

EAP ASSOCIATION

Exchange

The Magazine of the Employee Assistance Professionals Association

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02

EAPs and the Internet

- Adopting Ethical Guidelines
- Setting Corporate Policies
- Improving Clients' Health Care
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About the Cover

With a computer, a telephone, and an Internet service provider, employees can access their EAPs—and much else—from the privacy of their offices or homes. For a look at the virtual opportunities and challenges facing EAPs, turn to page 20.

A Vested Interest in the Internet

by John Maynard, Ph.D., CEAP

At the dawn of the 20th century, the world was witnessing the early stages of a transformation that would dramatically alter the physical landscape of cities and countries, spur unprecedented economic growth, and, perhaps most importantly, grant ordinary people access to places, products, and services that previously had been accessible only at great cost and difficulty or not at all: the transportation revolution.

A hundred years later, the world once again is witnessing a radical transformation, one that may soon eclipse—if it hasn't already—the transportation revolution. The first step in this new revolution was the introduction of the computer, which was developed initially to calculate ballistics tables and artillery trajectories for the Allied forces during World War II. Today, the computer is reinventing entire companies and industries, making employees and their employers more productive, and providing everyone from business executives to elementary school students with the means to create, store, and use more information and ideas than ever before.

The second step in this new revolution—the rise of the Internet—eventually may have an even wider-ranging impact on our world than the introduction of the computer. By providing access to products, services, and, most importantly, information—all at the click of a mouse or the stroke of a key—the Internet is fundamentally altering the relationship between people and the employers for whom they work, the medical personnel from whom they receive health care, the financial systems in which they invest their money, and

the myriad other firms, organizations, and agencies with which they conduct their business and personal affairs.

As a key link between employers and workers, employee assistance professionals have a vested interest in using the Internet to ensure that each worker is able to perform to his or her full potential. We also must help fashion corporate policies that recognize the role of EAPs in assisting employees who use the Internet for purposes unrelated to their work or in a manner that is detrimental to the interests of co-workers.

But because we also are a point of entry for workers entering the health care system, employee assistance professionals bear a special obligation to protect the privacy and confidentiality of clients. We also have a responsibility to provide good information and links to other respected Internet sites so we can become a trusted partner in the effort to ensure that employees receive the information and health care they need.

Many of us in the EA field have watched the Internet revolution with interest but, because our backgrounds may be in the social sciences instead of technology, have held back from fully embracing and understanding its implications for us and our clients. But continuing to conduct business as we always have is no more an option today than avoiding the transportation revolution was an option a century ago.

Communications technologies like the Internet challenge EAPs to improve the quality and efficiency of the services they provide. I hope this issue of the *Exchange* provides you with ideas and information that will help you meet these challenges. ☺

Exchange

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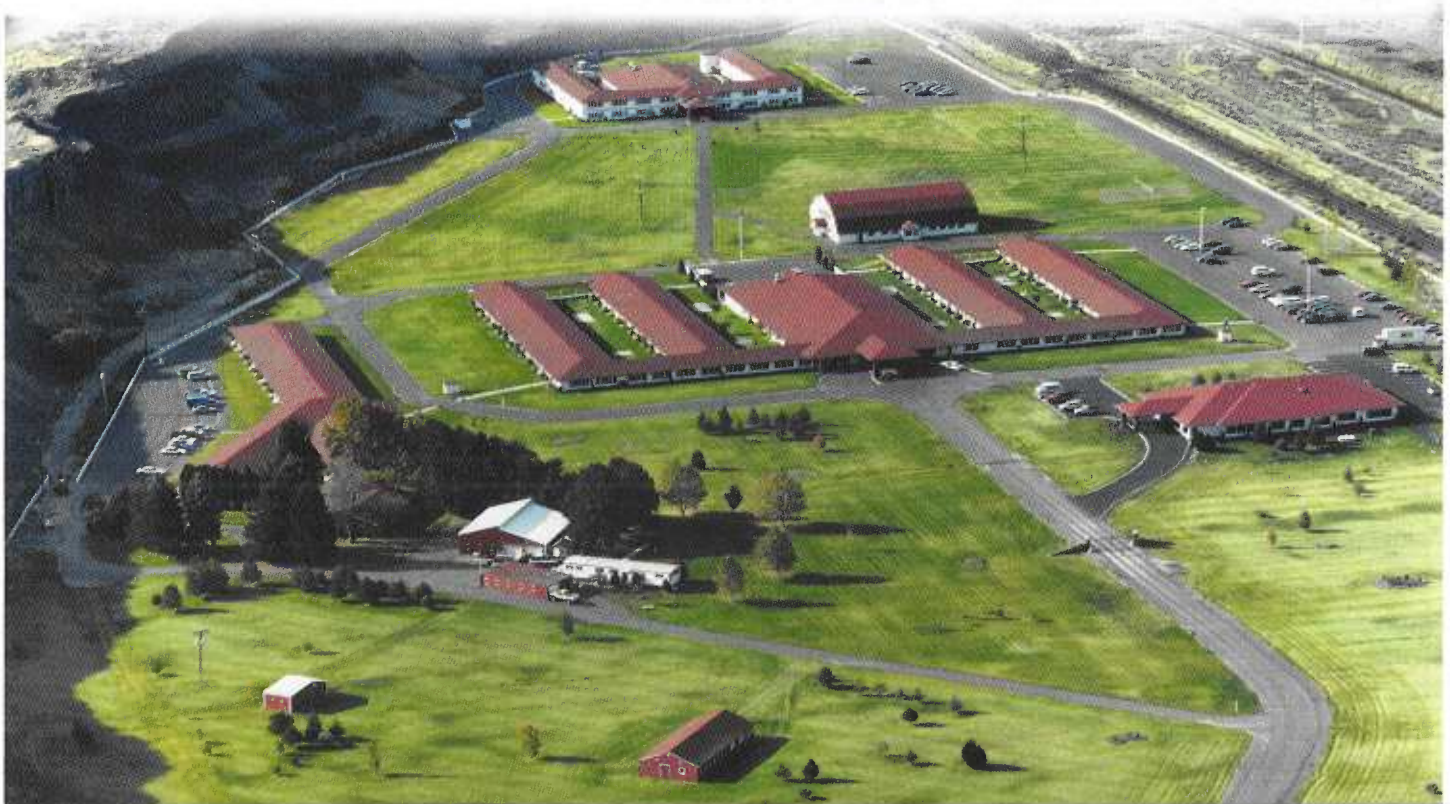


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President's Message

Moving On, Moving Ahead

by Gregory P. DeLapp, CEAP



GREGORY DELAPP, CEAP
EAPA President

In 1994, EAPA was carrying an operating deficit of \$350,000 and was on the verge of financial collapse. Staff morale was poor and getting worse, operational procedures were not standardized (for the most part, they simply did not exist), and we were drifting. The entire Association was in need of an overhaul, and only a combination of board leadership and a fresh infusion of energy and professionalism could help us turn the tide.

That infusion was provided in September 1994 when Sylvia Straub was hired as chief operating officer of EAPA. Sylvia provided the impetus for structural and administrative changes that were alien to our Association but critical to our revitalization.

Today, thanks in large part to her efforts as well as to the diligence of EAPA members, board, and staff, our Association carries an operating surplus, holds more than \$1 million in reserves, and maintains an asset valuation of nearly \$2.3 million. Our financial stability enables us to support conferences and meetings that keep our members abreast of the latest issues and trends, public policy activities that advance our goals on Capitol Hill and in state legislatures, and a communications program that raises awareness of employee assistance in general and EAPA in particular.

Now, as we turn our attention to building on these strengths and moving into a new phase of transformation, we do so with a mixture of excitement and sadness. Having set the stage for EAPA to expand its services to members and further demonstrate the value and utility of employee assistance,

Sylvia has decided to resign from her position, effective May 19, 2000.

Sylvia is a writer, an editor, and a marketer, and she has moved these pursuits to the side while focusing her time and energy on EAPA. She will be returning to them with a vengeance this summer, but I know her thoughts and prayers will be with EAPA and its

The active participation of every EAPA member will be critical to ensuring that we attain new levels of professionalism, respect, and service in the years to come.

members. Sylvia is an association professional who brought a touch of class to our organization. She will be missed.

In keeping with the tone set during Sylvia's tenure, EAPA will continue to move forward in her absence. The search for a replacement is already under way, and a new staff executive will be on board before we gather in New York for the 2000 Annual Conference.

In the meantime, we will move toward hiring additional staff in preparation for implementing a new strategic plan, which has been posted on our Web site for your review and comment. The key goals of the plan

are (1) to help members be more effective in their jobs, (2) to strengthen the employee assistance profession, (3) to amplify EAPA's voice through increased membership and affiliations, and (4) to increase organizational effectiveness. Meeting these goals will necessitate establishing an Education and Training Department and a marketing function within the headquarters office and developing new products, services, and programs that will benefit current EAPA members and persuade other EA professionals to join our Association.

Thanks to our accomplishments of the past six years, EAPA has resources than can and will be invested to help enhance member services and encourage recognition of the value of employee assistance. With careful planning and management, we can and will realize a significant return on such investments. We are well positioned to move forward on professional development efforts to assist EAPA members in their work with employees, families, and organizations to enhance their productivity and their personal lives.

Sylvia's departure is a reflection of the success we have achieved. As she moves on, we are set to move forward. *Since we are a diverse and evolving profession, we will have to make some difficult strategic, structural, membership, directional, and financial decisions along the way.* The active participation of every EAPA member will be critical to ensuring that we attain new levels of professionalism, respect, and service in the years to come.

We have a good base from which to work. It's time to move ahead. ☺

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EAPA Mission Statement

To promote the highest standards of practice and the continuing development of employee assistance professionals and programs.

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CORRECTIONS

The November/December 1999 issue incorrectly stated that Wisconsin Governor Tommy Thompson joined Sandra Cohn of EAPA's South Central Wisconsin Chapter on the dais to receive a Special Recognition Award at the 1999 EAPA Annual Conference. The man standing with Cohn (page 19) is Mike Hert, a counselor with the Employee Resource Center Inc. in Appleton, Wis., and a member of the Wisconsin State Council on Alcohol and Other Drug Abuse.

The January/February 2000 issue misidentified Tony Buon as president of IPS Employee Assistance in Sydney, Australia (page 25). He is company director and national manager of IPS.

From the COO

Long Ago and Far Away...

by Sylvia Straub



SYLVIA STRAUB
Chief Operating Officer

When I joined EAPA in September 1994, members were concerned about the future of the organization. It wasn't just the \$340,000 deficit; attendant morale issues affected members and staff alike. EAPA possessed something extremely valuable, though, that not all organizations in similar circumstances have: People who were determined to turn the situation around. Board members, staff, chapter officers, other members—everyone agreed the deficit had to go.

The cure was not pleasant. Approximately \$500,000 was sliced off a \$2.3 million budget within a 10-month period. Staff who had left were not replaced, and the *Exchange* was cut back from 11 to six issues a year. Working together, board members, staff, chapter officers, and others pitched in and brought the deficit under control. We did the job in 10 months, and ended with a \$101,000 year-end surplus to boot!

This achievement, I have come to learn, was no fluke. When EAPA members and staff decide on a goal, there is little that can stop them.

Once the deficit was conquered, a new goal was embraced: building EAPA's reserve fund to \$1 million by July 1, 1999. Along the way to that goal we restored staff positions and, thanks to hard work by dedicated staff and volunteer leaders and support from the board of directors, acquired voice mail and e-mail systems and new computers, developed a Web site, and installed a new database that's nearing completion. We also filed a brief with the Supreme Court in the *Jaffe v. Redmond* case, established an

exhibit program with generous funding from Eli Lilly and Company, restored and expanded our "Member Resource Directory," increased the number of training courses for members, published the "Employee Assistance Law Desk Book" by Sandra Nye, and redesigned and enhanced the quality of the *Exchange* (in 1997 it won an Apex Award for publication excellence).

It's time to say "goodbye" and "thanks" to so many individuals who have been an important part of my work for the past five-plus years.

And that's not all. We also began to reach out to allied associations, government agencies, and other organizations, conducted the first needs assessment survey of EAPA members, undertook a role delineation relative to the CEAP exam, developed defensible financial reporting processes, increased communication with members and CEAPs through regular newsletters and the Internet, established a Job Bank on our Web site, and, ... and, ... and ...

We Did It!

... and, on July 1, 1999, EAPA's reserve fund reached the \$1 million mark! But we're not resting on our laurels—in fact, we're becoming even more ambitious. Soon the Association will begin implementing a three-year strategic plan that will provide new services to members, demonstrate the value of employee assistance to key constituencies, increase membership, and systematize organizational policies and operations.

It took tremendous discipline on the part of the board, staff, and members to build EAPA's financial resources. Now, the Association will be investing in several new initiatives, and the investment should produce additional resources for yet more new initiatives.

Time to Say Farewell

Just as EAPA is at a major turning point, I, too, am turning in another direction. It's time to say "goodbye" and "thanks" to so many individuals who have been an important part of my work for the past five-plus years.

At the first EAPA Annual Conference I attended, in Boston, I told members that the Association had a magnificent treasure in its staff, and that certainly is still true. Dedication, determination, a strong work ethic, skill, creativity—all these qualities characterize EAPA's staff.

I also deeply appreciate the opportunity to have worked with four dedicated and gifted presidents, Sandra Turner, George Cobbs, Don Magruder, and Greg DeLapp, as well

as the many supportive board members whose generous gifts of time and talent have so enhanced the Association. And I will never forget the many EAPA members from around the globe with whom I have come to feel a kinship.

As I pursue writing, research, and other interests I have put on the back burner for the past few years, I will certainly carry fond memories of EAPA members and staff. For me, an incident involving former Detroit Chapter President and EACC Commissioner Geraldine Hooper helps explain my pride in being associated with EA professionals during these past five-plus years. Geraldine and I were having lunch with our spouses after an EACC meeting, and she mentioned that a client had just called to tell her he had received a promotion and was about to celebrate a year of sobriety. My response was, "Gee, Geraldine, that's wonderful; you must have dozens of stories like that." Her response: "No, Sylvia, hundreds." ☺

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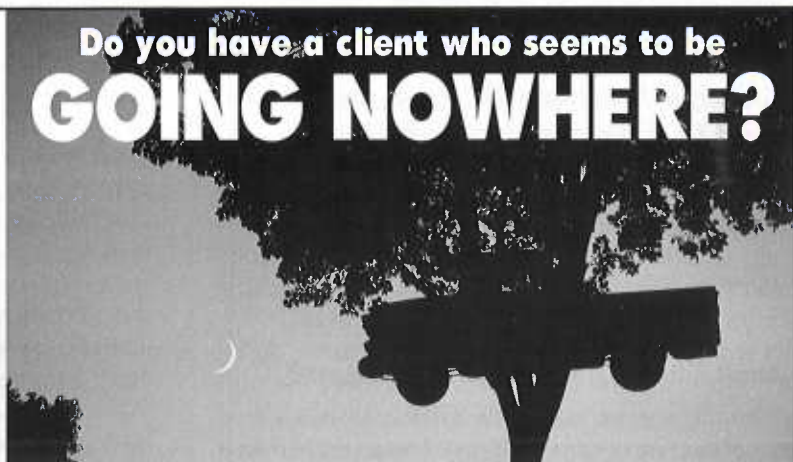
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Hearing Loss on the Job

A Growing Problem

by Marcia B. Dugan

For Ronald Passero, 65, a partner in the law firm of Passero & Meserve in Rochester, N.Y., it came without warning 15 years ago.

"I took a free hearing test at a local hospital and when I was finished I said to the technician, 'Perfect, right?' and he said, 'Not quite.' I was shocked," Passero recalls. "I thought I was hearing everything fine, but he said I was missing a lot of higher range sounds."

Passero is not alone. Reports estimate that as many as 28 million Americans have some type of hearing loss, costing \$56 billion in lost productivity, special education, and medical care every year.

"The problem I have is distinguishing words, like 'Ron' and 'Don,'" Passero explains. "In the courtroom I find myself asking witnesses to repeat what they've said, or I stand very close to the witness stand in order to hear them. With my work, it's imperative that I don't miss anything that's being said."

According to the National Academy on an Aging Society, more than 10 million Americans say they have difficulty hearing normal conversation. Hearing loss affects almost 6 million Americans under age 65 and more than 4 million Americans age 65 and older.

A Sonic Baby Boom?

Statistics on hearing loss historically have shown seniors to be the most vulnerable age group, but research conducted by the National Academy on an Aging Society shows a sharp increase over the last three decades in the number of younger Americans with hearing difficulties. From 1971 to 1990, hearing problems jumped 26 percent among those aged 45 to 64 and 17 percent among 18- to 44-year-olds. The NAAS study of more than 5,000 men and women found an even sharper increase in hearing loss for

those aged 50 and older, with rates of loss increasing more than 150 percent from 1965 to 1994.

The increase in hearing loss has been attributed to environmental noise, which is present today at much higher levels than in the past. Hearing difficulties in adulthood also can be linked to environmental factors as well as a number of other causes, says Dr. Robert Frisina, Sr., director of the International Center on Hearing and Speech Research (ICHSR), based in Rochester, N.Y.

"Each person's genetic programming, or autoimmune problems, and the mechanics of the ear itself can all play a role in hearing loss," explains Frisina, who holds a Ph.D. in audiology and psychology from Northwestern University and was organizing director of the Rochester Institute of Technology's world-renowned National Technical Institute for the Deaf (NTID), where much of his team's research takes place.

Research on hearing loss will assume greater urgency in the coming years as the number of workers with hearing difficulties grows ever larger. And these employees likely will be working beyond age 65, partly because of personal financial needs resulting from shrinking Social Security reserves.

The National Institute on Aging, recognizing that hearing loss will become a growing public health problem as the baby boom generation continues to grow older, recently awarded the ICHSR a second \$5 million, five-year grant to research age-related hearing loss.

"The research done at the International Center for Hearing and Speech Research has shown significant progress during the last few years," says Dr. Judith A. Finklestein, program director for Sensory Motor Disorders of Aging at the National Institute on Aging. "We look forward to the research findings of Dr. Frisina and his team. Their work could lead to helping millions of Americans."

Reading Body Language

Comprising experts from NTID, the University of Rochester, and the State University at Buffalo, the ICHSR has discovered that the cause of age-related hearing loss is strongly linked to not only our ears, but also our brains.

"The biggest complaint from people 50 and older is the inability to discriminate sound amongst background noise," Frisina says. "We've discovered that this is strongly linked to chemical reactions in the brain that change with age."

For age-related hearing loss, the changes occur gradually and usually are noticed by others first. When older people experience a hearing loss, they often can deal only with lower background noises they can still hear, which masks out the higher-pitched speech sounds they can't, Frisina says.

"As we age, higher sounds are lost first," he says. "It is these higher pitched sounds that carry most of the information, which in turn creates the sense of confusion. A common reaction is 'I can hear you, but I can't understand you.'"

Gradually, Frisina explains, we begin to lose the middle and lower ranges as well. "As this happens, it creates an imbalance that the brain tries to compensate for by using other clues like lip-reading, body language, and expressions. We use other resources when we're down in one area."

Hearing aids can certainly help, Frisina says, but some people often become frustrated with them because they make all sounds louder, not necessarily more distinguishable.

"We worked with a fourth-grade teacher in Ohio who was experiencing a hearing loss that was making classroom management difficult," Frisina says. "She contacted the ICHSR to find out how to deal with this problem and continue being productive at her job."

After Frisina evaluated her situation, her classroom was equipped with an amplification system that consisted of microphones hung from the ceiling in her classroom. The microphones transmitted sounds wirelessly and sent them directly to her hearing aids. The microphones enabled her to hear better and keep functioning as a teacher.

Lise Hamlin, a 46-year old who dealt with hearing loss for the first time as an adult, found that group meetings posed the most difficult challenge for her in trying to obtain the information she needed to do her job.

Hamlin, who previously worked as a paralegal in Manhattan, says that meetings in most organizations are not set up for people with hearing loss. They often are held in poorly lit rooms with several people sitting around a large table engaging in rapid-fire dialogue.

"Trying to lip-read in those situations is a little like watching a tennis match in the dark," Hamlin explains. "The kicker is that your salary is tied to your ability to keep score at that tennis match in the dark."

Today, as access and advocacy coordinator and coordinator of the Center for Health Care Access at the League for the Hard of Hearing, Hamlin shares her personal and professional insights with others who have hearing difficulties. Being effective in meetings is just one of many challenges for hard-of-hearing people in the workplace, she says.

"There are telephone issues, access to informal office conversations, environmental noises from copiers and other machinery," Hamlin explains. "Hard-of-hearing people walk the fine line between requesting reasonable accommodations and not wanting to look like a lesser member of the organization's team."

Hamlin advises people to actively pursue the best solution for the situation, such as unobtrusive assistive devices that allow people to hear others clearly in meetings.

For her own needs, Hamlin requests that meetings be held in quiet conference rooms that are well lit and windowless. She asks for the agenda in advance, as well as a copy of the minutes. She also sits near the chairperson so she can use her lip-reading skills if necessary.

A Better Quality of Life

Left untreated, hearing loss can have a profound negative impact on an individual's emotional, physical, and social well

A Guide to Hearing Problems

Common Signs of Hearing Problems:

- Words are difficult to understand
- Another person's speech sounds slurred or mumbled, especially if it gets worse when there is background noise
- Certain sounds are overly annoying or loud
- A hissing or ringing sound can be heard in the background
- TV shows, concerts, and parties are less enjoyable because all sounds blend together
- Trouble following a conversation if two or more people are talking
- Difficulty understanding women and children when they talk
- Complaints from others that you turn the TV volume too loud

If Someone You Know Has a Hearing Problem:

- Face the person and speak clearly
- Stand where there is good lighting and low background noise
- Speak clearly and at a reasonable pace; do not hide your mouth or chew food or gum
- Use facial expressions or gestures to provide useful clues
- Reword your statements if necessary
- Be patient and stay positive and relaxed
- Ask the listener how you may help him/her understand what you are saying
- Arrange meetings so that all speakers can be seen or can use a microphone
- Include the person in all discussions about him/her to prevent feelings of isolation

being. A survey commissioned by the National Council on the Aging found that older people who do not use hearing aids are more likely to report sadness and depression, worry and anxiety, paranoia, less social activity, and greater emotional turmoil and insecurity than those who do. The percentages of those reporting these feelings increased with the severity of their hearing loss.

On the other hand, people who treat their hearing loss often report benefits that include better relationships with their families, better feelings about themselves, improved mental health, and greater independence and security. For those who would benefit from using hearing aids but choose not to use them, the reasons cited range from denial to cost considerations to vanity.

Passero's frustration in the courtroom dissipated when he treated his hearing loss with hearing aids.

"I began using hearing aids just recently, and for the first time in 10 years I could sit at the counsel's table and hear everything that was happening," he said. "I wear them all the time now."

The National Council on the Aging survey, the largest of its kind, systematically included middle-aged and older men and women who have both treated and untreated hearing loss. The study was the first large hearing-loss study to directly measure attitudes and perceptions of other family members. More than 2,000 hearing-impaired people responded, as did more than 2,000 family members.

Because hearing loss affects not only the people who experience it but often their families as well, families should be aware of and alert to the potential consequences of untreated hearing loss as well as the benefits of using hearing aids. Family members who suspect that a relative has a hearing loss should actively encourage the person to seek appropriate screening, diagnosis, and treatment services.

New Advancements, New Hope

Frisina's research team has made significant progress on hearing difficulties in the last several years and is committed to finding a cure to age-related hearing loss.

"We are continuing our aggressive research to determine how we can reconstitute a balance between and among the target chemicals in the brain necessary for normal hearing," he says. "We're working toward a cure that will allow people to lead richer, more fulfilling lives and eliminate the enormous frustrations they're experiencing now."

New technology developed in the last few years can help most people with hearing loss achieve improved hearing. According to the Hearing Industries Association, high-performance digital hearing aids that analyze and respond to specific sounds are the fastest-growing segment of the market, although they accounted for only 9 percent of hearing aid sales in 1999. Digital hearing aids can cost several thousand dollars, compared to a few hundred dollars for standard analog hearing aids.

The future also looks promising for preventing or reversing age-related hearing loss. "We are researching replacement therapies, genetic intervention, and other

ideas," says Frisina. "We anticipate that the miscommunication in the brain could be corrected with medication, which provides hope to many whose lives are affected in this way."

For Americans in the workforce such as Passero, research and technology play a large role in maintaining an active quality of life.

"When I was fitted for my hearing aids, it took some time and patience, but we finally got things to work," Passero says. "It may be no fun getting old, but if you have the right attitude and are willing to try new things, your life can be terrific." ☺

Marcia B. Dugan is immediate past president of Self Help for Hard of Hearing People (SHHH) and the author of "Keys to Living with Hearing Loss," published by Barron's.

EAPA Information Available by Fax

Frequently requested information is available from EAPA by fax. To access the fax-back system, dial (703) 387-1000 and press 2 when you get the main message. To receive a list of all available documents, press 1; to receive a specific document, press 2 followed by any of the numbers listed below.

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EAPs and Behavioral Risk Management

The Future is Now

by Sally H. Harvey, Ph.D., CEAP, and Mary Murck, M.Ed., CEAP

In the past decade, the employee assistance (EA) field has at times considered behavioral risk management (BRM) as a possible modality for the new millennium. As the authors speak to groups and individuals about BRM, we regularly ask them about their understanding and views of the connection(s) between employee assistance and risk management.

Polling of groups of employee assistance program (EAP) providers, both internal and external, and of individuals in many areas of employee assistance reveals that less than a third of the providers see themselves as part of an organization's risk management team. In contrast, at a recent Public Agency Risk Managers Association (PARMA) meeting, almost three-quarters of risk managers acknowledged EAPs as important players in their risk management strategies. Human resources professionals are apt to see EAPs as part of risk management as well.

In light of this discrepancy, we believe a majority of EAPs are missing an opportunity to add value to their organizations and do so in an accountable and objectively measurable way. We believe, because of our work in the behavioral risk management area and in the Behavioral Risk Management Committee of EAPA, that the time to make those connections is now: The door is open for EAPs to position themselves now as BRM leaders and providers. In addition, we feel strongly that the skills, knowledge, and interventions required for successful behavioral risk management are already within the EAP professional repertoire.

In the following article, we will review the definition, model, and methodologies of BRM as developed by the authors and the BRM Committee of EAPA over the past three-plus years.

The Future is Now

With employment practices liability rapidly becoming the major risk cost factor for most organizations, the need for practices and interventions that control and/or reduce the cost of human risk is growing exponentially. Workers' compensation and other liability cost factors increase that risk.

Employee assistance programs traditionally have been in the business of intervening into human behavior in order to return individuals to high levels of productivity. Furthermore, chemical dependency and mental health problems have always been identified as behavioral health risk factors by organizations.

As EAPs have broadened their scope of practice, they have intervened in areas such as conflict resolution, teamwork, and stress management. They have developed strategies to prevent problems or increase awareness in the areas of organizational and individual health and wellness. Most importantly, they have become more and more involved in helping supervisors and managers work successfully with all subordinates, with an emphasis on "troubled employees."

Such activities are, by definition, risk reduction strategies. Thus, for EA professionals to see themselves as risk managers is a relatively simple matter once they "reframe" the EAP activities they have always used. They may also need to learn the language of risk management, integrate themselves more firmly into the organization, and think outside of the traditional EAP box. Becoming behavioral risk managers, however, does not mean giving up the values and practices of an employee assistance professional and totally redefining the EAP's traditional mission and goals.

The Basics of BRM

In order for EAPs to be effective behavioral risk managers, they need to understand the role themselves and be able to teach the concept to their organizations. What follows is a BRM primer meant to familiarize employee assistance practitioners with BRM concepts and practices and provide a basic outline¹ for practitioners who wish to train others in their organization in the practice of BRM.

Definition. The simplest definition of behavioral risk management is "the assessment of and intervention into the individual, interpersonal, and organizational factors that lead to financial and productivity losses to a work organization." Inherent in the definition are the needs to know what the risks are; be aware of risk at the individual, organizational, and interpersonal levels; and be aware of the factors that lead to the behavior.

Model and Methodology. The model for complete behavioral risk management comprises five basic phases (see Figure 1): audit, analysis, strategy/intervention selection, implementation, and evaluation.

The audit involves the process of identifying the risks that exist in the focal environment. It may be conducted at the organizational level and require such tools as employee perception surveys, management information systems, outside audits, and so on. On another level, it may mean that the individual supervisor and manager are aware of and alert to the common human risk factors, signs, and symptoms within their immediate environment. The latter is clearly an area where EAPs can usefully train and consult.

The second step, analysis, implies identifying common behavioral risks and assessing whether they exceed a certain threshold of tolerance. At the organizational level, analysis may involve high-level statistical analysis and benchmarking; at the individual level, analysis may consist of a supervisor's subjective observation of a situation that he or she has flagged as a potential problem.

As an example, an analysis of conflict resolution would entail asking the following questions: How do members of a work group tolerate diversity within that work group? Is there an "in crowd" and an atmosphere of competition within the group that goes beyond productive cooperation? Are there "daredevils" who take risks or are volatile? How

do workers treat new employees or outsiders? Are inappropriate jokes made at the expense of certain employees, or unhealthy behaviors directed at them?

Once the audit and analysis have taken place, it is time to choose intervention strategies. At the simplest level, intervention strategies answer the question, "How are we going to fix the problem?" For example, if the risk factor is absenteeism and you know that most organizations of your type incur average sick time usage rates of 60 percent while your organization's usage rate is 70 percent, what methods will you use to reduce absenteeism?

The intervention strategy will vary depending on the level at which you are working. At the organizational level, the example noted above might involve implementing modified light-duty programs or early-return-to-work programs, providing laptop computers to employees so they can work at home, and so on. At the management level, a supervisor may simply call the EAP to ask for help in assessing the types of problems in the department that may be leading to excess absenteeism usage. Perhaps a group training session is needed or some more investigation needs to be done. Some organizations may want to conduct management assessments or develop specific questionnaires for the work team.

Implementation involves acting on, or putting into place, the strategy or strategies selected. At the organizational level, this will generally mean a commitment of time and resources. Part of the job of the employee assistance professional acting as a behavioral risk manager is to help the organization see the cost benefit or added value of making investments to reduce risk. At the individual level, implementation may merely mean that the individual supervisor or manager takes whatever actions are appropriate to move his or her concern about the behavioral risk to the appropriate site or level—for example, the human resource department or the EAP—for resolution.

As with any other type of intervention or problem solving, the final step is evaluation. Merely conducting an audit and analysis and then intervening without understanding whether you have resolved the basic problem is neither professionally thorough nor fiscally sound. If the intervention is found to have been effective, the next step is to move on to the next identified risk. If the intervention has not been effective, the processes of analysis, intervention, and implementation must be repeated, with an increased focus on developing a more precise definition of the problem.

Types of risk. There are innumerable human activities that can lead to behavioral risk costs for an organization (see examples in Figure 2), and each risk factor leads to risk costs (see Figure 3). As noted previously, employment practices liability is currently the leading risk cost for organizations. These high costs may be the result of violence and aggression, age or gender bias, theft, sabotage or blackmail, group conflict, supervisory practices, or any other activities that can lead to lawsuits, lowered productivity, or other loss of resources.

Figure 1

Model and Methodology

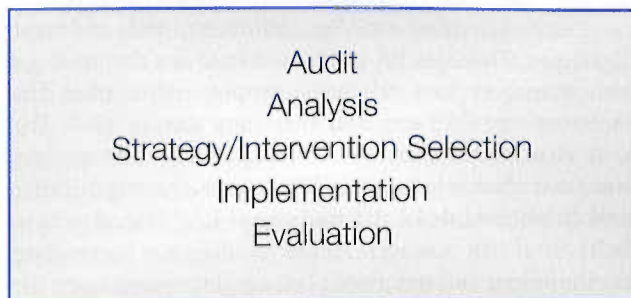


Figure 2
Types of Risks

- Violence/Aggression/Intimidation
- Race and gender bias/Harassment
- Customer and vendor injuries resulting from employee actions
- Excessive turnover
- Theft/Sabotage/Blackmail
- Lifestyle and health risks (e.g., smoking, weight gain)
- Decline in morale
- Interpersonal and group contact
- Employment practices
- Excessive and/or pattern absenteeism
- Negligent and unsafe work practices
- Drug and alcohol abuse
- Emotional and psychological problems
- Excessive work or deadline stress

The other major category of costs is that of integrated disability costs, as illustrated by lifestyle and health risks. The underpinning of the value-added benefits of BRM is that each of these risk areas can be reduced through appropriate organizational intervention, often created or implemented by the EAP professional or the EAP in partnership with other divisions.

In choosing intervention strategies and intervention sites, it is helpful to think about why people act the way they do and what conclusions we can draw about how to change the way they act. The Association of Certified Fraud

Figure 3
Risk Costs

- Employment practices litigation
- Employee grievances
- Employee turnover
- Missed workdays
- Sabotage
- Theft
- Work slowdown
- Negligent and unsafe work practices

Examiners uses the “MOI” model—motive, opportunity, and integrity—to look at certain types of risks (see Figure 4).

Motive, of course, is the answer to the question, “Why?” Although there may be several reasons why a person commits an individual act, in the case of behavioral risk a single overriding factor is that the person has one reason that is forceful enough to overcome his or her personal inhibitions and the threat of organizational sanctions.

Opportunity is defined as a path to an action that leads to the desired results. In an organization, opportunity may equal access to the means to carry out whatever action the employee is contemplating.

Integrity is an innate set of values that forms the decision base for human actions. In terms of choosing the point at which to intervene in behavioral risk, it is apparent that we are least likely to be able to intervene into integrity. Individual values are shaped early in our development, and

Figure 4
Dynamics of Risks

MOI Model*

M = Motivation

O = Opportunity

I = Integrity

* Association of Certified Fraud Examiners/John Gregg

by the time employees enter an organization, their values are generally hard-wired.

Motive does provide the organization or supervisor an opportunity to intervene, although it is not always effective. The best example of intervention into motive might involve the supervisory-subordinate relationship. Many, if not most, employment liability practice suits involve an employee’s negative interpretation of the actions of a supervisor toward him/her. Clearly, better supervision might reduce employee animosity toward managers, so training for supervisors would be the “intervention” strategy.

Perhaps the best opportunity for an organization to intervene to reduce risk is in the area of “opportunity.” Opportunity, in its broadest terms, means access to carrying out threatening, illegal actions. A successful intervention would tighten such access, which is the intent of policies and procedures in the workplace. Using this route to intervene in risk management means implementing better policies, procedures, and counterchecks at the organizational level and paying due attention to these procedures at the individual supervisory level.

Universal Strategies for Intervention

While there are infinite possibilities for intervening in behavioral risks at the individual or organizational level, the Behavioral Risk Management Committee of

Figure 5
**Basic Intervention Steps
 for Supervisors**

Observe
 Document
 Consult
 Plan
 Intervene
 Assess

EAPA has identified a number of standard areas that are considered best practices for EAP intervention into behavioral risk management. It is recommended that at the individual supervisory level, the supervisor or manager follow the basic method for preparing for an intervention (see Figure 5).

The basic intervention types that constitute best practices are ones that should be familiar to all employee assistance practitioners. The first and most common is conflict management. Conflict management strategies have been used by EAPs with their clients and departments for at least

the past 15 years. It is disappointing to find, therefore, that as organizations begin to institutionalize alternative conflict resolution operations, the EAP is seldom at the head of these operations.

Mental health and chemical dependency interventions are also a best practice for behavioral risk management. There are numerous studies that support reduced costs associated with intervention in these areas.

A third best practice involves audit and control. Most organizations have formal arrangements for these practices, and the EAP's job may well be linking supervisors and managers with departmental problems to the appropriate resource.

Fourth is the broad area of health and wellness. Practices in these areas are aimed at reducing the costs associated with absenteeism and disability. EAPs often are active in wellness programs, and this sort of orientation for the EAP as behavioral risk manager is likely to lead to partnerships with employee health, vocational rehabilitation, workers' compensation, and other departments of the organization interested in employee wellness.

Absence management is the fifth "best practice" intervention strategy and, like the others, covers a large area of activity. An EAP may not consider itself an "absence manager," yet it has always been a goal of EAPs to "return individuals to full productivity." Behavioral risk management would consider that goal to be an absence management strategy. Since the most valuable absence management tool has been found to be a call from an interested supervisor within the first three days of the absence, it is easy to identify areas where EAPs could coach and educate supervisors in absence management practices.

It should be clear from the foregoing that the theory, models, and practices of behavioral risk management are often simply a "reframing" of the concepts and practices already common to employee assistance programs. Certainly, for EAPs to become behavioral risk managers calls for them to learn new skills and reconceptualize their roles. It does not, however, require abandoning the basic values, practices, and knowledge of employee assistance programs, but rather calls upon those core competencies and seeks to enhance skills already in the employee assistance repertoire. ^e

¹ For information on actual course outlines, contact Sally Harvey.

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Mary E. Murck, M.Ed., CEAP, is the safety director for the Minnesota Department of Labor & Industry. She recently worked in insurance risk management and loss control, is experienced in employee assistance management, and has 16 years of consulting experience. She is principal consultant in her own behavioral risk management practice and chairs EAPA's Behavioral Risk Management Committee.

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Promoting DFWP Programs

Report Shows Insurance Discounts Are a Strong Incentive

by Sheila Macdonald

The state of Washington has issued an interim report which shows that discounts in workers' compensation insurance premiums are an effective incentive for employers to establish drug-free workplace (DFWP) programs.

The December 1999 report, based on a survey of more than 300 employers with DFWP programs that have been certified to receive such discounts, found that 90 percent of survey respondents agreed that DFWP programs have benefited their workplaces in some way. More than three in 10 respondents said the most important benefit was the lower workers' compensation premiums, while 27 percent indicated that improved workplace safety was the primary reward.

In 1996, the Washington legislature approved a law that provides a 5 percent workers' compensation insurance premium discount for employers that establish DFWP programs. The discount is designed to offset the costs of setting up DFWP programs. To qualify for the discount, companies must establish DFWP programs that meet certification requirements set by the state's Division of Alcohol and Substance Abuse (DASA). These requirements include: (a) a written drug and alcohol policy; (b) mandatory drug and alcohol testing for new hires and post-accident testing for all employees; (c) use of a DASA-approved EAP; (d) supervisory training; and (e) employee education programs that include information on employee self-referral to an EAP and local treatment resources.

When asked to rate the effectiveness of the various qualification requirements, nearly 80 percent of survey respondents said drug testing of job applicants was very effective, while 53 percent said the same about drug testing of current employees involved in accidents. Slightly more than one-third of respondents rated the EAP as very effective, and 36 percent rated it as somewhat effective.

Under the provisions of the law, the EAP must be approved by DASA to manage "last chance" agreements, which require conducting chemical dependency evaluations, referring employees to appropriate rehabilitative community resources, and monitoring compliance with the agreement. Last chance agreements are offered to employees the first time they test positive for drugs or alcohol. The agreements

contain both workplace and rehabilitative provisions with which the employee must comply for two years.

Since the law took effect, DASA has certified 485 DFWP programs for private-sector employers. The agency continues to receive applications from employers and certifies between five and 10 new programs each month. Participation in the program is limited to three years.

The two state agencies that administer the DFWP initiative—the Department of Labor and Industries and the Department of Social and Health Services—are expected to issue a final report on the program after it expires Jan. 1, 2001.

Other State Programs

Washington is one of 12 states that have approved legislation or issued regulations linking insurance premium discounts with DFWP programs. Florida was the first to do so, in 1990; Arkansas and Idaho enacted measures in 1999.

The Arkansas law provides a 5 percent workers' compensation insurance discount to employers with certified DFWP programs and also mandates drug testing. DFWP program requirements include a written policy and access to an EAP.

Like the Arkansas measure, the Idaho law requires employers to have a certified DFWP program to receive an insurance discount, but the discount amount is not specified. The DFWP program must be recertified annually, and a confidentiality provision applies to EAPs and other service providers handling sensitive information about drug and alcohol use. Similar legislation was introduced in New York in 1999 and is now pending before the state assembly.

The accompanying chart summarizes the provisions of the state laws and regulations that provide insurance premium discounts to employers with DFWP programs. Except in Idaho, South Carolina, and Virginia, the DFWP programs generally are required to provide employees with information about, or access to, treatment resources. In some states, EAPs are included in lists of service providers; two states, Washington and Ohio, require DFWP programs to offer EAP services.

Copies of the laws and rules are included in the DFWP Legislative Information Packet, which is available for purchase through the EAPA Resource Center.

Sheila Macdonald is director of legislation and public policy at EAPA.

States with Laws/Regulations Linking DFWP Programs to Workers' Compensation Insurance Premium Discounts

| STATE | % INSURANCE DISCOUNT | DFWP PROGRAM REQUIREMENTS | EAP PROVISIONS |
|----------------|---|--|---|
| ALABAMA | 5.0 | Similar to Ga. and Miss. | None |
| ARKANSAS | 5.0 | DFWP program must include mandatory drug testing. | EAP access required |
| FLORIDA | 5.0 | DFWP program must meet notice, education, and procedural requirements for A&D testing. | None |
| GEORGIA | 7.5 | DFWP program must include written policy statement, substance abuse testing, resource list of EA providers, employee education, supervisor training, and confidentiality standards. | None |
| HAWAII | AT LEAST 5.0 | Requires effective health and safety program. | None |
| IDAHO | UNSPECIFIED | DFWP program must include mandatory testing. | None |
| MISSISSIPPI | 5.0 | Requires confidentiality for EAP and other records. Similar to Ga. and Ala. | None |
| OHIO | 1ST YEAR -6.0 2ND YEAR-12.0 3RD YEAR-15.0 4TH & 5TH YEARS-20.0 | Requires written policy statement, annual employee and supervisor training, and A&D testing in 1st year; in 2nd year, adds random A&D testing for 25 percent of employees, provisions for treatment assistance, and the first 5 steps of a 10-step business plan; in 3rd year, adds random A&D testing for 50% of employees, health care coverage for chemical dependency, and the last 5 steps of the 10-step business plan; in 4th and 5th years, continuation of above. | None |
| SOUTH CAROLINA | 5.0 | Requires written policy, employee notification, confidentiality standards, and random substance abuse testing. | None |
| TENNESSEE | 5.0 | Requires written policy statement, resource list of EAPs and local A&D rehab programs, and A&D testing. | None |
| VIRGINIA | UP TO 5.0 | Must meet criteria established by insurance carriers. | None |
| WASHINGTON | 5.0 | Companies must have health care insurance, written substance abuse policy, employee and supervisory training, A&D testing, and treatment with a 2-year continuing care component. Demonstration program; scheduled sunset date is Jan. 1, 2001. | EAP required for substance abuse treatment referral and monitoring. |

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EAPs and the Internet

"It is clear that individuals and companies that want to be successful in the 21st century will need to be leaders in using the Internet and related technology."

Bill Ford

Chairman, Ford Motor Company

On Nov. 30, 1999, just five days after Thanksgiving, the New York Times Co. fired 22 workers in Norfolk, Va., and another in New York for violating the firm's policy regarding computer communications. Six weeks later, more than a dozen so-called "dot-com" firms aired television advertisements during the Super Bowl at a cost of approximately \$2 million per 30 seconds. And on Feb. 3, 2000, Ford Motor Company announced that it would provide a computer, printer, and Internet access for home use to eligible employees for a monthly fee of \$5.

The Internet not only transmits news; on any given day, it *is* the news. For employee assistance professionals, probably the most significant news about the Internet was made on Feb. 1, when the California HealthCare Foundation released a study of 21 of the most heavily trafficked health sites on the Web. The study, conducted by the Health Privacy Project at Georgetown University in Washington, D.C., found that the sites are sharing personal health collection they collect from visitors, in violation of stated privacy pledges. These actions, the study concluded, erode consumer trust and confidence in the Internet and discourage people from seeking the health information and services they need.

How can Internet-based EAPs build and maintain the trust of clients who rely on them to help resolve problems that affect workplace performance? What can they do to help encourage proper employee use of the Internet and prevent the need for firings and other disciplinary actions? What ethical guidelines and best practices should they adopt to ensure client confidentiality and privacy?

The speed at which the Internet is creating exciting new opportunities for users is matched only by the pace at which it is raising equally troubling questions for those who create and maintain Web sites. The following articles help answer those questions and provide guidance for EAPs that want to be leaders in employee assistance in the 21st century.



EAPs Can Set the Tone for Using On-Line Technology

by Donna Ford

The American Counseling Association (ACA) adopted ethical standards for Internet on-line counseling in October 1999. They state that one-on-one on-line counseling services should be provided only through “secure” Web sites or e-mail applications, that counselors should notify clients of the identities of all people who will have access to the information transmitted by the client, and that counselors should develop appropriate procedures for determining whether on-line counseling is appropriate for individual clients. They also recommend that counselors require clients to execute agreements stating that the client (1) acknowledges the limitations inherent in ensuring the confidentiality of information transmitted via on-line counseling and (2) agrees to waive the privilege of confidentiality with respect to any such information that is accessed by a third party without prior authorization and despite the reasonable efforts of the counselor to establish and maintain secure communications.

Obviously, privacy and confidentiality are key issues in any health-related ethical guidelines, and with the Internet you add a third issue: security. On the Internet, you don't have the same expectation of privacy that you have in a face-to-face setting, so it's extremely important to have something in place—encryption, for example, or a voice messaging ID—that can protect confidentiality.

Given the enormous privacy and security concerns inherent in on-line counseling, why provide on-line services at all? One reason is access—the ability to provide service to more people. I think anonymity also plays a role—people may be more open and more likely to tell you things over the Internet than they would in one-on-one sessions or in a group. So there are some good reasons for using the Internet to provide health care services.

But there are some concerns as well. If you've spent any time on the Internet and searched words like “counseling” or “therapy” to see what comes up, you'll be amazed. Recently I conducted a search of the word “depression” and found more than 400,000 matches. When I entered the word “counselor,” I came up with more than 6,000 matches. At one point I got a shopping

list of people who are advertising themselves as counselors, including financial counselors and consumer counselors and even Lucy Lipp's Counseling Service, a romance advice site run by a former Playboy model.

As health care practitioners, that's the kind of thing we have to keep in mind—we have to be sure that people know what they're getting when they surf for information on the Internet. People are growing more dependent on the Web, so it's important for us as professionals to provide guidelines for consumers so they don't end up with someone who isn't properly trained to help them.

First Point of Contact

Since EAPs frequently are a first point of contact with the health care system, the extent to which people have a good experience with Internet-based services through their EAP could determine whether they're willing to use Web-based services again. EA practitioners can help set the ethical and professional standards for the types of services and information that are going to be provided on the Internet.

Granted, if someone is looking for general information about depression or anxiety or eating disorders, that kind of stuff is already available on the Web. But what you as an EAP can do is provide some high-quality material on your site to let people know that you're a trusted source of information. You can also then provide a way of accessing a counselor, either on-line or by calling a telephone number, for people who need to see a counselor or would like to talk about particular issues.

I think the American Medical Association and some other groups in the medical end of the profession have established, or are establishing, guidelines for what constitutes good information on the Internet. Former Surgeon General C. Everett Koop and some others are active in this area in terms of providing consumer information that is accurate and reliable.

EAPs can do the same thing by selecting some sites they feel have good, reliable information and providing links to them. You'll probably want to hire someone to do

some surfing on the Internet to help pick the sites that you want your clients to use—after all, it's hard to sort out the good from the bad when you're dealing with 400,000 sites that mention depression. So you may want to have a link with the National Institute of Mental Health or to other organizations you know are providing information that you want your clients to access.

Whether on-line services are appropriate for a specific client or patient depends, I think, on the presenting issue. For example, if you're talking to someone on-line and they're suicidal, then you'd better have a good back-up plan and ways to provide intervention. I think it's very important for employee assistance professionals to sit down and decide what their best practices are going to be—what services they're going to feel comfortable providing on-line and what needs to be handled face-to-face.

Human Touch

I've heard some reports that there's a whole isolationist factor that goes along with using the Internet. It reminds me of the John Naisbitt book, "Megatrends," that came out in the 1980s. He wrote about "high tech, high touch"—the idea that the more we make use of high tech, the more we need to ensure high touch. His most recent book has that title, and basically he's pretty negative about what's happening in that area.

But I think we're dealing with something even bigger: a whole new generation of people who've never known anything but technology in their lives. The members of this generation rely on technology to the point that they even build friendships over the Internet, so they see it as a trusted source of information and ideas. People my age, in the 50-plus range, might be in a different position in terms of how we feel about the Internet—we may see it as more isolating in nature rather than as a bridge.

I would hope that we strike some sort of balance between tech and touch, so people would know that there's a human element somewhere in the maze of telephone messages and e-mails and Web sites. It may sound strange, but there is a human touch in the Internet; it just isn't a face-to-face human touch. It's not the same as being in the presence of other people, but it does take you to another level of contact. My own experience here may be instructive—I haven't tried on-line counseling per se, but I have taught a class on-line, and I learned more about my students in the on-line class than I ever would have learned about them in a face-to-face class.

So the Internet doesn't keep you from getting to know people, it just lets you get to know them in a different way. Again, I can speak from experience. I've been involved with the ACA a long time, but I live in Oregon and the headquarters of the ACA is in Virginia, so I've been a member of the "snail mail" group, the people who frequently have not received information in a timely manner. Today, when I need to communicate with someone at the ACA or get information from headquarters, it's almost instantaneous. Technology has opened up a level

of communication that I've never known before, and it has brought me closer to the people in ACA than I've ever been. But I wonder how it might have turned out had I not known them prior to the advent of e-mail and the Internet. Would I feel as comfortable with them or as close to them if our interactions had just been via electronic communications? The answer is, probably not.

So we have to be careful not to use the Internet and e-mail as a substitute for human interaction, but as a complement to it. We also need to teach our clients and patients to be wise consumers of health care and health information.

Ultimately, our most important challenge is to provide high-quality services to people in need. By upholding high professional standards, we can help educate our clients to use the Internet to find the information and assistance they desire. ☺



Donna Ford is president of the American Counseling Association and has been a professional counselor for nearly 25 years. She is a National Certified Counselor and a Licensed Professional Counselor in Oregon, and serves on the Oregon Board for Licensed Professional Counselors and Therapists. She has received numerous awards for distinguished service, including the Leona Tyler Award for Exceptional Service from the Oregon Counseling

Association and the 1999 Professional Leadership Award from the American College Counseling Association.

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Informing Patients is the Best Way to Ensure Quality Health Care

by E. Andrew Balas, M.D., Ph.D.

When people think of health care technology, they probably think of sophisticated machines that detect and treat life-threatening illnesses and cost hundreds of thousands of dollars. They probably don't think of computers. But the computer is the technology that will have by far the greatest and longest-lasting impact on the health care system and the people who use it.

The computer isn't just another technological device that sits on a doctor's desk or on the floor of his office—it's much more than that. It is the nervous system of many industries, including health care. In fact, health care is probably one of the most information-intensive industries. When doctors compile data about their patients, when they analyze records, when they make recommendations, when they educate their patients—all those things are information transactions. There are very few things that happen in health care that are not informational in their nature.

On the other hand—and it's an unfortunate discrepancy—health care spends much less on information technology than other similarly information-intensive industries. While the banking and insurance industries spend more than 10 percent of their revenues on information technology, the health care industry spends only about 2 percent. The reasons for that discrepancy need to be better understood so that spending on information technology can be increased in order to improve the efficiency of the health care system and also the quality of outcomes.

There are concerns that spending on information technology might increase access to health care at the expense of quality—that is, Internet-based employee assistance programs and other health services will enable practitioners to reach more clients and patients, but also will dehumanize medical care. These concerns certainly deserve due consideration. But in my opinion, the benefits of new information technologies in health care far outweigh the concerns. The benefits are so overwhelming in terms of variety and magnitude that they present an incredible opportunity to improve several aspects of the health care process.

One aspect is access—if you are in a remote, rural area or even in an inner-city area where transportation might present a problem for you, computer technology allows you to access the health information and maybe even some of the services you need. Health care is the second-most frequently searched issue on the World Wide Web; people have a tremendous interest in health information. And most people try to get health information before they visit their doctors, so what we're seeing these days are better informed patients showing up in doctors' offices.

This has dramatically affected the relationship between patient and doctor. No longer is it a hierarchical relationship; it's more of a partnership, an interrelationship. I think this is a very good trend. Various studies have shown that a lack of involvement on the part of patients is one of the greatest obstacles to improving the quality of health care delivery. There are many clinical procedures that have been developed and have proven to be helpful, but if people don't know about them, they'll never enjoy the benefits of these advances.

Partners in Health Care

There's always a concern that people without a health care background might misunderstand or misinterpret the information they gather on the Internet. But I think if you look at the overall picture, you'll find that as people become better educated about their health, they become much better partners in the health care process. So I'm not afraid of providing information to consumers—I think this is a very positive trend that should be strengthened.

If I were managing an employee assistance program, I think I would try to be very active in informing people about their health care options and opportunities, including preventive care and other kinds of care that traditionally are more clinically oriented. This doesn't mean that people without a clinical background should give medical advice; it means they should channel employees' requests via hot links to trustworthy sites. It's very important that

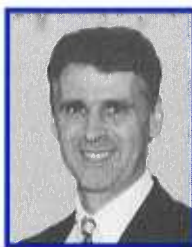
people get to the proper source of information very quickly. So I would not hesitate, if I were managing an employee assistance program, to provide hot links to certain sites where good information is available.

One caution to keep in mind is that a lot of Internet health care sites are not providers' sites—they operate as media outlets for health care journalists. This is, to some extent, a limitation of using the Internet. I expect that in the long run this will change, because I think that the big managed health care plans will develop their own information service sites. After all, health care is an information-intensive business, so this should be part of the integrated package of benefits. When someone has diabetes, he or she should get a medical visit, the necessary drugs and devices to monitor and control the disease, and also the information (delivered electronically) that is needed to keep the patient educated about his or her condition.

I also expect that in the future health care will become essentially computerized. People will do a lot more via electronic technologies than they do today—initial visits probably will require clinician contact, but follow-up frequently can be managed by electronic networks. It's amazing to see how some measurement devices that used to be found only in doctors' offices have come down in price and size and gradually are becoming available in discount stores. If this trend continues, 10 or 15 years down the road the real competitor for hospitals probably will be the patient's home, because a lot of things can be done just as well in the

patient's home as in the hospital—and when it comes to food, believe me, it's much better at home.

The phrase I like to use to describe the effect I think the Internet and computers will have on health care is "a relationship-based continuum of care." Currently, the process of health care is filled with interruptions: You get care when you go to the clinic, but you don't get anything between visits, or your employer changes health plans and suddenly you have a new physician or a new employee assistance program. But if a lot of things can be managed electronically through networks, you may be able to cut down on the interruptions and changes and maintain a higher level of trust in the health care system. For this reason, I'm looking forward to the information age in health care. We're just at the very beginning of a revolution that will lead us to a much brighter future. ☺



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Crafting a Corporate Internet and E-Mail Policy

by Michael R. Overly

During a seminar conducted by a large automobile manufacturer for its employees on the use of its e-mail system, a system manager selected a piece of e-mail at random for demonstration purposes. To the system manager's surprise, the message contained sexually explicit material. The event was reported to a supervisor, who directed that the employee's e-mail messages, as well as the e-mail messages of her fellow work group members, be reviewed.

Despite several warnings, the employees continued to send inappropriate e-mails and were later terminated. The employees sued for invasion of privacy and wrongful termination. The automobile manufacturer was able to prevail because it had an explicit e-mail policy that prevented the employees from arguing they had an expectation of privacy in their messages. Without such a policy, the employer would have incurred significantly higher litigation costs and might have been found liable for substantial damages.

Businesses that have failed to adopt and enforce appropriate e-mail and Internet policies have not fared as well in litigation as the automobile manufacturer mentioned above. In one case, a woman brought suit against her former employer for age discrimination after she was terminated. During discovery, the woman's attorney hired a computer consultant who specializes in the retrieval of e-mail. The consultant examined the company's e-mail system and was able to salvage a deleted message from the company's president to the head of the personnel department. In the e-mail, the president used blatantly discriminatory language to order the woman's termination. Following the discovery of the message, the company agreed to settle the case for \$250,000.

Similarly, in February 1995, *Newsweek* reported that Chevron paid \$2.2 million to settle a sexual harassment lawsuit brought by a group of women who alleged, among other things, that a subsidiary of Chevron permitted its internal e-mail system to be used to transmit sexually offensive material. One of the messages the women complained about listed "25 reasons beer is better than women."

In addition to harassment, discrimination, and invasion of privacy suits brought by employees, e-mail has also been the focus of lawsuits involving breach of contract, disclosure of critical corporate trade secrets, and defamation. In one instance, Siemens Solar Industries purchased the solar energy subsidiary of Atlantic Richfield Co. (ARCO). Following the sale, Siemens discovered e-mail in ARCO's computer system showing that, at the time of the sale, ARCO knew the solar technology was not commercially viable. Siemens sued ARCO, alleging ARCO misrepresented the ability of its subsidiary to develop the new technology.

Potential Pitfalls

The foregoing are not isolated incidents. Every year, both large and small businesses are hit with lawsuits in which e-mail and the Internet play a central role.

Today, nearly 70 percent of workers in medium to large businesses use e-mail on the job. This figure is more than five times the number of workers using e-mail in 1990 and is expected to grow exponentially in the months to come.

But despite the increasing use of e-mail, only about one-third of businesses have written guidelines relating to employee use of their e-mail systems. Businesses must be aware of the potential pitfalls that go along with this new form of communication and protect against them by adopting appropriate corporate policies for the use of e-mail.

As more and more businesses adopt e-mail as one of their primary means of communication, they must be aware of the potential pitfalls that go along with this new medium and protect against them. A single errant e-mail can expose a business to significant tort liability, the possible disclosure of trade secrets and other proprietary information, actions for sexual harassment, and liability for copyright infringement. In addition, a business that fails to implement appropriate corporate policies for handling and retaining e-mail may increase the likelihood of litigation and potential corporate liability.

E-mail is a unique medium that is very unlike its traditional counterpart (now called "snail mail"). One of the greatest distinctions—and dangers—of e-mail is that it is treated far more informally than other forms of business communications. Because of the perceived impermanence of e-mail, people often use it to express sentiments and opinions they would never memorialize in a traditional writing.

E-mail also can be copied and circulated far more easily than a traditional writing. With the click of a mouse, an employee can send e-mail to every computer user in a company or "post" the e-mail on the Internet where thousands, if not hundreds of thousands, of people can read it. More importantly, e-mail sent to a single recipient can be forwarded by the recipient to any number of people, both inside and outside the company, without the sender's permission or knowledge.

Unlike paper correspondence, it is extremely easy to inadvertently misaddress e-mail. Computer users typically address e-mail from an on-line directory. It is all too simple to click on the wrong recipient's address or, worse, accidentally select the option to send the e-mail to a large group of users when the communication was intended to be confidential.

Another significant problem is that e-mail is actually more permanent than traditional paper communications. Contrary to popular belief, e-mail cannot easily be deleted. Backup copies of the e-mail may exist on the sender's or recipient's personal computers or on their employer's network. If the e-mail was sent through a commercial service (e.g., Prodigy, America Online, or CompuServe) or the Internet, the e-mail may have passed through several computers. Each computer in the chain between the sender and the recipient may, and normally does, retain a copy of the e-mail for archival purposes. These copies can be subpoenaed for use in litigation.

Even if every copy of a piece of e-mail is methodically located and deleted, there is no assurance that remnants of the e-mail do not still exist on a computer's hard disk or on a backup tape. Using widely available software, even a computer neophyte may be able to recover pieces of an e-mail weeks or even months after it is "deleted." Although there are programs that provide the software equivalent of a paper shredder, they are seldom foolproof—indeed, in at least one case, the failure of such software to completely erase a stolen program from a company's computer led to substantial liability for copyright infringement.

Another area of concern is employee use of the Internet. Because of the low cost of Internet access, the majority of employers now provide Internet access to at least a portion of their employees. The ready availability of this global communications medium raises a unique set of issues for employers.

Among other things, employees are using their employer's Internet connection to view and download pornography, spend hours of the workday participating in on-line "chat rooms," operate their own businesses (frequently in competition with their current employer), send and receive racially offensive material constituting hate speech, engage in on-line trading through services such as

e*Trade, and, most recently, participate in on-line product and Web site reviews for which the employees receive compensation based on the number of comments they submit.

Employee misuse of the Internet can, at minimum, result in substantial lost productivity and waste valuable computer resources. At worst, employee misuse may lead to substantial liability on the part of employers. Employers can be held liable for defamatory on-line comments made by employees, copyright infringement for material downloaded by employees, and harassment and discrimination suits based on offensive content downloaded and disseminated by employees.

Developing a Policy

Businesses must develop written policies to minimize exposure to potential liability and waste of their valuable computer resources. While the precise content of a technology policy will vary according to the nature of each business, there are certain general points that should always be considered in developing a policy:

1. **Limited use of technology resources.** The business computer resources, Internet connection, and e-mail system (the "technology resources") are the property of the business and may only be used for approved purposes. Employees are permitted access to the technology resources to assist them in the performance of their jobs. Occasional, limited, appropriate personal use of the technology resources is permitted when the use does not (1) interfere with the employee's work performance; (2) interfere with any other employee's work performance; (3) unduly affect the operation of the technology resources; (4) result in any expense to the business; or (5) violate any other policy, guideline, or standard of the business.
2. **No expectation of privacy.** The employee understands and agrees that the business retains the right, with or without cause or notice to the employee, to access or monitor information or communications stored on or sent through the technology resources, including employee e-mail and Internet usage. Such communications and information can, and likely will, be reviewed by others. Employees have no expectation of privacy of any kind related to their use of the technology resources.
3. **Prohibited activities and use.** Material that is fraudulent, harassing, embarrassing, sexually explicit, profane, obscene, intimidating, defamatory, or otherwise unlawful or inappropriate, including any comments that would offend someone on the basis of race, age, sex, sexual orientation, religion, or political beliefs, national origin, or disability, must not be sent by e-mail or other form of electronic communication (e.g., bulletin board systems, newsgroups, chat groups), viewed on or downloaded from the Internet or other on-line service, or displayed on or stored in the technology resources.

Procedures should be adopted for handling complaints about inappropriate or offensive e-mail or improper use of the computer system. Employees should be encouraged to promptly report misuses. Such reports should be taken seriously and carefully investigated.

Employees should sign and date the policy. They also should acknowledge that they have read the policy and understand that they may be subject to disciplinary action, including termination, for violation of the policy.

Education and EAPs

In addition to developing an appropriate use policy, businesses also must take steps to educate their employees about the proper use of e-mail and the Internet. Educational efforts can range from conducting formal training sessions to issuing periodic memoranda to employees

highlighting areas of particular concern in their use of the business' computer system.

An important aspect of education that is growing in popularity is the use of employee assistance programs (EAPs) as a means of helping employees recognize and address inappropriate computer activity (e.g., using the Internet to view pornography or e-mail to harass other employees). In many instances, the use of an EAP can be extremely effective and allow employers to avoid having to terminate what may be a valued and otherwise productive employee.

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The Internet and Global EAPs

by Sally Lipscomb, M.P.H., R.N.

Two types of service are most prevalent in the international EAP marketplace: (1) EAP services to country residents, or "local nationals" as they are called by global human resources staff, and (2) support programs to expatriate employees and family members temporarily residing in foreign countries while on work assignments. Both programs call for EAP managers to recruit providers in countries around the world and coordinate service delivery across borders.

Of the two service types, expatriate support is more amenable to Internet delivery; in fact, e-mail and the Internet are virtual dreams come true for EAPs serving expatriate employees and families. These audiences are ideal "intranauts" (as the French say) for the following reasons:

- They usually are fluent in English, the current "lingua franca" of the world.
- They are more educated and verbally oriented than the typical employee and family.
- They earn higher salaries and thus are in better position to gain access to the Internet, which generally costs more to use in countries outside North America.

The prevalence of Internet and e-mail use around the world is country- and culture-dependent. It varies according to the following factors:

- The development, reliability, and expense of telephone systems and electricity (often functions of taxation);
- The relative expense of the hardware and supplies (affected both by taxation and the scale of the local marketplace); and
- The ease with which the local populace uses English (a recent article in *The Economist* noted that English was used on more than 78 percent of the world's Web pages in 1999, compared to just 2.5 percent using Japanese, 2 percent using German, 1.7 percent using Spanish, and 1.2 percent using French).

For these reasons, Canada—which has a mature economy with an excellent telecommunications structure and a supportive government environment—leads the world in the rate of Internet penetration (though the United States boasts more Internet users). More than four of every 10 Canadians use the Internet; only one in 10 residents of the Philippines does likewise.

The Internet lends itself both to clinical and administrative uses for expatriate services. A multinational corporation's intranet can provide constant, inexpensive EAP promotion. Information available for downloading

can address preventive education or early, confidential intervention with self-assessments. An expatriate client's query to the support program can trigger an offer of assessment and counseling. E-mail can serve as the tail end of a follow-up that allows the care coordinator in one country to keep in touch with a highly mobile employee on a fast-paced travel schedule in distant time zones.

The Internet and e-mail also can be used for many day-to-day administrative tasks, such as recruiting providers across country borders. Again, depending on the local provider and his or her relationship to the Internet, an EAP can communicate client information, supervise local counselors, and transmit billing information.

In summary, the Internet can cut through time differences, busy schedules, and high-cost telephone and in-person visits. It can provide access to clients and providers in remote locations, language and infrastructure permitting. But certain considerations must be kept in mind:

- The Internet certainly is not appropriate for every level of care, just as the telephone is not a cure for every counseling need. As employee assistance professionals know, face-to-face services are desirable and often mandatory.
- Written messages are rife with opportunity for miscommunication, especially as they cross cultures and languages. Because of the significant differences among people of different countries and cultures who use the same language, person-to-person communication still is preferable over time.
- Not all good service providers will be available via the Internet. Financial and other considerations currently limit the use of this communication mode for many excellent providers across the globe.

I can envision the day when EAPs will deliver a range of support services to both local nationals and expatriates via the Internet, perhaps with several language translations on one corporate intranet site. But each culture and country will take its time to embrace the Internet, and each will do so in a different way. Until then, many worthy EAP partners and providers may be overlooked by all but the most determined seekers of a global network that provides quality services.

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