

# Guidelines for Developing an Employee Assistance Program

JAMES T. WRICH



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## About the Author

**Jim Wrich** entered the employee assistance program field in 1972 as an occupational program consultant in Minnesota. One of the early advocates of using the employee assistance approach in identifying alcoholism and other problems, Mr. Wrich developed several programs demonstrating the viability of the employee assistance concept. He was instrumental in developing one of the more comprehensive insurance laws in the country that mandates coverage for alcoholism and drug dependency.



Appointed associate professor in the School of Business Administration at the University of Minnesota in 1974, Mr. Wrich taught classes on how to set up employee assistance programs. Also in 1974, he wrote *The Employee Assistance Program* (published by Hazelden), which has been referred to as the standard text in the industry.

After serving as director of consultation services at Hazelden, Mr. Wrich was appointed executive director of the State Alcohol and Drug Authority in Minnesota. While serving in that capacity, over 1,000 new employee assistance programs were developed in the State of Minnesota, covering over 250,000 employees in small private and public employment settings. Next he became a private free-lance consultant and developed several more programs in a consortium.

Mr. Wrich is currently the director of the employee assistance program at United Airlines—a corporation with 43,000 employees in over 100 cities. The program received an award from the Association of Labor and Management Administrators and Consultants on Alcoholism (ALMACA), as the outstanding labor-management employee assistance program of 1981.

A graduate of St. John's University in Collegeville, Minnesota, Mr. Wrich has done graduate work at East Carolina University, Rutgers, and Georgetown. A member of several professional associations, his publications and methods have been used nationwide.

## Foreword

The tremendous growth of employee assistance programs during recent years suggests that an urgent need for these programs has existed for some time. Recognizing the promise such programs offer, labor and management moved cautiously toward their acceptance during the 1970s. This caution stemmed from two sources: (1) the continuing stigma of alcoholism in society, and (2) the feeling that many of the programs were still in the experimental stages or based on unsubstantiated hypotheses. Fortunately, these feelings are being overcome as more new programs are initiated.

And the rate of growth is, indeed, impressive. According to two Opinion Research Corporation surveys, the number of *Fortune* 500 companies with employee assistance programs has increased from 25 percent in 1972 to a current level of over 57 percent. Another survey taken in 1979 indicated that there were more than 5,000 programs in the public and private sectors, covering approximately 10 million workers.

The employee assistance approach can help employees with a wide range of problems, including emotional, marital, family, legal, and financial difficulties. Past experience proves, however, that a significant number of these cases will be alcohol related. The special value in identifying problem drinking among employed persons is that work settings provide unparalleled potential for early and effective intervention. An employee's ability to function can be observed by co-workers and management in the work situation. Faced with the choice of ac-

cepting treatment or jeopardizing one's livelihood, an employee can be motivated—often for the first time—to handle the problem properly. And the employees can be helped before their problems progress to such a point that they are unable to work productively and need extensive treatment.

Because this approach is not limited to alcoholism, other problems (such as those cited above) can also be dealt with appropriately and at an earlier stage, meaning that the chances for recovery are greater and the process more rapid and less expensive.

Derived from a broad base of actual experience, the following guidelines form a foundation on which to build a successful program. Jim Wrich explains how faltering job performance can be an effective tool for identifying and reaching any employee in need of help. By using the supervisor in his or her role of work evaluator rather than diagnostician, and by offering help to all employees whose work performance is impaired, the employee assistance program relieves the stigma of emotionally laden labels that stalled the efforts to promote such programs for many years. Mr. Wrich articulates a proven methodology for aiding the worker and his or her family. He also addresses ways that supervisors, unions, families, and peers can assist employees before job performance is seriously impaired, thereby significantly reducing productivity losses.

Although any program will vary in its design and results according to the idiosyncrasies of a particular company, union, or community, this briefing will be of assistance to any organization that is developing, or planning to develop, a system to aid employees with personal problems.

Donald F. Godwin  
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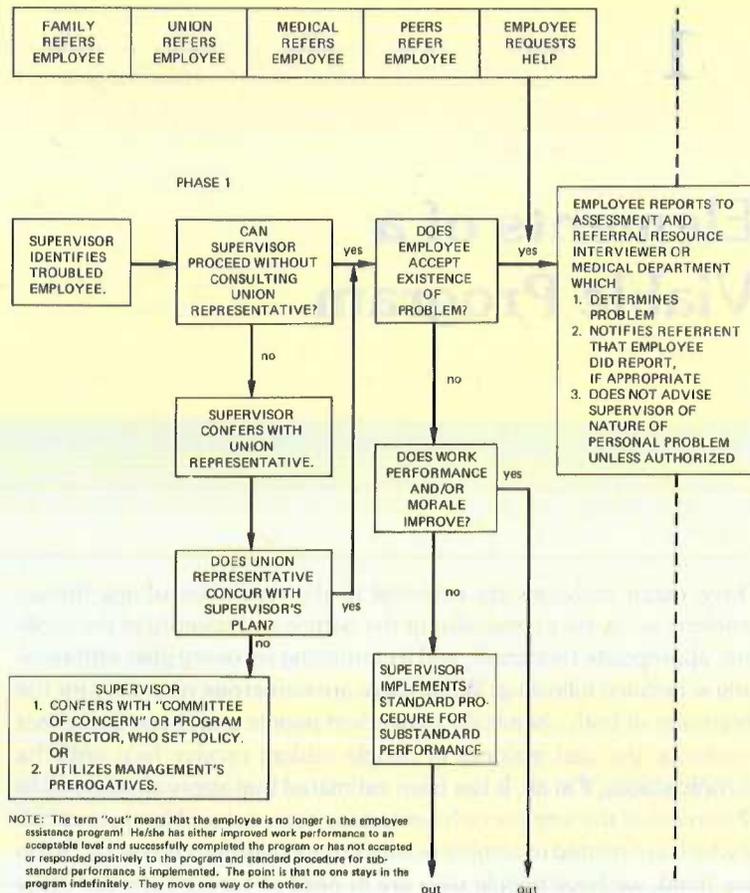
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## Elements of a Viable Program

Three major activities are essential to the resolution of any human problem: accurate assessment of the nature and severity of the problem, appropriate treatment, and a continuing recovery plan with regularly scheduled follow-up. While there are numerous resources for the treatment of both chemically dependent people and those with other problems, the vast majority of people seldom receive help until the chronic stages, if at all. It has been estimated that approximately 10 to 12 percent of the workforce have serious personal problems, over half of which are related to alcohol or other mood-altering chemicals. So on one hand, we have people who are in need of services; on the other hand, we have services available to provide adequate care. Traditionally, the missing link has been an effective system for identifying people who need care and motivating them to accept it. The employee assistance program is designed to bridge the gap at an early stage in the progression of an individual's problem.

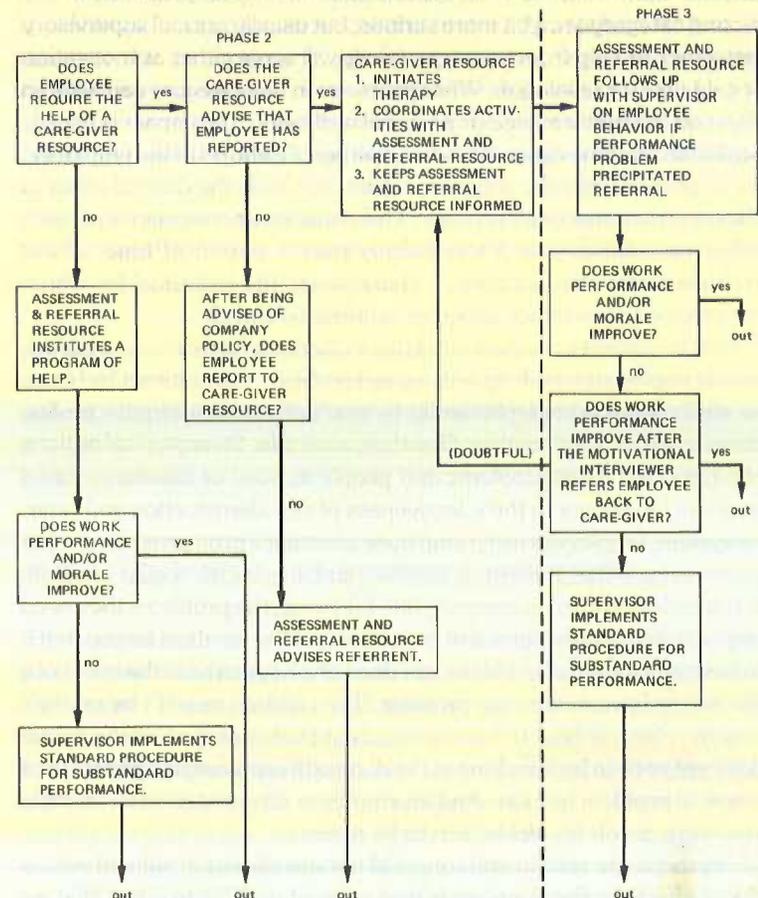
The first step toward developing an employee assistance program is to identify those key components on which a successful program depends. This chapter examines these elements. Exhibit 1 (pages 10-11) shows the overall process.

Exhibit 1. Flow diagram of key activities.



## EMPLOYEES AND PROBLEMS

The population at risk in an employee assistance program is composed of those employees with personal problems serious enough to have caused a job performance problem or to jeopardize job performance or personal well-being. While alcoholism and other forms of chemical dependency usually constitute the single largest cause of personal



problems, the program does not limit itself to these. It is also available to employees with other problems, such as marriage and financial difficulties, emotional disturbances, financial, and legal problems. Such problems can be viewed as falling into one of three categories.

First are the kind that all of us face on a day-to-day basis and find ways of solving. These problems do not generally threaten our personal well-being or have an effect on our ability to perform our jobs. Employ-

ees are usually able to overcome problems in this category without external motivation or professional assistance. The problems in the second category are a bit more serious, but usually normal supervisory assistance or help from friends or family will serve either as motivation or guidance for resolution. While problems in this category can have an effect on job performance or personal well-being, the impact is usually negligible. In some cases, however, neither the efforts of the employee, the supervisor, nor the union representative have the desired effect of resolving the employee's problem. Unsatisfactory performance persists either continuously or intermittently over a period of time. These problems—the third category—characterize the individual for whom the employee assistance program is primarily aimed.

It is important to keep in mind that individuals have different capacities for coping successfully with a given problem. A situation which may be easily resolved independently by one person may require professional assistance for another. One thing is certain: Stereotypical notions of what constitutes problems and people in need of assistance are a frequent hindrance to the effectiveness of any identification and referral system. Employees using employee assistance programs are just like anyone else—they have jobs, families, and, in general, they participate in the mainstream of community life. Likewise, the problems they need help with are usually not out of the ordinary. One need not be psychotic to have an emotional problem, nor does one have to be in the midst of a divorce to have a marriage problem. The children needn't be on their way to reform school to have adolescent problems, just as the sheriff does not need to be knocking at the door with repossession papers for a financial problem to exist. And an employee does not need to stumble into work drunk for alcoholism to be present.

Perhaps the reason stereotypical notions persist in spite of educational efforts to the contrary is that none of us likes to admit that we have a serious problem. If we can convince ourselves that alcoholics are skid row derelicts and drug addicts inhabit big city slums, we do not have to look at our own alcohol or drug use since few of us fit these descriptions. Likewise, since we do not usually identify with patients confined in state mental institutions, or with the person filing bankruptcy, or with anyone who may have hit bottom with his or her particular problem, we tend to gloss over our own difficulties.

This is not to say that an employee assistance program is designed

to deal with everyone's problem, however minor. But we do want to convey that stereotypical notions of people with problems are frequently laden with inappropriate social and moral stigma which lead us to minimize the seriousness of our own problems. While an employee assistance program should be capable of dealing with crisis situations, its major function is to identify people who need assistance before their problems reach the crisis stage. When perceiving the population at risk in these terms, it is not difficult to recognize the importance of an employee assistance program. The population at risk usually constitutes about 10 to 12 percent of the workforce. Frequently, however, this group can be responsible for well over 40 percent and in some cases as much as 70 percent of the absenteeism and other industrial relations problems with which labor and management must continually cope. We need not look for the infrequent psychotic or the financially bankrupt individual to determine whether there is need for a program. Usually, an analysis of corporate sick leave, compensation claims, and grievance hearings provides a more accurate indication of need.

## THE ASSESSMENT AND REFERRAL RESOURCE

The assessment and referral resource, the major element in any employee assistance program, links the person in need with the appropriate service. The assessment and referral resource is a trained person who can assess the probable cause of the personal difficulties jeopardizing an employee's work performance or personal well-being. This person is the key to the entire employee assistance program and is usually the first to conduct an in-depth interview with the employee to assess the nature and severity of the problem. The assessment and referral resource then refers the employee to an appropriate problem specialist (alcoholism, financial, marital, legal, and so on) in the community who evaluates the employee's situation so a recovery program can be planned. The assessment and referral specialist communicates closely with care-givers or problem specialists, particularly if the problem is multi-faceted. Upon request by the assessment and referral resource, the community problem specialist may assist in the diagnosis.

The overall function of the assessment and referral resource may consist of the following: