

**Labor Assistance Professionals (LAP)
Washington D.C. Chapter**

and

Clinical Social Work Guild 49 -- OPEIU

presents

Maximizing the Value of EAP/Behavioral Health Technology

by

James T. Wrich

**CEO, J. Wrich & Associates
Madison, Wisconsin**

608-821-0934 E-mail: jwainc@aol.com

**Association of Flight Attendants International
Washington, D.C.**

July 16, 2004

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PRESENTATION OUTLINE

I. COMORBIDITY – The key to maximizing value.

- **Research References**
- **Graphics**
- **Estimated Cost of Comorbidity (DSM to ICD)**

CO- MORBIDITY:

A COMPENDIUM OF RESEARCH REFERENCES

Compiled by James T. Wrich

1. "Alcoholism and Mortality", Per Sunby M. D., University of Norway, Oslo, 1963.

Mortality among alcoholics was double the expected rate for the general Norwegian population, ranging from 1.6 for cardio-vascular disease to 8.0 for suicides.

2. "Frequency Rates of Alcoholics and Controls by Diagnostic Category", Sidney Pell, Ph.D., and C.A. D'Alonzo, M.D., Journal of Occupational Medicine 12: 198-210, 6/70.

Alcoholic employees are twice as likely as non-alcoholics to have any of a number of medical problems resulting in lost time from work. Moreover, the cause of absence among alcoholics is rarely attributed to alcoholism (26 of 984 incidents of absence).

3. Penjerdel Study, Penjerdel Corporation, 1980.

The population of identified substance abusers had more than five times as many admissions for diagnoses other than drugs/alcohol than non-abusers (507 per 1000 vs. 92.0 per 1000). Moreover, length of stay was 9.55 days vs. 6.43 days and total days hospitalized was 4797 vs. 592 for substance abusers vs. non-substance abusers.

4. "Alcoholism Treatment Impact on Total Health Care Utilization Costs", Analysis of the Federal Employee Health Benefit Program with Aetna Life Insurance Company, 1985.

Alcoholic families used health care services and incurred costs at about twice the rate of similar families with no known alcoholic members (average monthly costs for the two groups 1980-83 were \$210 per person vs. \$107 per person respectively). It also showed dramatic reductions in medical costs for families of alcoholics after treatment. In addition, it is estimated that the average cost to treat alcoholics could be offset by reductions in other health care costs within 2 to 3 years following treatment.

5. "Alcoholism Treatment, Severity of Alcohol Related Medical Complications and Health Services Utilization", Cook et al, Journal of Mental Health Administration 19:1 Spring, 1992.

Using a sample of 63,873 hospitalized alcoholics, this study shows far greater severity of medical complications among those who were not treated for alcoholism vs. those who were.

6. U.S. Department of Health and Human Services: Alcohol and Health, Seventh Annual Special Report, 1990.

Research cited in this report clearly establishes the link between long term uncontrolled drinking and the severity of alcohol-related medical complications, particularly neurological, gastronomic and cardio-vascular complications that attend later stage progression of alcoholism.

7. "Adult Inpatient Completers One Year Later", Harrison, P.A. and Hoffman, N.G.

This study showed dramatic reductions in hospital use one year after alcoholism treatment vs. one year before: 50% reduction for medical services; 60% reduction for psychiatric services; 30% reduction in emergency medical admissions; 50% reduction in emergency psychiatric admissions; 75% reduction in admissions for detoxification services.

CO-MORBIDITY RESEARCH REFERENCES, continued

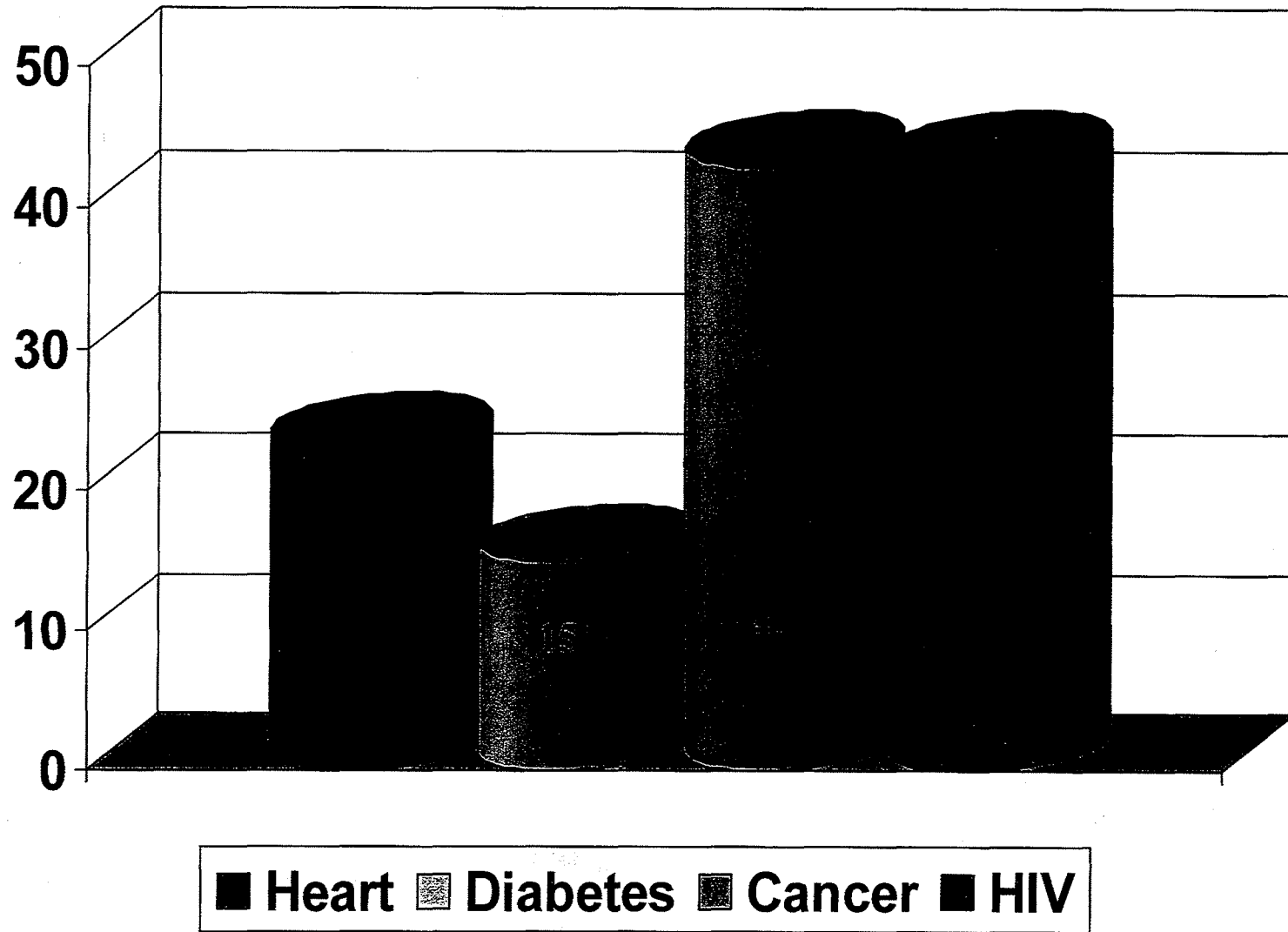
8. "Per Diem Cost Comparison for Conditions Associated with Untreated Substance Abuse versus Substance Abuse Treatment 1989", MEDSTAT Systems, Inc. 1991.

This analysis shows that the per diem inpatient costs of treating medical conditions associated with substance abuse ranged from \$838 per day for toxic hepatitis, \$1264 for gastrointestinal disorders and \$1967 for esophageal varices vs. \$386 per day for inpatient substance abuse treatment.

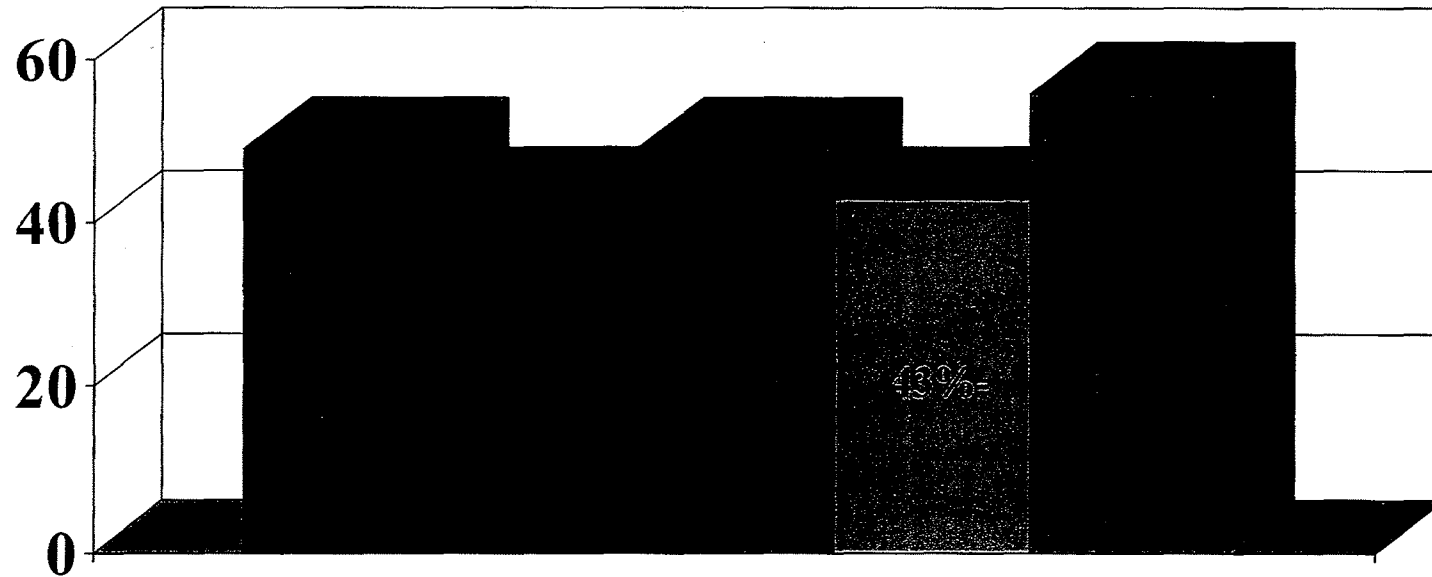
9. "AT & T Looks at Program Evaluation", Gaeta. E., Lynn, R. and Grey, L. EAP Digest Annual, 1981-82.

This reports that in the area of job performance 76% of a sample of employees were rated poor at the time of referral to the EAP; 17% fair; 7% good and 0% excellent. Post program results showed 12% poor; 9% fair; 43% good and 36% excellent. The same study showed a decrease in days absent from 421 to 92; a decrease in absence due to disability from 1531 days to 192; a decrease in visits to the medical department from 818 to 439; on the job accidents from 26 to 5 and off-the-job accidents decreased from 26 to 11.

Comorbidity: Depression And...

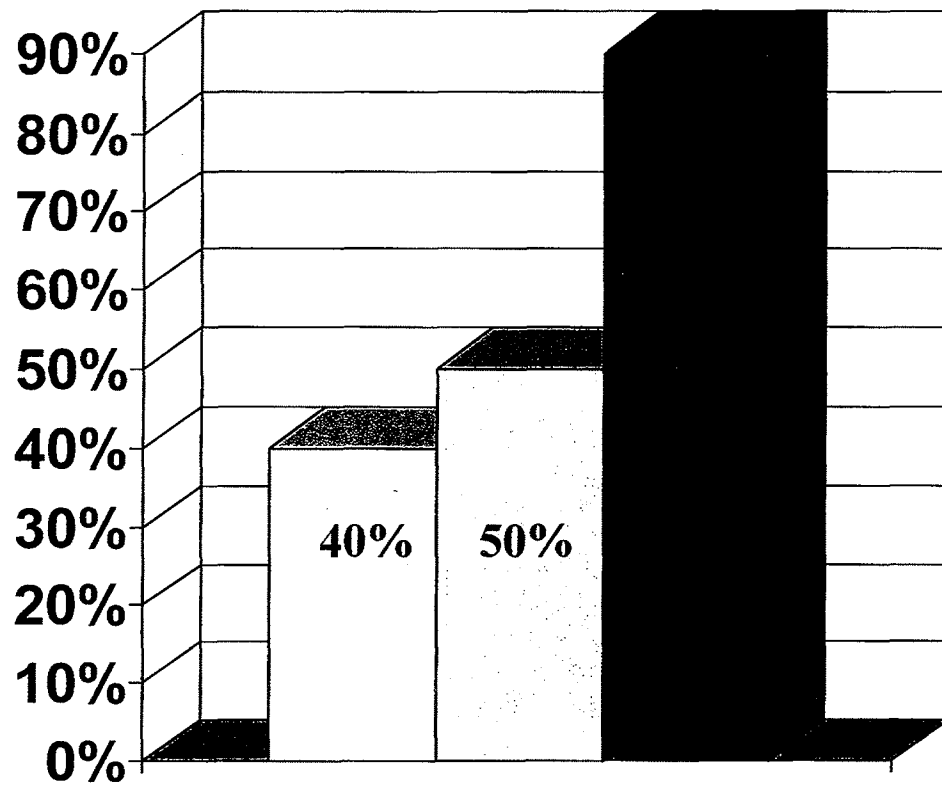


Co-Morbidity: Alcoholism and ICD 9 Diseases

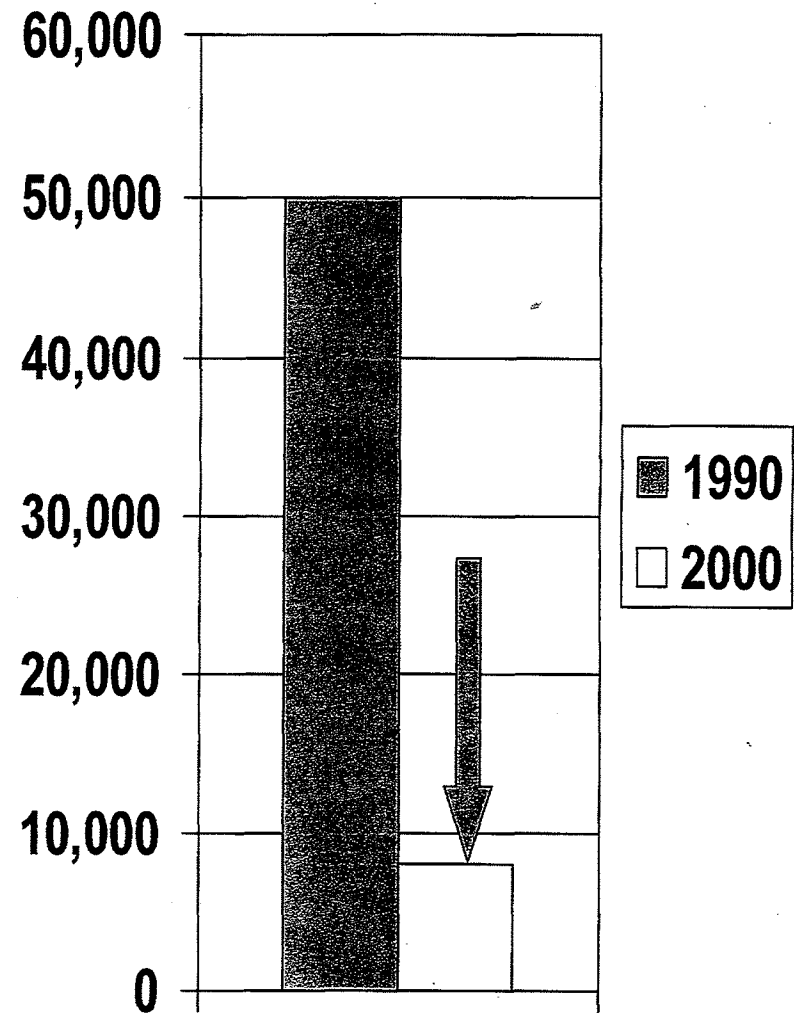
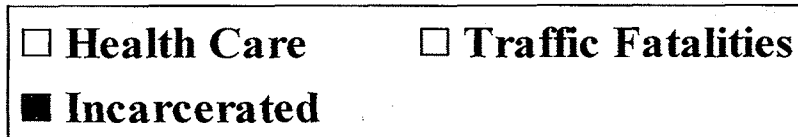


- Endocrine, Nutritional, Metabolic, Immunity
- Neoplasms
- Musculoskeletal, Connective Tissue
- Digestive
- Injury, Poisonings

Impact: Alcohol Problems on Society vs. MBHOs on CD Treatment...



Chemical Abuse Impact



Inpatient Beds

ESTIMATE OF THE COST OF COMORBIDITY

JWA AGGREGATE CLAIMS SAMPLE

ICD-10 Category	ICD-9 Code	\$\$ Paid	% of Total \$\$ Paid	Comment*	% Est. Comorbidity MH/CD**	\$\$ at Risk Due to C/M (Low)	\$\$ at Risk Due to C/M (High)
Diseases of the Circulatory System	390-459	\$15,734,316	13	Alcoholics have 1.6 to 1.9 times the rate of the gen. pop.	32-49	\$5,041,381	\$7,719,615
Diseases of the Digestive System	520-579	10,873,280	8	Alcoholics have 2.4 times the rate of the gen. pop.	43-65	4,675,510	7,067,362
Diseases of the Genitourinary System	580-629	10,075,692	8	Not significant	N/S	N/S	N/S
Neoplasms	140-239	14,167,826	13	Alcoholics have 2.1 times the rate of the gen. pop.	38-56	5,383,774	7,933,983
Diseases of the Musculoskeletal System and Connective Tissue	710-739	11,979,378	10	Alcoholics have 2.7 times the rate of the gen. pop.	49-73	5,869,895	8,804,843
Complications of Pregnancy, Childbirth and the Puerperium	630-679	4,017,272	3	Alcoholics have 1.6 to 1.9 times the rate of the gen. pop.	32-49	1,285,527	1,968,463
Mental Disorders	290-319	5,496,206	5	Alcoholism has very high comorbidity rates with all high incidence mental disorders, i.e.: Affective Disorders, Anxiety and V-Codes	100	5,496,206	5,496,206
Infections	001-139	1,986,730	2	Most infections do not have a high C/M rate with MH/CD. However, sexually transmitted diseases do: alcoholics have 1.8 times the gen. pop. rate	33-50	655,621	993,365
Endocrine, Nutritional and Metabolic Disease, Immunity Disorders	240-279	3,782,640	4	Alcoholics have 2.7 times the rate of the gen. pop.	49-73	1,853,494	2,780,240
Diseases of the Blood and Blood Forming Organs	280-289	972,836	1	We do not have C/M estimates for this disease category.	Unknown		
Diseases of the nervous System and Sense Organs	320-389	5,171,154	5	Alcoholics have 1.5 times the rate of the gen. pop.	27-41	1,396,212	2,094,317

**ESTIMATE OF THE COST OF COMORBIDITY
JWA AGGREGATE CLAIMS SAMPLE, continued ...**

Diseases of the Respiratory System	450-519	\$8,942,748	7	Alcoholics have 1.5 to 2.5 times the rate of the gen. pop.	36-54	\$3,219,389	\$4,829,084
Diseases of the Skin and Subcutaneous Tissue	680-709	1,918,764	2	We do not have C/M estimates for this disease category.	Unknown		
Congenital Anomalies	740-759	1,120,688	1	We do not have C/M estimates for this disease category.	Unknown		
Certain Conditions originating in the Perinatal Period	760-779	5,764,668	3	We do not have C/M estimates for this disease category.	Unknown		
Symptoms, Signs and Ill-defined Conditions	780-799	11,889,054	9	Alcoholics have 1.8 times the rate of the gen. pop.	32-49	3,804,497	5,706,746
Injury and Poisonings	800-999	9,398,226	8	Alcoholics have 2.7 to 3.5 times the rate of the gen. pop.	56-84	5,263,007	7,894,570
F.I. Health Status	N/A		3	N/A			
TOTAL		\$126,529,548				\$43,994,513	\$63,288,734

* Source: Various national research studies.

** The incidence of mental health problems is approximately 50% greater than substance use disorders. Thus, the low end of the range is based on substance use disorders (primarily alcoholism) and the high end is based on mental disorders.

II. OUTCOME EVALUATIONS – What difference did it make?

- **Findings of EAP Industry Outcome Studies**
- **EAP Outcome Evaluation Format**
- **IHAP Evaluation Criteria**

BENEFITS OF EMPLOYEE ASSISTANCE PROGRAMS:

MAJOR U. S. CORPORATIONS

COMPILED BY

JAMES T. WRICH

-
- "... about 60,000 G.M. employees have taken part in our Employee Assistance Program ... when they were surveyed one year after treatment between 60 and 70 percent of those employees were still abstaining from alcohol and drugs". Roger B. Smith, Chairman, General Motors, Washington, D.C. December 11, 1983.
 - "... for every \$1 spent by General Motors for treatment of employees in the program, more than two dollars were being returned to us within a period of three years." Thomas A. Murphy, former Chairman, General Motors, Detroit, Michigan, October 5, 1979.
 - Kimberly Clark reported 43% reduction in absenteeism and a 70% reduction in accidents among a sample of employees who participated in their Employee Assistance Program. 1
 - Philips Petroleum reported that its Employee Assistance Program saved more than \$8 million per year in fewer accidents, less sick leave and higher productivity. 2
 - A T and T reported that in the area of job performance 76% of a sample of employees were rated poor at the time of referral to the EAP; 17 % fair; 7% good and 0% excellent. Post program results showed 12% poor: 9% fair: 43% good and 36% excellent. This same study showed a decrease in days absent from 421 to 92; a decrease in absence due to disability from 1531 days to 192; a decrease in visits to the medical department from 818 to 439; on the job accidents from 26 to 5 and off-the-job accidents decreased from 26 to 11. 3
 - Kelsey Hayes Center for Counseling and Guidance tracked 58 plant workers involved in the program and documented in one year's time a recovery of 18,325 hours, an average of 316 hours per employee. 4
 - At United Airlines the Benefit to Cost Ratio based only on reduction in sick leave use while including all applicable EAP costs was \$7 to \$1 projected over five years and \$17 to \$1 projected over the expected career span of EAP participants. 5.

1, 2, and 4. Program Summary of a Conference on WORKSITE HEALTH PROMOTION AND HUMAN RESOURCES: A hard Look at the Data, co-sponsored by General Motors Corporation, U.S. Department of Health and Human Services, and Metropolitan Life Insurance Company.
3. A T and T LOOKS AT PROGRAM EVALUATION, By Eugene Gaeta, Robert Lynn and Lucille Grey, published in The EAP Digest Annual, 1981-1982
5. The Conference Board, "Substance Abuse in the Workplace", 1985.

**OUTCOME EVALUATION FORMAT:
EMPLOYEE ASSISTANCE PROGRAM PARTICIPANTS
FOR
THE UAW/GM EMPLOYEE ASSISTANCE PROGRAM**

Prepared by

***J. Wrich & Associates, Inc.
Chicago, IL***

**OUTCOME EVALUATION:
EMPLOYEE ASSISTANCE PROGRAM PARTICIPANTS
FOR
THE UAW/GM EMPLOYEE ASSISTANCE PROGRAM**

PURPOSE

The purpose of this outcome evaluation format is to address one of the most important questions that can be asked regarding the function of an Employee Assistance Program:

“What difference did it make that the UAW and GM went to the time and expense of developing and operating an Employee Assistance Program?”

The effectiveness of any EAP benefits three primary stakeholders: (1) the individuals who used the program; (2) the company that employs them, and (3) the union that represents them.

This outcome evaluation format pertains primarily to the individuals who used the program. While some questions relate to on the job activities and inferences may be drawn concerning the impact on the union and company resulting from the individual changes, a Benefit to Cost Analysis, sick leave utilization review, grievance filings and specific productivity measurements may be better tools by which to assess benefits to the organizations.

Therefore this instrument focuses on pre-post participant status in sixteen functional areas plus any changes in use of substances. It is designed to answer the question:

“**What difference did the program make to the EAP** participant in terms of life functioning, lifestyle and substance use?”

Even though large numbers of EAP participants do not have a substance use disorder, all participants are asked questions in this area. Experience shows that EAP participants who have no substance use disorder per se, may change their alcohol and other chemical use patterns depending upon their ability to resolve their primary issues.

Since such changes in participants' lifestyle and life functioning are influenced by the EAP and the treatment received, the format also asks participants to rate these resources in major performance areas. Therefore, specific sections are dedicated to the EAP Assessment and Referral Resource, the EAP Representative and the treatment resource.

PROCESS

The outcome evaluation process actually begins early in the relationship between the participant and the EAP. Sometime during the first few visits either the EAP Rep or the Assessment and Referral resource explains the outcome evaluation system and its purpose to the participant. The following points are covered:

1. The EAP relies on the confidential feedback of participants to determine how well it is really doing in terms of helping employees and their families. Where possible this information is used to improve the program.

2. Since the effect of the program can best be measured after a period of time has elapsed, the feedback will generally be requested at three, six and twelve month intervals.
3. Since experience shows that some participants feel greater freedom to be candid when their response is confidential, participants are not required to identify themselves in their response.
4. After approximately three months, an initial letter will be sent to the participant from the A and R describing the process and purpose of the evaluation project. To safeguard confidentiality, a great deal of discretion will be used. All correspondence will be sent in a double envelope marked personal and confidential with specific instructions that it is to be opened only by the addressee.
5. Unless the program hears from the participant to the contrary, a questionnaire will follow approximately 7 days after the initial letter has been sent. If desired, the participant can call the EAP to advise that they would rather stop by the EAP office to pick up the questionnaire and fill it out there. Otherwise, the participant will simply fill out the questionnaire and return it in an envelope provided. In special cases the participant can call the EAP staff before the questionnaire is sent and make arrangements to provide the answers over the telephone.
6. The feedback should be based solely on the participant's personal or family's experience with the program, not the experience of someone else.

HOW THE FEEDBACK WILL BE USED AND COMMUNICATED

The questionnaires will not be returned to the A and R but rather to a third party for compilation. The A and R will see only aggregate information. When information from the questionnaires is included in reports, none of it will be identified with the individual participants. Program strengths and weaknesses, actual or perceived, are often highlighted by aggregate feedback. On the other hand, such feedback will not be the only basis on which program improvements are made.

MATERIALS

Following are the letters and questionnaires which will be used.

INITIAL LETTER

Dear EAP Participant:

The most important aspect of an Employee Assistance Program is its ability to help people successfully overcome their problems. We rely heavily on the assessment of those who have used the program to determine whether or not people really get help in UAW/GM EAP.

As was mentioned to you by the EAP staff, we wish to have your confidential feedback. In a few days you will receive a questionnaire which pertains to changes that may have taken place in your life since using the EAP. Also you will be asked for your assessment of (1) the Assessment and Referral Resource, (2) the EAP Representative (3) the treatment provider, if any, to which you were referred for help, and (4) the overall Employee Assistance Program.

Whether you followed our recommendations or not and whether your situation improved or not, we would very much appreciate your filling out the forms. We want to make our program as effective as possible and your assessment of our efforts and the changes in your situation are of critical importance. So, please take time to fill out the questionnaires when you receive them and return them in the envelope provided.

If you would rather stop by the EAP office to pick up the questionnaire or fill it out there, or if you prefer to provide your response over the telephone, please call us at ____-____ as soon as you receive this letter.

In order to monitor the EAP's effectiveness over time, your feedback will be requested now and twice more during the first year after using EAP Services.

Since I have been personally involved in your case, some of your assessment pertains to me. Therefore, I will not be aware of your individual response unless you sign your name. The most important thing is to give your honest impressions when answering the questions. By doing so you can help us to better help others. Thank you very much for your assistance.

Sincerely,

QUESTIONNAIRE AND COVER LETTER

Dear EAP Participant:

This follows our letter which was mailed to you a few days ago. As discussed, the foremost concern of any Employee Assistance Program is to help people. In order to do as good a job as possible we need feedback from those who have used the program.

One of the best ways to determine whether or not we have been helpful is to assess the changes that take place in the lives of EAP participants. Therefore, many of the questions on the enclosed questionnaire relate to your situation at the time you came to the Employee Assistance Program in comparison to your situation now.

Please answer the questions as honestly as you can. Your response is strictly confidential. It will be grouped with responses from other program participants and compiled to give an overall profile of our efforts. We will use this aggregate data to assess strengths and weaknesses of the program.

When you are finished, return your response in the enclosed stamped envelope. If you have questions you may contact me at ____ - _____. Please return the questionnaires within one week if at all possible.

We very much appreciate your assistance.

Sincerely,

EMPLOYEE FEEDBACK QUESTIONNAIRE:

EMPLOYEE ASSISTANCE PROGRAM

A. EFFECT ON YOU

This part of the questionnaire pertains to you or your family member who used the Employee Assistance Program. Think back to your situation at the time you contacted the Employee Assistance Program. Regardless of what your problem was or how things turned out, please indicate any changes that have taken place by circling the number that is closest to your situation: +5 being very good, -5 being very poor, and 0 being satisfactory. If a question doesn't apply, please so indicate, skip it and go on to the next question.

	Very Poor					Satisfactory					Very Good						
1. How was your physical health at the time you first contacted the EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5						
2. How has your physical health been since you contacted the EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5						
3. How was your emotional well being at the time you first contacted EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5						
4. How has your emotional well being been since contacting the EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5						
5. How well were you doing your job at the time you first contacted the EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5						
6. How well are you doing your job now?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5						
7. How did you feel about your job at the time you contacted the EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5						
8. How do you feel about your job now?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5						
9. How were you getting along with your supervisor when you contacted the EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5						

	Very Poor		Satisfactory					Very Good			
10. How are you getting along with your supervisor now?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
11. If you are a union member, how were you getting along with your Committeeman when you contacted the EAP? (Does not apply ____)	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
12. How are you getting along with your Committeeman now?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
13. If you were married or involved in a relationship at the time, how were you getting along with your spouse or significant other when you first contacted EAP? (Does not apply ____)	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
14. If you are still married or involved in the same relationship, how are you getting along now? (Does not apply ____)	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
15. If you have children, how were you getting along with your children when you contacted EAP? (Does not apply ____)	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
16. How are you getting along with your children now? (Does not apply ____)	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
17. How were you getting along with other family members and close friends when you contacted EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
18. How are you getting along with other family members and close friends now?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
19. How were you getting along with co-workers when you contacted EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
20. How are you getting along with co-workers now?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

	Very Poor					Satisfactory					Very Good				
21. If applicable, how were you getting along with those you supervised when you first contacted the EAP? (Does not apply___).	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
22. How are you getting along with those you supervise now? (Does not apply___)	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
23. When you contacted the EAP how were you getting along with key parties such as customers, vendors, etc.? (Does not apply___)	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
24. How are you getting along with such key parties now? (Does not apply___)	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
25. How was your financial situation when you first contacted EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
26. How is your financial situation now?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
27. How did you feel about yourself when you first contacted the EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
28. How do you feel about yourself now?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
29. How were you doing in terms of legal problems when you first contacted the EAP?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
30. How are you doing in terms of legal problems now?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
31. Assess your overall well-being when you first contacted the EAP.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				
32. Assess your overall well-being now.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5				

USE OF ALCOHOL AND DRUGS

1. Describe your alcohol/drug use at the time you contacted the EAP?

- Abstinent (no use)
- Light or moderate social drinking
- Occasional drug use
- Heavy, inappropriate or binge drinking
- Regular use of illegal drugs or inappropriate use of prescription drugs.

2. Describe your current alcohol/drug use

- Totally abstinent
- Use less than before
- Use the same as before
- Use more than before

B. THE ASSESSMENT & REFERRAL RESOURCE STAFF WHO SERVED YOU

This part of the questionnaire pertains to your perceptions of the Assessment and Referral Resource (CDR) who first helped you to review your situation and recommended the care you received. Looking back over the past several weeks or months, how would you assess your Assessment and Referral Resource in the following areas?

	Very Poor	Satisfactory					Very Good				
1. Was available when I needed her/him.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
2. Explained the program to me and how it worked, including caregivers.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
3. Described his/her role, my role and the role of the caregiver.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
4. Advised me of my rights as an employee and participant in the EAP as well as my obligations	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
5. Described the confidential nature of EAP.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

	Very Poor					Satisfactory					Very Good					
6. Helped me talk about my problem.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
7. Showed genuine concern for me.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
8. Was sensitive to my needs -- understood my situation.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
9. Helped me to see things I did not want to look at.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
10. Gave me hope.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
11. Arranged appropriate care.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
12. Explained my health care benefits and any cost I might incur for counseling or treatment.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
13. Followed-up with me to see how things were going.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
14. My overall impression is.....	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
15. Advised me that my feedback about the program would be requested.	ζ Yes					ζ No										

C. THE EAP REP WHO HELP D YOU MAKE CONTACT WITH THE PROGRAM AND FOLLOWED UP

Indicate which EAP Representative, if any, assisted you in contacting the EAP:

	☐ UAW Rep	☐ Salaried Rep	☐ Neither								
				Very Poor		Satisfactory			Very Good		
1. Encouraged me to use the program.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
2. Described how the the program worked.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
3. Answered my questions.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
4. Assured me of confidentiality.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
5. Advised where the A&R was located.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
6. Provided the telephone number of the A&R	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

Indicate which EAP Representative, if any, provided follow-up:

	☐ UAW Rep	☐ Salaried Rep	☐ Neither								
				Very Poor		Satisfactory			Very Good		
1. Reviewed my situation, problems, progress and aftercare plan.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
2. Set up a follow-up plan.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
3. Was available on dates planned.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
4. Provided helpful suggestions that enhanced my recovery.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

D. THE TREATMENT/COUNSELING YOU RECEIVED

Once again, looking back, how would you assess the resource (treatment center, therapist, counselor) to which your Assessment and Referral Resource referred you. (Indicate whether or not the Assessment & Referral Resource provided brief therapy him/herself yes ζ no.)

	Very Poor					Satisfactory					Very Good					
1. Responded promptly to our request for an appointment.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
2. Respected my dignity.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
3. Practiced in a suitable environment.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
4. Took into account my individual needs.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
5. Helped me realize I wasn't alone with my problems -- others were similarly affected.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
6. Helped me gain hope that I could overcome my problems.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
7. Provided me with practical "tools" so I can successfully cope.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
8. Help me see my life and my problem in better perspective.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
9. At present, the problem which was assessed by the A&R has been resolved.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
10. Additional issues which were uncovered have also been resolved. (Does not apply___)	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					
11. Overall assessment of the treatment resource(s).	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5					