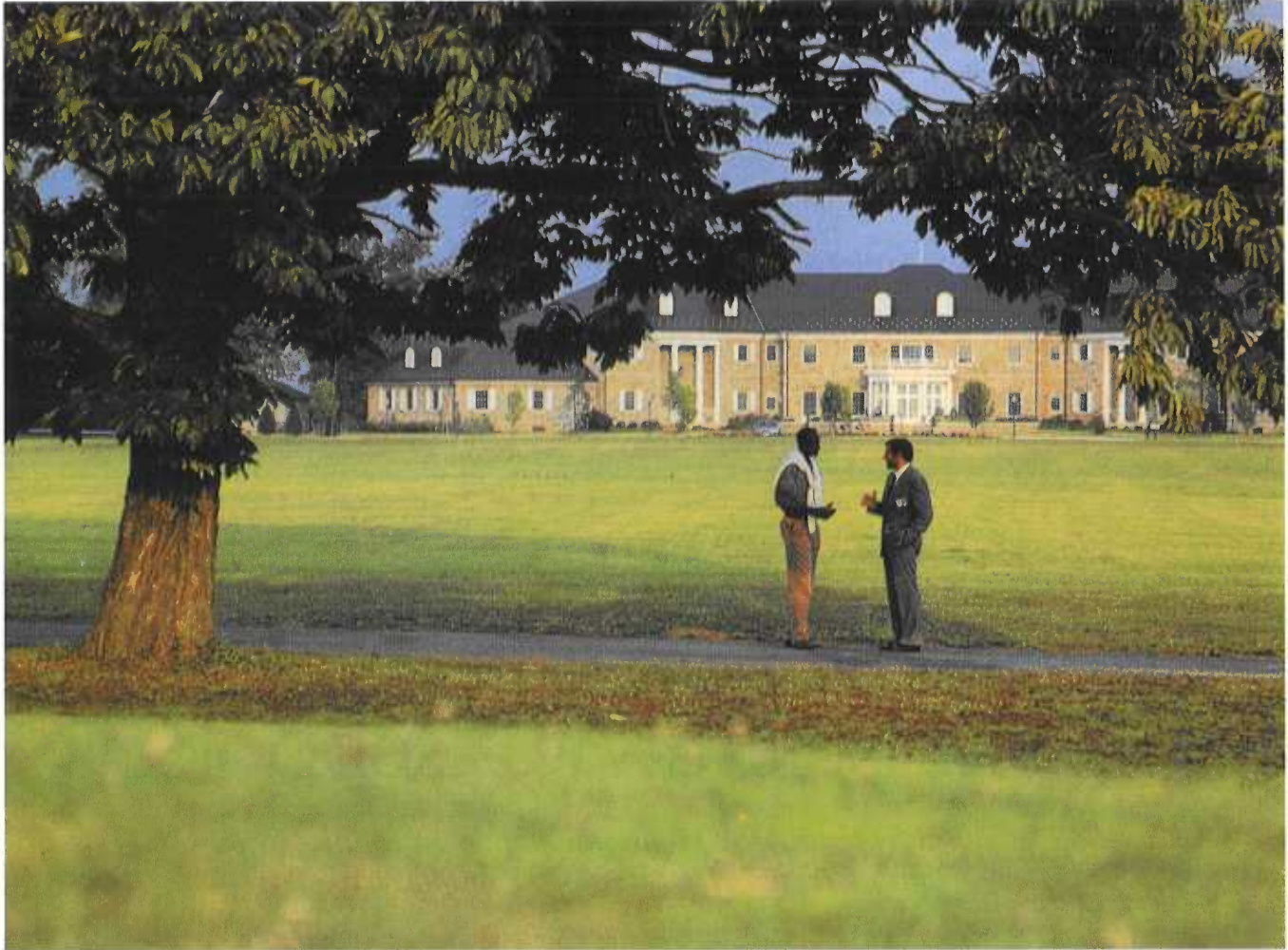
- 20 sample ethical dilemmas for increasing awareness
- an outline of a decision-making process for these issues
- essays from professionals regarding workplace ethics
- codes of ethics from eight professional organizations

Make *Ethical Dilemmas in Workplace Counseling: A Casebook* the newest addition to your EAP library. Price: \$19.95 (EAPA member); \$24.95 (non-member); add \$3.00 per copy for shipping and handling.

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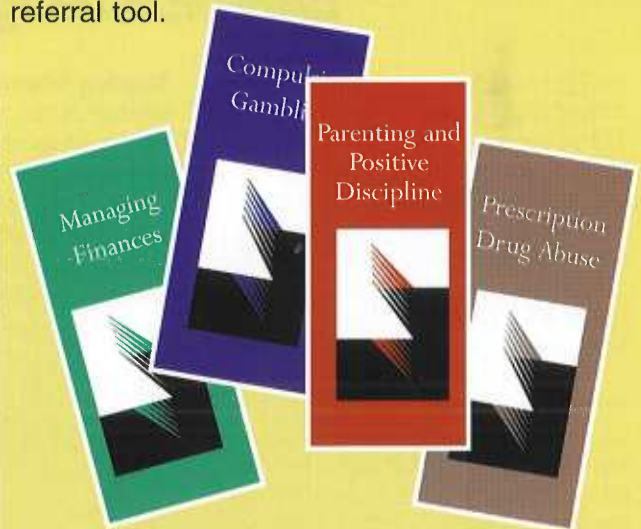
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### How to Submit an Article to the *EAPA Exchange*

The *EAPA Exchange* welcomes the opportunity to review member submissions for publication and to retain and use them as appropriate.

The *Exchange* also reserves the right to edit or decline submissions as necessary. Published articles by members do not necessarily reflect EAPA philosophy or policy. The 1998 editorial calendar lists the main topic of each magazine. Other topics of interest will be included in each issue as space allows. Articles should be 1,400-2,200 words long and, whenever appropriate, charts, graphs, and/or photos should be included. Because of space limitations, the *Exchange* does not list references but does encourage the reader to contact the author for those references.

Authors should submit a hard copy of the manuscript as well as a disk containing the manuscript. Software should be compatible with Microsoft Word 7.0 for Windows, 10 pt. Times Roman.

In most cases, published articles will include a photograph of the author; whenever possible, please submit a photograph with the manuscript. For more information, or to discuss your topic before submitting it for publication, please call the editor at 703-522-6272.

[www.eap-association.com](http://www.eap-association.com)



### EAPA Mission Statement

To promote the highest standards of practice and the continuing development of employee assistance professionals and programs.

### Have You Changed Your Address?

If you have moved and have not yet informed EAPA Headquarters, please contact Juanita Padgett, c/o EAPA Headquarters, 2101 Wilson Boulevard, Suite 500, Arlington, Virginia 22201; (fax) 703-522-4585; (e-mail) EAPMEMMAN@aol.com

Former Address:

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New Address:

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## EAPA Exchange Editorial Policy

The *EAPA Exchange* publishes feature articles, standing columns, reports, letters to the editor, announcements, and paid advertising for the benefit of its membership. The general guidelines governing these categories are set forth below. The *Exchange* reserves the right to edit or decline submissions as necessary.

**Feature Articles:** These offerings represent the major content of the *Exchange*: articles, written by members or non-members, that do not necessarily reflect EAPA's philosophy or policy but would be of interest to EAPA members. Expressions of professional opinions, informed personal viewpoints, critical analyses, and new ideas and paradigms are welcome as feature articles. Thinly disguised personal attacks or promotions and endorsements of specific commercial services, however, will not be published. This policy does not restrict articles describing new paradigms that may be offered by a limited number of commercial enterprises. Offerings will be published in keeping with the scheduled calendar of editorial topics.

**Standing Columns:** The *Exchange* prints standing columns, such as the "President's Page" and "From the COO." EAPA committees have also been afforded the opportunity to publish periodic information on topics of interest to EAPA members. Some committees publish on a regular basis and all committees may request that their information be published in the *Exchange* on a space available basis. These columns should address EAPA issues only and should reflect the official position of the committee's constituency, not the editorial opinion of the author or a minority of committee members. Personal, minority, or opposing views are welcome as regular feature articles.

**Reports:** Reports of EAPA committee activities or non-EAPA sponsored activities related to the EAP field are encouraged. They should be accurate in their description of key events. They will be accepted on a space available basis.

**Letters to the Editor:** Letters to the editor expressing personal views on feature articles, columns, or reports are welcome and will be printed as time and space allow.

**Announcements:** The *Exchange* will publish announcements of activities related to the EAP field as time and space permit. Local EAPA chapters that want to announce their upcoming conferences in the *EAPA Exchange* are welcome to do so. Contact the *EAPA Exchange* editor at 703-522-6272, ext. 308, for information.

**Advertising:** The Exchange accepts paid advertising from companies and individuals whose products and services support the EAPA mission. Standing Columns and Feature Articles shall not endorse or promote products or services of specific commercial enterprises. Such endorsements or promotion will only be printed as paid advertisements. Call Advertising Manager Marilyn Lowrance at 703-538-5557 for information on sizes and prices available.

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### Application Deadlines:

March 1  
September 15

### Exam Dates:

May 15  
December 11

### Eligibility:

You must meet one of two eligibility options

### OPTION 1:

- 3,000 hours of work experience in an EAP setting, which must have been gained over a minimum of 2 years, and within 7 years of the date of the application for the CEAP exam; AND
- 60 PDHs\* (Professional Development Hours) with at least 36 of them in content areas 3 and/or 4 (\*see PDH requirements below); AND
- 24 hours of CEAP advisement spread out over at least six months

### OPTION 2:

- Graduate degree in an EAP-related discipline (or equivalent outside the U.S.); AND
- 2,000 hours of work experience in an EAP setting, which must have been gained over a minimum of 2 years, and within 7 years of the date of the application for the CEAP exam; AND
- 15 PDHs\* (Professional Development Hours) with at least 9 of them in content areas 3 and/or 4 (\*see PDH requirements below); AND
- 24 hours of CEAP advisement spread out over at least 6 months

### PDH Requirements for Both Options:

- Must have at least 60% of total PDHs within content areas 3 and/or 4;
- No PDHs may be earned by writing sample exam questions; PDHs must be from training occurring November 11, 1995 or later.

For More Information, call 703-522-6272, ext. 319

### EXAM FEES:

**\$295 for EAPA Members\***  
**\$435 for Non-members of EAPA**

(\$410 total if joining EAPA—including U.S. individual EAPA membership for \$115 and \$295 for the CEAP Exam Fee)

\*U.S. Individual membership rate only.

For other categories, contact EAPA's Membership Department.

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