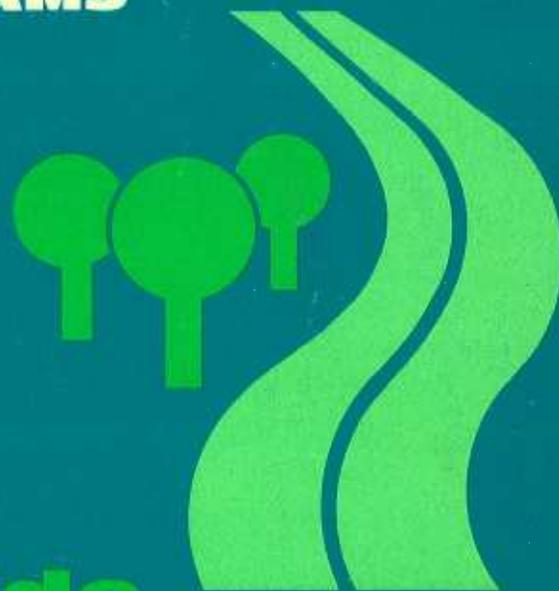

**EMPLOYEE
ASSISTANCE
PROGRAMS**



**A Guide
To Community
Resource
Development**

**Muriel Gray, Ph.D. LCSW, CAC
Daniel Lanier Jr., DSW, ACSW**

MIKE WEBB

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PREFACE

This handbook is designed to assist individuals entering employee assistance work with minimal prior experience or training in the field. It is specifically designed for the employee assistance worker who is working with little direct professional guidance.

The purpose of this handbook is to present the most basic ways of collecting and analyzing information in order to identify and evaluate existing community resources.

INTRODUCTION

The relationship between employee assistance programs and community resources is interdependent. The success of one is, to a great extent, dependent upon the success of the other.

The success of any (employee) assistance work is in part based upon the availability of resources in the community because they provide the necessary treatment or service. It is senseless to start a program if there are not community resources to sustain it.

Once you have determined that the available community resources are in general, adequate and appropriate, it will be necessary to systematically identify and collect information about these resources.

Part I of this manual offers suggestions on finding community resources. Part II gives an overview of treatment facilities, psychotherapists, and psychotherapies. And finally, Part III gives suggestions and ideas on evaluating community resources.

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PART I

**Finding
Community
Resources**

FINDING COMMUNITY RESOURCES

Mental Health/Alcoholism/Drug Treatment Facilities

As a consumer of resources you will find that specific community resources are not always readily available when you need them. On the other hand, you may identify several resources for which you have little use at a given time. Because you will probably identify specific resources at various times — often when you least expect to find them — it will be important to contain and organize this information when you get it. The best way to contain this information is to have a place to keep it. In the absence of a file cabinet, a large loose-leaf binder with pocket dividers is an excellent place to store brochures, jot down notes, keep evaluations, blank referral forms, etc.

Step I — Purchase large-loose leaf binder with pocket dividers.

The advantage of the pocket dividers in the loose-leaf binder is to aid in organizing the community resources by categories of services.

Step II — Define possible areas of assistance and categorize the notebook accordingly.

Some ideas of assistance categories include:

I. Alcohol/Drug

A. Diagnostic and referral service

B. Treatment

1. Detoxification
2. Inpatient (Primary & Extended Care)
3. Outpatient
4. Transitional houses
5. Intensive day treatment
6. Individual alcohol/drug counselors
7. Monitored antabuse/methadone

C. Support groups

1. AA, Al-Anon, Women for Sobriety, etc.
2. NA (Narcotics Anonymous)
3. FA (Families Anonymous)
4. Aftercare groups
5. Alumni groups
6. Recovery, Inc.

II. Marital/Family/Relationship Problems

A. Diagnostic and referral service

B. Treatment/counseling

1. Family
2. Marital/couples
3. Parenting classes/groups
4. Individual private psychotherapists
5. Sexual dysfunction counseling

C. Safe Houses/Foster Homes

1. Youth — run away
2. Adult — battered
3. Child abuse

III. Education/Career

A. Diagnostic and referral service

1. Mental retardation
2. Learning disabilities
3. Tutors
4. Special schools/continuing education

B. Skills/Aptitude/Interest Assessment, etc.

C. Career Counseling/Training

IV. Health (*Medical/Dental*)

A. Diagnostic and referral service

B. Types of treatment

1. Holistic
2. Weight control
3. Pregnancy difficulties
4. Private practitioners
 - a. wellness/preventative
 - b. natural/osteopathic
 - c. other specialities, etc.

V. Other Psychological Treatment

- A. Diagnostic and referral service
- B. General psychotherapy treatment issues
 1. Life transition
 - a. adult
 - b. youth
 2. Sexuality counseling
 3. Stress/Management
 4. Conscious raising groups, assertiveness training, etc.
 5. Depression, affective-disorders
 6. Grief counseling
- C. Types of treatment
 1. Individual short term supportive counseling
 2. Individual long term psychotherapy
 3. Group therapy
 4. Self-help groups
- D. Other counseling
 1. Debt, credit, etc.
 2. Legal

You have now accomplished the first two steps in community resource development — 1) a means of collecting community resource information and 2) a system of organizing community resource information.

You are now ready for the next step which involves contacting other professionals in the community.

Step III — Contact your professional organizations:

- ALMACA/Association of Labor Management Administrators and Consultants on Alcoholism
- AEAPP/Association of Employee Assistance Program Practitioners
- EASNA/Employee Assistance Society of North America
(Find and join your local community mental health association, psychological association, social work association, professional counseling association, etc.)

Do not wait for an emergency to arise to call your professional organization. (However, they are an excellent resource in an emergency.) Call your local ALMACA or AEAPP chapter now. ALMACA has a nationwide membership directory which will be invaluable in your EAP work. In addition to asking about the directory, ask when and where the monthly meeting will be held and the scheduled topic. Call another EAP representative and invite him/her to go with you. If that is not possible, go alone. Then, be prepared to meet a friendly, informed group of people.

If you have not already guessed, ALMACA and AEAPP meetings are quite informative. Each month a different treatment/professional issue is presented by a member practitioner. Feel free to join in the discussion. On the other hand, if you are in the middle of an emergency when you call an ALMACA or AEAPP member (i.e., you needed a resource yesterday), ask them about the local facilities they use for specific problems. If the problem is unique, (i.e., deaf, black, female, teenage alcoholic) ask to be referred to a member who has worked with such a population.

These professional organizations are in fact, cost-effective for continuing education-type seminars each month. Speaking of cost — membership in your local ALMACA chapter is based upon your national membership. So join the national and local organization, and attend your local chapter meetings. Membership in AEAPP is local. First go as an interested guest to both and decide about membership afterwards.

EASNA is an international society of employee assistance specialists who are primarily concerned with education, quality assurance, career development and research issues. Unlike the other professional associations, EASNA does not have local chapters. However, membership includes anyone who has an interest in employee assistance programs. For membership information, call the toll-free directory assistance.

Step IV — Call local businesses/corporations that have employee assistance programs and ask the EAP personnel about local facilities/practitioners they use.

Step V — Check the yellow pages in your phone book. The yellow pages list a cross-section of facilities and private practitioners in general categories. Not an ideal way, but this is a good source for determining the availability of resource. It is a good starting point, a way to get “assistance category” ideas. **Do not make referrals directly from the yellow pages!**

Another way to find community resources is to contact the appropriate (or inappropriate) professional association for assistance. Check your loose-leaf binder categories. There probably is a professional association for each general category. If you knew the name of the professional association, you would only have to find them in the phone book and call. But, you do not have the foggiest idea of the name they use! Well, here's a clue.

Step VI — Check the white pages in your phone book under "National," "Association of," "American," — "your state's name," etc. For example, refer to the general categories listed under Step II.

Alcohol —

- "National" Council on Alcoholism
- "National" Black Alcoholism Council

Mental/Family —

- "Association of" Marriage and Family Therapists
- "Association of" Mental Health Specialists
- (Your State) Mental Health Association
- National Association of Social Workers
- National Association of Clinical Social Workers
- National Association of Black Social Workers
- American Psychological Association
- American Psychiatric Association

Education/Career —

- American Personnel and Guidance Association
- Association for Retarded Citizens
- American Foundation for Autistic Children

Legal —

- Association of Trial Lawyers
- American Bar Association (predominantly white)
- National Bar Association (predominantly black)

Health/Dental —

- American Diabetes Association
- American Cancer Association
- American Medical Association (predominantly white)
- National Medical Association (predominantly black)
- American Dental Association (predominantly white)
- National Dental Association (predominantly black)

Other Psychological —

- Association of Black Psychologists
- Association of Black Psychiatrists

Even though locating resources this way is difficult, sometimes there is no choice. It is super-sleuth detective work. However, the national professional associations will refer you to their members in your area or to a local service directory. If there is a need, you can reverse the process. For example, on one occasion, one of the authors read an article in a professional magazine and wanted to contact the writer. The only clue of identification was her name. But, it was gathered through her writing that she was either a psychologist, social worker, or sociologist. Therefore, a call was made to APA (American Psychological Association) membership. It was explained that there was a need to contact this person and they were asked to check their membership roster.

She was a member: APA provided her work phone number, address, and place of employment (3,000 miles away). She was called and gladly provided the information requested.

Step VII — Call state and local community agencies/organizations for service directories:

1. Hospitals
2. Department of social services
3. Chamber of Commerce, Kiwanis, Urban League, etc.
4. Business organizations
5. Local radio or TV station managers or public service managers. *(The suggestion may seem far-fetched but all stations are required by law to provide a community needs assessment for their public affairs programming.)*
6. Churches
7. Colleges, universities, etc.
8. United Way

Step VIII — Read your local newspaper. You will discover all sorts of information related to self-help groups, mental health clinics, new programs, etc.

Now that you have been inundated with names of various treatment facilities, all you need is a troubled employee . . . right? Wrong!

DIAGNOSTIC AND REFERRALS/ PRIVATE PRACTITIONERS

At this point, it becomes incumbent to identify a professional who can diagnose/assess the employee's problem/condition and can suggest the appropriate treatment approach — i.e., individual psychotherapy, alcoholism treatment, etc. This person is called a Diagnostic & Referral Resource.

It could be that you already have a list of individual and group practitioners to provide this service. If not, use the same steps you used for finding the treatment facilities. In other words, call your professional organization, friends, EAP contacts, specialists working in treatment facilities and other professionals you have met. This time you are looking for the names and addresses of individual/group practitioners who are professionally trained in various mental health areas in addition to chemical dependency.

Step IX — Make a list of individual/group practitioners. But first, are you wondering what a group practitioner is?

Well, "group practitioners" can be described in numerous ways but for our purposes, we will describe the "ideal situation." It would be a collection of individuals who work together to provide various employee assistance services. If each partner has an area of expertise, the group probably will be able to diagnose and make recommendations for innumerable problems. If you cannot find the "ideal," try to find several practitioners who have general practices and up-to-date knowledge of alcoholism and other drug problems. When you find a good Diagnostic and Referral (D&R), ask them to recommend others in the field, both local and in different cities. Share this information with other EAP coordinators.

Step X — Talk to colleagues, friends, etc., and read your community newspapers.

Another method of identifying resources in your area or in an unfamiliar area can be colleagues and associates. Many are human service professionals who have had a personal experience/knowledge of com-

munity resources. Do not hesitate to ask other EAP coordinators whom they have used and ask their opinion.

Your primary task of finding community resources has been accomplished.

SUMMARY

Finding

- Step I — Purchase Loose-leaf Binder with Pocket Dividers
- Step II — Define Possible Areas of Assistance and Categorize the Notebook Accordingly
- Step III — Contact and Join Your Professional Organizations
- Step IV — Call Other Corporate/Agency EAPs
- Step V — Check the Yellow Pages in Your Phone Book
- Step VI — Check the White Pages in Your Phone Book
- Step VII — Call State, Local, Community Agencies/Organizations
- Step VIII — Read Your Local Newspaper
- Step IX — Make a List of Private Practitioners
- Step X — Talk to Colleagues, Friends, etc.

PART II

Treatment Facilities Psychotherapies Psychotherapists

INTRODUCTION

It is crucial to know that which you are evaluating. Too often, competent employee assistance program workers, who happen not to be formally trained, feel uncomfortable evaluating human service agencies/professionals who have been formally trained. The feeling sometimes gets in the way of the evaluation process. Basic knowledge regarding program, psychotherapy and psychotherapist differences might aid in facilitating an effective and objective evaluation. Because there are many different treatment approaches and psychotherapies, this overview has been prepared to simplify your evaluation tasks.

ALCOHOLISM/DRUG TREATMENT

I. Detoxification

Withdrawal from alcohol/drugs can be fatal. Therefore, some patients must be monitored closely for serious medical complications. Inpatient medical detoxification is usually recommended for patients who might enter acute withdrawal. Such patients have severe shakes and other nervous system dysfunctions. On the other hand, some patients display slight or moderate symptoms. These patients are not likely to enter into serious withdrawal. Detoxification may be either on an inpatient or an outpatient basis (depending on the patient and the severity of the withdrawal symptoms).

II. Inpatient Treatment Program

Some alcoholism/drug patients respond to treatment best by being admitted to a hospital, a separate alcoholism clinic, or a transition house. Most of these treatments have fully-developed programs which emphasize detoxification and other medical treatment if necessary; basic alcoholism education; group counseling; participation in AA, NA; family counseling; aftercare planning; alumni groups, etc. In these cases, hospitalization is viewed as a therapeutic intervention, with reliance on education and strong group identification.

III. Outpatient Treatment Program

Some alcoholism/drug patients are treated in outpatient settings. That is, they are not admitted to a hospital, clinic, etc. overnight. As an outpatient, treatment can be carried out by professionals and non-professionals simultaneously. The therapeutic approaches used during treatment are the same as those used in inpatient programs, although the intensity might vary. One of the advantages of this type of program is that the patients' family-work life need not be completely disrupted. On the other hand, abstinence from alcohol/drugs is more difficult to enforce and reinforce. Motivation and stage of illness might very well be a determining factor in selecting this type of treatment program.

IV. Extended Treatment Programs

The transitional house provides shelter, food and a well-structured living environment where everyone assumes a responsible day-to-day

share. Some of the larger programs have a graduated series of programs — a quarter-way house, a half-way house and a three-quarter way house. These programs provide degrees of external support to the recovering person. Usually many of the staff at a transitional house are recovering. Abstinence from any drug is a strictly enforced requirement.

PSYCHOTHERAPIES

This overview covers basic general psychotherapeutic approaches.

Short-term Individual Psychotherapy

This approach is most useful for the presenting problem induced by some specific event or situation (death in a family, divorce, physical illness, job promotion, move to a new home). Any situation — even good news — can sometimes produce an upset. In these cases, the goal of the therapist is to iron out the problem as quickly as possible. It usually requires only a few visits.

Long-term Individual Psychotherapy

This approach is used for problems or concerns not necessarily caused by a specific life-event. Instead, it is most useful for problems related to lingering inner conflict and anxiety. The goal of the therapist is to identify the cause of the problem and to help develop new behaviors and reactions to the problem. This may take many months or years — depending on the problem.

Family Therapy

This method of treatment involves the whole family. The family is interviewed and participates in therapy sessions in order to determine the cause of a problem. Perhaps a son needs to share activities with his father who is unavailable in the evenings. A mother may be spending a lot of time worrying about things that could be less of a problem if she could see them from a different perspective. The goal of the therapist is to help the family members see each other in a new light in order to change the way they react toward one another. Depending on the nature of the family problems, this procedure may require a few visits, or many visits.

Group Therapy

Group therapy takes place when a small group of people meet to discuss their individual problems. The role of the therapist is to guide the conversations, offer advice and point out things the group members might otherwise miss. Therapy groups may be formed to focus on specific problems, or to focus on specific types of people and problems they may have. Perhaps a group of single mothers want to meet regularly with a therapist to discuss their problems. It may be a recently divorced group meeting with a therapist to discuss issues specifically related to adjusting to new times.

Play Therapy

Play therapy usually is used with a child who has a problem. The goal of the child therapist is to determine the basis of the child's difficulty. Play is a child's form of communication, so this therapy works well with young children. For example, not all problems of bed wetting, emotional withdrawal etc. are signs of emotional disturbance. However, sometimes these behaviors do signal a need for help.

This overview was presented to acquaint you with the general psychotherapies. Now we will take a look at the various people trained to provide psychotherapy.

PSYCHOTHERAPISTS

Psychiatrists

Psychiatrists are medical doctors who specialize in mental illness. In addition to psychotherapy, this person can also prescribe medications.

Clinical Psychologists

Clinical psychologists are professionally trained individuals who specialize in testing and psychotherapy.

Clinical Social Workers

Clinical social workers are professionally trained individuals who are skilled in the treatment of mental illness and family problems, and also trained in mental health management and administration.