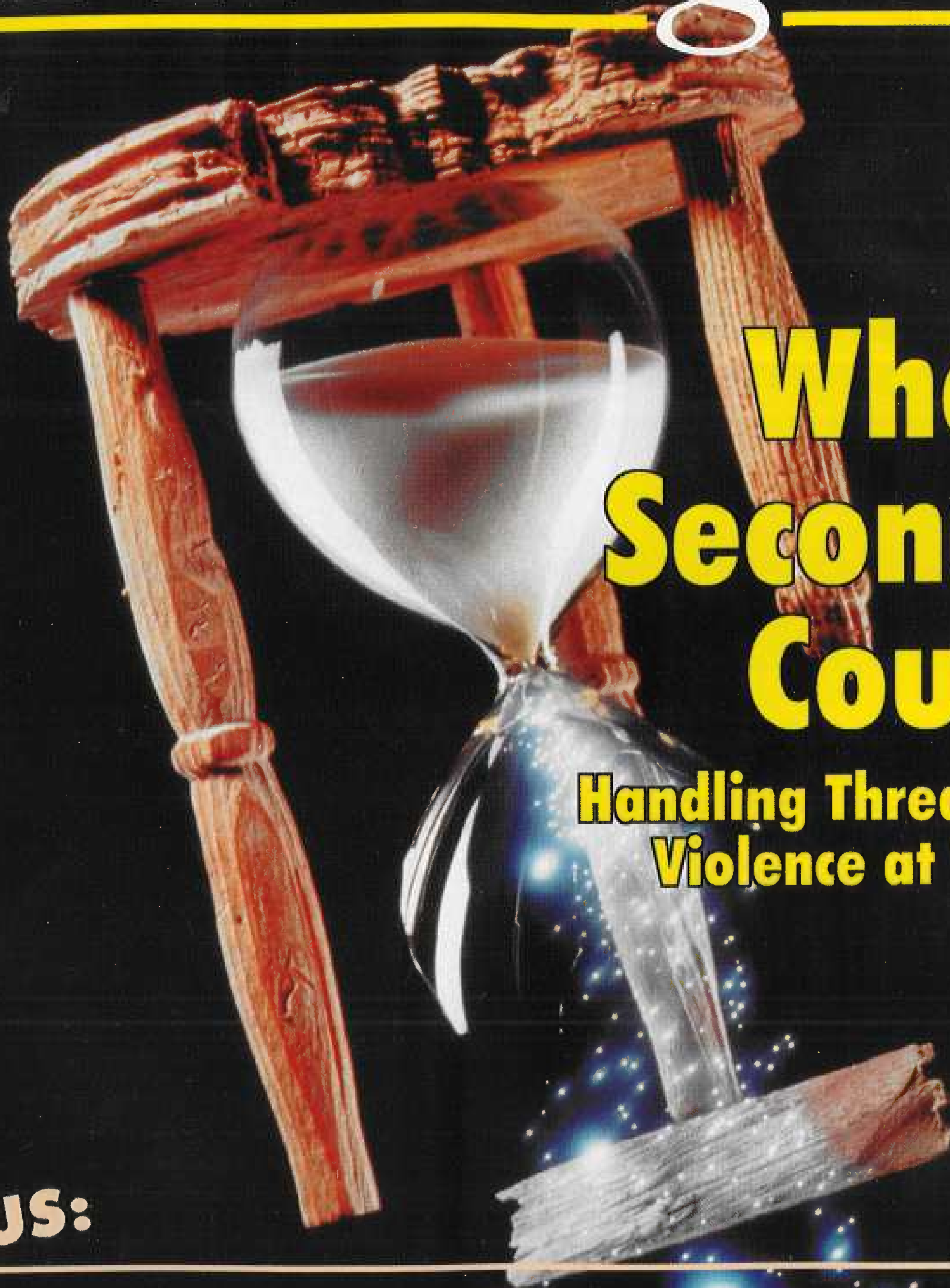
The Voice of Employee Assistance Programs

May/June 1996

EAP Digest™



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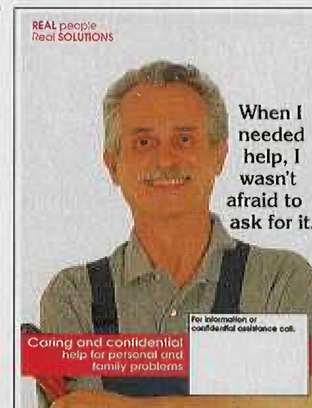

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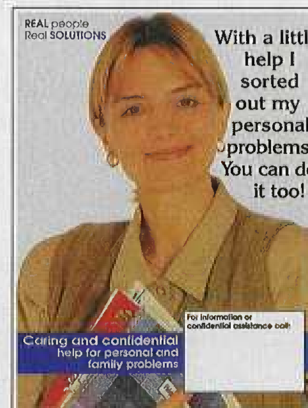

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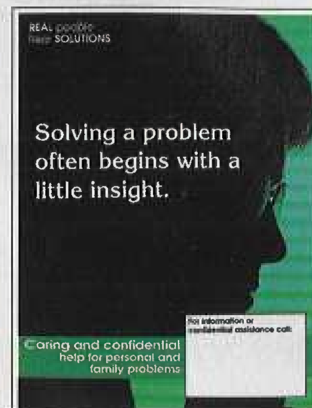

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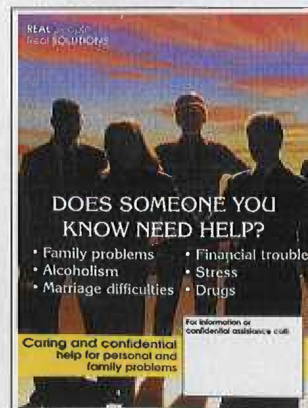

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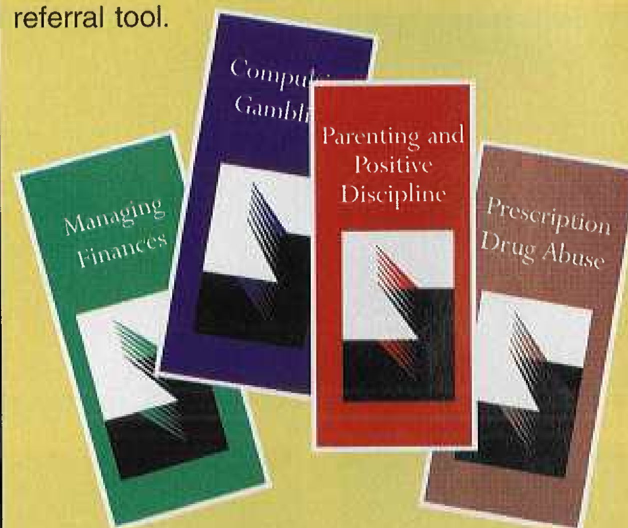

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Reader Service Card #3

The Voice of Employee Assistance Programs

EAP Digest™

Vol. 16 Issue 4 May/June 1996

COVER STORY

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HANDLING THREATS OF VIOLENCE AT WORK

Preparation and practice are key to managing the impact of threats at work.

—Geoffry Luce

PLUS...

12 in *Odds & Ends*
THE CASE OF THE WEAK-KNEED THREAT ASSESSMENT TEAM
It may read well on paper, but fail miserably in practice. Learn the story of the EAP professional who trained and directed a threat assessment team for his facility. Everything went well, until. . . .

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— Jonathan A. Segal, Esq.

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34 From the Front Lines of Alcoholism Research
in *Close-Up*
Why the fifth year of recovery is the most important, naltrexone's benefits at six months, women and elderly alcoholism increasing, and more.

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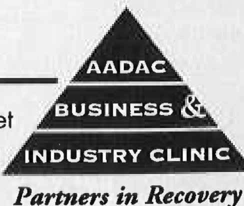

Reader Service Card #5

The Voice of Employee Assistance Programs

EAP Digest

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Student Assistance Programs: Primary Prevention at its Best

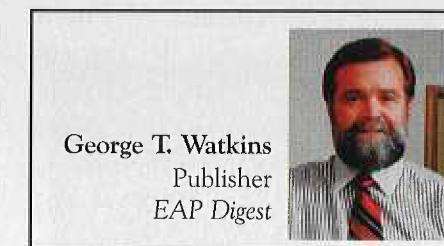
Because the healthier students are today, the more problem-free they'll be when they enter the workforce tomorrow.

Student assistance programs (SAPs) are a proven approach to intervening and preventing alcohol, tobacco and other drug (ATOD) use, violence and other personal problems among school-aged youths. Modeled after EAPs, SAPs focus on behavior and school performance to identify troubled youths. The SAP referral process includes screening for alcohol and other drug involvement and assistance for self-referred youths and families.

SAPs also form partnerships between schools and community organizations and resources. Because most adolescents feel comfortable at school, it's an ideal setting for carrying out ATOD intervention and prevention efforts. But these efforts are not the sole responsibility of schools. The responsibility also rests with community agencies, parents and employers.

Because ATOD use affects a student's entire development, SAPs offer a strategy to reduce use both during and after school. SAPs also give school staff a mechanism to help youth with a wide range of problems that may contribute to ATOD use.

Just as EAPs wrestled with going broad-brush in the '70s, SAPs wrestle with either helping students with all personal and behavioral problems or staying ATOD-only. Most SAPs combine both approaches.



George T. Watkins
Publisher
EAP Digest

Although an SAP's procedures and the personnel responsible for the program vary widely, the following activities are a part of virtually every SAP:

- Early identification of student problems.
- Referrals to designated "helpers."
- In-school services (e.g., peer support groups, individual counseling).
- Education and training to assist school staff in identifying troubled students.
- Referral to outside resources.
- Follow-up.

While training helps teachers and school staff identify students whose problems interfere with their school functioning, they do not specify the nature of the problem or intervene personally. Students are instead referred to appropriate assistance personnel either in the school or community. Critical to program success, of course, is the endorsement of "top management"—school boards, principals and community leaders.

EAP professionals have a wealth of information and experience to share with SAPs. If your school district doesn't already have such a program, consider helping get one off the ground. After all, the healthier students are today, the more problem-free they'll be when they enter the workforce tomorrow.

For more information, contact the National Association of Leadership for Student Assistance Programs (NALSAP), P.O. Box 335, Bedminster, PA 18910, or call 215-795-2119. ■

Publisher
George T. Watkins

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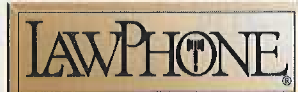

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MARKETPLACE

Pending shareholder approval, two of the nation's largest healthcare companies, **Aetna** and **U.S. Healthcare**, have agreed to merge in a transaction valued at $8.9 billion. With U.S. Healthcare's HMOs across the Northeast and Mid-Atlantic states and Aetna's insurance, managed care and other products, the merger will effectively create the largest managed healthcare company in the U.S., covering more than 10.3 million people.

Norfolk, Va.-based **FHC OPTIONS, Inc.** has received a two-year contract to manage the mental health benefits of more than 350,000 citizens of Puerto Rico. The contract is through Triple-C, Inc., a division of Triple-S, one of Puerto Rico's largest insurers. FHC OPTIONS is the managed care unit of FHC Health Systems, which manages a network of psychiatric inpatient and outpatient facilities on the island. (Cynthia Jay, 804-459-5220)

Following its purchase of Comdata Network, Inc., a leading financial transaction processing company for the transportation and gaming industries, **Ceridian Corp.'s** EAP product, Employee Advisory Resource (EAR), is now available to trucking companies through Comdata's Driver Relations Group. Comdata clients have a choice of EAR services, including a DOT-compliance program, short-term counseling and managed-behavioral-healthcare. (David Wolverton, Comdata, 615-370-7743)

The Los Angeles-based **Managed Health Network** (MHN) has been acquired by **Foundation Health Corp.** for an estimated $45 million. MHN's services will merge with Foundation's behavioral health subsidiary, Foundation Health PsychCare Services, to cover more than 6 million people, making it the sixth leading managed-mental-healthcare firm in the nation. (MHN, 213-299-0999)

Gerald D. Shulman Training and Consulting in Behavioral Health has moved to 5132 Bird Lane, SE, Winter Haven, FL 33884, phone/fax, 941-324-3993.

Citing estimates that more than 6 million grandparents will be the primary caregivers for their grandchildren by the year 2000, **Dependent Care Connections** of Westport, Conn., has rolled out a new service called Grandparents As Parents. The service provides referral and counseling for such issues as public assistance, child care, the court system and schooling. (John B. Place, 203-226-2680)

The California-based **Comprehensive Care Corp.** (CompCare) has signed a letter of intent to acquire the Philadelphia-based managed-behavioral-healthcare provider, **Mustard Seed Corp.** Mustard Seed services cover about 140,000 people. CompCare provides disease-management services for chronic illnesses to managed care firms and public and private entities. (Mustard Seed, 215-233-9800) ■

TRANSITIONS

New Standards, Inc. (NSI) of St. Paul, Minn., has announced several staff changes. **Dr. Norman Hoffmann,** founder of the CATOR chemical dependency outcomes services registry and NSI senior vice president, has left to form his own training and consulting firm. He'll continue to work closely with NSI in that capacity. **Mark E. Maruish, PhD,** will serve as NSI's director of market development. He joins NSI from the Bloomington, Minn.-based Health Outcomes Institute. Also, **Maureen K. Wahl, PhD,** will serve as NSI's director of service development. She served as Family Service America's director of research for six years. NSI provides assessment and treatment outcomes tools for the behavioral healthcare industry.

Linda Hall Whitman has been named president and CEO of Ceridian People Partners, a business venture that includes Ceridian's EAP product-line, Employee Advisory Resource or EAR. Whitman joined Ceridian in 1995 after 15 years at Honeywell. The Minneapolis-based Ceridian is a leading information services company.

Linda Hall Whitman

Richard Surles, PhD, has been promoted to executive vice president, operations for the Park Ridge, N.J.-based Merit Behavioral Care (MBC). Surles is a former mental health commissioner for New York State. Also at MBC, **Robert Norris, MSW, MPA,** has been promoted to senior vice president of the metro New York region, MBC's fastest growing territory in 1995. MBC provides services to more than 15 million people, making it one of the nation's largest managed behavioral healthcare providers.

Robin Reichhoff, MSW, has been promoted to EAP consultant at the Waukesha, WI-based National Employee Assistance Services (NEAS), Inc. Reichhoff had served as an EAP counselor II and account representative for NEAS. NEAS provides EAP services to over 150 employers across North America.

FHC OPTIONS, Inc., of Norfolk, Va., has appointed **Ivan C. A. Walks, MD,** vice president of development. Walks had been medical director for managed care for the County of Los Angeles Department of Mental Health. FHC's public and private behavioral care treatment and managed care services cover more than four million people.

Edward B. Michalik, Jr., has been named vice president of the Fort Washington, Pa.-based Progressions Health Systems, Inc. Michalik had served as mental health program coordinator for Berks County's Mental Health/Mental Retardation Program. Progressions provides a full continuum of mental health and substance abuse services through the Northwestern and Malvern Institutes and two regional provider networks.

The Worcester, Mass.-based The Jernberg Corporation has appointed **Kelly Clark** as EAP specialist. He had been a case manager and EAP counselor with Blue Cross & Blue Shield of Massachusetts. Jernberg specializes in providing EAP services to mid-sized and multiple-site employers. ■

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Reader Service Card #7

EAP Use Rates Too Low

While employee alcohol and other drug abuse and personal problems cost companies more than $200 billion annually, employees appear more likely to seek assistance from physicians or other professionals than from their EAP, according to The Conference Board's recent Work-Family Roundtable study. The Roundtable's study of the nation's leading companies found that while 95% offer addiction counseling, only 20% report that it's their most frequently used service. Most employees present to the EAP with mental health, family or marital concerns. The report states, "Low [EAP] utilization may be an indication that some employees do not want their companies involved in the treatment of certain personal concerns, such as substance abuse and domestic violence." The Conference Board is a private business-research organization. (*Alcoholism & Drug Abuse Weekly*, March 4, 1996)

Survey Shows 20% of Young Adults Binge Drink; AMA To Open Office of Alcohol and Other Substances

An American Medical Association (AMA) survey shows that 20% of 18 to 30 year olds binge-drink (defined as 5 or more drinks by males and 4 or more drinks by females in a single session). Nearly 31% of males say they binge and 9% report that they binge every time they drink. Among women, 16% report binging and 4% report binging every time they drink. The survey follows news that the AMA has hired Richard Yoast, PhD, to direct a new AMA Office of Alcohol and Other Substances. The association is also developing a long-term public health education program to combat underage alcohol use. (AMA, 312-464-4430)

Management Association to Hold Briefing on Reception-Area Violence

On Tuesday, May 21, the American Management Association (AMA) will hold a three-hour briefing on the most open, accessible and vulnerable part of the workplace, the reception area. Speakers will include Michael R. Mantell, PhD, author of "Ticking Bombs: Defusing Violence in the Workplace"; Terry Clark, former Marine Corps facility security officer; and Kathy White, a recognized conflict-resolution trainer. The briefing will be held live via satellite at selected United Artists theaters in Bethesda (Md.), Boston, Dallas, Detroit, New York and Orlando. The audience will participate in the training via interactive keypads. For information on sites, seating availability and tuition, call the AMA at 800-821-3919.

EAP Growth in Canada May be Linked to Tax Law

As mentioned in previous issues of *EAP Digest*, the Canadian EAP scene is growing by leaps and bounds. To illustrate, attendance at three Canadian EAP conferences held in recent months—including Western Canada's Awareness, the biannual INPUT and May's EASNA Institute—approached two-thirds the attendance at North America's largest such gathering, the EAPA Annual Conference. And this from a country with roughly one-tenth the population of the U.S. Now comes word that the popularity of EAPs may be linked to Canada's tax law. According to the book, *Employee Benefits in Canada*, employer-sponsored mental and physical health counseling services are tax-free. These services extend to reemployment counseling and retirement counseling (for certain employees), but not financial counseling. For information on the book, contact the International Foundation of Employee Benefit Plans at 414-786-6700. (EASNA's *The Source*, Winter, '96)

Depression Linked with Longer Hospital Stays

Patients suffering from depression upon hospitalization for a general medical condition are more likely to return to the hospital and stay for longer periods, according to a study appearing in the *American Journal of Psychiatry*. Researchers followed 273 med/surg patients at six-month, two-year and four-year intervals. After four years, patients suffering from depression averaged twice as many days rehospitalized than non-depressed patients. (*AJP*, March, 1996)

EAPA Publishes Brochure on Confidentiality

The Employee Assistance Professionals Association (EAPA) has published a brochure, *Confidentiality and Employee Assistance Programs: What Every Employee Should Know*, for use in educating workers about their right to confidential services. The brochure was written by EAPA's Internal Program Managers Committee, which consists of internal EAP managers from major U.S. corporations. The brochure will be sold in bulk quantities and can be personalized with your organization's name. Contact Kay Springer at 703-522-6272 for pricing and ordering information.

Telephone Counseling Could Help in Smoking Cessation

The latest technology to help smokers kick the habit may not be a patch or a nasal spray, but a phone. To determine if telephone counseling can help smokers quit, researchers at the University of California at San Diego divided 3,000 smokers into three groups. One group received a self-help kit. Another received a kit and a call from a counselor before attempting to quit. The third group received a kit, a phone call prior to quitting and up to five supportive calls after quitting. The results: After one year, 26.7% of the group that received up to five calls remained abstinent compared with 19.8% of the single-call group and 14.7% of the kit-only group. While all callers were motivated to quit (subjects had contacted a stop-smoking helpline), researchers say the study shows that some people respond well to telephone counseling because of its convenience, privacy and accessibility. (*Journal of Counseling and Clinical Psychology* 64(1):202-211, 1996)

Blues' Workers' Comp Networks Growing

A report by the Chicago-based BlueCross BlueShield Association shows the number of Blues-sponsored managed workers' comp networks has grown to 31, up from only 12 such plans in 1993. The tremendous growth follows the need to bring tighter cost controls to workers' comp claims, which rose at twice the rate of inflation from 1970 to 1990. Workers' comp costs accounted for 11% of employee health benefits in 1993, and while the rate of healthcare inflation slowed in 1994, workers' comp costs rose an average of 15% that year. A Blues survey of 135 HMOs showed that 74% plan to offer a managed workers' comp network in 1996, up from 51% in 1995.

Pharmaceutical Council Joins Physician-Education Effort

The Federal Government and the National Pharmaceutical Council (NPC) have teamed up to distribute alcohol and other drug abuse prevention materials to the nation's physicians. Some 17,000 pharmaceutical sales reps employed by 15 NPC-member companies will distribute materials developed by federal agencies or another prevention-focused group, Physicians for Prevention (PFP). PFP will also train sales reps and develop telephone and Internet educational support for physicians. The partnership was announced at the President's Leadership Conference on Youth, Drug Use and Violence held in March. For information: Pat Adams, NPC, 703-620-6390; PFP, 904-398-3553.

Panic Disorders Are a Serious Societal Health Problem

According to a survey of panic disorder patients in California, only patients with major depression are worse off psychologically than those with panic disorders. The survey appeared in the *American Journal of Psychiatry* (*AJP*). Panic disorder patients were asked to rate themselves on various quality-of-life measures. While their levels of physical functioning and current health were similar to the general population, their mental health and role limitations due to emotional problems were much worse than patients with other medical conditions, including hypertension, arthritis, chronic lung problems and diabetes. Researchers say the study reinforces the fact that panic disorders "are a serious societal health problem." In another *AJP* article, patients with panic disorder accompanied by agoraphobia were found to be more likely to have a deteriorated vestibular system, the balance mechanism located in the inner ear. The research may answer why panic disorder sufferers experience lightheadedness and dizziness. It may also lead to new treatments focusing on correcting vestibular imbalances. (*AJP*, February and April, 1996) ■

ODDS & ENDS

THE STORY OF THE WEAK-KNEED THREAT ASSESSMENT TEAM

Most books on the subject of ensuring a safe, violence-free workplace extol the virtues of a threat assessment team. As the name suggests, such teams investigate human or physical threats (e.g., poorly lit parking lots, unlocked entrances) to the safety of workers. Team members may include upper managers, consultants and EAP and HR reps.

But the idea of using workers to investigate other workers may have serious drawbacks.

Take the example of the weak-kneed threat assessment team. This true story was passed along to *EAP Digest* by an area EAP manager of a *Fortune 100* company.

Using the workplace violence literature, the EAP manager gathered all the information he could on a threat assessment team—who would serve on it, how they would be trained, when they would meet, what materials they would use and so on. Then he went to the appropriate staff and sought their participation on the team.

The EAP manager reported that the team's first meetings were exciting and filled with a sense of purpose—that team members were doing something of value for themselves and their co-workers. Training took a few months and ate up a good portion of the EAP manager's time—and, of course, budget.

Then came the first call. There had been a threat against a supervisor.

After taking the call, the EAP manager brought the team together and shared all he knew about the incident, including the name of the worker who allegedly made the threat. At the mention of the worker's name, team members fell silent. They knew this employee, and knew that he was volatile and used to making threats as a way of intimidating supervisors.

But instead of beginning an investigation as they had been trained to do, team members jumped ship, resigning their volunteer posts out of fear that they too would be threatened or, worse yet, that the employee would finally make good on his threats and come after them.

The EAP manager has since been conducting threat assessments with the help of an outside consultant. As for the idea of using an internal team to assess threats, he says he's shelved that indefinitely.

7 Ways Workplace Violence Can Come Back to Haunt Employers

Trying to convince an employer to take a preventive stance against workplace violence? No doubt you've talked about the more immediate, human toll of violence. Now consider the ways a violent episode can come back to haunt employers well after an incident. The following are seven common law claims that may be brought against employers as a result of a violent incident at work.

Negligent hiring or retention, if the employer knew or should have known of an applicant's or employee's propensity for violence.

Negligent supervision, if the employer failed to heed increasingly obvious signs of an employee's deteriorating psychological or emotional state.

Breach of implied contract to provide a work environment free from unreasonable risks of harm.

Wrongful death, when an employer's failure to take reasonable steps to respond to a known threat results in tragedy.

Negligent infliction of emotional distress, if an employee suffers significant emotional trauma because an employer failed to respond to a known or reasonably knowable risk.

Constructive discharge by an employee who reasonably feels that the threat of violence (or actual violence) has made the workplace intolerable.

Wrongful discharge in violation of public policy, a charge brought by an employee who constructively terminates claiming that the employer violated its obligation to maintain a safe work environment, or who claims to have been discharged in retaliation for complaining about such a violation.

(Source: Landels Ripley & Diamond, Attorneys LLP, San Francisco, 415-512-8700)

"It's my gambling. I need help."

Most callers to provincial gambling helpline are gamblers rather than friends or family.

Depression. Heavy debt. Problems with the spouse or family. A profile of callers to a Canadian gambling helpline shows compulsive gambling carries with it the same human tragedies as any other addiction.

Most of the 1,100 callers to a helpline run by the Addictions Foundation of Manitoba based in Winnipeg said gambling led them to feel depressed (experienced by 90.8 percent of callers), go into debt (82.4 percent), caused problems with their spouse or family (80.3 percent) and rendered them unable to pay bills (78 percent).

Of special interest to EAPs, more than 70 percent were employed either full- or part-time, and 25 percent reported missing work or school due to gambling (as for school-related responses, 2.7 percent of callers identified themselves as students).

But there may be faint hope in terms of intervening with compulsive gamblers: Almost 3 in 4 callers (72.7 percent) were gamblers themselves.

The report covers calls placed to the helpline over one year beginning April 1, 1994. For more information on the report or the Addictions Foundation of Manitoba's services, call 204-944-6205.

From the Addictions Foundation of Manitoba's gambling helpline report:

- 39.4 percent of callers gambled every day, the largest proportion of callers.
- 56.4 percent of gamblers spent between $100 and $999 per gambling event; 3.3 percent spent more than $1,000 per event.
- Most gamblers (67.5 percent) preferred slot machines or video lottery terminals. Smaller percentages preferred bingo (4.8 percent), cards (4.5 percent) or provincial lotteries (3.8 percent).

PREVENTING VIOLENCE AT WORK: EAPs Versus Outplacement Services

Outplacement services rank high among measures employers take to prevent workplace violence. Such services address one of the more common perpetrator profiles—the terminated employee who seeks revenge. But a survey of companies shows outplacement services may not be the violence cure employers think they are.

Sixty-one percent of employers participating in a University of Southern California Center for Crisis Management survey reported offering outplacement services to terminated employees. Yet these employers also experienced more actual or attempted murders compared to employers who didn't offer such services.

As for employers with an EAP, the benefits were clearer. Employers without an EAP rated higher in 5 of 10 violence indicators, including fighting; weapons at work; destruction of company property; murder threats; and actual or attempted murders.

On a down note, few employers said they provided violence-prevention training for either employees or managers. Most such training was offered through the employer's EAP.

Among other survey findings:

- 43 percent of respondents had experienced a violent incident at work in the three years prior to the survey.
- Employers with higher rates of violence scored higher in their EAP usage, employee absences and medical leaves and workers' comp claims rates.
- Increased drug use, an increase in major and minor crimes on premises and an increase in graffiti were positively associated with incidents of fraud, bombings and murder threats.

(*Canadian HR Reporter*, Feb. 26, 1996)

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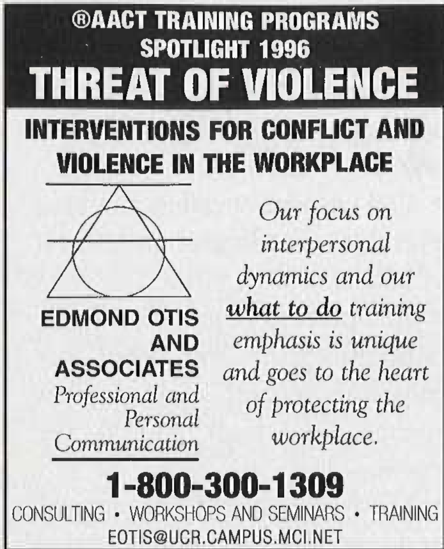

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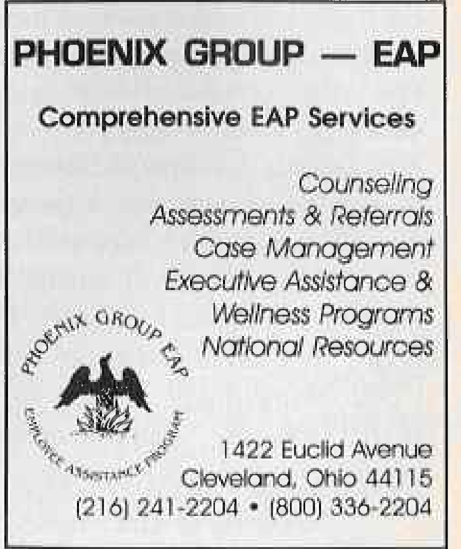

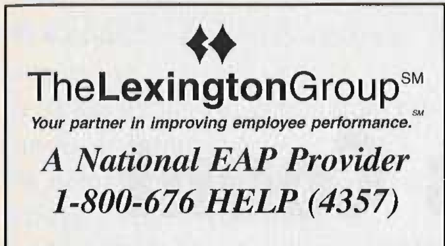

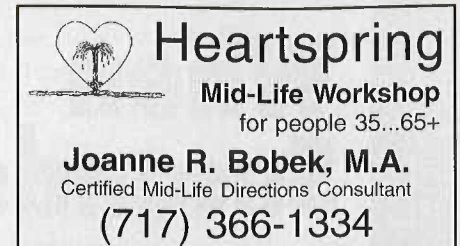

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When Seconds Count

HANDLING THREATS OF VIOLENCE AT WORK

Preparation and practice are key to managing the impact of threats at work.

By Geoffry Luce

Threat cases are as tough as it gets in EAP work.

Although threats are not uncommon, they're not reported as often as they occur. Also, not all threatened employees respond the same way. Some succumb to the intimidating nature of a threat, nourishing the perpetrator's sense of control. Finally, no two threats are alike: each carries its own unique set of circumstances, posing unusual challenges for employees, unions, managers and EAP professionals.

Regardless of the nature of a threat and the threatened employee's response, all threatening behavior in the workplace is unacceptable and requires an employer's utmost attention and urgency. As a violence prevention measure, some employers have established threat assessment teams to handle threat screenings and investigations. Others rely on internal or external EAP staff to evaluate threats and make appropriate recommendations to management.

This article presents guidelines for EAP professionals who receive reports of threats of violence from their client companies.

Guidelines for All Reported Threats

Upon receiving a threat report, EAP professionals should follow these guidelines:

- Obtain identifying data.
- Collect data from direct sources when appropriate.
- Separate fact from fiction.
- Remain neutral if possible.
- Ask more questions than you answer.

Assessing Level of Risk

When a threat is reported to an EAP, the first task is to assess for level of danger. If danger appears imminent, advise the caller of what to do. To screen for dangerousness, ask the following:

- Has anyone been physically harmed? If so, how?
- Does anyone appear in imminent danger? If so, how?
- Has anyone been threatened? If so, what was the nature of the threat?
- Are weapons involved? Were they alluded to? Is there a weapon on the premises?
- Does anyone appear out of control? If so, in what way?
- Where is the suspected perpetrator at this time?
- Where is the alleged victim at this time?
- Have the police been contacted?
- Have you contacted security (if applicable)?
- Who have you talked to about this incident?

With answers to these questions, you should be able to decide if the level of risk requires a crisis response (see *Crisis Response*, later in this article).

Working with Supervisors

Most supervisors find identifying and intervening with a troubled employee difficult. Without training or prior knowledge of resources, supervisors will likely misinterpret or overlook the early warning signs of a troubled employee (see *Violence Indicators*, page 17).

Knowing what to look for and how to respond can instill confidence in supervisors and motivate them to use early prevention techniques. The following are examples of early warning signs troubled employees exhibit.

Work-related Warning Signs:

- Absenteeism and tardiness.
- Inconsistent productivity and quality.
- Inordinate use of supervisory time.
- Inability to accept criticism.
- Heightened personal or job-related stress.
- Conflict with co-workers or supervisor.
- Excessive and unreasonable grievances or complaints.
- Refusal to use sanctioned methods of conflict resolution.

Early warning signs do not predict violence. They do, however, suggest either a performance or conduct problem. Once an employee exhibits any of these signs, the supervisor should observe, monitor and document the employee's behavior.

When a supervisor reports a threat, the EAP professional should begin the screening process by asking the following:

- Who made the threat?
- Who was threatened?
- What were the precipitating events?
- What was the nature of the threat?
- What was the location, date and time of the incident?
- Were there any incidents prior to this one?
- What specific language (verbatim) was used by the threatener?
- What behaviors did the threatener exhibit?
- What was the emotional tone of the threatener's voice?
- How did the person who was threatened react?
- What former or present relationship existed or exists between the threatener and the person who was threatened?

When a Suspected Perpetrator Reports an Incident

If the threat report is from the suspected perpetrator, your task will be to engage him or her in supportive counseling. The following de-escalation techniques will help establish such a relationship:

- Show concern.
- Concentrate on the caller's needs.
- Refer to the caller by his or her first name.
- Use reflective responding statements.
- Ask clarifying questions.
- Take notes.
- Speak calmly.
- Acknowledge his or her situation.
- Find ways to identify with the caller.
- Encourage the caller to vent.
- Maintain a positive attitude.

If you succeed in developing a rapport, you may need to limit your role to that of ally for the suspected perpetrator (see *Threat Investigations: What Role Should an EAP Professional Take?*, page 19). Tell the suspected perpetrator you'd like to see him or her in person. Establishing a support system for the suspected perpetrator is essential to a successful intervention. If you can fulfill that role, the chance for a violence-free outcome greatly improves.

When an Alleged Victim Reports a Threat

If the initial call comes from an alleged victim, your task will likely involve debriefing, advising and gathering information for assessing level of risk. The following questions

Violence Indicators

Employees who commit acts of workplace violence usually leave a trail of indicators before the act. Similarly, disgruntled, former employees who commit such acts usually leave signs of their intent before and after separation. All threatening type behavior should be taken seriously.

In addition to the work-related early warning signs (see page 16), the following threatening type behaviors provide employers an additional opportunity to intervene and prevent disruptive, abusive or violent acts. Any of the following behaviors should be immediately reported through the organization's designated reporting mechanism:

- Verbal threats (veiled or direct).
- Stalking.
- Sabotage of equipment or workplace processes.
- Preoccupation with weapons.
- Carrying a concealed weapon.
- Sending notes of violent intent.
- Repeating stories of violent incidents.
- Physically impeding movement of others.

All threatening behavior should be brought to the attention of a trained clinician. If violence appears imminent, safety is a priority; carry out security measures immediately. If danger does not appear imminent, further investigation will be likely. All information gathered from employees/witnesses should be kept confidential when possible. When an employee makes a report directly to a manager, the manager should immediately gather as much information as possible and pass it along to the threat assessment screener. Managers should not attempt to screen the information on their own. ■

—*Geoffry Luce*

may help during the debriefing:

- Can you describe the perpetrator's behavior at the time of the incident? Now?
- How did you respond then? Now?
- Have you noticed anything different about your normal routines and habits since the incident (e.g., sleeping, eating, concentration, mood, work habits)?
- What supports do you have at work? Outside work?
- Who else have you told about this?
- Do you have a plan for the next day or two?

If the caller suggests danger is imminent, gather information to assess level of risk. If danger is not imminent, the last question can lead you into the advice phase of your telephone counseling session. Helping the alleged victim identify a support system and making a short-range plan, including EAP services, is crucial to establishing self-protective measures.

If you establish trust with the alleged victim, encourage him or her to follow-up with a face-to-face visit. If such a visit is arranged, it is unlikely you would also see the suspected perpetrator; due to the fragile nature of the circumstances, it could be a mistake for one therapist to see both parties either separately or conjointly. Anything that might compromise the therapeutic relationship with either the suspected perpetrator or the alleged victim may be counterproductive.

Crisis Response

In a crisis, the EAP professional will likely assume the role of crisis counselor. In this capacity, your task will be twofold:

- To identify and carry out crisis response options, and
- To assemble a threat assessment team for ongoing monitoring and investigative work.

During a crisis response, responsible leadership and effective communication are essential. Critical first steps involve identifying who is in charge and deciding how decisions will be communicated both internally and externally. The following guidelines may help:

- Notify key leadership of the incident.
- Immediately notify in-house security, local law enforcement and appropriate emergency services.
- Set up a command center to receive incoming information and release outgoing instructions.
- Decide who will talk to employees and how.
- Decide what instructions will be given to employees (e.g., stay put or evacuate the building).
- If evacuation is necessary, instruct supervisors how to lead it.
- Notify other companies that occupy your building.
- Assign human resource personnel to notify immediate family members of your employee's situation if it is safe and prudent to do so.
- Assign public relations personnel to handle media inquiries. ■

Geoffry Luce is an independent consultant and EAP counselor for the Department of Health and Human Services' Federal Occupational Health EAP Consortium based in San Francisco. He can be reached at 510-638-1626.

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THREAT INVESTIGATIONS:
What Role Should an EAP Professional Take?

Exactly which role the EAP professional will assume in a threatening situation depends on several variables, including who reported the threat, the nature of the threat and the EAP professional's prior knowledge of either the victim or perpetrator.

What follows are seven such roles that may be used exclusively or in combination with other roles during a given threat case. The role(s) you assume should be a conscious choice based upon your strengths, weaknesses, available resources and your current or prior history with either the perpetrator or victim.

Management consultant—This is a consultative role that implies your allegiance lies exclusively with management. You would most likely have inside information about the company, the suspected perpetrator and the alleged victim. Your objective is to gather information to advise management on how to proceed. In choosing this role, however, you could not participate as clinical evaluator or ally for the suspected perpetrator.

Mediator—In this role, the EAP professional would gather information from all concerned parties and help define the issues. If appropriate, you would initiate problem-solving or conflict resolution techniques to negotiate a positive outcome. In fulfilling this role, you essentially exclude all other roles except perhaps that of crisis counselor.

Ally for suspected perpetrator—Company policy may require suspected perpetrators to attend counseling in leu of disciplinary action. As an ally for the suspected perpetrator, the EAP professional would provide support and guidance exclusively for the suspected perpetrator. Confidentiality and trust are also essential to fulfilling this role. This is a protected position in that any contamination with an outside threat assessment process should be avoided. EAP professionals in this role would not conduct a threat or risk assessment. Neither are they obligated to report any clinical data back to the referral source. Feedback to the referring source (usually management) regarding compliance is appropriate only after receiving the client's written permission.

Ally for the alleged victim—The alleged victim may require a debriefing following his or her contact with the suspected perpetrator. Ongoing support will help this employee build a resource list and support system. It is inadvisable that the EAP professional see both the alleged victim and the suspected perpetrator as part of the assessment process. This role, as with the suspected perpetrator/ally role, should be considered exclusive due to the confidential nature of the information you will be privy to. Involvement in other roles would only compromise your effectiveness.

Clinical evaluator of suspected perpetrator—This role should only be filled by someone with extensive experience with pathological conditions and violent offenders. As such, this role is generally not within the scope of EAP professionals. Besides, having likely participated in the threat assessment process, the EAP professional would not be seen as an unbiased party by the suspected perpetrator. In almost all cases, company decision-makers request an evaluation according to company policy on handling threats. It is unlikely the suspected perpetrator would submit to such an evaluation, whereupon company policy may require dismissal. If the suspected perpetrator chooses to participate, he or she will most likely be reluctant, which would render a clinical assessment of little value to the case. Prior to the evaluation, the evaluator should only be provided with relevant, documented information. The suspected perpetrator should be told why the evaluation is being conducted and what information the evaluator will share with management or the threat assessment team.

Risk assessment evaluator/threat assessment team member—The EAP professional is well positioned to fulfill this role, which usually involves screening, threat reports and advising management if either a crisis response or further investigation is necessary. The EAP professional in this role does not predict if violence will occur, but helps investigate cases, collect data, identify risk factors, inform appropriate parties of findings and formulate risk response options and counter measures as necessary. This role also helps threat assessment team members separate clinical fact from fiction and present these facts to company decision-makers.

Risk prediction specialist—This role is highly specialized and requires extensive experience in conducting threat assessments. The risk prediction specialist collects data from the threat assessment team and analyzes it for predictive value. This role relies heavily on statistical data from previous threat assessment cases, which are compared with the current case. Without data from previous cases, predictive ventures are a virtual guessing game—predicting outcome is not the same as identifying risk factors and risk response options. ■

—Geoffry Luce

Identifying the Risk of Workplace Violence

Having trouble convincing an employer of the need to address workplace violence head-on? Then consider this survey from the Occupational Safety and Health Administration's (OSHA's) just-published Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers. *Any statement marked "true" indicates a potential for serious security hazard. And, as the* Guidelines' *introduction notes: "Employers can be cited for violating the [Occupational Safety and health Act of 1970] General Duty Clause if there is a recognized hazard of workplace violence in their establishments and they do nothing to prevent or abate it." Copies can be obtained free by writing OSHA Publications Office, PO Box 37535, Washington, DC 20013-7535 or by faxing a request to 202-219-9266.*

WORKPLACE VIOLENCE CHECKLIST

- **T F** This industry frequently confronts violent behavior and assaults of staff.
- **T F** Violence occurs regularly where this facility is located.
- **T F** Violence has occurred on the premises or in conducting business.
- **T F** Customers, clients or co-workers assault, threaten, yell, push or verbally abuse employees or use racial or sexual remarks.
- **T F** Employees are **NOT** required to report incidents or threats of violence, regardless of injury or severity.
- **T F** Employees have **NOT** been trained to recognize and handle threatening, aggressive or violent behavior.
- **T F** Violence is accepted as "part of the job" by some managers, supervisors or employees.
- **T F** Access and freedom of movement within the workplace are **NOT** restricted to those persons who have a legitimate reason for being there.
- **T F** The workplace security system is inadequate—i.e., door locks malfunction, windows are not secure and there are no physical barriers or containment systems.
- **T F** Employees or staff members have been assaulted, threatened or verbally abused by clients and patients.
- **T F** Medical and counseling services have **NOT** been offered to employees who have been assaulted.
- **T F** Alarm systems such as panic alarm buttons, silent alarms or personal electronic alarm systems are **NOT** being used for prompt security assistance.
- **T F** There is no regular training provided on the correct response to an alarm sounding.
- **T F** Alarm systems are **NOT** tested on a monthly basis to assure correct function.
- **T F** Security guards are **NOT** employed at the workplace.
- **T F** Closed circuit cameras and mirrors are **NOT** used to monitor dangerous areas.
- **T F** Metal detectors are **NOT** available or **NOT** used in the facility.
- **T F** Employees have **NOT** been trained to recognize and control hostile and escalating aggressive behaviors and to manage assaultive behavior.
- **T F** Employees **CANNOT** adjust work schedules to use the "Buddy system" for visits to clients in areas where they feel threatened.
- **T F** Cellular phones or other communication devices are **NOT** made available to field staff to enable them to request aid.
- **T F** Vehicles are **NOT** maintained on a regular basis to ensure reliability and safety.
- **T F** Employees work where assistance is **NOT** quickly available.

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DALE A. MASI

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William Mermis, PhD

Close to Closure

AN INTERNAL EAP MANAGER RECALLS HIS STEPS FOR ENHANCING PROGRAM SURVIVAL.

By Brent Chartier

William Mermis, PhD, calls it his "near-death life experience."

He remembers it all began on a Friday. He had been up early that morning at the home of an employee who had threatened suicide the night before. At 9 a.m., he rolled back home to freshen up before cranking out a few last hours of work before a welcome weekend.

But when he arrived at his office later that morning, a phone message led him to believe it would be no ordinary weekend. The message was from his boss, the director of human resources for Arizona State University (ASU) located in Tempe. "Call immediately," it read. "There's an organizational crisis."

Three hours later, Mermis finally got in to see her. His concern in the hours before had given way to patience. Yet the director's words gave way to another feeling. They were cutting his position at the university, she said, "they" being the ASU finance team charged with trimming the university's budget, a first in the university's 111-year history. The implications were personal, yes, Mermis would be out of a job. In doing away with him, however, the university was also doing away with its EAP, which Mermis had founded and nurtured for seven years.

News like this challenges even the most seasoned EAP professional. The number of internal EAPs began to decline when external providers first gained prominence in the mid- to late-'80s, then as fiscal conservatism and realigned corporate structures placed many internal programs on the chopping block beginning the early part of this decade. While the entire behavioral healthcare industry is sizing down, count the staff and managers of internal EAPs among the most threatened species.

Mermis's situation was little different, only no EAP person or external provider would replace him. His office door would close and close forever. EAP literature throughout the university would be tossed. The university's 8,000 faculty and staff would no longer have access to one of the crowning achievements of human resource management in the 20th century, the EAP.

This story ends well after all—Mermis kept his position, and the university its EAP. The exact steps he took will be detailed later.

While he says he didn't design the ASU EAP to prevent its closing, he's convinced its very design is what kept it open—that it met the unique needs of ASU faculty and staff and had successfully integrated within the ASU system.

He also empathizes with EAP professionals whose programs may be on the cutting board. So much so, he shared his keys for success with *EAP Digest* in the hopes that readers may take steps now to ensure their survival within the companies they serve. His recommendations follow.

Stick to the core. EAP core technology must be "customized, interpreted and applied," says Mermis, to each organization based upon its needs. "You must think not only about the program and its services, you've got to think about the organization and the industry in which the organization exists."

As basic as this may seem, he knows of some EAP professionals who haven't learned its value. They're the same ones who more than likely mistake the organizational chart for the organizational culture. As he puts it, "The organizational *culture* is *behind* the chart."

Keep it confidential, but don't let what you know immobilize you. Face it, the confidential nature of EAP work is both its boon and bane. "An EAP is in a unique situation to know a lot about the functioning of an organization," he says. Unfortunately, some EAP professionals hide under a cloak of confidentiality, intimidated by what they know, even though that information can serve the best interests of both clients and the organization.

Says Mermis, "There are EAP professionals that operate in a mysterious, secretive way because they don't want to jeopardize confidentiality. But there are ways to repackage EAP data and feed it back into organizational processes with the intent of improving the health of an organization."

Mermis is not, repeat, not advocating that confidential information be shared recklessly—that would be the equivalent of professional and program suicide. Instead, he's saying this information can be translated, repackaged and infused (his terms) to promote organizational health. As an example, several client reports of an insensitive or dysfunctional management team should inspire the EAP to consult with Training and Development about new training initiatives. Or conflicts resulting from a departmental consolidation should lead the EAP to suggest team building exercises or a slower, more incremental consolidation.

Get to know the organization's "significant others," and be sure they know you. At its most basic level, an organization is a process for getting something done. This is true whether the organization sells clothes, makes widgets or dispenses education. But some of the players in that process carry more influence than others. Furthermore, their role within the organization can benefit the EAP either directly or indirectly. Mermis calls these types an EAP's "significant others," and a relationship with each adds value to the EAP, especially in a pinch.

Some significant others are obvious: the folks in HR, the ombudsperson, legal counsel, the president, vice presidents and other senior managers. Others he calls the "many-hatted ones"—the department manager who heads the sexual harassment committee or the union steward who sits on the work/life committee. Says Mermis, "These individuals can serve as partners in casefinding and in delivering broadbrush, integrated services, and, in some cases, organizational development."

Keep your numbers handy. No discussion of EAP survival would be complete without a discussion of evaluation, and in evaluation, numbers and perceptions are everything.

Fortunately for Mermis, the numbers were good. An ASU EAP Advisory Committee survey of ASU administrators showed that 98% were aware of the EAP; 87% knew of someone who had used it; and 78% were satisfied with the EAP service. What's more, the 1993 survey found that 95% supported the program and 83% believed it a priority service.

He stresses tracking other data—units of service, including crisis intervention, consultation, direct client services, organizational development services and supervisory trainings.

As for perceptions, "When the economic crisis hit ASU, morale was something management was con-

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cerned about. The EAP was interpreted as a service that contributed positively to morale. It wasn't hard data, but it was testimony to the organization's beliefs."

Create proximity. Availability is something more than a toll-free line and a welcome mat outside the office door. It's an always proactive, always nurturing stance an EAP professional should take with his or her organization and its people.

Mermis gives the example of the manager who complained of stress during a meeting he attended. When Mermis got back to his office, he sent the manager some materials on stress management. Then there was the airplane crash in which five ASU staff perished. Instead of waiting for the families or co-workers to call, he called them. That kind of service delivery endears an EAP to its constituents, which can help when the going gets tough.

Get an advisory committee, and keep it doing just that. The ASU EAP Advisory Committee served an important role in Mermis's work. Committee members, which included university faculty and staff (of the "many-hatted" type) and representatives from treatment providers and other EAPs, helped Mermis market the program and develop its policies, procedures and services. Community members brought credibility to the program and the organization while internal representatives increased the EAP's connectedness with the many university departments and committees.

How did all this help Mermis after he was told his position and the university's EAP were being eliminated?

That weekend, Mermis drafted a memo detailing the university's decision. The memo was mailed or sent electronically to a short-list of 100 supporters, constituents and former EAP clients—100 people both within and outside the ASU community who believed in Mermis and the EAP and were in positions to advocate on its behalf. (As a seventh key to success, have you made a list with the names and addresses of key program supporters? It might help to start one.)

The memo went out the Monday following the announced closure. Soon after, university departments and committees met, discussed the implications of the EAP's closure and passed their feelings along to administration. Their response astounded even Mermis. "They knew what the EAP was and what it did and they responded because they valued it."

In just 10 days—count 'em, 10—university administration reversed its decision to do away with the program.

While he no longer directs ASU's EAP (he stepped down last August to take a faculty position at ASU's College of Liberal Arts and Sciences whose dean led the response to retain the EAP), his experience serves a valuable lesson for EAP professionals regardless of the organization or industry they serve.

And that lesson? Just being isn't enough. You've got to be prepared. ■

Now in its 11th year, the ASU EAP is under the direction of Dr. Jay Rathbun, formerly with the EAP for faculty and staff of the University of Michigan in Ann Arbor. The program is currently being expanded to include health promotion and wellness.

Chartier is the magazine's editor.

MEDIA UPDATE

BOOKS

***On Track: Guidelines to Creating an Employee Assistance Program*, by the Addiction Research Foundation (ARF), Toronto, Ont., Canada. Spiral-bound, 64 pp., $19.95 (Can.) Contact: ARF, Marketing Dept., 33 Russell St., Toronto, Ont., Canada M5S 2S1; 800-661-1111.** Outlines 13 steps to set up and maintain an EAP with sample forms, questionnaires, policy statements and checklists.

***Managing Health Promotion Programs: Student Workbook and Case Studies*, by Timothy Glaros and Bradley Wilson. Human Kinetics, 114 pp., $12. Contact: Human Kinetics, 1607 N. Market St., PO Box 5067, Champaign, IL 61825-5076; 217-351-5076.** Helps readers apply principles from J. Ware's textbook, *Managing Health Promotion Programs* (264 pp., $47, same publisher). Includes 18 case studies, worksheets, planning and budgeting guides.

***Managed Care Answer Book*, by S.T. Dacso, JD, and C.C. Dacso, MD. Panel Publishers, 1996 (updated). Hardcover, $118, 350 pp. Contact: Panel Publishers, 36 W. 44th St., New York, NY 10036; 800-638-8437.** The most current information on legal and regulatory issues, managed care practices, strategies for contracting and negotiating, future trends, and more.

***In Shape Health Promotion Kit*, by Courier Communications. 125 pp. $289: Contact: Courier Communications, 1260 Winchester Park, Ste. 122, Smyrna, GA 30080-6546; 800-222-1849.** 125 reproducible pages for company newsletters, promos, etc. Topic areas covered: Exercising for Health; Eating for Health; Living for Health.

VIDEOS

***Between You and Me: Solving Conflict*, by American Media Inc. (AMI). 23 min. Cost: $695; five-day rental, $165; preview, $40. Contact: AMI, 4900 University Ave., West Des Moines, IA 50266-6769; 800-262-2557.** Teaches employees how to resolve conflict by taking responsibility; uncovering both sides of the story; allowing ventilation of emotions; listening without judging or arguing; and committing to a solution.

***How To Be A Better Trainer*, CareerTrack. Three-volume video set with workbook; 3 hrs., 18 min.; $249.95. Contact: CareerTrack, 3085 Center Green Dr., PO Box 18778, Boulder, CO 80308-1778; 800-334-1018.** Covers training design and delivery; best uses of materials; what makes for a good instructor; how to avoid the 10 training pitfalls, and more.

***Managing Employee Hostility, Responding to Violence at Work,* and *Defusing the Explosive Customer*, National Crisis Prevention Institute (CPI). Three videos each with reference and training guide; 1 hr., 50 min. total length; $495 for one, $795 for two, $995 for all three. Contact: CPI, 3315-K N. 124th St., Brookfield, WI 53005; 800-558-8976.** Developed by one of the leading trainers in the workplace violence prevention field.

***Compulsive Gambling: The Invisible Disease*, by Baxley Media Group. 20 min. $250 or $100 for five-day rental. Contact: Baxley Media Group, 110 W. Main St., Urbana, IL 61801-2700; 217-384-4838.** Includes interviews with three experts on compulsive gambling—Sheila Brume with South Oaks Hospital; Donald Thomas with St. Vincent's Hospital's Gambling Treatment Center; and Jean Falzone, with Problem Gambling.

PAMPHLETS

***Cost-Effectiveness and Preventive Implications of Employee Assistance Programs*, by Terry Blum and Paul Roman. U.S. Department of Health and Human Services, 1996. 42 pp., free. Contact: 1-800-WORKPLACE.** Provides an overview of EAP cost-effectiveness studies and findings on early intervention and prevention, among other items. Developed with support from the Center for Substance Abuse Prevention's Workplace Community Prevention Branch.

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