

Guidelines for Developing an Employee Assistance Program

JAMES T. WRICH



Guidelines for Developing an Employee Assistance Program

James T. Wrich

AMA Management Briefing

AMA MEMBERSHIP PUBLICATIONS DIVISION
AMERICAN MANAGEMENT ASSOCIATIONS

Employee Assistance Developing an Guidelines for

This Management Briefing has been adapted from *The Employee Assistance Program: Updated for the 1980s* (copyright 1980 by James T. Wrich), published by Hazelden Educational Foundation, Box 176, Center City, Minnesota 55012 (800-328-9288 Toll Free, Continental U.S. only).

Library of Congress Cataloging in Publication Data

Wrich, James T.
Guidelines for developing an employee assistance program.

(AMA management briefing)

Adaptation of: The employee assistance program.

1. Employee assistance programs. 2. Alcoholism and employment.

I. Wrich, James T. Employee assistance program. II. Title. III. Series.

HF5549.5.E42W744 658.3'82 82-1687
ISBN 0-8144-2275-6 AACR2

©1982 James T. Wrich

This Management Briefing has been distributed to all members enrolled in the Human Resources Division of the American Management Associations. A limited supply of extra copies is available at \$7.50 a copy for AMA members, \$10.00 for nonmembers.

This publication may not be reproduced, stored in a retrieval system, or transmitted in whole or in part, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the author.

First Printing

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
Director, Occupational Program Branch
National Institute on Alcohol Abuse and Alcoholism

Contents

1	Elements of a Viable Program	9
2	Implementation Procedure	40
3	Cost Factors	62
4	Evaluation	71
	Appendix	77

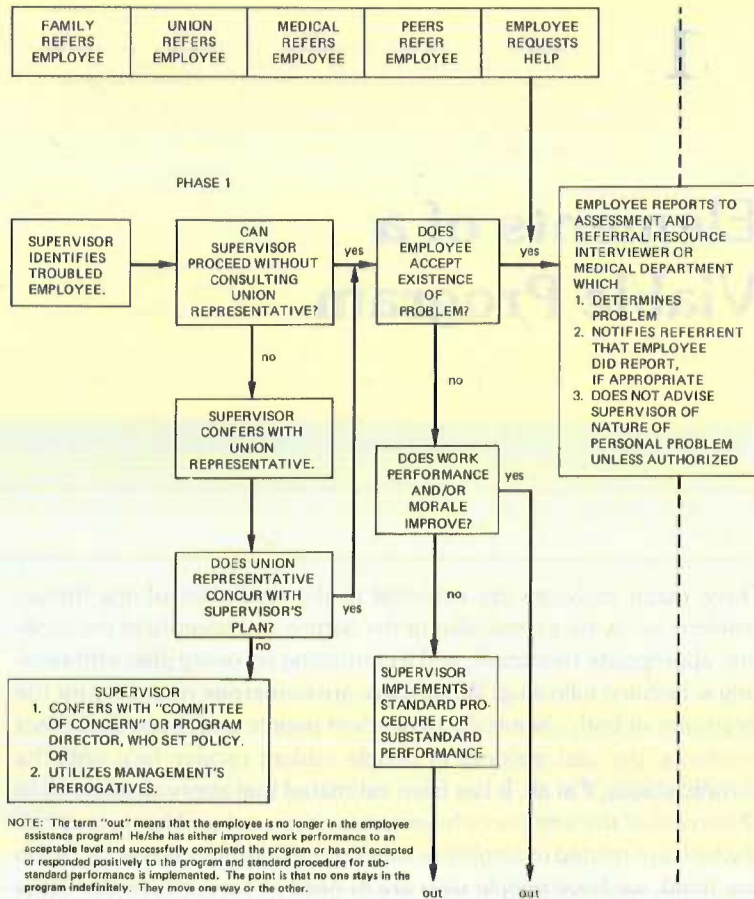
1

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.

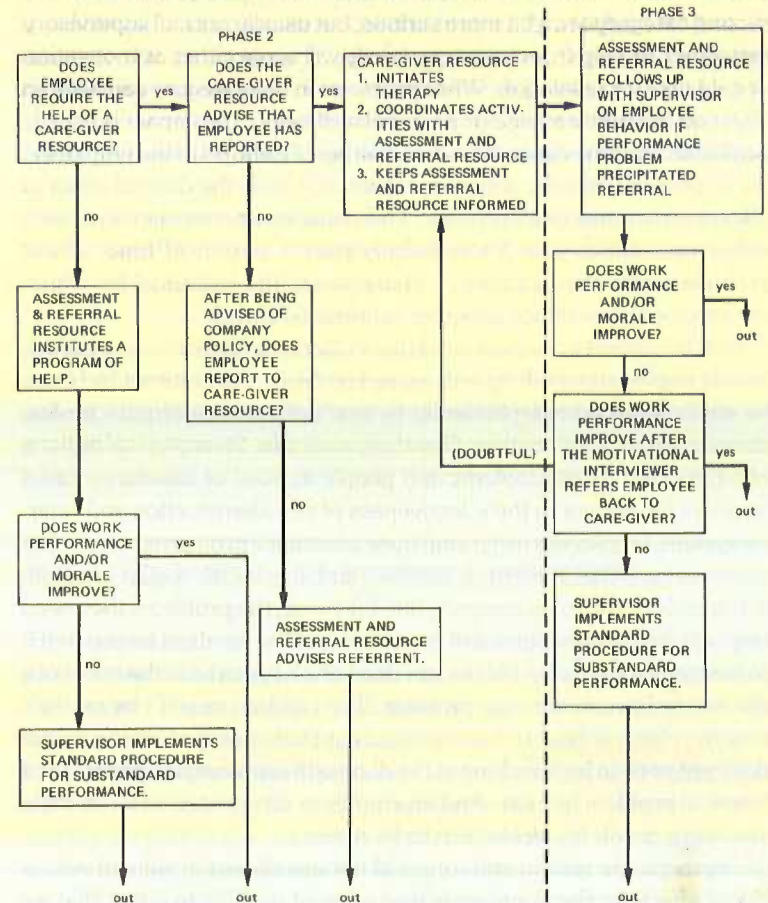
The first step toward developing an employee assistance program is to identify those key components on which a successful program depends. This chapter examines these elements. Exhibit 1 (pages 10-11) shows the overall process.

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:

1. *Intake interview.* This is a confidential interview with the affected employee. Such employees either refer themselves or are referred by supervisors, labor representatives, peers, or family. The interview begins with an explanation of the purpose and function of the employee assistance program. Screening and assessment of the nature and severity of the employee's problem, including psychometric testing if necessary, is the primary purpose of the intake interview. An evaluation is based on the intake interview as well as any consultations with other professionals that may be necessary. If an outside resource is needed for either problem assessment or treatment, a written authorization for release of information should be secured from the employee. A review of the employee's insurance coverage is frequently necessary.

2. *Referral.* Once the assessment of the problem is complete, the next major step is to encourage the client to accept referral to appropriate care. A specific appointment must be made for the employee with the care-giver or community agency. It is preferable for the assessment and referral resource or someone else in the program to accompany the client to the proper agency when the problem is so serious that the employee may not be able to do so alone. The assessment and referral resource may assist the care-giving agency in developing a recovery plan. At the time of discharge or completion of therapy, the assessment and referral resource assists in the development of a specific aftercare plan, taking into account not only the primary problem but any secondary problems that could precipitate relapse. Aftercare planning involves a needs assessment, identification of resources to meet those needs, recommendations as to the employee's responsibilities, and timetable for implementing the recommendations.

3. *Follow-up system.* It is the responsibility of the assessment and referral resource to follow-up with (1) the care-giver to determine how well the client is progressing, (2) the client to determine the adequacy of the care-giving agency and whether assistance is provided in a way that enhances the employee's dignity, (3) the employee's family to determine whether the extent of their participation is adequate and to gain their perception of the employee's progress, and (4) the supervisor and union representative in instances where job performance problems precipitated the referral to the program.

4. *Coordination of the benefit package.* This is a task requiring thorough knowledge of the benefit package so it can be properly used

on behalf of the employee. In instances where the package does not cover the expense of appropriate care, alternative funding resources (including the employee's ability to pay for services) must be explored.

5. *Continuum of care.* One of the most difficult parts of the assessment and referral resource's job is the identification and assessment of a continuum of services. Criteria should be established to determine adequacy of selected care-giving agencies and programs. It is best when a network of different specialized services operating in the community can be identified and assessed as to their ability to deliver high-quality rehabilitative care. However well developed an employee assistance program may be, its credibility will be severely diminished if the care-giving resources to whom employees are referred are not adequate. Someone associated with the employee assistance program should have personal contact with the care-giver and verify the quality of the services offered before referring the employee to them.

6. *Client records.* It is important to keep client records strictly confidential. The records should include the needs assessment and evaluation, an individual recovery plan, a discharge summary, an after-care plan, and a follow-up schedule and record. The client record should be developed in a way that ensures the highest level of confidentiality while containing all necessary written client authorizations for the release of information to proper persons and agencies. Nothing in the client record should ever become part of any other corporate record. Except for a rare case in which a court order is issued, information from these records should not be shared outside the program with persons not authorized by the employee. The program should have a policy specifying durational limits and procedures for destroying client records after the case becomes inactive.

7. *Accessibility.* Location of the assessment and referral resource can be an important issue. Sometimes a neutral setting is best. A public care-giving agency may be appropriate provided it does not have a reputation for dealing with only one type of problem or one socioeconomic group. In large companies the assessment and referral resource is usually located on the premises. If there is a medical department, it may be advisable for the employee assistance representative to be located there, provided this is perceived positively by employees. The personnel department is another common location for employee assistance programs and the assessment and referral resource. Some-

times the employee assistance program director reports directly to the chief executive officer and the assessment and referral function is independent of all other departments.

8. *Education.* Training and orientation should be a routine part of the assessment and referral resource's schedule, both as an instructor for key employees and as a participant in outside seminars and courses.

9. *Qualifications.* The assessment and referral resource must have a proven record of accomplishment in dealing with a wide range of human problems. He or she must also be a good administrator and be willing to obtain education in related areas. He or she must be highly skilled and have a genuine desire to work with people who have problems.

There has been much discussion over the years about the type of person who should fill the role of the assessment and referral resource. Some of the areas which can provide a positive indication of one's ability to perform in this function are the following:

1. Education can be an indicator of one's knowledge of the problems with which an employee assistance program must deal. Degrees in psychology, social work, psychiatry, and other human services fields can be valuable. Whatever the degree, however, the person in this position must also have training in alcoholism and other forms of chemical dependency. Without education and experience in chemical dependency, misdiagnosis invariably occurs and employees' problems remain unresolved.

2. Clinical experience, especially in the counseling of human problems, is valuable. We emphasize that the assessment and referral resource is not a counselor per se, but one who assesses the nature and severity of problems and then refers the employee to an appropriate professional. However, the experiences and skills acquired as a counselor can be a considerable asset in fulfilling these two functions. Again, we want to emphasize that such experiences are less significant if gained working with only one type of problem.

3. Personal experience can be a valuable asset in this position. The essence of its value, however, may not lie in the recovery itself, but rather in the empathy and understanding the recovered person gains toward other people with problems.

4. Previous successful experience as an assessment and referral resource for an employee assistance program is one of the best qualifi-

cations for the position. Because of the large number of people who are interested in the employee assistance program field and are asking how to obtain qualification, we expect that the number of qualified assessment and referral resource people will continue to grow in the years ahead.

5. Experience in identifying appropriate care-giving resources and organizing them into a viable continuum is mandatory. If the candidate for this position is already familiar with the resources in the community where he or she will be located, all the better. It is also necessary to know how to evaluate the resources' capacity to deliver services.

6. Experience in developing an employee assistance program can add a valuable dimension to the person carrying out the function. This is especially true if the person has experience in policy development, key employee orientation, and development of communications between the program and other key groups such as employees' families, senior management, and the unions. But such experience should not be regarded as a substitute for the professional occupational program consultant who may be needed to design, develop, and implement the employee assistance program. The essential skills of the assessment and referral resource are not the same as those of the consultant who develops and establishes employee assistance programs. It is unusual to find someone who is *highly* qualified in both areas.

7. Overall work experience should be recognized when reviewing the qualifications of a prospective assessment and referral resource person. One problem that frequently arises is that while a person trained and experienced in human services is able to empathize with the employee having problems, that person cannot comprehend and empathize with corporate or union objectives. A candidate who has experience working for a company of comparable size and structure in the same or a related industry can bring a valuable dimension to the position. This is particularly true if the candidate has had supervisory experience or has been an active member of a labor union.

In conferring with directors of employee assistance programs around the country, it becomes obvious that the field is not currently able to precisely define a reliable set of qualifications regarding academic, experiential, and personal characteristics that will assure success in the assessment and referral position. Among those we know personally who are successful in this position are the following:

- A Ph.D. in clinical psychology employed in-house by a large corporation who is a recovering alcoholic with seven years sobriety.
- An M.S.W. in Psychiatric Social Work whose uncle and father were alcoholics and who has a good working knowledge of alcoholism. This person is self-employed as a community based assessment and referral resource for a number of companies.
- A high school graduate, mother of a large family, who worked in a foundry, and a liquor store, and drove a truck. Active in Alcoholics Anonymous with work experience in a community mental health center, she serves a number of small companies in a rural area working out of a private office.
- An industrial nurse with special training in chemical dependency who works in a plant of a moderate-size company using a private community-based rehabilitation center for back-up diagnosis and referral.
- A career personnel administrator of a very large international corporation whose office is at corporate headquarters, has special training in chemical dependency, thorough experience in personnel, and is familiar with other common personal problems.
- A private, community-based agency that assigns staff to coordinate intake referrals in community care-giving resources for a group of small and moderate-size employers.
- A former labor official working in a neutral community-based setting, who is a recovering alcoholic with direct ties to the local community mental health center that serves a group of small employers in the metropolitan area.
- An M.S.W. with no personal recovery experience but with extensive background in a wide variety of human problems (including two years' experience as a primary therapist in an alcoholism treatment center), who operates internally in a large corporate setting.
- A team of three people: an alcoholism counselor, a psychologist, and a social worker. The team works in a vast rural area, traveling from place to place and making joint evaluations of troubled employees.

Eleven people are involved in the nine descriptions above—six men and five women. Their ages range from 28 to 56. The work settings and employees served cover a full spectrum from unskilled blue collar labor

to professional and executive levels. Locations include rural, suburban, and urban settings. The employers served are large and small, public and private, union and nonunion. There is no discernible difference in proficiency and all are very well accepted by the employee groups they serve.

We cannot pinpoint the reason they are successful. But among their common characteristics is the fact that each is trusted by employer and employees; each has a very high level of concern and empathy for people; each can communicate well with various types of people; each has very good knowledge of all forms of chemical dependency, as well as a range of other problems; and none is labeled as a counselor for any particular disorder or problem. We do not believe that everyone concerned about people can qualify as an assessment and referral resource. On the other hand, we do not have evidence that any particular set of academic or experiential credentials alone will guarantee success. We do know that finding the right person for this position is essential to the program's success. Perhaps the most important role of the assessment and referral resource position is that it provides an opportunity for employees with problems to sit down and discuss them with someone who is neither labor nor management—someone whose primary function is to help employees resolve their personal problems.

Having established the need for the assessment and referral resource, it is necessary to address the issue of access to that resource.

THE ROLE OF THE SUPERVISOR

In a significant number of recently developed employee assistance programs, supervisory or managerial referrals constitute a minority of the people utilizing the program. Some employee assistance program consultants feel that this justifies less emphasis on the role of the supervisor in the development and operation of a program. We strongly disagree. The fact that other sources such as family, unions, and peers are now participating in the referral process does not signify a reduction in the importance of the supervisor's role. Rather it indicates a reduction in the stigma associated with the use of the program.

In the past, supervisors were usually given specific instructions to initiate the referral process when there was a job performance problem.

While we agree that decreasing performance should be used as an occasion for referring employees to the program, we also recognize that in a number of instances other employees need the program. Some employees have such vast experience and have been doing their job well for such a long period of time that even a serious personal problem will not adversely affect their performance. Because they are exceptionally talented or experienced, they can operate at a level far below their potential while still satisfying the demands of their job.

Another situation where a performance problem may not be perceptible is when there are frequent changes in supervision. In some occupations the supervisor may be changed three or four times a month when sick leave, vacation, and holidays are combined. A similar phenomenon can occur in a department or division which is rapidly expanding and where workers are frequently shifted around.

We should keep in mind that a major reason for the development of the job performance model was to avoid the "witch-hunt" system of singling out employees with problems, and contain the discussion to the supervisor's area of expertise. It was perceived as a remedy for some of the shortcomings of earlier approaches, and by comparison it was successful. But in some occupations, waiting for the personal problem to develop into a documentable job performance problem could spell disaster. Power line men, crane operators, airline pilots, and window washers are only a few examples. The major difference between some of the techniques of the past and what we are proposing here will be seen shortly.

A successful employee assistance program is an identification process, not a treatment program. Treatment of even one major disorder is usually outside the realm of expertise of the typical employer.

Given the essential function of the program, the processes of observation, identification, diagnosis, and referral are all important. The link between the employment setting and the continuum of care in the community is frequently a dual construct shared by the supervisor and the assessment and referral resource. When there is a job performance problem, the identification process is usually twofold with the initiative provided by the supervisor who recognizes the job performance difficulty. In such cases the dynamics of the employee assistance program start with the supervisor, and it is important to have a clear outline of his or her role.

Among other functions, supervisors and managers are responsible for assuring that assigned work is produced by those employees for whom they are responsible. Monitoring and evaluating job performance is a necessary part of this objective. Experience shows that normal supervisory techniques can be constructively used in dealing with troubled employees; however, supervisors must know their own limitations when dealing with people having persistent job performance problems. If the supervisor has determined that the job performance difficulty is caused by an aptitude or skills deficiency, then good management practice would indicate that additional instruction from the supervisor, additional training, or a job reassignment may be appropriate. But, when it becomes apparent that the employee is either unable or unwilling to improve job performance even with such supervisory assistance, the supervisor's role is to refer the employee to the assessment and referral resource.

Let us now set up a hypothetical situation in the employment setting to illustrate how the supervisor might proceed in utilizing an employee assistance program with an employee having a job performance problem.

During the first six years he worked for ABC Company, Joe Davis never missed a day. One January, however, he missed his first day of work. Obviously, no one was concerned. But in February he missed two days, in March he missed another, and in April he missed two more. At this point it was apparent that there was a problem. Employee assistance programs consider absenteeism as a job performance problem no matter how effective the employee may appear while at work. Joe's supervisor, John Smith, decided to inquire about Joe's deviation from his normal work pattern.

John: Joe, my records show that after six years without missing work you have already been absent six times this year. Is there some problem we can help you with?

Joe: No, John, it's just a temporary thing and I can take care of it myself.

John: Well that's fine Joe—I mean that you can take care of it—because you're important to our work in this department. We want you to know that we're willing to help, though, no matter what the problem may be that's causing you to miss work.

The supervisor doesn't have much choice but to accept the employee's promise at face value and observe whether or not he really can resolve the problem on his own. In the case of a union employee, the supervisor will have informed the union representative of the problem and action taken.

Let's assume that Joe Davis went through the month of May without missing work but in June he missed a day. The supervisor may or may not want to remind him of the previous conversation. He should inquire as to what the reason was for the absence. At this point, if Joe Davis misses another day of work over the next few weeks, it should be apparent to the supervisor that the problem has not been resolved and that a constructive interview is necessary. The supervisor might use the following approach:

Joe, at the end of April we discussed the fact that you were missing work whereas you hadn't had that problem in the past. In May you didn't miss any work, but in June you missed another day and now yesterday you were off work again. Joe, you're a valuable employee—we need you—and I don't want to lose your services as an employee. But I won't have any choice unless something is done about your recent attendance pattern.

Now it's none of my business what the basic cause of your absenteeism is—even if I did know the cause, I'm not sure I could advise you properly. So I want you to go and talk to Mr. Thomas Doaks of our employee assistance program. Mr. Doaks has worked very successfully with a number of employees who have had problems.

I think it's also important to point out to you what our joint union/management policy is in such cases. It says that your job, future and reputation will not be jeopardized by using this service. In fact, I will never know what the problem is unless you want to tell me.

My concern is only with your job performance and attendance. If you need time off from work to get special assistance, that can be worked out. The only two requirements are that you must follow the recommendation of Mr. Doaks and any one else he asks you to cooperate with, and you must resolve your absenteeism problem to the company's satisfaction. If the performance or attendance problem continues, normal disciplinary measures will be taken.

One final point: The company and union recognize that employees have problems. Our concern is not to judge a person or ignore the fact that a problem exists. Our concern is that when the problem affects job performance, something be done to correct the situation. We want to help. Your responsibility, Joe, is to keep the appointment I'm going to make for you and to follow the recommendations.

At this point John Smith picks up the telephone, calls Thomas Doaks, and makes an appointment for Joe Davis. By making the appointment in Davis' presence, the chances of misunderstanding what is said are significantly reduced. Moreover, if Smith wants to call Thomas Doaks to find out whether Davis showed up for the appointment, Doaks can advise him without violating Davis' right to confidentiality. In instances where an employee goes to the assessment and referral resource voluntarily or without having a specific appointment made by the supervisor, it is a violation of the employee's right to confidentiality for the assessment and referral resource to advise that the employee has used the service.

The approach was non-threatening, but firm. It stressed confidentiality and concern. In the process of discussing unsatisfactory job performance, the employee's value was also mentioned. The approach emphasized open-mindedness on the company's part towards the existence of employee problems but an unwillingness to compromise on job performance.

It should be noted that Smith did not get involved in speculation about the personal problems that might underlie the job performance problem. This principle should apply even if the employee initiates such speculation. Supervisors can be led into a situation where they appear to be criticizing or penalizing the employee for something he or she cannot control. The supervisor often finds that he or she has become a part of the employee's problem rather than part of the solution. The appropriate response to the employee who wants to discuss the relationship between personal problems and unsatisfactory job performance is: "I'm not really qualified to give you any advice on how to deal with that, but Mr. Doaks is and that's why the company and the union have this program." The supervisor should not be judgmental or moralistic, but simply show concern for the employee and firmness in carrying out company policy.

Briefly, the basic principles supervisors should follow when there is a job performance problem that needs correction are these:

1. Have documented examples of any changes in attendance patterns or performance problems with specific data regarding dates, places, and events.
2. When in doubt as to whether the cause of unsatisfactory performance is due to a personal problem or a job-skills or aptitude problem, contact the employee assistance program to discuss the situation.
3. Discuss the problem directly and confidentially with the employee. If the employee is a member of a labor union, be sure to advise the union representative of the concern and action being taken. During this discussion, the performance and attendance problem should be clearly described, the supervisor's expectations should be clearly outlined (and if provisions of company regulations or the bargaining agreement are involved they should be cited), the time period should be set forth within which corrective action must be taken, and the consequences of failure to correct the problem should be made clear.
4. Refrain from diagnosing the nature of personal problems adversely affecting performance and attendance and refrain from recommending specific solutions. If there is any reason to believe that personal problems may be involved with the performance difficulty, it should be recommended that the employee use the employee assistance program. In the presence of the employee the supervisor or manager should call the assessment and referral resource and make the appointment.
5. When appropriate, the supervisor should review performance or attendance problems with his/her own supervisor.
6. At all times be sensitive to the employee's needs while the employee is using the program. Participate, as needed, in the continuing recovery plan—if the treatment program staff and the employee have agreed to such participation.

Let's now examine what the supervisor can do to assist the employees before their personal problems have led to a job performance detriment. Again, we emphasize that it is not appropriate for the supervisor to play therapist. However, there are times when supervisors can

and should become involved, and this can be done without violating the employee's right to confidentiality or initiating actions resembling a witch-hunt.

One need not be a psychologist or social worker to observe an employee's personality changes. However, one does need to know the person in whom the changes are taking place. While a certain amount of social distance is frequently present between supervisors and their workers, they usually get to know each other quite well through daily contact. Consequently, when the employee who is usually outgoing and happy withdraws from the group and sits in the corner of the lunchroom alone, this is probably an indication that something is wrong. When a person who is usually easy to get along with has become irritable and somewhat uncooperative, this too is an indication that something is not right. The person experiencing wide mood swings, or whose behavior is unpredictable, or whose reactions to certain situations seem to be somewhat exaggerated usually has a problem with which he or she has difficulty coping. The supervisor who has established a good rapport with his or her employees usually does not find it difficult to approach the employee privately and confidentially. The initial discussion may be the supervisor's observation that, "Gee Tom, something seems to be bothering you. Is there something I can do to help?" Sometimes the employee will be willing to discuss the problem at that point and further encouragement in a caring way can be helpful. The major objective is to get the employee to discuss how he or she is feeling. Without assessing or analyzing the problem, the supervisor should suggest that the employee assistance program might be of some help. It is advisable for the supervisor to offer to introduce the employee to the assessment and referral resource.

Any effort made in this respect is for introductory purposes only, not to discuss the problems in depth. Such discussion should be done privately between the employee assistance representative and the employee unless the employee specifically authorizes the supervisor's presence. If the employee is not interested in meeting the assessment and referral resource, the supervisor should not push the issue but simply reaffirm the existence of the program as a source of help to the employee. Frequently, after giving the idea some thought, the employee will go to the program later.

We recognize that there are some conditions under which this type

of intervention may be difficult or impossible. Much of its success depends upon the prior relationship between supervisors and the employees. Because of its potential as a prevention tool, we recommend that training and orientation programs for supervisors focus on this pre-job-performance-problem intervention with emphasis equal to that given to the techniques used after the employee has developed a job performance problem.

THE ROLE OF LABOR

Labor has many years of experience and concern in developing programs to aid people and has proven to be a resource which should be utilized wherever possible.

When the program is developed jointly, the role of the union representative can be invaluable. The shop steward usually shares the lifestyle of the employee and will frequently see problems long before work performance is affected. Because of labor's traditional role in safeguarding employee rights, the union member is more inclined to accept the judgment and recommendations of labor and management than he or she is to accept a program presented as just one more corporate regulation. The careful drafting of policy and procedure is only the first requisite of a successful program. Most important is the acceptance of the program by employees. And acceptance (or rejection) is always marked with word-of-mouth publicity—so in an organized company, positive comments can only result from a program the union has had an equal role in developing and in which it participates.

Very often the union representative can play a role similar to that of the supervisor. The union employee will use the program with far less apprehension when the recommendation comes from the union representative. We have seen instances where the employee would not have used the program if it were not for the union representative; and, in our judgment, unsatisfactory performance would have persisted and the employee would have eventually been terminated.

An advantage in the development of joint labor-management programs is the fact that modern union leadership is realistic: They recognize that unresolved personal problems of members can haunt the union as well as management. Union leaders provide interesting

perspectives. In programs where labor is an active partner, a program's chances of success are significantly improved. A member may ignore or rationalize the efforts of the supervisor or manager to encourage him or her to get assistance, but when the principal ally, the union itself, endorses the program and encourages the member to use it, anxiety and the inclination to deny that a problem exists are greatly reduced.

Finally, we want to emphasize that the problems and dysfunctions which the employee assistance program is designed to address, especially chemical dependency, are very democratic in whom they affect. Therefore, the program itself should be available to everyone in the company from the board chairman down. While we highlight the need for labor involvement, we do not want to leave the impression that personal problems are somehow restricted only to that group of employees.

THE ROLE OF THE FAMILY

The fact that employees' personal problems can obstruct both management and labor from realizing their legitimate goals is the primary reason for the development of thousands of employee assistance programs in recent years. But while the roles of the assessment and referral resource, the supervisor, and the union representative are all essential to the existence and success of an employee assistance program, it is the family that usually knows that the employee has a problem before any of the others. When assured that the employee's job, future, and reputation will not be jeopardized by utilizing the program, the family can help greatly. Frequently they contact the assessment and referral resource directly for information and assistance. The employee is often motivated by the family to go directly to the assessment and referral resource prior to the need for a confrontation with a supervisor or the union representative.

In many cases both the family and the employee need to be involved if rehabilitation is to be successful. The more successful rehabilitation programs, particularly those addressed to alcohol and drug problems, insist on family involvement. When they understand the program, the family's anxiety is reduced and they are more supportive if supervisory referral becomes necessary.

Another major reason for family participation is that an employee's job performance can be impaired because of preoccupation with the problems of a loved one. Often it is more difficult for the employer to deal with this situation than when the employee has the problem. A serious problem unattended in the family is also the employee's problem; when job performance is affected, it becomes the employer's problem as well. As a result, we recommend that the employee assistance program be made available to members of the family as well as to the employee. Such accessibility to the family opens another line of communication by which an employee's problem can either be successfully dealt with or its severity reduced.

THE ROLE OF THE PHYSICIAN OR NURSE

While the large majority of work places do not have a fully developed medical department on the premises, many have occupational nurses or a consulting physician in their employ. Doctors and nurses can play a key role in encouraging employees with problems to utilize the employee assistance program. They probably see more people with alcohol, emotional, family, and other problems than the care-givers whose job is to specifically address these problems. Any physician or nurse can testify to the large number of people who discuss problems with them that are of a nonmedical nature. Upon an employee's request, or whenever appropriate, the company doctor or nurse should participate in the employee assistance program process. This, of course, requires them to be familiar with the types of problems that the program is designed to address. For example, few things are more destructive than the physician unfamiliar with alcoholism who advises the person with an alcohol problem to simply cut down on his or her drinking rather than get the kind of help necessary for recovery. Experience shows that when there is a medical department in a corporation it must be incorporated into the program or else the medical department and the employee assistance program will compete rather than cooperate with each other. Such competition can be destructive to all parties involved.

The company doctor or nurse should refer employees, when necessary, to the assessment and referral resource and should include him or

her in working with employees when the need arises. Determination of such a need should be made on the basis of criteria established jointly by the physician and the assessment and referral resource. Once these criteria have been established, the assessment and referral resource and the doctors and nurses can work cooperatively for the benefit of the person needing assistance.

THE ROLE OF EMPLOYEES, PEERS, AND SELF-REFERRALS

When an employee assistance program is properly designed and implemented, self-referrals should be commonplace. Self-referral is not only a desirable goal but a common characteristic of the more successful employee assistance program.

This may appear to contradict earlier statements in this manual. Troubled people, particularly the chemically dependent, are rarely capable of accurate self-diagnosis or inclined to voluntarily seek help. Indeed, a crisis is nearly always necessary before they will seek assistance. Even then, judges, clergy, family, or friends are often needed to persuade them to seek help.

To understand this seemingly contradictory position, it is necessary to examine the self-referral concept in the context of the employee assistance program and then review the actual process of self-referral. First it is necessary to understand that volunteerism or self-referral does not mean accurate self-diagnosis or even a willingness to change one's behavioral pattern. This can happen voluntarily, but rarely does it take place without assistance. Usually the employee or family has a serious primary problem or a secondary problem that has resulted from the primary problem. For example: An alcoholic may have financial problems—bankruptcy, garnishment, or simply falling behind on bills. That employee does not go to the assessment and referral resource expecting to stop drinking or change his or her entire life. The employee may be desperately looking for a way to get out of the financial difficulty so he or she can afford to drink some more! This employee goes to the program expecting to "con" the assessment and referral resource the same way he or she has deceived spouse, friends, boss, union representative, and creditors. This is often where the deceit

begins to end. The assessment and referral resource explores the problem in depth and helps the employee recognize that the secondary problem cannot be isolated and resolved before the first problem.

One form of volunteerism may take place when the family makes initial contact with the assessment and referral resource. Other forms occur when a supervisor, union steward, or fellow worker inquires about the services on behalf of an apprehensive friend who fears being stigmatized and penalized. Sometimes, the "friend" being described is really the inquiring employee or his or her spouse.

For any form of voluntary or self-referral to flourish, the proper environment must be created—and this takes time. The steps shown in the implementation section of this manual are a start, but what ensues after these steps are completed is just as important in creating the proper environment. To begin with, the employee's role should be defined. Employees should be encouraged to voluntarily seek assistance through the employee assistance program when they believe a personal problem or a problem of a family member poses a threat to their job performance or personal well-being. If an employee observes such trouble in a co-worker, he or she should be encouraged to suggest that the co-worker use the program if the co-worker feels comfortable discussing the problem. Exceptions taken to the policy and procedure statement, especially if they involve disciplinary action without giving the employee opportunity to use the program, will undermine the trust needed to create the proper environment. Management's and labor's motives for developing the program will be viewed with suspicion.

Fostering self-referrals sometimes requires labor and management to suppress some of their impulses: especially when the program is just starting. The greatest management temptation to be avoided is the outright termination or disciplining of an employee without first giving that employee a chance to use the program. The greatest temptation the union generally must overcome is the inclination to fight to the bitter end for the same employee when he or she refuses to cooperate with the provisions of the policy statement. Any act of bad faith by either labor or management makes the creation of a favorable environment impossible. Fortunately, however, this happens rarely among labor and management groups that are intent upon having a successful program.

Voluntary referrals and the development of a good environment will

not happen without effort. There are specific actions that must be taken and attitudes that must be adopted.

Strict confidentiality is the basis of the philosophy of programs which experience large numbers of self-referrals. Anything that happens between the assessment and referral resource and the employee who comes without having been sent by a supervisor must be absolutely confidential. It may be a different matter when an employee is in trouble on the job and is referred by the supervisor. Then, certain records may be necessary (although this is a matter to be agreed upon by the union and management) and any sharing of information must comply with state or federal laws.

A coded system is often desirable for records of both voluntary and nonvoluntary referrals. Considering the proper function of the assessment and referral resource, the need for keeping records is reduced. However achieved, strict confidentiality is mandatory.

A second element contributing to the proper environment is that the employee be able to freely utilize the assessment and referral resource without incurring a fee for the service. If professional rates were applied to the time the assessment and referral resource spent with an employee, the cost alone would discourage most people from voluntarily seeking help and could easily be used as an excuse not to cooperate by those referred by their supervisors.

Third, the assessment and referral resource should not be labeled, either intentionally or otherwise. If he or she becomes known as the local "shrink," or is in any way identified with a specific problem, self-referrals will be jeopardized. If the assessment and referral resource is known as a person capable of helping employees with a variety of problems, experience shows that the employees are far more willing to refer themselves. People will not voluntarily use a program which, by its title or the titles of key personnel, stigmatizes them.

Fourth, an employee coming voluntarily or from a source other than the supervisor is treated differently in that he or she is not required to follow the recommendation of the assessment and referral resource. Even in cases referred by a supervisor it is still the *employee's* decision whether or not to comply with the recommendation. This option should not be overlooked or underemphasized in the policy statement, key employee orientation sessions, or literature sent to employees and families. *Until job performance has been adversely affected, the com-*

pany has no right to demand changes in an employee's personal life. Self-referrals will be difficult to foster if word spreads throughout the company that the assessment and referral resource nags people. The employee assistance program and the disciplinary system both have appropriate uses. One is not a substitute for the other. Discipline should apply to performance problems or violations of rules—it should not be used as retribution for an employee's refusal to use the program. The disciplinary system and the employee assistance program may complement each other, and sometimes operate simultaneously, but essentially they are independent of each other.

Finally, the entire program should be open and above board. Publicity in the company and union periodicals supporting the program and encouraging voluntary participation is very helpful. The section on implementation suggests effective methods of publicity. It is important to convey the program concept to employees and their families and to periodically advise how the program is progressing. It should be stressed that problems are expected, but some get progressively worse if unattended and that this program has been developed to help people before problems reach the point where they jeopardize the employee's job and happiness. The major objective of the employee assistance program is to rehabilitate, not eliminate, employees.

THE ROLE OF COMMUNITY CARE-GIVERS

In large part, the community will determine the type of program that eventually evolves from the joint efforts of labor, management and any professional consultants they enlist. How broad the range of problems that the employee assistance program addresses is largely determined by the range of services available within a reasonable distance from the employment setting. Most metropolitan areas have a wide range of services while rural areas are usually limited. The departments of public welfare or human services in each state should have a directory of services available in both the public and private sectors. Most states have occupational program consultants, usually employed by the state alcohol authority, who can provide employers and unions with information about services in a particular community. The assessment and referral resources in existing employee assistance programs can also be

helpful in identifying agencies capable of delivering acceptable care to employed people. Other resources include the AFL-CIO, community services representative (United Way), area mental health centers, the United Fund, county human services departments, local affiliates of the National Council on Alcoholism, and Alcoholics Anonymous and Al-Anon groups. Frequently no single resource is familiar with the full spectrum of services but each has proven to be helpful. After the care-giving resources have been identified and there is a clear idea of the services they provide and the environment in which these services are delivered, the scope of the employee assistance program can be outlined.

The care-giving agencies within a community verify the analysis of the assessment and referral resource with a professional diagnosis and provide whatever treatment is necessary to assist the employee in coping with his or her problems. While there may be wide variations in approach to treating a single type of illness, there are basic procedures to be followed by any agency or program purporting to provide care and service to people. The chapter on program implementation provides extensive discussion of minimum standards for the delivery of care.

In addition to programs and agencies developed specifically for the provision of services to people with problems, there are other resources in the community which have not traditionally been regarded as part of the healthcare delivery system but which can play an important part in the success of an employee assistance program. Attorneys and bankers are two such resources.

An additional benefit to the company that develops an effective employee assistance program is an improved relationship with employees and the community. Well-conceived programs generate excellent public relations for both the employer and the union.

THE ROLE OF THE CONSULTANT

There are many reasons both a company and its union may be interested in developing an employee assistance program but do not translate that interest into a concrete workable program. With the press of everyday duties among key personnel, development of a program is seldom anyone's top priority although everyone may agree it would be

beneficial. In addition, usually no one in the local union or management has the experience of putting a program together. And finally, simply getting labor and management together to talk about such a program may be difficult, depending upon current relationships on other issues.

A professional occupational program consultant can play a valuable role in establishing a program. The consultant is a neutral party who favors neither labor nor management but is concerned about the best interests of both. The consultant is not confined to a particular philosophy or ideology regarding program design and development, but is concerned only with creating the optimum program for the particular employment setting at hand. He or she serves as a catalyst for generating whatever action is needed to get the program underway with a minimum of wasted time and effort. While every employment setting is different, the consultant has had experience in developing programs in various types of employment settings. This helps him or her to be aware of common pitfalls which adversely affect both the short- and long-range success of the program.

A good consultant has more questions than answers when first called in. He or she must get as much information as possible about the particular employment setting to design the program to work under the company's special circumstances. We do not subscribe to the idea that one model can be applied to all employment settings. Consequently, we do not believe that one company's program should be copied verbatim and imposed upon another employment setting. Even within a given industry, the difference in employers is usually significant enough to require a tailor-made program.

A good consultant hesitates to participate in developing a policy when it is obvious that public relations or some other hidden agenda is the primary objective. Companies and unions which are serious about helping people and reducing productivity loss recognize that there are no quick and easy solutions to complicated problems. It is equally essential that the consultant have no hidden agenda. We reject efforts on the part of those care-givers whose consultations lack professionalism and are mainly geared to fill their own treatment beds. Being able to successfully assist troubled employees in recovering from their problems does not necessarily qualify a care-giver to help a company and union develop a successful joint program. Thus, even people with professional qualifications in healthcare delivery service will fail if they

have not been adequately prepared in the specific field of employee assistance program development.

There is a difference between telling a company what to do and actually helping them do it. A good consultant does not breeze into a corporation, deliver quantities of heavy advice, collect a quick fee and leave. The professional consultant should have a plan to assist the company and union in the complete implementation of the program and be available for follow-up assistance after the program is functioning.

The professional consultant should warn both the company and the union that there are frequent difficulties in the development of an employee assistance program and that the program itself may be controversial.

Because most the people reading this briefing will not have had experience in working with a consultant capable of developing a successful employee assistance program, and because there has been a recent influx of people purporting to be professional consultants who have neither the training nor the experience to qualify them, a few comments are offered here with regard to the characteristics of professional consultants who merit the confidence of a corporation and its unions.

First of all, beware of the consultant who has quick and easy answers to complicated problems. Experience shows that while there are basic principles that ought to be followed in any employee assistance program, the consultant with a ready-made package is less likely to develop a program meeting the needs of a particular employment setting than the one who is willing to study the setting first and then adapt the basic principles to that setting. Thus the consultant who asks a lot of questions may be of greater value in the long run than the one who appears to have all the answers.

The main rule of good consulting is similar to that of practicing medicine: Do no harm. A consultant should be sensitive to the client's needs. This means that the consultant must have a thorough understanding of typical corporate and union problems as well as an understanding of the problems that the employees may have. Again, a thorough and incisive analysis of the work environment is necessary. This involves careful study of the structure of the corporation, the relationships it has with the union and other employee groups, the background on how the company has dealt with employee problems in the past, and

an analysis of sick leave and other related performance problems.

A good consultant does not make the client dependent upon his or her service but rather helps the client become independent as soon as possible. Programs that require a permanent relationship with the consultant should be examined very carefully by the employer and unions. The question to be answered is whether this consultant's primary objective is to develop an employee assistance program which will serve the interests of the employer, the union, and the employees, or if it's just to funnel clients either to himself or herself or to a particular rehabilitation program. While the latter is not necessarily unethical or contrary to the best interests of the employer, it could be. It is necessary to reach a clear understanding of what the long-term relationship will be between the employer and the consultant, and the best interest of the clients should be the determining factor.

The employer and union should always inquire about the experience of the consultant by requesting the names and locations of other employers and unions with whom the consultant has worked. These references should be checked and inquiries should be made as to the number of referrals the program has had in relationship to the size of the workforce for which the program was developed.

Finally, the corporation and union should inquire as to what the consultant is doing to increase his or her knowledge and education in the field. The professional consultant is one who is constantly looking for better ways to do the job. A person who has not participated in educational opportunities for several years is not likely to be current with the state of the art, particularly in a field such as occupational program development where much of the knowledge has emerged in recent years.

If the employer and union are to enlist the services of a person or firm who meets these qualifications, they should expect to pay for the services. The cost of such services should be compared with the potential savings a program can provide. Rates will vary from one section of the country to another and from one consultant to another. If the consultant can develop a program which helps a significant number of people resolve their personal problems and return to an acceptable level of performance, even the more expensive consultation fees are justified. If the consultant cannot develop a program with satisfactory results, however inexpensive, the price will have been too great.

THE ROLE OF THE ADMINISTRATOR

There is an administrative function which must be carried out in any employee assistance program. In large companies this may be a full-time position, while in smaller companies this function may be carried out by a person who also has other duties. Sometimes the administrative and the assessment and referral resource functions are performed by one person, although it is usually better to separate these functions.

This separation is desirable, if not always practical, because the administrator is the person who should be monitoring the program's day-to-day progress. Overall program evaluation should be done by the administrator, the assessment and referral resource, and other key parties. The objectivity of such an evaluation may be questioned when the assessment and referral resource is both a key subject of the evaluation and the evaluator.

The evaluation criteria should be developed simultaneously with the program; the goals, objectives, and indicators of progress should be previously determined. If the goals and objectives become unrealistic, they can be modified. It is usually difficult to develop an objective evaluation system to measure the program's success after it has been established and is operating.

While details of an evaluation system are discussed in a separate chapter, key areas which the administrator will want to analyze include:

1. Penetration rate into the population at risk. How many of those estimated to need the program services are actually being reached? A common estimate of the size of the population at risk varies between 10 and 12 percent of the work force. In our estimation, if 20 percent of the population at risk (about 2 percent of the total work force in the targeted employment setting) are reached on an annual basis starting one to two years after the program has been completely implemented, the program is successfully penetrating the population at risk.

2. The recovery rates of those served. It does little good to identify those in need of the program if they do not receive help for their problems. While it may be difficult to measure "recovery" per se, criteria should be developed to measure progress in resolving the problems.

3. Improvement in job performance or job functioning. Company records can be helpful not only in determining which employees could

benefit from the program, but also in evaluating the program's success. If a company has adequate records on which to base the decision for a referral, it should have adequate records to compare performance before and after exposure to the program. Matters such as changes in department morale and improved interpersonal relationships are observable, and absenteeism, production, and insurance claims in particular lend themselves to measurement.

Administrators also focus on the coordination of employee assistance program efforts with the objectives of other departments within the corporate setting; the scheduling and arrangement of key employee orientation; the development and scheduling of continuous training programs for the assessment and referral resource personnel; and the development of communications methods about the program for employees, families, supervisors, and union representatives.

THE ROLE OF VOLUNTEER COORDINATORS

Some programs have volunteer coordinators from both labor and management representing employee groups. While these coordinators do not diagnose the problems of employees, they can perform a number of helpful functions. First, they advocate and encourage use of the employee assistance program within the workforce. They also can be a resource for information and guidance for employees, their supervisors, and union representatives regarding program procedures and utilization. They can assist employees who have been away for treatment or rehabilitation with their re-entry to the workplace. Frequently they form a local employee assistance program committee to monitor results, review procedures, and advise the administrator of progress and problems.

Volunteer coordinators usually require a minimum amount of regular work time to perform their duties but can be a great asset to either a small company program where the assessment and referral resource is located in a community setting or a large corporate structure where the assessment and referral resource is located in another geographical area. They can be instrumental in helping employees enter the program and can be valuable when joining with the assessment and referral resource to help the employee accept professional assistance.

CONFIDENTIALITY

Confidentiality has long been a major concern to people involved with the identification, treatment, and rehabilitation of persons having serious personal problems. This is especially true in the alcoholism and drug fields where stigma has had more influence on public attitudes than reality. While great strides have been made to enlighten industry, we know of at least one major corporation that actually seeks out chemically dependent employees in order to fire them. Because of such problems, what has traditionally been regarded as routine medical confidentiality has been formalized into law and regulations on the state and federal levels to protect people who suffer from alcoholism and drug dependency.

Aside from the concern with individual rights, there are some very practical reasons for maintaining confidentiality. First, only the coerced will use a program that disregards confidentiality. Second, those responsible for making the compulsory referrals will do so only grudgingly. This usually results in late-stage intervention after considerable damage has occurred. Corporations and unions that are serious about having an effective program must also be serious about preserving confidentiality. Fortunately, there are some guides.

The federal confidentiality regulations and data privacy acts of various states set forth practical guidelines to protect confidentiality. The basic premise of most of these regulations is that nothing about an individual's problems is shared with anyone outside of the program unless: (1) The individual authorizes it in writing, (2) the person receiving the information has a need to know, or (3) a definite period of time is established for sharing. These principles apply to records of the identity, diagnosis, prognosis, or treatment of people using the services of the program. Exceptions are allowed in instances where the person may be a threat to his or her own well being or that of others. Copies of these regulations are available through either the federal or state agencies charged with the responsibility of enforcing them.

2

Implementation Procedure

Most serious program problems as well as the majority of outright program failures can be traced to the first year, when demands on program personnel are greatest. Program implementation is difficult and takes great patience. Once the decision is made to adopt a program, the hesitation management may have had at the onset vanishes, and they often want to see spontaneous and immediate installation. In smaller organizations, this can sometimes be achieved, but not in large corporations where a gradual phase-in process—one that requires careful planning—is necessary.

While much has been written and discussed about program design and concept, comparatively little attention has been given to the implementation process. Yet, the manner in which a program is implemented can be just as important to its success as the program design. Once the elements of a viable program have been identified, the implementation procedure can be developed.

A. Major Decisions

Who can make the decision?

There are a number of major considerations to make in implementing an employee assistance program. The first is a clear idea of who has

authority to make the decision as to whether or not there is going to be a program. In some companies, this authority is decentralized and the manager at each plant can set policy without obtaining corporate approval. In other companies, where management authority is highly centralized, home office approval is needed for any change in existing policy. In such companies the idea of a program can be shunted around the local plant for months with no chance of adoption and much waste of time and energy. Thus, it is imperative to be able to make a presentation to the key decision-makers.

Where should the program start?

In addition, it is important to determine where the program should begin. In small companies this is no problem, but in large corporations it is usually wise to start with a pilot project in one plant or division. If it is successful, it can be used as a model; if not, adjustments can be made prior to substantial corporate investment.

Developing a procedural outline

After determining who must be involved in the decision making, a procedural outline should be developed. The outline may vary from one company to another, but it is a guide which can either be expanded or reduced. We recommend the procedure outlined in this chapter. Remember, no program can succeed without the support and full cooperation of management on all levels, all unions involved, and the community care-givers. Also, it is wise to include an experienced consultant.

B. Discussion of the Problem and Gathering Information

General

This discussion covers the prevalence of problems affecting job performance on a national scale. It may cover some of the material presented in this briefing, as well as alternative methods for helping to solve employee problems.

Particular

This part of the discussion provides an estimate of the prevalence of problems within the company by using national statistics and modifying them as dictated by the characteristics of the employer and the community setting involved.

At this point, it is usually preferable to have separate discussions with labor and management. The consultant can initiate these discussions. Often labor and management feel greater freedom to discuss problems openly when the other is not present. Later, when both are convinced of the need to act, they will be able to work as a cooperative team. In organized companies, complete cooperation of both labor and management is imperative. Moreover, the program must not be presented as the exclusive idea of either. The consultant is usually the one who facilitates and coordinates the steps leading to these objectives.

C. Conference of Authorized Parties

The initial discussion may take place with a member of the personnel staff, the medical department, an executive, or a production worker. Usually, someone in the company who has been concerned for a long while will inquire about the feasibility of the program. But one person alone, however powerful, usually cannot launch a program. It is essential that authorized personnel be given the type of presentation discussed above. Indeed, they will be responsible for deciding whether or not a program is attempted.

Often the initial presentation must be repeated on various levels within the management and labor organizations. The structure and politics of the company and its decision-making apparatus will determine who should be involved as part of the conference of authorized parties and in the initial discussions. Consideration should be given to those persons who will help make the program a success, as well as to those who could jeopardize the program. Avoiding a key vice-president or union official for fear of a negative reaction will usually compound the problem. In addition to being apprehensive about the program, a person denied an opportunity to provide input will usually add to any existing negative feelings. Frequently, the program will have to be sold to such people by a respected person within their own organization.

A tentative timetable should be established for carrying out the rest of the procedures following the initial discussion. A meeting should never be adjourned without determining a tentative agenda and setting a definite time and place for subsequent meetings.

D. Inventory of Community Services

In the procedural outline, this step could be placed in an earlier position. Many consultants prefer to have an inventory of community

services and much of the vital information about the employer prior to the initiation of subsequent steps. Since this is not always possible, we include this step now. However, it should be done early in the implementation procedure.

The inventory of community services should include all possible sources that could serve as the assessment and referral resource. The skills of the person or agency eventually chosen as the resource must be consistent with the objectives and scope of the program itself. To determine the type of program that will be implemented, it is necessary to know what types of personal-problem assessment services are available. In addition, it is necessary to know where all of the major caregiving agencies are located, what specialized populations they are designed to serve, and how well they serve their target population. Typically, the higher incidence problems will be chemical dependency, emotional problems, family-marital discord, and financial difficulties. Other common, but lower incidence problems are legal, psychiatric, vocational, and medical difficulties.

The range of services offered in the community will define how broad the employee assistance program will be. This is a particularly important consideration in rural areas where services are sometimes more limited. County and state human services departments are usually good sources for locating healthcare facilities. A close examination of what the entire private sector offers is also necessary. In addition to private healthcare facilities, also consider banks and finance companies. These are often a good source of financial consultation. Anyone wishing to initiate an employee assistance program should personally visit each possible resource and conduct an in-depth interview with the staff to determine the limits of the services offered.

E. Minimum Standards for Health Programs

The Joint Commission on Accreditation of Hospitals (JCAH) has developed standards for a wide range of health service programs including alcohol and drug programs, mental health and mental retardation programs, long-term care programs, and others. In addition, local and state health and welfare departments also may have standards and licensing procedures for the services necessary to support an employee assistance program. These sources should be checked carefully to determine whether the program or facility in question is licensed and accredited.

Since some states have minimal licensing procedures and since JCAH standards have not been developed for every conceivable type of healthcare delivery program, evaluation of various programs is difficult. Here are some minimum standards, in terms of procedures and documentation, that all healthcare services should meet:

- A written program plan outlining the organization's objectives and the methods used to achieve them.
- Clear definition of the roles, responsibilities, and qualifications of the person in charge of the service and of other key personnel.
- Explanation of the manner in which the program utilizes other community care providers.
- Clear rationale as to how the physical facility supports the therapeutic philosophy and objectives.
- Procedures to assure referral to alternative diagnostic or treatment services unavailable within the program and provisions for insuring continuity of care during this referral process.
- Documentation verifying that the program uses criteria for determining the necessity of a medical evaluation for each person served and that the medical evaluation is kept current. (This procedure should be developed in consultation with a physician.)
- Evaluation of the social-psychological needs of each client (if not already done by the employee assistance program) prior to the development and implementation of an individual treatment plan. Areas to be covered include a determination of current emotional state, cultural background, vocational history, family relations, educational background, social economic status, and a drinking and drug use history, including any medications prescribed by physicians. Other services provided to the client in the past should be known to both the employee assistance program staff and the care-givers.
- Provision of an individualized therapeutic plan based on the social-psychological evaluation and, if appropriate, the medical evaluation. This individualized treatment plan should specify the services necessary to meet the patient's needs, including referrals for outside services. The individual rehabilitation plan should be reviewed and updated on a regular basis.
- Organized record systems for the collection of information appropriate to the treatment components serving the patient. The

nature and scope of the information collected should be in compliance with state, local, and federal requirements. Each case record should include a treatment plan outlining the goals and objectives for the individual. Case records should contain information that demonstrates the basis on which the individual treatment plan was developed and how it was implemented. Records should be provided for a continued assessment of the individual's progress toward the goals and objectives, and this assessment should be used to update the plan. Upon termination of the relationship with the patient, the individual case record should include a discharge summary outlining a final evaluation regarding the progress of the patient toward the goals and objectives.

- Evidence of aftercare planning should be kept in the client's file. Development of an aftercare plan with the patient, the employee assistance program staff, and the care-giver is imperative. The aftercare plan should include an assessment of the needs of the employee-patient; development of solution strategies (objectives) for dealing with these needs, including the names of care-givers and agencies; and provisions for methods and frequency of follow-up.

Frequently, relapse is precipitated by secondary problems that were not properly addressed at the time the discharge summary and aftercare plan were developed. Recovery takes place in the community after the patient has left the formal treatment program. To enhance the prospects of total recovery, the secondary problems that could impede recovery must be dealt with. The purpose of aftercare is to maintain and increase the gains made while in therapy.

- Adequately trained staff and supporting personnel. The training plan should be available for review, and there should be evidence that the facility and all personnel meet applicable federal, state, and local laws and regulations.
- Clearly defined medication policies. If the program uses medications, policies outlining methods of ordering, dispensing, and storage should be clearly defined. Medication orders should be written only by physicians, and telephone orders should be limited only to urgent circumstances or as prescribed by law. Medications should be administered by the clinical staff members only

under the supervision of a physician, registered nurse, or licensed practical nurse. This should be done with approval of the physician on the program staff and in accordance with federal, state, and local laws and regulations. To avoid a lengthy discussion on medication controls, we recommend that the employee assistance staff become familiar with all regulations as well as the standards of the Joint Commission on Accreditation of Hospitals.

- Provisions for confidentiality. All information contained in the patient's record, including any information forwarded to legally authorized data collection agencies, is strictly confidential. Each program should have specific written methods and procedures for releasing and obtaining information consistent with state and federal regulations.
- Strong provisions protecting patients' rights. Written policies and procedures designed to enhance the dignity of all patients and to protect their rights as human beings should include the following:
 1. Written procedures to inform all patients of their legal and human rights.
 2. A full explanation of the risks associated with use of any drugs and/or procedures in terms that the client can understand. Either the patient or the family members having the legal right to consent shall give such consent, in writing, to the use of potentially hazardous drugs and procedures.
 3. Infrequent use of physical restraints and seclusion. They should be used only in extreme cases, when all other alternatives are exhausted, to protect the patient from injuring himself or others.
 4. Clear definition of policies and procedures for reviewing and responding to patient's communication of opinions, recommendations, and grievances. These should provide methods that will preserve and foster the therapeutic aspects of conflict resolution and problem solving.
 5. Protection of the patient's right to privacy at all times. In residential programs, the patient shall be able to communicate with persons outside the program through either private telephone conversations or uncensored mail. The staff has the right to observe while the patient opens any mail suspected of

containing contraband. This right does not include staff censorship of personal correspondence.

A treatment program's environment is important, especially in residential programs. It should enhance the positive self-image of the patient and preserve human dignity. Written records of inspections by local, state or federal authorities should be maintained by the program's administration. This should include records of corrections of violations and a timetable for correcting nonconforming conditions.

Since the list of environmental prerequisites is quite long, we suggest reviewing the guidelines set forth by appropriate state and local officials and by the Joint Commission on Accreditation of Hospitals. The extent to which the care-giving agency complies with these minimum standards can impact the success of the employee assistance program.

F. Survey of the Employment Setting

A survey of the employment setting is essential if the program finally developed is to be appropriate. In this respect, the more knowledge and information program consultants and staff have about the company, the better. Initially, the following requirements must be met.

1. Identify any labor unions that have agreements with the employer. All must be involved in the development of an employee assistance program. Identify any existing union programs, such as community services departments, which the union offers its membership. Become familiar with the procedures the unions have been using to help their members who have problems. Become familiar with the union's perception of the company's attitude towards employees with problems. Also, identify sensitive industrial relations issues from the union's standpoint.

2. Learn the company's management plan, including what the company produces in terms of goods or services, how they produce it, qualifications of the people employed, tasks performed by employees, goals, objectives, and procedures. All of these provide insight and background for the development of an appropriate program. Company size and location of personnel are also major considerations. Find out what industrial relations issues are particularly sensitive to the company. Become familiar with the company's perception of the unions,

their programs and objectives. Become as familiar as possible with what it takes for this corporation to survive and be profitable. A professional consultant can be expected to make an in-depth inquiry of all of these areas prior to making recommendations on program design. The industrial relations department and the union leadership are usually cooperative in providing insight. The company's annual report as well as publications such as *Standard and Poor's* and *Moody's Industrial Guide* can be useful.

3. Knowledge of the company's organizational structure and internal politics is important. A current copy of the organizational chart can indicate where the authority and power lies. It also shows the relationships of different functions. It may indicate some problems regarding the development and operation of the program. Departments such as personnel, medical, and training will want to provide input. If they are ignored, the success of the program can be jeopardized later on. Although smaller companies may not have fully developed support services departments, such as medical or personnel, one still needs to be sensitive to feelings of key personnel in those areas where competition between people or departments might develop. While it is imperative to have the full support of senior management, it is equally important to secure the active support of managers on lower levels. Frequently, middle managers are placed in the almost untenable position of being asked to implement policies or programs that they did not help to design. The consultant will find that in companies that have been managed by edict from the top without participation from key local managers, there may be initial resentment toward any new program or idea they ultimately have to live with. Moreover, senior management's perception of the success or shortcomings of a program will be largely influenced by what middle and first-line management have to say.

Frequently, senior management and labor officials who approve the concept of the employee assistance program have little idea of the time involved in properly implementing the program. It is important for the consultant to review with both parties exactly what needs to be done, how long it will take, and the reason that such a time frame is necessary. Proper implementation requires the time-consuming process of touching base with all key parties up and down the organizational structure.

4. If there is an existing policy on alcohol, drugs, or other personal

problems, it should be studied carefully to determine whether it has been effective. Knowledge is needed of the procedures currently used, whether formal or informal. When assessing the existing program, it is important to recognize that whatever its effectiveness, credit must be given to those who invested their time and effort to bring it to its current state. Otherwise, some of the strongest allies for the new program may be alienated. If a program already exists, someone probably initially expended considerable effort selling management and labor the idea.

5. The employee benefits program must be reviewed thoroughly with reference to services provided to those employees with personal problems. If the package is too narrow, it may eventually have to be expanded. Initially, it's usually best to work with what exists. Changes can come as needs are identified.

6. Current personnel policies and practices as well as union contracts and benefits must be reviewed for any provision which could affect the success of the program. In the process of such review, attention should be given to informal, traditional ways of doing things as well as formal written policies or regulations. Never assume that because a particular policy is in writing, it is current, viable, or accepted by those charged with implementing it. Frequently, policies are adopted and only a cursory evaluation of their effectiveness is made. Any formal or informal policy or procedure which could adversely affect the operation or success of the employee assistance program should be discussed with the appropriate parties.

G. Form a Joint Implementation Committee (Committee of Concern)

People tend to support that which they have had a hand in creating. When either labor or management takes the initiative and develops a program unilaterally, it is usually rejected by the other side. Often this rejection does not take the form of overt criticism or assault on the concept. Passive resistance by key individuals or a group is usually sufficient to subvert it.

The point is, no single group within an employment setting can successfully carry out a policy without the cooperation of all other affected groups. An effective way of getting such cooperation is to include input from as many groups as possible in the development of the policy. A joint implementation committee or committee of concern

meets this need. Given the reputation committees have for slowing down the process, we are frequently asked if such a committee is really necessary. Having developed programs both with and without such committees, our conclusion is that they are necessary even in work settings where the industrial relations climate is exceptionally good.

There are three major considerations in forming a joint implementation committee: representation, responsibilities, and monitoring. Let's look at them.

Representation

One problem often encountered is how to arrive at a balance between wide representation and optimum committee size. There may be a dozen or more different labor locals in some companies and numerous departments with potentially valuable input. Unfortunately, all cannot be represented because the size of the committee would be so large as to be unmanageable. Essentially, this is a *work committee*, not a discussion group. Optimum size is usually nine members, with three from management, three from labor, and three community caregivers, one of whom should be the occupational program consultant. If the committee is too small, it is not usually representative of a cross section of the company. If it is too large, it becomes cumbersome.

Representatives from both labor and management should have sufficient stature and authority. When the committee makes a decision, there should be a good possibility it will be acceptable to the union memberships and executive councils as well as to various management levels. It is difficult for a committee to function under the apprehension of having its work vetoed by a higher authority. Under such conditions, the fear of disapproval can have a debilitating effect on the development of the program.

Members should be knowledgeable in the philosophy of the faction they represent. They should be respected members of the group which chose them. This committee should not be a grievance or negotiation committee in disguise. Neither the committee nor the employee assistance program should be used by either labor or management to try to advance industrial relations issues which could not be resolved during contract negotiations. Persons who are patently objectionable to either side should not be asked to serve.

Responsibilities

The primary function of the committee is to develop and recommend definite written policies and procedures. These may eventually become part of the union contract or a supplemental agreement to it. Often it is advantageous to have a sample written policy as a starting point. If one is used, the sample policy should first be reviewed individually by the members of the committee. Then each paragraph should be reviewed by the committee and discussed. If changes or a complete revision are required, it should be done during this review.

It is usually advisable for the consultant to work individually with each faction represented on the committee to resolve any major differences that may exist prior to the time the committee is brought together. The less confrontation and conflict at committee meetings, the better. A composite draft of the input of various key groups should be presented to the committee. After the committee has reviewed this composite, any changes should be incorporated and the committee's recommended draft presented to the appropriate labor and management people for approval or final amendment. It should be noted that the written policy and program should not have titles which denote any particular problem. If a title is decided upon, it is best to convey an attitude or objective, not an illness or job dysfunction. The workforce will not participate in a program whose title generates a stigma on the participants.

After the policy draft has been approved by the committee, an overall implementation plan should be developed. This plan should include provisions for implementing the remaining steps in the procedures outlined here.

Monitoring

Often both labor and management are apprehensive about starting a new program. Labor may be concerned that the program will be used by management as a tool to eliminate militant union members. Management may fear that it is forfeiting its prerogative to take disciplinary action. Both should be concerned about the effect the program will have upon the employees.

It is worth noting that we have not seen instances where labor or management have abused a well-conceived employee assistance pro-

gram. But anxieties regarding the possibility of such abuses are often present in the early stages of program design, and these anxieties must be dealt with. Therefore, it is usually advisable for the committee to agree early to remain intact for a period of time after the program is installed to observe the results and provide feedback on how the program can be improved.

Overall reviews at six- and twelve-month intervals are helpful. Knowing they are scheduled reduces the initial anxiety of labor and management about the possibility of having agreed to something which may become unfavorable. Moreover, the prospects for effectiveness and the continued existence of the program are greatly improved. As mentioned earlier, an additional means of reducing such fear would be to have all new programs, particularly in large companies, start out as demonstration or pilot projects.

It usually takes at least a year, and often longer, for an employee assistance program to function effectively. During this period, the committee can be helpful in working out unexpected problems and providing insight to the program's administrator to improve effectiveness.

H. Designating an Assessment and Referral Resource

This step may come earlier in the implementation process. Generally, it is best to hire the person for this position at the time the policy is being finalized and before key employee orientation is delivered. The selection of the assessment and referral resource is at once difficult and important. There are so many variable factors among employers and community settings that there is no definite rule that applies to all situations. As the program is implemented, it should be made known that this person is available to all employees and their families and that voluntary use of the resource is encouraged.

This person should be situated in a private office that is not conspicuous by its location. The office itself should be pleasant and arranged in a manner that facilitates openness between the assessment and referral resource and the employees using the service.

Experience indicates that, generally, companies with 3,000 or more employees concentrated in a given geographical area will find it in their best interest to have a full-time permanent employee in this position. Companies with fewer than 1,000 employees in a given geographical

area will usually find it best to contract for the service in the community if adequate service is available. Companies between 1,000 and 3,000 employees may go either route depending upon their needs, the extent of their financial commitment, and the availability of adequate personnel or community-based assessment and referral capability.

Whether located on company property or in the community, whether full-time permanent employee or on contract, whether working in a broad- or narrow-scoped program, the assessment and referral resource position is the single most important element in the success of a program. All factors must be very thoroughly considered during the selection process. After the selection process, this resource and the manner in which it functions should be monitored with equal care and thoroughness.

I. Key Employee Orientation

Theories about how to train and orient supervisors go from one extreme to the other—from the concept that they should receive no training at all to the notion that they should have intensive, long-term instruction in the symptomatology of a wide range of illnesses. Both extremes should be rejected, along with the idea that the orientation should be limited to supervisors. Since supervisors should never attempt to diagnose employee problems, there is simply no need for the training in symptomatology. However, there should be a discussion of how the stigma associated with certain employee health problems affects supervisory decision making.

Moreover, supervisors and managers are not the only key people in an organization who are in a position to generate referrals to the program. All elected union officials as well as key nonunion personnel, such as administrative assistants to officers and directors, should also receive formal orientation to the program.

The content of the orientation session should be tailored to the needs of the company and the personnel involved. Also, it should consider the community's capacity to deliver services to affected employees. Wherever possible, it is advisable to include orientation on the employee assistance program as part of regular supervisory and management training programs, provided neither the content nor the time required to deliver it is compromised. One suggested outline for such orientation might be as follows:

1. Introductions

Company viewpoint and concern (corporate executive)
Union viewpoint and concern (labor leader)
Statement of problem and purpose of the program
Alternatives to the program
Confidentiality
Cost—human and financial

2. Policy

Historical perspective and attempts by other companies, both successful and unsuccessful
What the policy has been
What the new policy consists of and the reasons for the change
Point-by-point discussion of the written policy

3. Affected employees and types of problems

Categories
What they are
What they are not
Consequences of unarrested personal problems

4. Access to the program

Various routes to assistance
Voluntary use
Supervisor's role
Union's role
The concerned peer
Family involvement

5. Role of the assessment and referral resource

Who it is
Function and purpose
Confidentiality

6. Job performance

Ability to produce—quality and quantity
Behavioral aspects
Personnel records
Consequences of concealment of performance problems

7. Program benefits

Employee
Supervisor
Employer

Union

Employee's family

8. Overview of program

Summary

Expectations

This outline is intended to serve as a starting point. The elements of an effective orientation session usually vary among companies. The main objective is to convince personnel at all levels that the company and union are serious about helping employees resolve their personal problems; that every opportunity consistent with good experience will be provided to employees; that definite limits exist; that neither unsatisfactory job performance nor witch-hunts will be tolerated; that the overall objective is to both help people and reduce inefficiency; and that the program can work only if all key employees cooperate.

In addition to content, several other issues are involved in key employee orientation. Some of these issues must be dealt with before deciding upon the content of the program.

First is the purpose of the orientation. The major question that must be answered is, "Why provide the orientation?" To answer this question, determine what the participants should gain in terms of their:

- Knowledge—of what should they be made aware?
- Attitudes—what do you want their attitude to be?
- Behavior—what is their role going to be?

Second, determine where the participants are now in terms of their knowledge, attitudes, and behavior. The orientation content must bridge the gap between employees' present perceptions and those you desire them to have.

Next determine the resources needed to do the job. Start with the human resources. Key management and key labor people should be involved. Some of them are from inside the company and some may be from outside. In addition, there are community experts such as consultants and care-givers who may be of assistance.

The second major resource is the amount of time available for such an orientation program. This will be determined largely by the type of industry and employee schedules. For example, a newspaper having three major deadlines a day would have greater time constraints than an insurance office.

Some of the following items about the physical setting and equipment may seem so obvious as not to merit mention. Unfortunately, we have seen too many instances where they have been overlooked to the detriment of the orientation.

Adequate space is essential. If it is not available on company premises, provisions will have to be made elsewhere. The manner in which people are situated and the types of rooms used have an effect on their capacity to learn. For example, if a great deal of group interaction is desired, it may be best to have groups of eight to ten people seated informally in a circle. On the other hand, if part of the program consists of an address from a key executive or labor representative, it may be best to have the participants seated in rows. Most orientation programs require a room that can accommodate a variety of situations.

Another important resource is equipment. If audio visual equipment is used, precautions must be taken to assure that participants sitting in the back of the room will be able to see the screen clearly. Likewise, if a large group is going to be addressed, precautions must be taken to assure that everyone in the room can hear. Both deep, narrow rooms and wide, shallow rooms should be avoided. All equipment should be tested a day before the session. All supplies should be in the room beforehand. Chasing out for a piece of chalk in mid-session is disconcerting to everyone.

After the resources have been determined and the participants' needs defined, the topics should be categorized according to these needs. In some matters the participants may simply need to be informed, in other respects they may need to be trained, and in still other issues they may need to be fully educated. The manner in which this is done will have an effect on the results. If the company has a formal training department with experience in these areas, its utilization should be explored. If not, consideration should be given to seeking consultation from someone with such experience.

Finally, you will need to determine whether or not your training accomplished what you wanted. Pre-training and post-training testing will give an indication, but the answer to this question will not really be known until after the program is operational and the participants' activities can be observed.

A successful orientation depends, in part, on the amount of time committed and on the number of employees who participate. In the

absence of clear-cut guidelines, we have generally suggested that the outlined orientation, which requires about two and one-half hours to deliver including questions and answers, be provided to approximately one-sixth of the workforce starting at the top of the organization and working down through the ranks.

In providing post-program implementation consultation to a cluster of programs in a given geographical area, we had an opportunity to test our hypothesis. We first established an arbitrary standard for optimal program performance based on numbers of referrals. The standard established was 1.5 percent of the workforce to be referred during the first year immediately after program implementation and 2.1 percent of the workforce referred each year thereafter. We then studied 33 programs covering 8,153 employees. Employers ranged in size from nine to over 2,000 employees. Multiplying the two and one-half hours of orientation by the suggested one-sixth or 16 percent of the workforce, computes to .4 hours of orientation per employee. This .4 hour average was used as an index and correlated with the numbers of referrals generated by the programs.

We found that out of six programs that provided a minimum of approximately .4 hours of orientation per employee, five or 83.3 percent met or exceeded the referral goal of 1.5 percent the first year. Total referrals were 106 versus 41.9 expected or 252.9 percent of the arbitrarily established standard for optimal program performance. Of the 27 programs that offered less than an average of .4 hours of orientation by the suggested one-sixth or 16 percent of the work-referral goal of 1.5 percent the first year. Total referrals were 60 versus 98.5 expected or 69.9 percent of the arbitrarily selected standard for optimal program performance.*

The results of this study are not conclusive, of course. We are aware of programs which have exceeded the referral goals of this study without providing the .4 hours of orientation per employee. We are also aware of programs which have not met the referral goal and have exceeded the .4 hour average of orientation per employee. However, such deviations appear to be exceptions. Wherever possible, we

*A great deal of credit for this project must be given to Jack Christianson, Executive Director of Employee Resources, Inc., Duluth, Minnesota, and Harvey Benson, Director of United Way Services, city of Duluth, Minnesota.

encourage a commitment to key employee orientation that approximates the standards suggested here. In corporations with a flat organizational structure, the provision of orientation to one-sixth or 16 percent of the workforce would involve many employees who are not in key positions. We recognize that such an orientation strategy would probably not be viable. Consequently, we suggest that an orientation session of proven efficacy be developed for all employees who are in key positions and that a supplemental program requiring far less intensity and time be developed for other employees.

There were other variables which also impacted the number of referrals generated by the programs studied, such as the proximity of the assessment and referral resource to the employment setting, the overall competence of the in-house program administrator, and the extent of communication about the program with the employees.

J. Notification to the Employee

Separate notices should be provided to the employee and the employee's family. The notification to the employee may be included in the pay envelope or by some other means but should be done on the job. A sample letter is included in the Appendix. The purpose of the letter is to summarize the development of the new employee assistance program, its purpose, how it can be used, and by whom. It makes clear that: (1) The company recognizes that anyone can have a personal problem which adversely affects job performance or personal well-being; (2) assistance with such problems is available on a confidential basis whether or not job performance has been affected; (3) an employee's job, future, or reputation will not be jeopardized by utilizing the program; (4) unacceptable job performance will not be tolerated; and (5) the employees' families are encouraged to use the program.

Frequently a copy of the policy itself is attached to such letters. If the policy is long, a paraphrase of it will do. Some companies have developed a manual specifically for the employee assistance program which describes the policy and procedures. Experience indicates that the more information provided initially, the less likely it will be read. We prefer a one to one and one-half page letter accompanied by a brief paraphrase of the policy, or the policy itself if it is two pages or less.

By themselves, such policies are not likely to motivate employees with serious problems to use the program, particularly those of the

stigmatic variety such as alcoholism, drug abuse, or child abuse. While a few people with such problems may use the program as a direct result of the letter, the major function of such correspondence is to create an environment around the person having such problems that will encourage co-workers, union representatives, supervisors, and managers to encourage the employee with problems to use the program voluntarily. Once the message is clear that neither the company nor the union expects employees to be perfect but that they do expect employees with problems to seek assistance, the excuse that job, future, or reputation will be jeopardized is no longer germane.

K. Notification to the Family

The letter to the family may be somewhat different in form, but it should cover the same points as the letter to the employee. It should also emphasize that all families are being notified so no one feels that their family member has been targeted for special attention. This letter is addressed not the employee, such as "Mr. John Smith"; rather it is addressed to "The Smith Family." The object is to make sure that both the employee and the spouse receive information. If, for example, the employee has a problem and receives both letters, neither may reach the spouse who could be the one who would contact the program for assistance. Both letters should specifically state the name and telephone number of the assessment and referral resource. A sample of such a letter is included in the Appendix.

L. Additional Communications Instruments

Publicity regarding the employees' use of the program and the results achieved should be made public, and families and employees alike should be kept apprised. The house organ, if there is one, and the union periodical can be good forums for this purpose. In companies not having a house organ or a union newspaper, a periodic newsletter to all employees and their families can be equally effective. During the first year, it is advisable to periodically send brochures to the families which deal with a specific problem such as alcohol and drugs, finances, family problems, emotional problems, etc. The object of this effort is to create trust between the program and the families so they will generate referrals before job performance has been adversely affected.