

# EAP ASSOCIATION EXCHANGE

FEBRUARY 1992



VOL. 22 NO. 2

This fall, all roads lead  
to *Atlanta!*

Inside  
21st EAPA National  
Conference Call for Papers

**Michael L. Benjamin**

The *Exchange* interviews EAPA's  
new Chief Operating Officer





# EAPA's Subject Search Catalog

Updated for  
the 1990s

EAPA is keeping pace with an EAP profession on the move and has fine-tuned its popular Subject Search Catalog. The new listings, shown in the menu below, are consistent with the newly revised Content Areas that constitute the CEAP Scope of Practice. Subject searches consist of a collection of journal articles, book chapters, brochures, pamphlets, ect. which provide information in a given topic.

Here's how to order: Mark the boxes to the left of the titles you want. Make a check payable to "EAPA" for the total amount of your order, based on the prices shown to the right of each title. Mail the form with your check or purchase order to: EAPA, 4601 N. Fairfax Drive, Suite 1001, Arlington, VA 22203.

Advance payment is required, but telephone orders will be accepted if they are billed to American Express, Master Card or Visa. Telephone: (703) 522-6272.

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Topics: Absenteeism, consumption, dollar impact/workplace use, drug-free workplace regulations, EAP response, employer investment in EAPs, four most prevalent workplace drugs, impact/job-performance measures, incidence/prevalence, positive consequences of EAPs, termination vs. treatment, Workforce 2000

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YOUR NAME \_\_\_\_\_

Membership Category \_\_\_\_\_

Organization \_\_\_\_\_



## EDITOR'S COMMENT

**THE FEBRUARY ISSUE** of the *Exchange* each year is bursting with news about Employee Assistance Professionals Association, and this year it's doubly the case. First, we feature a seven-page spread on the Call for Papers for the 21st EAPA National Conference Call for Papers. It's our first promotion for the National Conference, which is scheduled for October 30-November 3 in Atlanta, Georgia.

Program Committee cochairs Sandra Turner and Tamara Cagney are maintaining the momentum generated from last year's successful conference program. EAPA is staying on the vanguard of contemporary EAP practice. Is your program using innovative strategies that effectively serve work organizations and workers, providing care management as well as cost management, and looking to the innovative yet retaining what EAPs have always done best? We cordially invite you to respond to our Call for Papers. See page 18 for details!

**SECOND, MICHAEL L. BENJAMIN**, EAPA's new Chief Operating Officer, is in the saddle and has taken the reins at EAPA headquarters. He speaks to EAPA members for the first time in an exclusive interview. You'll be seeing a lot of him at EAPA's district conferences this spring, the

# A One-Two Punch

National Conference this fall, and other association events in-between. This interview provides you with an early acquaintance.

**JUST LIKE AT THE CINEMA**, we also have a double feature on topics about EAP practice: managed behavioral health care and EAP marketing. Our editorial coverage provides more than just a keyhole view of the action—it busts down the door and puts you on the playing field! Find out what's new on this pair of vital topics and, just as importantly, how they are interrelated!

**LAST BUT NOT LEAST**, be sure to acquaint yourself with the newcomers on EAPA's Board of Directors and the Employee Assistance Certification Commission found on pages 8 and 9. Like all Board members and commissioners, they work on behalf of EAPA members and CEAPs, and we urge you to keep current on who's who.

*Budy M. Yandrick*

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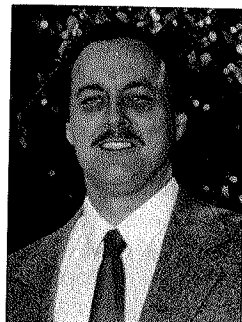
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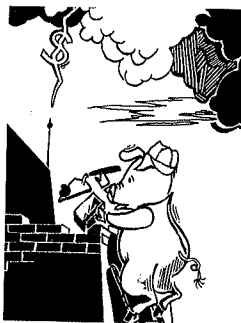
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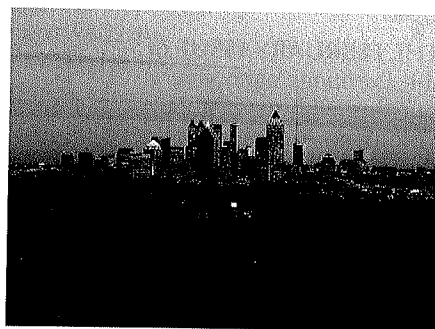
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featuring a matrix on Department of Transportation drug-testing regulations; also, EPA pushes small business EAP legislation

**D&A on federal drug testing regs**

U.S. DEPARTMENT OF TRANSPORTATION

Below is the first of two matrices that explain details of federal drug-testing regulations. The next matrix, on which the regulations may apply differently, in many cases, the application of the regulations to these topics are the same in all six modes. Since they are subject to the same Department of Transportation regulations, the Exchange thanks two covered new agencies. (There will be more variations among agencies.) The Exchange thanks two individuals in particular for their helpful responses to this matrix: Jim O'Hair of Westinghouse Electric Systems, for his assistance in identifying the EAPs; and Donna R. Smith, Ph.D., Senior Analyst, Drug Enforcement and Compliance for the U.S. Department of Transportation. For details of their application by the six modes, EPA asks the information is helpful to internal EAPs subject to the regulations, as well as to external EAP providers, which may contract with companies subject to differing sets of regulations and lack the time and resources to research the regulations.

21st November 21, 1990. Effective date (Dec. 21, 1990). Drug testing provisions rule (49 CFR Part 40) (Proposed for Transportation and Hazardous Materials) (49 CFR Part 40.101-40.105). (49 CFR Part 40.101-40.105). For copies of this rule, call the U.S. Dept. of Transportation at (202) 365-0000. (49 CFR Part 40.101-40.105).

**Aviation Industry**

Employees must follow the rule (49 CFR Part 40.101-40.105) for all employees of the DOT, including those of the DOT, the FAA, and the NTSB. Employees must follow the rule (49 CFR Part 40.101-40.105) for all employees of the DOT, including those of the DOT, the FAA, and the NTSB. Employees must follow the rule (49 CFR Part 40.101-40.105) for all employees of the DOT, including those of the DOT, the FAA, and the NTSB.

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Also of interest:

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## FROM THE C.O.O.

# Benjamin Meets With Staff, Plans Ahead

**O**n January 13th, Michael L. Benjamin began his tenure as Chief Operating Officer of EAPA, replacing Tom Delaney. (Delaney's title had been Executive Director, but the new Bylaws approved during the 20th National Conference changed the title to Chief Operating Officer.) The *Exchange* interviewed Benjamin about his personal and professional background, his views about leadership, and what he brings to EAPA. His interview follows.

In future issues of the *Exchange*, a monthly column from Benjamin will run in this space.

**EXCHANGE:** *Since this is your first opportunity to introduce yourself to EAPA members, please share a little information with readers about your personal and professional backgrounds.*

**BENJAMIN:** From my perspective, my personal and professional backgrounds have prepared me to provide effective leadership to EAPA. Having had professional experiences in substance abuse, alcohol and mental health, as well as experience working in an association—the National Association of Counties, with my own consulting firm and in several positions at the National Institute of Mental Health (NIMH), I believe that I have a good grasp of the issues that are facing EAPA in the 90s. Thus, I am exceedingly pleased and challenged to have this opportunity to serve as the Chief Operating Officer for the association. More than any other position which I've had in the past, this one provides a "goodness of fit," and as such I look forward with enthusiasm to serving the membership.

I should mention, too, that my wife, Marva, is a psychiatric social worker. Because we have so many common professional interests, we have a very unique relationship. In the early 1980s we lived in the Pacific Northwest and

were executive directors of separate mental health centers, she in Vancouver, Washington, and I in Portland, Oregon. She is currently an assistant professor in the Department of Pediatrics at Georgetown University and is also director of the Minority Initiative for the NIMH-funded Child and Adolescent Service System Program (CASSP).

Our 14-year-old daughter, Michelle, is a high school freshman at Bishop O'Connell High School, about 5 minutes from EAPA's office, and is an accomplished swimmer. Her specialties are the 100- and 200-meter breaststrokes and her goal is the 1996 Summer Olympics in Atlanta.

We like living in the Nation's Capital and I've greatly enjoyed my professional work with the federal government and national associations.

**EXCHANGE:** *What are your beliefs about how an association executive should guide a staff and help to build consensus among members?*

**BENJAMIN:** In guiding staff and

building a consensus among members, it is important to articulate a shared vision, set goals and objectives, provide effective leadership, provide support, clarify roles, duties and responsibilities, and maintain a philosophy of excellence in providing quality services to the membership. The organizational goals and the goals of staff and membership as it relates to the organization should be the same. I believe that there should be respect and recognition of the contributions, competence, knowledge, ideas and experience of staff. Thus, it was important for me to get to know staff and to learn about their perspectives ASAP so that together we can start the process of building an even stronger and more effective association. In that connection I have begun the process of "listening" and "learning" from staff via individual hour-long sessions with each staff person. I think we have a committed staff in the national office who are willing to grow and expand their expertise to provide a better service to the EAPA membership. I think



Michael Benjamin frequently draws upon his family for personal strength. Shown with him are his wife, Marva (left), and daughter, Michelle.

staff are willing to "move it up a notch"!

In reflecting on building a consensus with the membership, I would first of all assure that the lines of communication are open. During my first three weeks at EAPA, I have received many kind expressions of welcome and encouragement from Board members, chapter and district representatives and others. With effective communication, we can forcefully move on such emerging issues as managed care, health care reform, small business development, alcohol and drug testing that affect EAPs. As I look at my calendar for the rest of the winter and early spring, I will be spending considerable time with the membership in establishing lines of communication and beginning to discuss issues and concerns. I look forward to this interchange.

**EXCHANGE:** *In your view, what is the role of a professional association in serving its constituency?*

**BENJAMIN:** It's my position that one of the most important responsibilities of any professional association is "service to the membership." A professional association's existence is based on understanding the needs of its membership and being responsive to those needs. As a professional association, it is essential that the membership continue to acquire knowledge and expertise in order to provide high-quality EAP services via educational, training and networking opportunities. As a professional association, the field must demand the highest quality of EAP professional and, I might add, we are doing this through the Employee Assistance Certification Commission with the certification and, now, recertification processes. As a professional association, we must be on the cutting edge of the issues that present problems and opportunities for the membership. We are doing that through the strategic planning process that is underway, and through our public policy activi-

ties like the recently held legislative conference in Washington, D.C. As I indicated at the start of my response, we must provide services to the membership and, going further, we must see our membership as our customers. As a "vendor" to our customers, we must be in constant contact with our membership, we must have good products, and must have a good marketing strategy. Finally, our goal is to keep our existing customers and attract newcomers.

**EXCHANGE:** *How do you view your working relationship with EAPA's leadership?*

**BENJAMIN:** EAPA has a 20-year track record of success. I see myself as helping to facilitate the process by which we prepare for another 20 years of progress. In that context, I see a positive and productive goal-directed relationship with EAPA leadership designed to meet the organization's objectives and mission. In addressing the needs of the association, the following, among others, should be considered:


- 1) careful attention to the structure of the Board and its committees to assure optimal input from the field on critical policy issues;
- 2) assuring that a sound financial plan is in place to meet current and future needs;
- 3) maintaining a public policy agenda that represents the forward-looking posture of the association;
- 4) focusing on meeting the changing needs of labor-management relations in the workplace; and
- 5) expanding the membership to 15,000, which President Dan Lanier has cited as a desirable figure.


Consistent with the Board leadership and direction, I believe that the entire membership has to be visionary, creative and steadfast in pursuit of our objectives.

**EXCHANGE:** *What are your "macroscopic" views of EAPs as part of the overall delivery of human services?*

**BENJAMIN:** I look at the human service delivery system on a continuum, from prevention to treatment to rehabilitation. In this context, EAPs have a very significant and unique role. It is critically important that we continue to provide the kind of high-quality services on the front end that help people to do their jobs effectively so that high employee productivity is maintained. This means embracing a philosophy of prevention and early intervention and concentrating our resources and efforts in that direction. I would call this our "front-end investment strategy." Thus, we can position ourselves as the undisputed leaders of such service provision in the workplace for drug abuse, alcohol and mental health services.


**EXCHANGE:** *What final comments do you have about your work with EAPA?*

**BENJAMIN:** I see my position as Chief Operating Officer (COO) as an exciting opportunity to make a significant contribution to the field at a critical time in the history of EAPA, and at a time when the economic and work force issues facing this country are of paramount importance to the future health of our nation. EAPA as an association has an unprecedented opportunity to provide effective leadership to the field, and to emerge as one of the best associations in this country. As the C.O.O. of EAPA, I look forward to the challenge and pledge my best efforts to the future success of EAPA in ways that serve all of our constituencies in an exemplary manner. 



**Details of EAPA's  
1992 election plans  
will appear in the  
March issue.**

Be looking for it!



# SPECIAL MEMORANDUM

## Address Changes, Additions to Membership Directory

**E**APA members recently received their 1992 Membership Directory. Some changes, additions or corrections have since been made to the published listings. They are as follows.

**DELANEY, THOMAS J., CEAP**  
5 ALBERT AVENUE  
BELMONT, MA 02178  
617/353-7225

**ANDERSON, JUDY**  
813/433-1211

**ANDERSON, STEVEN**  
COMPREHENSIVE COUNSELING  
1213 SAN PEDRO, NE  
ALBUQUERQUE, NM 87110  
505/265-1881  
INDIVIDUAL

**BRETZ, ROBERT, CEAP**  
HEALTH MANAGEMENT SYSTEMS OF AMERICA  
30253 FIVE MILE ROAD  
LIVONIA, MI 48154  
313/422-1926

**BILLS, PAULA**  
201/503-2112

**BURKE, CHERYL ANN**  
407/770-4811

**CAMPBELL, JAY**  
5521 WOODLAND ROAD  
MINNETONKA, MN 55343  
612/934-7894

**CANOSA, JAMES F.**  
DIRECTOR  
EMPLOYEE ASSISTANCE DEPARTMENT  
201/977-2409

**CHAISSON, MARY**  
1951 N. GATEWAY BLVD.  
FRESNO, CA 93727  
209/252-7767

**GREENFIELD, RON**  
800/441-7345

**GREVEN, GARY, PH.D.**  
ASSOCIATED PSYCHOLOGISTS  
ONE PROFESSIONAL CENTRE  
SUITE 600  
TERRE HAUTE, IN 47804  
812-232-2144

**MALHAM, DAVID**  
54 WASHINGTON BLVD., #110  
MUNDELEIN, IL 60060  
708/949-6749

**MC NEARNEY, CAROL**  
730 2ND AVENUE S.  
# 1280, PEAVEY BUILDING  
MINNEAPOLIS, MN 55402-2456  
612/667-8978

**MECCA, KATHLEEN**  
716/881-5309

**MEDARO, ANTHONY**  
134 W. RINCON AVENUE  
UNIT T  
CAMPBELL, CA 95008

**MONTILLO, GINA**  
BOX 36  
621 W. LOMBARD STREET  
BALTIMORE, MD 21201  
410/539-6001

**SCHWARTZ, ANNA**  
189 ADMIRAL WAY  
COSTA MESA, CA 92627  
714/645-2479

**SHERIDAN, ROBERT J.**  
617/345-7894

**STANERUCK, JANET**  
EAP  
DU PONT COMPANY  
LOUVIERS BUILDING, ROOM 2121  
NEWARK, DE 19714-6090  
302/366-3030

**STEWART, LAURA**  
310/804-6476

**SULASKI, CYNTHIA**  
214/658-2161

**TRUITT, JEAN**  
HEALTHWISE  
203 S. AVENUE EAST  
WESTFIELD, NJ 07090  
800/624-1696

**WEAVER, ANTHONY**  
1010 PINE  
ROOM M119  
ST. LOUIS, MO 63101  
314/235-8863

CEAP credentials for the following people were inadvertently omitted.

**GODDARD, PAUL, CEAP**  
**GREGORY, CAROL, CEAP**  
**THOMPSEN, NOREEN, CEAP**  
**WUNSCH, DIANE, CEAP**

Any other EAPA members who have changes to their listing in the Membership Directory should contact the Membership Department at (703) 522-6272.

St. Anthony's Medical Center  
Hyland Center • St. Anthony's Psychiatric Center •  
Hyland Child and Adolescent Center

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**St. Anthony's Medical Center**  
10010 Kennerly Road • St. Louis, Missouri 63128

## NEW BOARD MEMBERS

### President Lanier Names Six to Committee Positions

**A**ppointees to EAPA's Board of Directors are named by the President of EAPA and serve three-year terms. The terms of six Board members—all chairs of committees—expired during the 20th National Conference in St.

Louis. The following individuals have been appointed as the new chairs by President Dan Lanier. Five are voting Board positions, one is a nonvoting, ad hoc position.

#### IRENE SIMONETTI, MS, CEAP ADVISORY COMMITTEE TO THE EXCHANGE

Irene Canales Simonetti, is EAP manager for the Arizona State Department of Transportation. She works out of Phoenix. In EAPA, she is currently president of the Arizona Chapter and previously served for two years as treasurer. Irene replaces Claire Fleming as chair of the Advisory Committee to the Exchange.



#### GEORGE COBBS, CADC, CEAP BYLAWS COMMITTEE

George Cobbs, is coordinator of the International Longshoremen's and Warehousemen's Union Alcohol/Drug Recovery Program. He works out of Local 10 in San Francisco, CA. George was previously chair of EAPA's Labor Committee and a founding commissioner on the Employee Assistance Certification Commission. He is the current holder of EAPA's Member of the Year Award. George replaces Jim Roth as chair of the Bylaws Committee.

#### GARY MALTBY, CSAC ETHNIC & CULTURAL CONCERNS COMMITTEE

Gary Maltby is the United Auto Workers EAP representative to General Motors CPC Division, Fairfax Assembly plant in Kansas City, KS. He is a member of UAW Local 31. Gary, who served as assistant labor chair on the 20th EAPA National Conference Program Committee, replaces John Hooks as chair of the Ethnic & Cultural Concerns Committee.

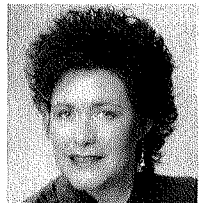


#### JACK McCABE LABOR COMMITTEE

Jack McCabe is director of the Alcohol and Substance Abuse Program for the Sheet Metal Workers International Association. He works from SMWIA headquarters in Washington, DC. Jack has been active on EAPA's Labor Committee and in the Eastern District for many years. He replaces Thom Murgitroyde as chair of the Labor Committee.

#### TAMARA CAGNEY, CEAP STANDARDS COMMITTEE

Tamara Cagney has been *reappointed* as chair of the Standards Committee. She is executive director of Health Matters, a Pleasanton, CA-based EAP service provider. Previously, Tamara served as EAPA's Vice President-Operations, chair of the Program Managers Committee, and Western Region Representative. She was named as chair of Standards Committee in November 1990 to complete the term of Debra Reynolds, who was elected to the Executive Committee.



#### RONALD A. FINCH, ED.D BENEFITS COMMITTEE (AD HOC, NON-VOTING)

Ron Finch is EAP director for BellSouth in Atlanta, GA. He replaces Sally Lipscomb as chair of the Benefits Committee and, in that position, also serves as chair of the *ad hoc* managed care committee.



## NEW EACC COMMISSIONERS

### Certification Commission Elects New Chair, Adds Three New Commissioners

**T**he Employee Assistance Certification Commission (EACC) continues to replace outgoing commissioners with highly qualified personnel, and four recent changes were made at EAPA's 20th National Conference. By vote of the commissioners a new chairperson has been elected, and three new commissioners have been appointed by EAPA President Dan Lanier.

The EACC is composed of 15 commissioners, and the executive director of EAPA serves as an ex-officio member. The people who continue to serve on the EACC by prior appointment are:

**Russ Binicki, CEAP**, Chair, Committee on Professional Conduct

**Richard L. Bollaert, CEAP**, Treasurer

**Carol M. Boone, Ed.D., CEAP**, Chair, Item Development Committee

**John Burke, CEAP**, Chair, CEAP Newsletter Committee

**Winston A. George, CEAP**, Chair, Test Bias Committee, and Co-chair, Content Outline Committee

**Donald Godwin, CEAP**, Co-chair, Communications/Marketing Committee

**George Grant, CEAP**

**Muriel C. Gray, Ph.D., CEAP**, Co-chair, Communications/Marketing Committee

**Victoria O'Donnell, CEAP**, Co-chair, Content Outline Committee

**Celina Pagani-Tousignant, CEAP**, Vice Chair, Examinations, Chair, Handbook Committee, and Chair, International Certification Committee

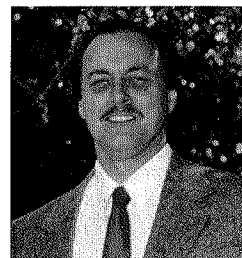
**Cynthia Sulaski, CEAP**, Vice Chair, Recertification

**Michael Benjamin (ex-officio)**, Chief Operating Officer, EAPA

The EACC's newly elected chair and appointed commissioners are:

#### TERRENCE R. COWAN, MPA, CEAP CHAIR, EACC

Terry Cowan has worked in the EAP field for over 14 years and in the chemical dependency field as counselor, consultant and administrator for 20. He is executive director of the Workers Assistance Program of Texas, an external EAP service provider based in Austin, TX. He is also a member of Communications Workers of America Local 6186. Terry has served on a variety of committees in EAPA and was appointed to the EACC in 1990. Before succeeding Sandra Turner as chair, he was vice chair of the Recertification Committee.



#### CARMEN P. ABBOTT, MA, CEAP COMMISSIONER

Carmen Abbott is a regional manager in the Corporate Employee Counseling Department of Hughes Aircraft Company, based in El Segundo, CA. Originally from Honduras, Carmen is in her seventh year with the Counseling Department and 10th with the corporation. She is on EAPA's National Women's Issues Committee and is the Los Angeles Chapter's membership chair.

#### MARK COHEN, DSW, MPH, CEAP COMMISSIONER

Mark Cohen is a partner for Harris, Rothenberg International an EAP service provider based in New York City. Previously, he created and then managed the internal EAP at American Express and served as a consultant to the United Nations Centre for Social Development and Humanitarian Affairs. He is a longtime member of the EAPA New York City Chapter.



#### CAPT. JAMES A. MARTIN, CAC, MSW, CEAP COMMISSIONER

Jim Martin is director of the Personal Guidance Unit for the Detroit Fire Department, where he has been employed for 29 years. He is also director of the Department's critical incident stress debriefing team. Jim is a charter member of the EAPA Greater Detroit Chapter, where he has served as president and vice president.

## ON THE LABOR FRONT

# AFL-CIO Works Toward Workplace SA Manual

Last November 18, the AFL-CIO assembled a distinguished panel of 16 labor members and others expert in workplace substance abuse issues to begin development of a comprehensive approach to substance abuse in the workplace and publication of a "how-to" manual that provides guidance to union representatives on appropriate responses to substance abuse problems.



Joe Velasquez

Among those meeting at the George Meany Center for Labor Studies in Silver Spring, MD were AFL-CIO community services director Joe Velasquez, former EAPA executive director Tom Delaney, EAPA members George Cobbs and John Abbey, and Ellen Weber of the Legal Action Center.

According to Velasquez, "Alcohol and drug problems are becoming so pervasive in our society that new and creative approaches need to be devel-

oped to address the problem. The fact that the White House has elected to push enforcement and punitive approaches over prevention and treatment demands that labor needs to get aggressive about promoting rehabilitation."

The November roundtable was the first of what is expected to be a series of working sessions. The purpose of the initial meeting was to raise issues and not necessarily to build consensus, but the participants reached general agreement on six major issues. They are:

- The abuse of alcohol and other drugs should be regarded as a chronic, progressive, treatable disease characterized by relapses.
- The document should address the reliability of various drug tests on the market and include procedures to follow when an employee relapses.
- The policy should deal with workplace problems that arise out of substance abuse, in a worker and his/her family.
- The policy must be positive in tone, enforceable by both labor and management, and adaptable to the


needs of particular workplaces.

- Every workplace should have a substance abuse policy.

- EAPs, well-designed and effectively implemented, are essential to successful prevention, assessment and treatment of workplace-related substance abuse problems.

A second meeting of union representatives was held on January 31, but details were not available by the *Exchange's* press deadline.

"We expect this manual to build on previous actions taken by the AFL-CIO to address alcohol and drug problems in a humane way," adds Velasquez. "We have always issued strong policies to this effect, and many affiliated unions have established outstanding labor-based or labor-management EAPs. We want to continue to provide guidance and encourage the development of more and better EAPs."

The *Exchange* will provide more details of the AFL-CIO's roundtable discussions as they become available. 

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Mar-Las Vegas	Sept-Kansas City
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Apr-Baltimore	Oct-San Diego
Apr-Oklahoma City	Oct-Detroit
Apr-Hartford	Oct-Providence
Jun-Cape Cod	Oct-Atlanta
	Nov-Cincinnati

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Basics & Beyond has been presented numerous times throughout the United States. The Employee Assistance Professionals Association, Florida Occupational Program Committee and Metrolina Chapter of EAPA have all sponsored this course and have had overwhelming success and requests for future presentations.

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# UPDATE ON CERTIFICATION

## A Litmus Test for Recertification

by Donald Godwin, CEAP  
Co-chair  
EACC Communications Committee

Nineteen hundred and ninety-two is a year that brings with it great anticipation for the Employee Assistance Certification Commission (EACC). Since the CEAP credential expires five years after issuance, and the first class of CEAPs was conferred in 1987, this year is the first in which CEAPs must meet recertification requirements in order to retain their CEAP credential.

In other words, this year is a litmus test for the CEAP credential and the recertification process. Approximately 2,200 CEAPs must recertify this year to retain their credential. About 80% of eligible candidates are expected to recertify by accrual of Professional Development Hours (PDHs). The balance are expected to sit for the current CEAP examination. The exam is offered at many test sites around the country, incidentally, and testing at special centers can also be arranged.

In reality, not one but three groups of CEAPs recertify in 1992. **The first group comes due on March 31, and recertifications will be processed by EACC staff between February 1 and April 30. The second group comes due on May 16, and recertifications will be processed between April 1 and June 30. The third group comes due on November 21, and recertifications will be processed between October 1 and December 31.** In effect, the absolute last day by which CEAPs may recertify without their credential expiring is the final day of their processing period.

Special circumstances apply for grandparented CEAPs. Initially, in



Don Godwin

1987, a third route for recertification existed when 800 professionals with extensive EAP experience (nine or more years) were granted exemption from testing in order to be certified. This select group of EAPA members were recognized for their efforts in "pioneering" the EAP field. This option is no longer available, and the grandparented professionals must either sit for the exam or have accrued 50 PDHs by April 30, when their CEAP recertification closes. Most are choosing to certify by PDHs. **CEAPs whose certifications come due in 1992 will receive notices by mail from the EACC.**

Since the vast majority of CEAPs will recertify by PDH it is important to note that, due to a recent change by the EACC, CEAPs are now responsible for maintaining their own PDH attendance records. When attending EACC-approved training, *CEAPs should obtain two copies of the training form for each event.* (Either the EACC's or training sponsor's form can be used). One copy is for submission to the EACC at the time of recertification, and the second is for the CEAP's personal file. CEAPs must record the following information on the training form for each training:

- EACC training approval number.
- Number of hours of training.
- Content Area(s) to which training applies.
- Signature or initials of the sponsor of the training.

**CEAPs are encouraged to keep their PDH records under their pillow or another safe place!!**


As CEAPs accrue PDHs or plan to recertify by exam, they need to be aware of when their recertification comes due.


* Certification	* Recertification
1987	1992
1988	1993
1989	1994
1990	1995
1991	1996

The EACC's 3-year recertification period begins now.

1992	1995
1993	1996
1994	1997
1995	1998
*	*

To recertify by exam, CEAPs should write to the EACC to receive further information.


A final note for training sponsors: Applications will not be accepted for preapproval of training which is to be held within two weeks from the date of receipt of application. These applications will be returned to the sponsor unprocessed. Do not try to beat the deadline by submitting applications by fax transmittal. They will not be accepted! 



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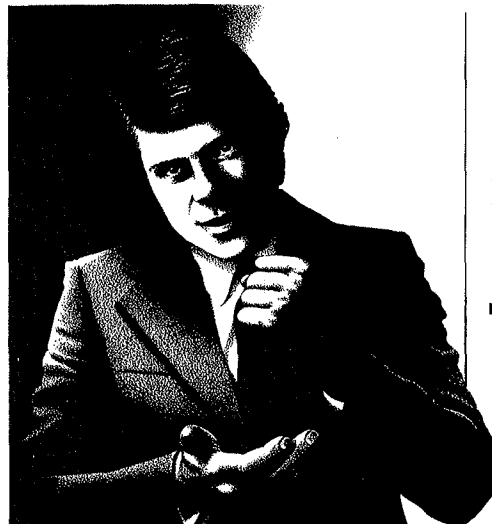
to be sophisticated in the way you sell it.

BY RUDY M. YANDRICK, EDITOR

**T**en years ago, it was common for two EAP firms to spar for 90% of the business in a given locality. Providers used their networks and knew who their competitors were. There was little need for image-building expertise. Things were uncomplicated and EAP firms sustained annual growth.

What happened over the next decade to EAPs was not unlike other fledgling industries—such as genetic research, home exercise equipment and deco art—that were seemingly “discovered” overnight. Suddenly, everybody wanted a piece of the action. Opportunities abounded, but so did the threats.

As in all free enterprise, the spoils still go to the victor, but the definition of victory for EAP vendors has been expanded from program design and service delivery to include marketing superiority. Why? According to Carl R. Tisone, chief executive officer of Personal Performance Consultants, a leading national EAP firm, “New crops of EAP providers are crowding the marketplace and businesspeople are looking for weaknesses to halve the field, then halve it again. If they perceive a weakness in how a product or service is packaged and presented, they will interpret that as a weakness in



the product or service itself. Effective marketing is what I call getting to first base with the potential customer.”

Effective Marketing and sales strategies have some common denominators. First, they target customers’ ultimate needs. In this respect, EAPs do not sell assessment-and-referral services, they sell a plan for productivity improvement, employee health, reductions in accidents and more appropriate expenditure of the behavioral health care dollar. Marketing is based on buying cycles and sales goals. It seeks to establish marketplace position.

Many EAP professionals are capable salespeople, but not astute marketers. However, developing a marketing plan is not a matter of simply buying or renting outside expertise. Marketing is part of the strategic plan of the organization. Hence, marketing is best thought of in terms of *strategic marketing*.

### STRATEGIC PLANNING

“Strategic planning should stratify the marketplace, clarify the EAP provider’s position in it, and set goals based on where the provider would like to be at various points in the future,” says Tisone. “The strategic plan, in turn, determines the marketing strategies for the coming year. At PPC, we view marketing as a function that *adds value* to the goals and objectives of the organization.”

Where, then, does an EAP firm start? There are seven generally recognized stages in the strategic planning process for small and mid-size businesses, where virtually all EAPs are nested. The stages are: (1) Setting corporate objectives, (2) Strategy formulation, (3) Strategy evaluation, (4) Strategy selection, (5) Long-range planning, (6) Program planning, and



(7) Annual planning (budgeting).

The initial stage in which marketing plans are considered is strategy formulation, which begins with an analysis of the firm's boundaries, products & services, and customer base, and concludes with an analysis of the external marketplace.

Sample questions needing responses are these:

- Do most of my customers form a homogenous group?
- Is it more profitable to serve some customers than others?
- Have there been many changes in my clientele?
- What special services or features do some customers demand?
- Do they tend to buy a basic "package deal" or want "customizing"?
- Why are customers buying EAP services now?
- Why did they establish a business relationship with you?
- Why did some prospective customers *not* go to you?
- What are the growth industries in your area?
- What other industries are the most ripe for EAP expansion?
- How is the EAP sales cycle changing?

Answers to these and other questions will help to clarify an EAP's position in marketplace. From there, a marketing plan can be built depending on other considerations such as product development, budgeting, in-house marketing expertise, and market position.

How does a large, sophisticated EAP firm like PPC conduct its strategic planning and strategic marketing? The *Exchange* recently visited PPC at its headquarters in St. Louis to discuss its processes. First, however, a brief resume on PPC: This is an external, for-profit EAP firm that has two shareholders and a board of advisors. PPC has been built from the ground up since 1975 and today has over 600 FTEs, with about 60 employees at head-

quarters and in approximately 100 regional and local offices throughout the U.S. and Europe. Its National Service Network, which provides 24-hour crisis lines, recruits for providers for its referral network, and conducts quality assurance checks on the treatment processes, is also operated out of St. Louis. PPC introduced a managed care product called PsychPlan in 1989. It has four regions in the U.S. and six corporate divisions at headquarters: Finance, National Sales, Human Resources, Legal, Quality Assurance—Clinical Services, and Quality Assurance—Corporate Account Services.

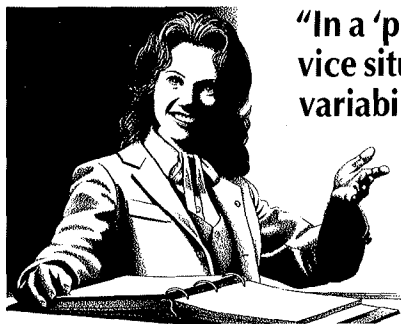
PPC has a bottom-up, two-stage strategic planning process. Its six divisions formulate strategic plans, which then fold into the corporate strategic plan. The National Sales Division is responsible for all corporate marketing and sales, and involves the CEO, President, COO, corporate sales manage-

ment, regional vice presidents, sales staffs, and advertising and design consultants. Its involvement in corporate strategic planning follows this process:

(1) The division's management team, consisting of the Vice President—Sales, National Sales Manager, and regional sales managers—meets four to six weeks in advance of PPC's annual strategic planning session. It analyzes competitors for their strengths and weaknesses, studies sales performance over the prior year by crunching its sales numbers and analyzing successful and unsuccessful sales experiences, considers where its business leads came from the prior year (e.g. cold calls, benefits consultants, advertisements), and conducts its own SWOT self-analysis. Then, taking into account the larger mission and goals of the firm, recommendations are made on how sales performance can improve over the prior year.



Shown in the photo above are three of the principle marketing planners for Personal Performance Consultants. They are (l-r): Gail Buss, National Sales Manager; Carl Tisone, Chief Executive Officer; and Deborah Sheperis, Vice President, Sales.



**"In a 'people-based,' labor-intensive service situation, there is more potential for variability (than selling a product). Human performance, it follows, largely determines the outcome of the 'product.' Employee quality and performance issues become important."**

(2) The Vice President—Sales and National Sales Manager then consult with the CEO about product enhancements, new systems that will be installed, and areas of professional development needed by the sales staffs.

(3) The Vice President—Sales and National Sales Manager then go back to their salespeople to hash out individual sales strategies. Salespeople individually set goals for making cold calls, earning account renewals, making new prospective client lists, exhibiting at trade shows, making presentations in business forums, and making sales presentations. This information is then packaged for presentation to its Senior Corporate Planning Committee, with geographic sales goals.

(4) With regard to contract renewals, a review process also occurs in Corporate Account Services, where its vice president appraises the quality assurance systems and product enhancements. The vice presidents of Corporate Account Services and Sales then discuss common issues, such as coordinating the timing of the availability of a new product with its marketing.

(5) The Senior Corporate Planning Committee is composed of the division vice presidents, regional managers and several other headquarters staff. Each year, with division reports in hand, the committee conducts planning over a six- to eight-week period in May and June. (PPC's budget cycle runs from October 1 to September 30.) In practice, much of the committee's strategic planning is refinement of the division reports, but it roughly follows the seven-stage strategic planning process described earlier.

(6) Once the programs for the next 12 months are set and divisional budgets are established, information flows back through the Vice President—Sales to the sales staffs.

(7) The strategic plan is then for-

mulated, reviews occur quarterly and minor modifications are regularly made.

For EAP firms which have smaller staffs and a lesser amount of departmentalization, the strategic planning process can be consolidated.

## **NUTS AND BOLTS OF MARKETING**

When it comes to the fine details of marketing, most principals of EAP firms have one thing to say: *Help!* Very few of them are knowledgeable about marketing and, for those EAPs without the budget for a hired gun, expertise can be hard to come by. Some guidelines for developing a marketing plan, however, can provide the principal of an EAP firm with a skeleton plan which principals can embellish using practical business sense.

### **MARKETING A SERVICE**

EAP principals should first understand how marketing a *service* differs from marketing a *product*. In his article "Services Marketing is Different," which appeared in the June 1980 issue of *Business Magazine*, Leonard L. Berry describes some of the distinctions, such as:

- A service generally is impalpable and, as such, may be abstruse subject matter.

- In a "people-based," labor-intensive service situation, there is more potential for variability. Human performance, it follows, largely determines the outcome of the "product." Employee quality and performance issues become important.

- Because services are usually purchased on the premises of the buyer, service marketers are often in a position to shape the environment to their specifications, since they distribute the service they produce.

- Price may be an index of quality,

meaning that "bargain-basement" prices may indicate a seller's lack of confidence.

- A service can sometimes be made more palpable by creating a tangible representation of it, such as a plastic credit card.

*Large insurance carriers are now influencing marketing in the managed care field by marketing their services as "products" in order to influence buyer behavior.*

## **MARKETING RESEARCH**

Assuming that an EAP principal has a lack of resources to hire market research specialists (almost all EAP firms are in this boat), there are several ways that it can derive its own "home-grown" data.

**Marketing Survey.** One method of surveying current business clients is through a marketing survey. The marketing survey should be composed in large part of questions that will help provide information for the situation analysis of a strategic plan. It should provide insights on the type of advertising, sales and public relations that would be most effective in influencing target audiences.

Questions in the survey should elicit information on customer satisfaction, the EAP's performance in striving toward stated goals (e.g. absenteeism, workers compensation, accidents, health insurance claims), buying influences (e.g. newspapers and trade publications read by the service purchaser), evaluation of various marketing and sales approaches, the rating of current services provided by the EAP firm, the desire or need for additional services, etc.

The questionnaire for accomplishing this should be in a simple format so that questions can be answered with simple responses—such as a check mark in a box—although room may be left for further explanation at the discretion of the respondent. All questions should be carefully reviewed for objectivity and, if possible, prescreened. Questions to elicit demographic information about the respondent will be perceived as nonessential and should be kept to a minimum. The questionnaire should be designed for quick tabulation, sent with a concise cover note, along with a self-addressed, stamped envelope, and have the appearance of a professionally prepared document that was designed for legibility.

**Focus groups.** Focus groups consisting of business clients yield the same types of information as marketing surveys, but have the added benefit of face-to-face contact. Groups should be composed eight to 12 people and meetings should last about three hours (including lunch). The hardest part of forming a focus group is setting up a meeting time and attaining commitments to attend. But despite the obstacles, focus groups provide an opportunity for face-to-face contact and to show that you are listening to customer concerns. The agenda should be structured to derive the greatest amount of information. However, recognizing that it is also an informal, quasi-social occasion, the focus group's agenda should be balanced with a modicum of time for interchange among the participants. Within a week or two afterward, participants should also be sent a summary of the discussions.

**Analyzing RFPs.** With greater frequency, requests for proposals are being issued. Many RFPs are generated by benefits consultants, who presently have the ear of corporate benefits departments. They are presently dictating the form that many EAP and managed care services take. Whether or not an EAP firm chooses to return an RFP, its fine print is an indicator what's new in terms of customer wants and needs.

#### MARKETING AND SALES TACTICS

Once the market data are in, information should filter back to product development and marketing. Decisions need to be made as to how dollars will be doled out for marketing, sales and public relations. The following is a list of some vehicles for EAP marketing. Some of these are financial investments, other are low-cost but require large amounts of time and energy. Also, some are designed for soliciting new business while others are to retain current customers.

- Brochures
- Direct mail
- Sales presentations
- Trade show exhibiting, presenting or attending
- Inquiry answering
- Telemarketing
- In-person cold calls
- Client newsletter
- Annual report
- Training courses

- Display advertising (e.g. local newspapers, professional publications)
- Postcards
- Articles in publications
- Contests
- Announcements for local media
- Educational seminars for employers on EAP
- Membership in business organizations
- Paperweights, lapel pins or other trinkets for distribution to clients

An array of books is available at college and university libraries on marketing and selling. EAP professionals should be cautioned, though, that most of the material is generic and applicable to selling products instead of services.

**Getting outside help.** EAP firms that are seeking a polished, professional image may want to consider using the services of a professional ad agency. In the book *The Ad Game: Playing to Win* (Motivation Press, 1987), authors G. Robert Cox and Edward J. McGee explain:

*An agency can assemble all the types of talent—copywriters, artists, marketing specialists, research people, and so on—into a cohesive team which,*

*over time, has or will handle just about any advertising/communications/marketing problem you will every have to face...*

*An ad agency thinks in terms of continuing campaigns and total programs as opposed to many corporate management people who tend to think in terms of making a single ad or direct mail piece based on whatever idea springs from a pet concept or sudden instinct.*

*A good agency will not simply make an ad. It will create a total promotional campaign derived from solid marketing information and thorough knowledge of the audience they are seeking to influence...*

*Yet another peripheral plus for an agency is that it often commands management respect simply because it is the outside communication council rather than a "philosopher" within your own company. The agency's ability to shoot down a pet brainstorm from the corporate president with less emotional risk is something to consider. A good agency can serve to back you up as a professional and minimize management meddling as well.*

In marketing and sales, PPC uses

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internal staff for those elements with which it is experienced—marketing planning, newsletters for clients and direct selling—and uses advertising and design consultants for ad campaigns and promotional posters. Says Tisone, "We feel that one of the reasons for our success has been that we don't try to hold all of our activities too tightly. Since the 1970s, our philosophy has been to decide where we presently have expertise, cultivate new expertise where it is desirable, and work with outside specialists for the rest."

## IT'S 1992: WHAT'S NEW?

The EAP marketplace, it seems, is in an ever-faster spin. Here is a look at a few current EAP marketplace issues that bear heavy on EAP marketing and sales.

- Now that EAP is a rock steady performer in the human resource management stable, outside interests in the insurance industry, medical profession and other fields are acquiring EAP expertise. Many of these companies use sophisticated marketing techniques and have generations of sales forces. EAP tends to be an easy concept sell

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## The "Other" Marketing

**E**APs that are long on marketing competence but short on service delivery are not likely to retain contracts past the first year. An EAP firm that adds to its clientele by 20% a year but loses 20% to attrition is actually backsliding in the marketplace. Tisone notes that customer service is the "other" marketing strategy that can also win new customers. "If you have a record of long, happy relationships with business clients that will back you up on it, you have a strategy for attracting new clients," notes Tisone. "PPC has consistently favored a steady build up of business that stresses customer retention over opportunistic bull rushes that risk leaving us short on customer delivery."

within their distribution channels for managed care products. Because large numbers of EAP providers are also competing with these corporate giants for managed care business, they should subject their marketing and sales activities to qualitative analysis with the competition, just as they would aspects of service delivery.

- Many of the new competitors, oriented toward managed care from a medical/surgical perspective, continue to advocate "fixing" patients' mental health and substance abuse problems using rigid protocols such as might be used for, say, an appendectomy. "Obviously, the same techniques are not going to work. EAP firms can get mileage out of managed behavioral health care as a concept sell, just as they have done for employee assistance," explains Tisone. "As long as the intent is to distinguish yourself from the competition instead of blending with it, EAPs continue to have a valuable trump card. Also make sure that employers understand the difference between long-term health care cost management and short-term cut and slash."


- While the largest managed care players focus on the corporate giants, EAP/managed care firms can continue to reap rewards in the mid-size market of 500 to 10,000 employees. Locally based EAPs can then find fertile ground in the small-employer market.

- EAP firms are always concerned about where their next business lead

will come from. Regional and national firms commonly use affiliate groups to provide EAP assessment services. Says Tisone, "We have found that they can be a rich source of business leads, so they are a prime group to establish comfortable working relationships with."

- EAP sales cycles are changing. Tisone notes that while a major sale typically took three to five years in the 1970s, most are accomplished in less than a year now. Therefore, with more immediate returns, EAP firms can focus more on the time of year that its advertising messages reach the market, followed by sales calls and contract renewals. "January is traditionally the biggest month for program implementation. But this has more to do with the fiscal year and relevance to the sales cycle," says Tisone. "Many companies have benefit plan reviews in July and shop for EAP services in September and October. Because a pattern has formed, marketing and sales activities can be planned now with more predictable results."

- In American marketing lingo, "value added" has become a powerful term. In his book *Value Added Selling Techniques*, Tom Reilly explains, "'Value-added' refers to how the manufacturer or distributor changes, enhances or improves the basic product to increase its value to the buyer." It is, in fact, the inverse of undercutting competitors in price. One example of a value-added service is in-person assessments, which are becoming a rarer commodity in the era of managed care.

Despite the sophistication and variation of EAP/managed care services that are now available to business customers, marketing retains a constant objective—to provide customers with a message to which they want to respond. The better that EAP firms listen to their business clients, the better armed they will be to translate that into a successful marketing message. 



## EAPA PUBLICATIONS FOR SALE

EAPA's many publications are available for purchase from association headquarters. To order any of them, please follow these instructions:

(1) Check the boxes to the left of the titles you want.

(2) Include a check or purchase order to EPA for the total amount of your order, based on the prices shown to the right of each title. Include Virginia sales tax, if applicable.

(3) Provide address information, detach this form (or a photocopy of it), enclose with it your check or purchase order, and mail to: EPA, 4601 N. Fairfax Drive, Suite 1001, Arlington, VA 22203; telephone (703) 522-6272; fax (703) 522-4585.

**Prepayment or a purchase order is required, but telephone orders will be accepted if they are billed to American Express.**

Title	Member Price	Nonmember Price
<input type="checkbox"/> <b>EAP Association Exchange</b>		
__ copies of the ____ issue .....	\$ 3.00 ea. ....	\$ 6.00 ea. ....
(month) (year)		
<b>Individual Starter Kit Publications</b>		
<input type="checkbox"/> Standards for Employee Assistance Programs .....	\$ 5.00 .....	\$ 15.00 .....
<input type="checkbox"/> A Guide for Supervisors .....	\$ 5.00 .....	\$ 8.00 .....
<input type="checkbox"/> EAP Theory and Operations .....	\$ 5.00 .....	\$ 8.00 .....
<input type="checkbox"/> Legal Issues Affecting EAPs .....	\$ 4.00 .....	\$ 6.00 .....
<input type="checkbox"/> EAP Value and Impact .....	\$ 5.00 .....	\$ 8.00 .....
<input type="checkbox"/> The Continuum of Services .....	\$ 10.00 .....	\$ 15.00 .....
<input type="checkbox"/> Workplaces Without Drugs .....	\$ 6.00 .....	\$ 9.00 .....
<input type="checkbox"/> <b>Starter Kit</b> (includes the seven publications listed above) .....	\$ 35.00 .....	\$ 60.00 .....
<input type="checkbox"/> <b>EAP Solutions to the Employer</b>		
<b>Health Cost Crisis</b> .....	\$ 15.00 .....	\$ 20.00 .....
<input type="checkbox"/> <b>Research Presentations—1988</b> .....	\$ 25.00 .....	\$ 37.00 .....
<input type="checkbox"/> <b>Research Presentations—1989</b> .....	\$ 25.00 .....	\$ 37.00 .....
<input type="checkbox"/> <b>Research Presentations—1990</b> .....	\$ 25.00 .....	\$ 37.00 .....
<input type="checkbox"/> <b>EAPs: An Annotated Bibliography</b> .....	\$ 15.00 .....	\$ 20.00 .....
<input type="checkbox"/> <b>Women: Alcohol, Drugs and Workplace Issues</b> .....	\$ 15.00 .....	\$ 20.00 .....
<input type="checkbox"/> <b>An Emerging Paradigm</b> (Ethnic & Cultural Concerns monograph) .....	\$20.00 .....	\$35.00 .....
<input type="checkbox"/> <b>Drug Abuse in the Workplace: Annotated Bibliography (1977-88)</b> .....	\$ 30.00 .....	\$ 45.00 .....
<input type="checkbox"/> <b>Set of three bibliographies</b> .....	\$ 45.00 .....	\$ 60.00 .....
<input type="checkbox"/> <b>Directory of EAP Consultants</b> .....	\$ 25.00 .....	\$ 45.00 .....
<input type="checkbox"/> <b>International Resource Directory</b> .....	\$ 10.00 .....	\$ 15.00 .....
<input type="checkbox"/> <b>Certification Guide</b> (one copy) .....	NC .....	NC .....
<input type="checkbox"/> <b>Recertification Guide</b> (one copy) .....	NC .....	NC .....
<input type="checkbox"/> <b>CEAP Training Provider's Guide</b> (one copy) .....	NC .....	NC .....
<input type="checkbox"/> <b>CEAP Code of Professional Conduct</b> (one copy) .....	NC .....	NC .....
<input type="checkbox"/> <b>Code of Ethics</b> .....	NC .....	NC .....
<input type="checkbox"/> <b>The Role of EAPs in the Drug-Free Workplace</b> .....	NC .....	NC .....
<input type="checkbox"/> <b>Be on the Cutting Edge of the EAP Profession</b> .....	NC .....	NC .....
Subtotal .....	_____	_____
Virginia residents add 4.5% sales tax .....	_____	_____
<b>Total</b> .....	_____	_____

NAME _____	MEMBERSHIP CATEGORY _____
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## WORK ORGANIZATION

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**For descriptions of any of the publications listed above, please call EPA at (703) 522-6272 to order a free copy of EPA's Publications Catalog.**

# FAXbackSurvey

## 21st National Conference Planning

**E**APA's 1992 National Conference Program Committee is working diligently to deliver the EAP field's *best* conference ever. To help the committee plan for the event, which will be held on October 30-November 3 at the Hyatt Regency in Atlanta, Georgia, your immediate response to the following FAXback Survey is requested. Please respond by faxing this completed questionnaire to EAPA headquarters by **March 15th** at (703) 522-4585.

NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**Please check the box that describes your professional activity.**

☐ Internal EAP staff member☐ Treatment provider☐ External EAP staff member☐ Other☐ Labor representative

1) Do you plan to attend the 21st EAPANational Conference, scheduled for October 30-November 3 in Atlanta?  
☐ yes ☐ no ☐ undecided

2) Did you attend the 1991 National Conference last year in St. Louis?  
☐ yes ☐ no

3) If yes, what did you like best about the 1991 conference?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4) If yes, what is one change that you would like made for the 1992 National Conference?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5) What are the "hot topics" that you are dealing with in your work organization?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6) Name the single-most important issue facing EAPA that should be addressed at EAPA's 1992 National Conference.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7) What single event, topic or speaker would provide the most incentive for you to attend the 1992 National Conference?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8) To which other professional groups would the National Conference appeal? If possible, please provide names of local or national membership organizations, along with contact persons and phone numbers.  
 \_\_\_\_\_  
 \_\_\_\_\_  
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9) Additional Comments \_\_\_\_\_  
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**Thank you for your help!!**

*Sandra Turner*  
**Sandra Turner**  
 1992 Program Committee Co-Chair

*Tamara Cagney*  
**Tamara Cagney**  
 1992 Program Committee Co-Chair





# Atlanta!

21st EAPA National Conference

## Call for Proposals

**Thriving in a Changing World**  
October 30-November 3, 1992 ♦ Atlanta, Georgia ♦ Hyatt Regency hotel

1992 National Conference Committee cochairs  
Sandra Turner (left) and Tamara Cagney





# Thriving in a Changing World

## The Profession, The Nation, The World



All human resource management programs are racing to keep astride with rapid change. Because EAP is multidisciplinary and the workplace is in rapid transition, the challenge is even greater. Sandra Turner and Tamara Cagney, cochairs of the 21st EAPA National Conference, have determined that the educational program this Fall will explore rapid changes in the EAP profession and related services. New insights on how EAPs affect—and are affected by—the nation and the world will be cultivated and shared.

Workshops have been arranged this year according to three tracks—Employee Assistance Programming (Internal/External EAPs), Labor, and Clinical and Other Resources—with a Research Track addressing topics in each of them. Also, since so many attendees at last year's National Conference in St. Louis gave “thumbs up” to a series of **Special Forums**, they are scheduled for a return engagement. Six special forums will be held this year on topics of special interest, including labor, ACOA empowering, benefits, gay/lesbian employees, public policy, and EAPA standards. The distinction with this year's forums, however, is that they will be based on experience sharing

and interaction with the audience, providing opportunities for challenges, debates and expressions of support.

Additionally, the 21st National Conference educational program will debut two engaging, dynamic presentations. A **formal debate** will feature dynamic exchanges between two opposing points of view on a yet-to-be-determined subject. It will begin with an opening statement by each party, followed by a spontaneous debate. (Candidates for the debate will either be invited guests or drawn from respondents to this Call for Presentations.) Second, lawyers in the EAP audience take note: a **mock trial** on EAP confidentiality issues that uses legal briefs before a presiding judge will also be staged.

EAPA is seeking outstanding presenters for the workshops, debate, mock trial and forums. The Program Committee is partial to proposals from presenters who propose to use experiential instruction, humor and anecdotes, can project their voices, and are expert on the EAP Content Areas. Do you meet these criteria? If so, the Program Committee welcomes your response to this Call for Proposals!



## Meet the Program Committee

**Program Committee Co-Chair**, Sandra Turner, CEAP, LISW, National Account Manager, ASSURED Health Systems, 6505 Rockside Road, Suite 220, Cleveland, OH 44131; (216) 241-4560; fax (216) 429-7440

**Program Committee Co-Chair**, Tamara Cagney, CEAP, RN, MFCC, Executive Director, Health Matters, 2324 Santa Rita Road, Suite 10, Pleasanton, CA 94566; phone (510) 462-6441; fax (510) 426-6851

**Georgia Chapter Liaison**, Mary Morehouse, CEAP, LPC, EAP Manager, AT&T, 400 Eastside Drive, Alpharetta, GA 30201; phone (404) 750-7894; fax (404) 750-3177

**Labor Track Chair**, George Cobbs, CEAP, Coordinator, ILWU-PMA, 400 North Point Street, San Francisco, CA 94133; phone (415) 776-8363; fax (415) 441-0610

**Research Track Chair**, Nathan Bennett, Ph.D., College of Business, Department of Management, Louisiana State University, Baton Rouge, LA 70803; phone (504) 388-6158; fax (504) 388-6140

**Employer Assistance Programming Track (Internal/External EAPs) Co-Chair**, Dennis Derr, CEAP, CSW, Manager, Employee Assistance, Mobil Corporation, P.O. Box 1038, Room 207, Princeton, NJ 08543; phone (609) 951-5116; fax (609) 951-5120

**Employer Assistance Programming Track (Internal/External EAPs) Co-Chair**, Jesse Bernstein, CEAP, President, Employee Assistance Associates, 1580 Eisenhower Place, Ann Arbor, MI 48108; phone (313) 973-0606; fax (313) 973-1513

**Clinical and Other Resource Track Chair**, Patrice Muchowski, Sc.,D., Vice President/Clinical, AdCare Hospital, 107 Lincoln Street, Worcester, MA 01605; phone (508) 799-9000; fax (508) 753-3733

**Member-at-Large**, John Pugliese, Vice President, Marketing and Sales, Parkside Medical Services Corporation, 205 W. Touhy Avenue, Park Ridge, IL 60068; phone (708) 698-4732; fax (708) 318-0966



*This Call for Proposals has three areas of focus, and specific, requested topics. Research topics appear in each of the three areas.*

## **TRACK A**

### **Employee Assistance Programming**

**(Internal, External)**

*Jesse Bernstein, Co-Chair*

*Dennis Derr, Co-Chair*

- Business management issues for EAPs
- Americans with Disabilities Act
- Managed care/benefits—debate of EAP role
- Current organization structure/dynamics
- EAP ownership—conflicts of interest
- Limited confidentiality—safety-sensitive positions
- Blending internal and external programs
- Corporate policies/employee needs/health care coverage—conflict
- Ethics and managed care
- Preventing violence in the workplace
- Sexual harassment—EAP role
- Increasing compliance with EAP and treatment plans
- Intervention: Why don't we use it more?
- Borderline disorder—diagnosis, treatment, workplace accommodation
- Increasing EAP assessment skills for psychological problems
- When to refer to psychiatrists for medication/treatment
- Gay/lesbian issues—coming out in the workplace
- Recognizing depression in the workplace
- Decreased economy/increased abuse

*Part of the Program Committee assembled for this photo. They include (l-r), sitting, Tamara Cagney and Sandra Turner and, standing, Jesse Bernstein, Mary Morehouse, John Pugliese and Dennis Derr.*



## **Track A Research**

*Nate Bennett, Chair*

- Effect of layoffs on individuals
- Factors affecting supervisory willingness to use EAP
- Ability to penetrate hard-to-reach populations
- Most-quoted studies: Challenging the methodology

## **TRACK B**

### **Labor Issues**

*George Cobbs, Chair*

- Union leadership training—new ideas
- MAP role in layoffs
- Managed care operated by MAP
- Accessing treatment: The challenge
- Collective bargaining for benefits
- Self-help groups
- Changing labor membership
- Effect of the economy on labor
- Managed care/Benefits—how they see labor's role
- Family violence: Treating the batterer
- Crisis management—labor on the front line
- Working with immigrant populations

## **Track B Research**

*Nate Bennett, Chair*

- Research on drug use patterns
- Incidence of chemical dependency: Do we have a problem?

## **TRACK C**

### **Clinical and Other Resources**

*Patrice Muchowski, Chair*

- Status of the industry—chemical dependency, psychiatric treatment
- Integrating continuous quality improvement into health care
- Shifting risk to clinical providers
- EAP and treatment—effective interface with managed care
- Ethical/unethical case finding
- ASAM criteria
- Brief treatment for high-risk employees
- Compulsive spending
- Incest survivors coping through addictions
- Who is qualified to assess?—level of licensure, certification
- Medical necessity vs. levels of care debate
- Gay/lesbian issues

## **Track C Research**

*Nate Bennett, Chair*

- Matching client to treatment
- Cocaine treatment

## **IMPORTANT**

See the following page for special instructions!

## Submission deadline for Proposals

Wednesday, April 1, 1992

Mail to:

Judith O. Evans  
EAPA, Inc.  
4601 N. Fairfax Drive  
Suite 1001  
Arlington, VA 22203

*No faxes accepted!!*

## Special Instructions

### Submitting proposals (other than for research)

Each track listed on the prior page is accompanied by a list of topics to guide you in the content of your proposal. The length of the proposals is to be 500-1,000 words, with 1,000 words being the *maximum* length. In reviewing all submissions, the Program Committee will give first consideration to those proposals which most closely respond to the suggested topic areas. Please indicate for which track your proposal is being submitted by entering the track letter in the space provided on the Proposal Submission Form. *If it is not included, your proposal will not be considered.*

Proposals should be made for only **one or two speak-**

**ers**, unless you receive prior approval from the Program Committee. If you have any questions, please call the chair for that track.

Without exception, the submission package you send *must* include the following, as required by the University of Texas at Arlington (for the awarding of CEUs) and the EACC (for the awarding of PDHs):

- Ten (10) copies of the proposal, using the form provided in this Call for Proposals.
- Ten (10) copies of the completed vita form for each speaker.

### Submitting proposals for research

The research proposals will be limited to presentations of comprehensive research papers. Only high-quality research, using quantitative or qualitative methods that correspond with the Call for Proposals are invited for submission. Proposals must clearly enunciate the implications for and application to the EAP and related fields.

Submissions on evaluation and research by EAP professionals are welcome, in addition to persons from the treatment community. *It is of utmost importance that each submission and ultimate presentation relate the implications of the research to the EAP and/or related fields.*

Each submission must consist of a description of completed or nearly completed research not to exceed 20 pages. Each submission must include a statement of the research questions and its applicability to the current and future EAP field or practitioner. The research methodology should be thoroughly described, including the sampling of procedures, number of cases, hypotheses, analyses, and findings or anticipated findings.

#### **The submission package must include the following:**

- Ten (10) copies of the proposal.
- Ten (10) copies of the presenter vita form, including current and other significant employment, academic institutions attended, degrees received, and papers presented or published.

### Also of importance

It is EAPA's policy not to pay speaker expenses. Also, because of the number of speakers who present during the National Conference, EAPA cannot honor requests for waiver of registration for speakers. However, if you will not be attending any portion of the National Conference other than your own presentation, the registration fee will be waived if requested to Judith Evans by October 1.

*Remember! Fax transmittals of proposals will **not** be considered!!*

# Proposal Submission Form

This form (or a photocopy of it) must be completed and returned by *Wednesday, April 1* to:  
Call for Proposals, Attn. Judith O. Evans, EAPA, 4601 N. Fairfax Drive, Suite 1001,  
Arlington, VA 22203.

Title of Proposal \_\_\_\_\_

Track for which proposal is submitted \_\_\_\_\_

Presenter (list job title, company or affiliation, address and phone number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission to publish and/or tape (signature) \_\_\_\_\_

---

**Length of proposal: 500 word minimum, 1,000 word maximum**  
Proposals must be completed in this space. No attachments will be accepted.

Please complete the Presenter Vita Form on the reverse side.

# Presenter Vita Form

**Instructions:** This is the *only* vita form that will be accepted by the committee. *Do not attach* your vita or accompaniments other than those requested in

the Special Instructions. If there will be two presenters in the presentation, each presenter must complete his/her own vita form.

Name \_\_\_\_\_

Degrees, Licenses, Certifications \_\_\_\_\_

Business address \_\_\_\_\_

Business phone \_\_\_\_\_ Business fax \_\_\_\_\_

Present position (title and description) \_\_\_\_\_

**Education** (begin basic preparation through highest degree held)

Degree	Year awarded	Institution	Major area of study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use the space below to briefly describe your professional experience or areas of expertise which qualify you to make this presentation.

Use this space only. No attachments will be accepted. Please submit Presenter Vita Form with Proposal Submission Form to Judith O. Evans, EAPA, by April 1.



## NEWS FROM THE OUTSIDE

# Economic Fallout: Layoffs and an EAP Response

by Katherine Gross  
EAPA Technical Resource Specialist

Newspaper headlines often reflect the ebb and flow of the economy. Headlines like "Bleak Budget Choices Loom" and "Economic Reports Give No Signs of Turnaround" were commonplace throughout 1991. The reality for American workers is that unemployment lines are lengthening; the Bureau of Labor Statistics reports that during the week of December 21, 1991, 438,000 people filed new unemployment benefits claims.

Analysts say that this weekly total will probably get worse before things get better. Many media reports about unemployment regurgitate eye-popping numbers in the hundreds of thousands, but the hardship is experienced by each and every furloughed worker and his/her family. As EAP professionals know, work is commonly associated with personal identity. Laid-off people often express shock or denial and even sway between disbelief that it is happening and hope that it is not. This is the real tragedy of layoffs.

### EAP SERVICES

The role of EAP during times of downsizing and layoffs varies from company to company. It is, however, important that laid-off employees be offered services through the EAP. EAP professionals can help departing employees cope with their situations by providing them with a channel to express their feelings of anger and fear, and to prepare them to move on with their lives and careers. The EAP may also want to provide training on financial planning, stress management, conflict resolution, grief and other appropriate topics. Additionally, the family members of the laid-off person should have access to the EAP. Not only are they faced with the employee's stress, they must cope with their own feelings of anxiety.

Westinghouse Electric Corporation's Electronic Systems Group, in Baltimore, MD laid off employees twice in 1991. Of a work force of 17,000, about 2,500 employees were laid off and another 1,000 retired. The employees about to be furloughed were given a 60-day notice and provided with information on EAP and access to outplacement services, as well as other services by the personnel and other departments.

Jim O'Hair, EAP manager for Westinghouse, suggests that when an EAP learns of impending layoffs, it needs to lay the groundwork first before opening its doors to individuals who will be affected. In planning for Westinghouse's layoffs, the EAP collaborated with other departments, including personnel, security, labor relations, communications and education & training. To illustrate, the EAP worked with security on an "emergency plan" to respond to an affected employee's threats against the company, a fellow employee or against him/her self. The EAP staff also anticipated that suicide might be attempted, or thoughts or ideation of suicide, might be a reaction. As a preventive measure, the EAP informed psychiatrists affiliated with area hospitals in Baltimore/Washington about the planned layoffs.

The EAP provided training to several groups at Westinghouse. The personnel counselors, for example, were trained to identify and refer to the EAP people who appeared to be having extreme problems coping with a layoff. Training was also provided to managers who had to notify employees of layoffs. Many of these managers, O'Hair notes, appeared to develop stress-related problems. Support was provided to the employees who remained on the job, many of whom experienced "survivor guilt."

A resource center was opened before the first layoff occurred to provide information about outplacement services, job interviewing, resume assistance, computer training, other skills

training, access to phones, and other services that a laid-off person might find helpful. The resource center, along with the EAP, provides training on topics such as stress management, stages in the grieving process, and financial planning. The how-to topics in the financial planning training include bill payment, getting extensions, and talking with creditors.

Other ways that Westinghouse's EAP anticipated the stress of layoffs included episodic depression, alcohol/drug use, and preexisting problems that would be intensified, such as marital problems. All of these problems and others did, in fact, arise, oftentimes in combination.

### COMMUNITY RESOURCES

O'Hair emphasizes that an effective EAP response to layoffs is based on preparedness, especially in collaborating with other workplace functions. It is also important to have full knowledge of the community resources which are available. For example, colleges and universities, cooperative services and consumer credit counseling services may provide financial planning education to employees and the newly laid off at little or no cost. Community mental health centers may provide training on stress, grief and other problems. In most communities, outplacement services are available. It is vital that in utilizing outside resources, however, that each one be evaluated for its appropriateness, competency and range of services.

In conclusion, the hardships of layoffs are felt by those who are furloughed, the company and the "survivors." EAPs have always been a means to conduct damage control among work organizations and employees anyway. So in most work organizations, EAPs are the function best suited to summon the full resources of the work organization and the community to manage the human tragedy that results from layoffs. ■

# Structural Enhancements

According to fable, the Third Little Pig was a survivor who prepared for inclemency. By enhancing program capabilities, EAPs can prepare for future uncertainties.

BY RUDY M. YANDRICK, EDITOR

**T**ime was, all that the Third Little Pig from the *Bamberger's* fable had to worry about was a menacing wolf with a strong set of lungs. The most resourceful of the pig trio proved to be well prepared for the onslaught. He was a survivor.

Had a sequel been written, the Third Little Pig might have been matched against harsh natural elements. This probably would have provided incentive for the pig to refortify his already-sturdy abode.

EAPs have a well-documented history of survival, too, prevailing over challenges in some cases and adapting to circumstances in others. EAPs are amid perhaps their greatest challenge ever—posed by employers seeking to control health care costs as a means of economic survival. As this market-driven drama is playing out, the result is proliferation of new managed care strategies, about which some EAP professionals are novice.

For instance, Monica Oss, editor of *Open Minds*, a newsletter that tracks managed care market trends, says, "We are seeing the rapid adoption of medical/surgical managed care concepts to mental health and chemical dependency. One of those concepts is performance-based contracting in which a managed care provider makes its monthly administrative fee based on a set of performance criteria, such as benefit expenditures, provider and patient satisfaction survey results, administrative efficiency, response time to initial contact by beneficiaries, and results of claims audits."

In a marketplace where competitors at times are not in plain view, many internal and external EAPs have been searching for solutions to assure their continued viability. They are asking, What programmatic enhancements do I need? How do I avoid going afield from the core EAP practices? To provide assistance, EAPA is near ready to publish a pragmatic guidebook. It is tentatively entitled "How to Establish an Integrated EAP-Managed Behavioral Health Care Program" and is a follow-up document to EAPA's first managed care monograph, "EAP Solutions to the Employer Health Cost Crisis," published in 1990.

The new monograph identifies eight program elements in a comprehensive managed behavioral health care (MBHC) system. They include:

- (1) Program Administration
- (2) Behavioral Problem Prevention and Early Intervention Services
- (3) Access to System
- (4) Assessment, Case Management and Follow-up Services
- (5) Provider and Resource Issues
- (6) Quality Assurance/Evaluation Measures
- (7) Data Management
- (8) Payment Process

*Excerpts from the new monograph appear on page 30. The excerpts highlight the purposes and goals assigned to each of these program elements.*

In recent months, the *Exchange* has published articles to help EAP professionals to ferret through the is-

ssues of managed care conceptually, build linkages with managed care entities, and respond to marketplace forces. This article addresses two aspects of MBHC—benefits management and clinical criteria and protocols—which cut across elements (1), (3), (4), (5) and (6), cited earlier.

## SELLING IT TO BENEFITS: IT'S IN THE PACKAGING

"To manage cost-effective care, you have to understand benefits, and the current movement in benefits is toward 'total health care management'," says Jim Oher, health care manager of benefit plans for Texaco. "Benefits managers are looking at disability and workers' comp to find where costs can be reduced."

He suggests that EAPs first need to sell benefits managers—who in many cases hold the scepter by which benefits are cut and dependent programs and services are rendered ineffectual—on EAP's preventive expertise, effectiveness in rehabilitation, and contribution to productivity as they help achieve corporate goals. EAPs, he emphasizes, need to "earn their stripes by finding ways to work through the resistance of dealing with a bureaucracy. In other words, they need to overcome old problems of isolation."

EAPs then need to revise how they communicate their services from the standpoint of risk management. This requires some dexterity in identifying behavioral health exposure risks, predicting the number of people who are



at risk of contracting each type of exposure, identifying strategies to minimize the number of exposures (i.e. prevention), and projecting the health care costs of dealing with each exposure. These data should also factor in prior health care utilization claims experience (including MH/CD claims and appurtenant medical/surgical claims data), inflation and geographic influences. Well laid-out data analyses and projections, says Oher, will enable EAP professionals to "engage with benefits managers in the political and economic battles that they are now fighting. You have to be conversant just to get to the table where issues are discussed."

He implores EAPs to develop their case-tracking abilities, a forté of many

new entrants to the behavioral health arena, and become familiar with physician fee schedules. One such fee schedule has been developed by the Health Care Financing Administration (HCFA) for reimbursement of services, including MH and CD treatment, under Medicare Part B. The Resource-Based Relative Value Scale (RBRVS) was created by HCFA as a result of the Omnibus Budget Reconciliation Act of 1989 and revises Medicare's approach to reimbursement of services. RBRVS places a value on the amount of work, overhead and malpractice premiums associated with providing each service or procedure, currently based on a conversion factor of \$31.001, with geographic adjustment factors. (More

on the RBRVS will be published in a future issue.)

Another codification system, the CPT, or Physicians' Current Procedural Terminology (CPT), is published by the American Medical Association and now in its fourth edition. It has universal codes for reporting physicians' medical services and procedures and receiving reimbursements.

According to Oher, "The CPT has been in long use, but the RBRVS is a new system whose primary intent is to reshift and change the direction of the medical health care delivery system while containing costs. Basically, HCFA wants to decrease the use of specialty physicians and put more value—dollars, as well—in the practices of primary care physicians.



Jim Oher  
Texaco



**"...the RBRVS is a new system whose primary intent is to reshift and change the direction of the medical health care delivery system..."**

Monica Oss  
Open Minds



**"We are seeing the rapid adoption of medical/surgical managed care concepts to mental health and chemical dependency."**

Bob Tank  
Coors Brewing



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Clearly, it's health care reform, and will be part of the health care mainstream of the future." He says that its implications are potentially fourfold: "ever-increasing refinement" of the assignment of values to MH and CD treatment diagnoses and procedures for reimbursement; educating primary physicians about MH/CD counseling and treatment and their relative values; collaborating with primary physicians on patient care; and, presenting information that will provide benefits managers and insurers with a basis for comparing claims for med/surg procedures with MH/CD procedures. (Some insurers are reportedly interested in using the RBRVS fee schedule in their managed care programs.)

#### **CASE STUDIES: VARIATIONS IN MBHC PRACTICE, CLINICAL PROTOCOLS**

As the Core Technology, McDonnell Douglas study and other indicators show, EAP *is* managed care, albeit with a human resource management slant. Marketing a managed care "product,"

however, is generally understood to include other structural components, such as a contractual network of preferred providers, enhanced staff clinical expertise, and formal clinical criteria and protocols, among other things.

For insights into variations in practice, the following are three case studies. The first two describe MBHC systems having internal EAP management. The third provides insights on the operation of a successful national MBHC vendor. All three case studies include criteria or protocols that apply to treatment providers and/or levels of care.

#### **COORS BREWING COMPANY**

This Golden, Colorado-based employer of about 12,000, with approximately 35,000 covered lives in its benefit plans, has a self-funded, self-administered EAP-driven managed care program. The EAP has authority to grant or deny all CD and MH expenditures for employees and dependents. However, dependents can seek their own outpatient treatment without penalty. (This split approach to em-

ployee and dependent care is based on the objective of reaching *employees* with personal problems, although it is presently under review.)

Coors' EAP function is called Employee and Family Counseling Services (EFCS) and its managed care system is called Special Care Services. They comprise one of three functions in Corporate Health Management Services that includes Wellness & Prevention Services and Medical Center Services. The three work collaboratively and emphasize prevention and wellness.

According to EFCS administrator Bob Tank, Jr., the EAP/managed care function features an internal staff of three clinical advisors, who authorize all treatment referrals and coordinate external EAP services to assure service and corporate continuity. "We emphasize a 'team approach' to managed care," he says. "We involve the affected employee or family member, other family members, the EAP advisor and the participating treatment providers." A meeting occurs at EFCS, the treatment provider or another lo-



cation that results in a treatment agreement by the participating parties and, after treatment is completed, a discharge agreement. Tank says that in so doing, the treatment providers, client and family fully understand their stakes in the process. He adds that a few providers have shirked the process, which they have perceived as "heavy-handed," but most are enthusiastic about the direct involvement of the employer.

In addition to having MH and CD counselors in its network, it also has another team of "acute care specialists" which handles crisis situations. They assess need, provide care, define the treatment process, abate the crisis, and assure the individual and/or family are functioning and need minimal support. They participate in treatment planning once the crisis is under control.

The EFCS has general, written criteria that it uses for MH and CD facilities, procedural expectations of acute care specialists, a case management protocol for use by its external EAP contractors, an appeal protocol, procedures for its internal advisors to follow for assessing and referring, and guidelines for the program's Utilization Review Committee. The Committee, composed of EAP staff members, meets weekly to provide ongoing UR by reviewing admission summaries, treatment plans and discharge objectives.

The criteria for facilities are shown in the box at right. "Our intent is to promote flexibility and assure safe, intensive services and encourage participation by all parties," says Tank. "The emphasis is always placed on the restoral of the employee or family member to health. The more this can be accomplished without being onerous to everyone involved, the better."

Can care management produce favorable financial savings as cost management alone typically does? The EAP oversaw a drop of 18% in MH/CD benefit expenditures over the past four

years, achieved in large part due to beneficiaries being diverted from potential hospitalizations into intensive community-based programs (i.e. less institutionalized environments). In 1990 alone, 64 cases were redirected. The average length of inpatient stay has dropped from 14-21 days to 6.4 days now.

He attributes this in part to Coors' prevention activities, called the Lifestyle Management Program. EFCS has designed a number of wellness-related training modules for supervisors, employees and family members on topics including relationship enhancement, self esteem, family empowerment, healing abuse and, by popular demand, Healing Abuse II. Says Tank: "This has changed the perception of the Counseling Service from an illness program to a wellness program and brought people in who otherwise would be resistant."

He sees two major changes in the near term: First, EFCS is developing the infrastructure to handle MH/CD benefit administration. This, he says, will give the program the ability to perform retrospective utilization review with the intent of further increasing program savings. Second, the Health Management Services Department's prevention activities will focus more on life-style changes over

the next few years. Says Tank, "Our average employee age is about 41, and we've seen that at about age 50, people's life-style problems manifest as heart disease and other severe ailments that roughly quadruple the costs of health care. We have a window of about five to seven years in which to make a positive impact on people's life styles."

#### **BURLINGTON NORTHERN RAILROAD**

The EAP-MBHC program at Burlington Northern Railroad (BN), based in Fort Worth, Texas, serves its nonunionized, management group of 3,300 employees and 3,700 other family members. The program, called Express Care, is administered through a self-insured fund. (The unionized population is presently served by BN's internal EAP, with contracted-out utilization review services. A full managed care program for union employees, subject to collective bargaining, is expected to be implemented by 1993.)

EAP director Bill Grant says that the railroad culture is instilled in management—not just the rank-and-file—so Express Care is tailored accordingly. "Knowledge of life on the railroads and experience in working with our employees is a valuable asset in providing managed care," he says. "Since many of our managers serve in

#### **Coors' Facility Criteria/Qualities**

- The facility should place treatment emphasis on short-term/acute-care treatment of psychiatric disorders.
- The facility must demonstrate an understanding of utilization of the full continuum of care.
- The facility must acknowledge a willingness to facilitate movement to the least-restrictive treatment environment available, when appropriate.
- The facility must demonstrate flexibility and cooperation around the utilization of other treatment resources.
- The facility must place treatment emphasis on the "family-systems" model as opposed to the "identified-patient" model.
- The facility must demonstrate a will-

ingness to initiate planning efforts for cost-containment purposes.

- The facility must focus cost-tracking efforts on a "cost-per-case" paradigm in addition to length-of-stay criteria.
- The facility must allow access to all pertinent clinical information and cost-tracking data.
- The facility must acknowledge and demonstrate cooperation with Coors Utilization/Quality review efforts.
- The facility must place an emphasis on utilizing the most cost-efficient professional staff available.
- The facility must state a willingness to utilize Coors-approved acute care inpatient service professionals.