THE ALMACAN

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An International Association of Professionals in Employee Assistance Programs

June 1984

Groundwork Completed for Annual Meeting

Denver Conference to Bring EAP Boundaries Debate to a Head

At virtually every ALMACA-sponsored conference or seminar this year, some form of these comments has surfaced: "EAPs must not be restricted only to occupational alcoholism" and "EAPs cannot be everything to everybody." They indicate an absence of boundaries of an undulating vocation in perpetual transition.

Full-scale discussion will be invited when this issue is tackled during ALMACA's 13th Annual Meeting, which bears the theme "EAPs: Defining the Limits." Scheduled for October 2–5 at the Denver, Colorado Hilton Hotel, the conference planners promise formalized discussions with plenty of informal tete-a-tetes.

ALMACA's Conference Program Committee has met throughout the year to assemble the four-day format and select speaker presentations based on the submission of more than 100 abstracts and presentation proposals. Committee members include: Chairperson Madeleine Tramm, Amalgamated Health Assistance Program; Bonnie Forquer, Colorado State Division of Alcohol/Drug Abuse; Gary Atkins, Lockheed Missile and Space Company; Dennis Derr, Michigan Bell Telephone; John Gorman, Consolidated Rail Corporation; and Hank Govert, Southern Bell Telephone.

The program includes pre-conference meetings on Monday, October 1, with a full-day labor presentation sponsored by ALMACA's Labor Committee. Various committee meetings will also be held throughout the day. The Occupational Program Consultants Association Annual Meeting will also precede the conference agenda.

Advance registration forms have been mailed to all ALMACANs. The deadline for return is September 17. The fees are $125 for members, $175 for non-members, $75 for each of Wednesday's and Thursday's sessions only, $35 for Friday's, and $50 for students. A conference brochure has also been recently forwarded to members.

On Tuesday, October 2, chapter presidents will meet on a regional basis, followed by a meeting of the entire group. ALMACA's Annual Business Meeting will

(See Annual Meeting, p. 9)

CEUs Approved for Workshop Participants

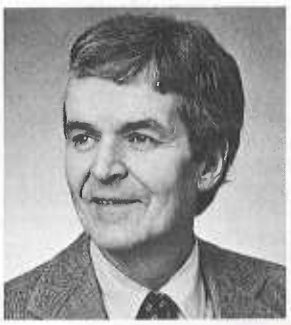
The workshops planned for the 1984 ALMACA Annual Meeting represent an "organized educational experience under responsible sponsorship, capable direction, and qualified instruction."

That is the verdict of the University of Maryland Baltimore Campus (UMBC), after review of the Annual Meeting's workshop abstracts and presenters' vitae. UMBC will therefore grant CEUs, which indicates non-credit recognition of educational instruction, to conference participants from any of the following schools:

School of Social Work and Community Planning
School of Medicine
School of Nursing
School of Business

To register in advance for CEUs, look for the following information in the advance registration packet, available at the advance registration desk of the conference: instructions for obtaining CEUs, and receipt of payment for CEUs.

A desk will be set up at the conference to provide assistance. □



Ed Small Dies

ALMACANs are saddened by the death of Edward J. Small, 51, who passed away at the New York University Medical Center Monday evening, June 18. Ed was ALMACA president during the 1981–82 term, and served as chairman of the Ethics Committee until his death. He was manager of the New York Times' EAP, and resided in New York City. A complete obituary will appear in the July issue.

Michigan Hosts Central Conference

Over 300 people from throughout the midwest gathered in Plymouth, Michigan for the 1984 Central Region Conference, held April 11–13. The region's fifth annual meeting, held at the Plymouth Hilton and hosted by the five ALMACA chapters of Michigan, was described by Conference Chairperson Dennis Derr as "a great success."

The conference theme was "Managing into the Future," and Dr. Dale Masi, U.S. Department of Health and Human Services, provided the opening presentation on Wednesday, April 11. Titled "Employee Assistance Programs—Major Focus on the Future," her speech offered commentary on the appropriate future roles of EAPs and ALMACA.

Three concurrent workshops followed.

(See Central Region, P. 4)

Executive Director's Comment

By TOM DELANEY

During the week of April 30th, the Georgia ALMACA Chapter sponsored the Southeastern EAP Conference in Atlanta. It is to be complimented for a job well done. In its early years, this conference emphasized education and training issues, but has placed an increasing emphasis on occupational alcoholism research in the last three years. Under the immediate past and present chairpersons of the ALMACA Research Committee, Walter Reichman and Bradley Googins respectively, ALMACA has participated in the conference. In 1982, the national office gave its unconditional support, while shifting priorities created a more conditional support for the last two years. It is my belief (and hope) that ALMACA will reaffirm its support for this and other occupational alcoholism research efforts in the future.

While scholars and management experts may be able to enumerate more numerous and clearly defined rationale for research, I can think of five reasons why ALMACA needs to affirm a commitment to research relating to the activities of our profession. First, by definition, a profession has to have a unique set of skills and body of knowledge. An association representing the profession will enhance its own credibility and that of the profession by encouraging rigorous examination of what we do and its impact. Second, through the application of research findings, Employee Assistance Programs will be able to improve their services; thirdly, the more research we have the better we will be able to explain what EAPs do (and do not do) to the leadership of management and labor, the media, other professions, and funding sources—whether they be corporate comptrollers or purveyors of grants; fourthly, research will provide a core of cases and knowledge to use in teaching future practitioners as well as continue the education and credentialing of current practitioners; finally, respected research can only improve the status and compensation of EAP professionals.

Identifying the reasons for doing research is easier than implementing a research project. Bradley Googins chaired a meeting of the ALMACA Research Committee during the Southeastern EAP Conference which I sat in on. For the most part, the small cadre of pioneers who are doing employee assistance research attended the committee meeting. The committee reviewed the dilemma of too few people doing EAP research and discussed how to deal with this. Paul Roman of Tulane University, a former chairperson of the ALMACA Research Committee, was at the meeting. In the proceedings of the 1983 Southeastern EAP Conference, Paul wrote an introduction in which he speculates as to why a number of national organizations, including ALMACA, have not been more supportive of occupational alcoholism research. In his article, Paul points out that ALMACA has not provided any financial support for research projects. While ALMACA has not had the money for this and there are questions about whether the membership would favor this, it does raise the larger question of where the financial support for occupational alcoholism research is.

One source of financial support might be the federal government. The mission of NIAAA is becoming increasingly focused on research. However, there are two major problems. First, compared to the federal research budgets for other health problems like cancer, heart, and kidney diseases, the alcoholism budget is infinitesimal. Moreover, within the alcoholism research efforts, occupational research has tough competition with biological and epidemiological research. If other diseases or specialities have more research funding, researchers will work in the areas of better funding.

Under the leadership of Don Godwin of NIAAA, the Alcohol, Drug Abuse and Mental Health Administration has been planning a meeting to review the needs and barriers to occupational research. In addition to the funding problems, there are also difficult issues of access to the world of work and methodology. In order for the employee assistance profession to have quality research, researchers must have access to work sites and the cooperation of labor and management in designing and implementing research. This is an arena where ALMACA can be a useful broker.

When the Board of Directors met with the Development Committee in April to identify long-range ALMACA goals, the support of research was identified as a priority. I intend to work closely with Brad Googins in his efforts to strengthen the ALMACA Research Committee. However, if ALMACA is going to provide leadership for EAP research, it has to come from all aspects of the organization—from the rank and file to the elected officers. The Georgia ALMACA Chapter role with the Southeastern EAP Conference provides us all with a good example. □

NOTE: *For complete coverage of the Southeastern EAP Institutes, see pages 10 and 11 of this issue.*

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1800 North Kent Street, Suite 907
Arlington, VA 22209
Telephone (703) 522-6272

Corporate Cost-Benefit: Only One EAP Factor Among Many

The growth of employee assistance programming over the past four decades could not have been anticipated by those first credited with the concept. Starting as a notion that working alcoholics might be good candidates for recovery, prompted by a mix of human, economic and personnel concerns, the workplace became the right place to identify and counsel troubled employees. The rest is history. Those early "programs" survived and the evolution of employee assistance programming, replete with all its influencing nuances, had begun.

Whatever the mix of motives for those earlier programs, the concept would not have survived without definitive data supporting its economic viability. It would have been buried along with the Edsel in the rational-management conscious business environment of the 1950s, or would have been doomed to a slower death like "zero based budgeting," or "matrix management." The concept to offer troubled employees help did survive, however, and remains an important consideration in organizational human resource planning and occupational health care design.

The cost/benefit relationship is, and undoubtedly will continue to be, an important factor in the evaluation and continued growth of employee assistance programming. But it is not the only factor, and overstating the importance of cost-benefit analysis may even inhibit continued growth. Indeed, some corporations may even make a convincing argument against the economic advantages of providing help for the troubled employee.

Problems With Data

Positive cost-benefit is often realized in existing programs, and it is usually demonstrated that EAPs make good managerial economic sense, but applying these data to prove that *all* corporations will realize a cost-benefit is not always easy. There are too many variables within each organization to suggest a "boiler plate" formula applicable to all organizations. Where short-term profit is the goal or where labor is non-skilled or cheap, for example, a given firm's solution to the alcoholic or drug-abusing employee is likely to be "let's fire him." It is in these organizations where human concern and social responsibility *must* prevail over cost reduction and economic benefits. In other words, "public policy" should be the motivating factor where cost-benefit to the firm is not evident.

Public Policy Defined

"Public policy" is defined by Rogene A. Buchholz, a business environmentalist, as an integrative concept that incorporates both "social responsibility" and "corporate social responsiveness." The term emerged as the need for a more rigorous, analytical and management oriented framework identifying corporate responsibility became evident. Criticized as being too moralistic, philosophical and difficult to operationalize, "social responsibility" and "corporate social responsiveness" concepts were no longer effective in communicating the needs of society and the responsibilities of the business community. Equal opportunity, pollution control, poverty reduction, product safety and programs for the health and safety of employees became responsibility issues in the 1970s. Arbitrary and discretionary controls and practices became standardized and regulated. Consumerism was impacting on the role of business in society.

One Member's View

By Walter Scanlon
Alcoholism/Drug Services Coordinator
The Port Authority of NY & NJ
New York, NY

The newly-emerging term of the 1980s, "public policy," clearly underscores the trend toward greater corporate social responsibility. It reflects the newer philosophies of business that currently incorporate social and political concerns and are thus broader than any narrow economic interpretation of the firm and its responsibilities. Management is changing the way in which it views its responsibilities to society.

What Does All This Mean?

The point here is that corporations are reshaping their policies to meet new social responsibilities. While cost containment and profit optimizing remain the firm's primary objectives, public policy issues and concerns must also be addressed in the planning process. The cost of solutions, i.e. EAPs, will always have a payback, but the payback may not always be in dollars to the corporation. Society, rather than the firm, may be the primary benefactor.

In terms of the Employee Assistance Program, cost-benefit analysis remains an appropriate tool for program analysis and evaluation. But where *cost-benefit* is negative or not quantifiable, then *cost-effectiveness* would be the appropriate tool for program evaluation. The difference between cost-benefit and cost-effective is an important consideration here. Cost-benefit analysis expressed the economic efficiency of a program as the relationship between costs and outcomes measured in monetary units. Cost-effectiveness analysis, on the other hand, studies the relationship between program costs and outcomes, usually expressed as costs per unit of outcomes received. In other words, cost-effectiveness requires quantifying program costs and benefits, but unlike cost-benefit analysis, the benefits do not have to be measured in monetary units.

A report by Carl J. Schramm published by the National Institute of Alcohol Abuse and Alcoholism sees cost-effectiveness analysis (as opposed to cost-benefit analysis) "as a way to supplement the present simple profitability-to-cost-benefit model for explaining the decisions of business regarding the alcoholism treatment option." The report goes on to say that the employer invests in workers by providing them with an assortment of benefits, including services for alcoholics and drug abusers. In other words, the employer is investing in human capital and expects to enjoy an income stream that will exceed the cost of investment rather than investing in the troubled employee and expecting that the employee's recovery will result in cost reductions greater than the investment.

Schramm's report suggests cost-effectiveness as an alternative to cost-benefit. He says that government policymakers need to develop a more realistic approach to promoting employer interest in treatment programs, but first a new way is needed to conceptualize the issues and problems involved. The human capital model presents such an alternative.

Human and Economic Benefits

The human capital model as an alternative to the economic model tends to support Buchholz's concept of public policy. Ten years ago the corporate manager would not have considered developing an Employee Assistance Program unless it clearly resulted in cost reduction greater than the investment. Now corporate managers are likely to incorporate social and political concerns into their decision-making, and employee assistance programming is a human investment that could *also* prove to be "profitable." Whether it is or not, acknowledging the human side and not just the economic side of the EAP reflects the influence of "public policy" on management strategies and decisions. The changing perspective will assure a continued, accelerated increase during the next decade of corporate programs addressing problems of the troubled employee in the workplace. The human and economic needs of society and business are coming together in the 1980s and the fusion can only benefit all concerned. □

Central Region Conference

Flexible Benefits, HMOs Spark Central Region Discussions

(Cont'd. from p. 1)
William Shanahan, Ph.D., Toledo Hospital, made the presentation "Absorbing Future Shock; Personal Paths to Professional Preparedness." In it, he described some of the unique circumstances that prospective EAP professionals should expect to encounter. (The presentations of Drs. Shanahan and Masi have been printed on pages 4 and 5 of this issue, respectively.)

Maureen Hennessey, Ph.D., of St. Louis, spoke on "Women in the Workplace," and Lee Wenzel of Honeywell, Inc. discussed "Computer Technology of EAPs and Treatment." The participants enjoyed a poolside dessert reception afterward, with entertainment by the Emmy Award-winning Trinadad Tripoli Steel Band.

Thursday featured discussions on employee benefits. Tom Cain, vice president of Comerica Bank, spoke on "The New Concept of Flexible Employee Benefits." A panel discussion between regional HMO representatives followed, titled "New Health Care Structures: Are They Compatible with EAPs?"

The afternoon session featured George Vaillant, M.D., an alcoholism researcher from Harvard, speaking on "Future Trends Shaping Treatment." Three workshops filled the balance of Thursday's agenda: "Neurolinguistic Programming," by Paul Scheele and Mark Kinnick, of St. Louis Park, MN; "Dual Working Families: New Opportunities, New Problems," by Raye and Sheldon Isenberg, of Naperville, IL; and "Holistic Approaches to Health," by James Francek, ACSW, and E.C. Moore, M.D., of Exxon.

Thursday evening, the Central Region leadership and other interested ALMACANs met to devise a format to increase their influence at the national level.

On Friday morning, a buffet breakfast was followed by a question and answer session with members of the ALMACA National Board.

The final session featured Kenneth Vernon, Project Manager, The Forum Corporation, Boston, MA, leading a heavily-attended participatory workshop titled "Organizational Skills and Tools for the Future."

Three concurrent workshops followed, including: "Organizational Self-Assessment Defining Directions for Non-Profit Organizations," conducted by Richard Dunlap, MBA, Director, Michigan Council of the Arts; "Specialized Training Needs," by Jennifer Farmer, ALMACA National Treasurer and Janice Nowlan, Denver, CO; and "Organizational Networking," by Diane Olson, Ph.D., Minneapolis, MN.

Conference participants were treated to coffee breaks, sponsored by Stroh Brewery Corporation, Miller Brewery Corporation, Anheuser-Busch, Deluxe Check Printers, and Saginaw Valley ALMACA Chapter. Thirty exhibitors complimented the large turnout of participants.

Planning for the 1985 Central Region Conference is already underway, which will be held in St. Louis, MO.

THE ALMACAN thanks Dennis Derr for his contribution to this report.

Personal Paths to Professional Preparedness

By William J. Shanahan, Ph.D.

The following article is a condensed version of a presentation made by Dr. William J. Shanahan at the Central Region Conference on April 11.

Dr. Shanahan holds a Ph.D. degree from Loyola University in Chicago. Since August, 1980, he has been administrative director of The Toledo Hospital Alcoholism Treatment Center in Toledo, OH, which provides services to adult and adolescent chemically dependent persons and their families. He has a biographical listing in Who's Who in the Midwest, and has published many articles on EAPs, occupational alcoholism, and chemical dependency.

Question: What phrase describes a widely varied group of ex-ministers, ex-nurses, ex-teachers, ex-salespersons, ex-social workers, ex-mental health professionals, ex-assembly line workers, ex-union officials, ex-housewives, and ex-drunks?

Answer: EAP and Alcoholism professionals.

What brings people of such different backgrounds together? There are a number of different reasons, sometimes operating alone, sometimes in combination, that motivate people to quit what they're doing and become EAP/alcoholism counselors. Not all their motives are as inspiring as might first appear to the uninitiated either, although some of them are.

For example, if you catch an EAP/alcoholism professional on the wrong day, he or she might say, "I joined because I like to fill out forms, I like being underpaid,

Dr. Shanahan

and I enjoy working around negative people."

As is usually the case, there is some truth underlying the cynicism. There is a lot of paperwork and salaries are not, comparatively speaking, very high. We also contribute our fair share of negative people—professionals who may or may not have once brought special gifts to their work, but who are now locked in some unpleasant, inner place.

Some people join the field simply because they need a job. Their own professions are overcrowded, they've been fired themselves because of chemical dependence, or one of a hundred economic/social factors has led them to look at the EAP/alcoholism field. Sometimes these people become assets, sometimes not.

Another overlapping group consists of people who have begun to recover from their own addictions and develop a missionary zeal to "do something." This can happen three minutes or three years after the onset of sobriety. The rough rule of thumb is that the earlier it happens, the less likely it is a wise move, although there are exceptions.

Most professionals who have been around awhile have had the experience of a former patient, three weeks sober, come into the office and say, "I'm tired of being a materialistic insurance salesman. I want to drop everything, leave my wife and four kids, and move out to Gallup, New Mexico, where I can have an easy job like yours and get real close to my Higher Power."

On the other hand, the field is filled with effective, dedicated professionals who did decide to change professions, obviously

(See Shanahan, p. 6)

Future Directions of Employee Assistance Programs

by Dale A. Masi, D.S.W.

It is indeed a privilege and a pleasure to speak to the Central Regional ALMACA Conference. I am honored to be your keynoter and particularly pleased to speak on the subject of future directions of Employee Assistance Programs. First of all, it gives me an aura of being a prophet. I am not sure if this means that I have reached the age where I can meditate about what I believe will be happening in the future because I have been in the field so long, or, if you wanted to allow me the experience of, and this is the way I am ready to take it, doing some wishful thinking. What you will hear, then, is based on my ten years of experience and is not only what I think might happen to the occupational movement, but also in some cases what I would like to see happen.

There is no order as far as priority to the various future directions about which I am going to speak. I have tried to group them by the effect that some of these directions will have on others.

As a framework I would say that EAPs have grown far beyond my wildest expectations. When I received an invitation several months ago from the Menninger Foundation, which sponsored an EAP workshop, I knew that the last citadel of counseling in the U.S. had been penetrated by EAPs. Last month the assistant secretary for personnel administration, Mr. Thomas S. McFee, and I conducted a briefing on EAPs at the White House for the Cabinet Council Staff on Management and Administration—everywhere I go people have heard of EAPs.

What does this mean? I think it's appropriate to take a very serious look at the future implications (which are listed below). I commend your chairman and your committee to have the insight to select such a topic. It is a group such as yours that might be able to influence the future directions.

1) First of all, ***I think these programs will continue to grow in the future.*** We will see more and more Employee Assistance Programs. I do not think this is open-ended, however, and something that will continue *ad infinitum*. Right now we are at the crest of the wave. I am not quite sure how much longer that crest will remain. A great deal is going to depend upon what happens in the techniques of program administration. This will be explained in some of the other points that I will be making.

2) ***If Employee Assistance Programs are not careful, they will be blended in the workplace with health promotion and stress programs, and their purposes will become more clouded.*** This means that we are likely to end up with a more generalized program concentrating on self-referrals, emotional-type cases and marriage problems, getting us away from the original job performance and alcohol and drug abuse focus of the Employee Assistance Program. Do I think it is a negative kind of development? Yes I do, because I think that Employee Assistance Programs should not be so diluted

(See Masi, p. 7)

Dr. Masi is a professor in the School of Social Work and Community Planning at the University of Maryland. She is also a senior consultant for EAPs to the Department of Health and Human Services, IBM Corporation, Sheppard Pratt, and the National Education Center for Behavioral Sciences.

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on a different basis than the one just described.

Still others join the field because someone they love is an alcoholic; they may have identified themselves as impaired family or they may not have; in any case they want to help alcoholics. Again, this is a mixed bag. Those who have identified themselves as impaired—and continue to work on their own personal issues—can make marvelous professionals, among the very best. Those who skip the impaired past, and for reasons of denial think of themselves as above their enmeshed situation and immune to it, cannot possibly be helpful either to themselves or to anyone else.

Evidently many people choose "caretaking" professions as a way of working out personal problems. Unless they also address the personal problems that led them to this choice in the first place, they will remain impaired themselves.

Finally, there is that group of people who have gotten to know themselves and who have discovered that the EAP/alcoholism field is a good fit for them. They may be "recovering" themselves or not; they may have academic credentials or not; they may be the children, parents, spouses or lovers of alcoholics or not; they may have come from the boardroom or the toolroom; they may have come from Yale or jail (or both); they may be of any color, either sex, straight or gay, rich or poor, deacons or doubters.

Whatever, they have those special qualities that can move chemically dependent and other impaired people toward their moment of truth. They know the disease of addiction, they don't need patient/client approval, they communicate well, they avoid enmeshments, they work on their skills, they can work with others, they're self-examining, they have a certain toughness, they know their role in the recovery process, they know that A.A. and other programs based on it are what really works, they spend their time helping patients "unlearn" their "old ideas," they get their patients ready for A.A. help. Above all, they care.

What is it like for all these different people once they've entered the field? What do they find once they've gotten that first job?

To be honest, they may find out pretty fast what it's like to be low man on the totem pole from just about every point of view.

In some jobs you may discover yourself sitting at a World War Two surplus desk in a semi-public area trying to get reluctant people in pain to deal with confidential questions. Even if working conditions are good, you will be constantly reminded of the low priority stigmatized illness has in society and how little, even today, such illness is understood.

If you are in A.A., friends (some soon to be former friends) will ask how you dare take money for a God-given program. If you're not in A.A., some will think you are, or are just weird generally. In either case, sooner or later, you will likely find yourself in a social situation with an acquaintance who's having a drink. When he/she asks you what you do for a living, and you respond, you will be treated to the vision of seeing a glass stop halfway to the mouth; at this point prepare for a lengthy, boring, and unwanted explanation of how little the person drinks, why he or she is drinking today, how they hope their drinking doesn't "bother" you, etc., etc.

You will also discover the world's largest unrecognized population of instant experts known to man. Let's say, for example, you're talking to a dentist. Now you wouldn't tell him how to fill a tooth. But once he finds out what you do for a living, he'll tell you all about alcoholism, and what works best for alcoholics; he may on good days even tell you about his uncle, "who used to be one, but goes to church with his wife and is pretty good now."

There will, in short, be an abundance of cheap shots and irrelevancies, prompting one professional to comment that, "Some of my best friends are ALMACA members, but I wouldn't want my daughter to marry one."

The mainstream events encountered will include off-hours, very hard work, crazy events, chaotic frenzy alternating with sluggishness, even boredom, and occasional feelings of inadequacy. There will be times when every patient/client will sound the same, and all referral and treatment plans look the same.

Speaking of sameness, it is frequently puzzling to note how little distance there is in knowledge and skill between the competent journeyman and the internationally acclaimed expert. In short, nobody really knows that much more than anybody else. It's a little like what is said of the National Football League: "On any given Sunday any team in the NFL can beat . . ."

In spite of all minor annoyances and major frustrations (self-imposed or not), there are times when EAP/alcoholism professionals feel that they are among the most blessed of their Higher Power's creations. Rich rewards come in different ways. How much value is there in a "thank you" call or note from the same person who threatened your life three months earlier?

Generally, people in the field discover that their profession has roughly the same

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that their identity is lost. In my opinion, the uniqueness of the Employee Assistance Program is the fact that personal problems have been tied to job performance; and that the supervisor and unions have been key referral sources. Otherwise, I have a difficult time continuing to justify the employer's rationale for becoming involved. Without this connection, we are duplicating services that the community is already providing; especially when the employers in many cases are already paying the bills through United Way.

3) ***Programs will become more professionalized.*** More professions are entering the employee assistance area. Resumes that cross my desk include attorneys, Ph.D.s and many people with two master degrees. I think we will see an influx of a variety of mental health professionals, especially social workers; all of whom have a very strong effect on the field. They will emphasize self-referrals, rationalizing that this means reaching persons in earlier stages of problems. At this point we have no valid research to support this claim. In 1976, when I was on the review panel of NIAAA (National Institute on Alcoholism and Alcohol Abuse) for occupational grants, I noticed an increase in self-referrals, which are usually mental health cases. I met with Bertram Brown, the former director of NIMH (National Institutes on Mental Health), and a close professional associate. I tried to encourage him to get the Institute into the occupational area. He said that "just because there are cases, this doesn't prove anything." He stated that he could put a counselor anywhere and he would get cases. "The important question is," he said, " 'Are we getting the kind of cases that we want?' " Self-referrals are people with certain types of problems; we don't know if this means earlier stages of problems. We need to bear in mind that the primary problems in the workplace today certainly are alcoholism, drug addiction and some mental health problems. If we end up with professionals that do not understand and have not been trained in alcoholism or drug addiction, then I think the programs could be in difficulty and many potential addiction clients could be lost.

4) ***There will be emphasis in the future on state licensing as well as implementing rigorous standards of practice.*** I see the latter as a very critical and important area. We need to become far more professional in the employee assistance field. As we become more degreed, there will be less push for another credential other than the state license and professional degree. However, there will be a push, I hope, for quality. I am instituting peer review of records in the programs I consult with, as well as a quality review panel to oversee programs.

5) ***There will be a decided emphasis on more cost-effectiveness.*** Management and industry will not continue to pay for these programs out of the generosity of their hearts. They will want to see that these programs are tied to cost-effectiveness. We have very, very few evaluation studies that have really been on a sophisticated enough level to show this. I think it is critical that evaluation technology be developed. In my opinion, I think our very survival rests on this.

6) ***Drugs will be a major concern*** in the employee assistance area in the future. I have no doubts that this is the sleeping dog of Employee Assistance Programs and that there will be a major movement in this direction. Because of the high incidence of drug abuse in the workplace, employee assistance staffs are going to need to be skilled in the whole area of security questions, questions of public safety, and random urinalysis. Each EAP administrator will have to decide where he/she stands on this latter issue. This means being able to deal with and answer to the questions of managers and companies about how they should deal with these particular questions.

7) ***I do not see unions being supportive of EAPs in the future as they have been.*** As the programs become more professionalized and other subject areas become included, e.g., the subject of random urinalysis, cost-effectiveness and tying the programs to productivity, I see the unions becoming less and less enchanted with

(Cont'd on p. 15)

All across America, alcoholics, drug abusers and their families are finding a new hope. They are discovering a New Beginning.

The New Beginnings program has been created by Recovery Centers of America as a national network of high quality health care treatment centers, to better serve the complex needs of the victims of alcoholism and other drug dependencies.

Drawing on the strengths of well-known existing treatment facilities, New Beginnings represents a joining together of expertise in a broad range of areas. Expertise in inpatient and comprehensive aftercare. In family treatment and involvement. In on-going research. In education. And in serving as an important community resource.

But at the heart of the New Beginnings program is a commitment to each patient and their families. A commitment to provide the highest quality treatment, administered by leading professionals in a positive and caring atmosphere.

In this way, at New Beginnings we feel we can best attain our goal. That is, to return the alcoholic, drug abuser and their families to the vital, healthy lives they once had. By treating one person at a time. One day at a time.

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The People and Places of Colorado

by Judy Vaughn

(Last in a Series)

Colorado's Dr. Connie Olson was born in Wisconsin and traveled to Colorado because of her husband's job (he's a geologist). She says she's lived in six other states, but believes that the book *Megatrends* describes Colorado perfectly as a progressive, trend-setting state. That makes it "home" for Connie, and she spends summer-time, winter-time, any-time . . . touring the mountains and enjoying the people who are Colorado.

A primary attraction for ALMACA visitors, Connie hopes, will be a visit to the company for which she serves as the EAP administrator and psychologist—Rockwell International. "Rocky Flats" is an integral part of our national defense program. Visitors will learn about nuclear energy as well as about the company's progressive, health-oriented Employee Assistance Program. Information for the tour will be available at the Conference.

Betty Warren
Past Chapter President

Connie Olson

Connie also suggests that visitors go to Denver's Art Museum, located in the Civic Center. The building itself is considered a piece of sculpture; a 10-story, 28-sided structure covered with a million gray glass tiles. It houses the famous Native American Indian Collection and other special attractions. In the same area is the Colorado Heritage Center which will give you an excellent taste of the variety found in the state—in experiences, places, people, industries, geology. It has an excellent gift shop affording an outstanding offering of books about Denver, the Rockies, history, railroading, mining, cattle-raising, etc.

For a short, 45-mile trip from Denver, Connie suggests Georgetown, the "Silver Queen of the Rockies." The town's residents have worked together to preserve their Victorian-era town and save all that was good and fine from the silver-boom days. Along with nice architecture and an idyllic location, you'll find interesting shops, good food, antiques—and often some special events reminiscent of by-gone years. The Georgetown-Silver Plume Mining District is designated as a National Historical Landmark. Autumn is one of its finest times—you might want to hitch a ride on the narrow-gauge train on the Georgetown Loop after you get there.

* * *

Betty Warren, past president of the Colorado ALMACA Chapter, recipient of the Daetwiler Distinguished Service Award, and director of the Blue Cross/Blue Shield of Colorado EAP, is another native. Asking her what to suggest for visitors elicited "a pretty moue" . . . that's the way writers describe a very serious frown on the face of the heroine.

"Which visitor, Judy? It depends on who it is. Colorado offers something for almost everyone—everyone, that is, except for ocean lovers. We do have sand dunes and fish fossils, but I don't think I can come up with any salt water closer than the Great Salt Lake in Utah."

"So, say someone really wants to enjoy the history of the area—frontiers to conquer, that sort of thing. The Colorado prairies were once abundant with buffalo. The Arapahoe and Cheyenne Indians roamed eastern Colorado, with the Utes in the west. Mesa Verde National Park at the southwest corner of the state, where there are hundreds of ancient cliff dwellings, was built over 700 years ago. Almost 40,000 people lived there until about 1300 A.D., when they simply disappeared.

"Want to go back further than that? Located in the northwest corner of the state is Dinosaur National Monument. Dinosaur fossils are on display there, and scientists continually dig for artifacts some 140 million years old. The Denver Natural History Museum at Denver City Park can give visitors a taste of the prehistoric Colorado life, with its excellent fossil collections.

Staying in Denver, start at the Colorado Heritage Center. After you've looked at all the displays and collections and dioramas, head over to the model of the infant Denver; the model was built by WPA workers who did research to replicate the fledgling mining town. After you've seen the model, head for Confluence Park at 15th Street and South Platte River. It was at this point that Denver was founded in 1858. (Also of interest along the South Platte River and Cherry Creek are bike and running paths.)

Then go to Denver's most historic block, Larimer Square. General Larimer constructed Denver's first house there in 1858. Soon all of Denver's major establishments were in this area, making it a hub of activity. It suffered from neglect in the years between its early days of glory and the mid-1960's, when a major renovation restored 18 Victorian buildings built in the late 19th century. These buildings were structurally sound and provided the base for arcades, courtyards and passages. Now Larimer Square offers loads of shopping, entertainment, and good restaurants. Other interesting areas are adjoining.

"I haven't even started about national forests, parks, monuments, museums, art, science, industry, agriculture, cowpokes, recreation . . ." Betty said, looking at me intently, waiting for my choice. I closed my notebook.

It may relieve your mind somewhat to know that Betty Warren chairs the committee putting together entertainment suggestions for ALMACA conference attendees. Give yourself some time around the conference to take advantage of some of the fun of it all. We look forward to seeing you. □

Judy Vaughn, writer of the series is co-owner and program manager of Corrections Evaluation and Treatment Program in Denver; also a marketing consultant, free-lance writer, trainer, and past secretary of the Colorado ALMACA Chapter.

Annual Meeting (Cont'd)

follow, chaired by outgoing president, Thomas P. O'Connor. Exhibits will also be open, with coffee service available for all conference participants.

A five-track series of workshops, which begins Wednesday, October 3, will feature renowned EAP professionals as moderators, facilitators and panelists. For details, see July issue. □

ALMACA '84
October 2–5

Research Manual Published, Distributed

SE Institute a Forum for Health Cost Debate

The Georgia ALMACA Chapter was a co-sponsor of the Ninth Southeastern EAP Institute, an educational seminar held in Atlanta, Georgia from April 29 to May 4. Fostered by a faculty of renowned EAP researchers and practicioners, the Institute enjoys a sound reputation as a leading forum for disseminating state-of-the-art research data and providing valuable educational instruction.

Nearly 300 participated in the 1984 Institute, bearing the theme "Health Cost Containment: The EAP Strategy." Cosponsored by the College of Management of Georgia Institute of Technology, its format included a broad curriculum of plenary morning sessions, presentations of new research data, and fundamental and advanced workshops.

The plenary session of Monday, April 30 opened with a welcome by Dr. Gerald Day, Dean of the College of Management, followed by three lectures: "Employee Health: Whose Problem is it?" by Dr. Donald Millar, National Institute for Occupational Safety and Health; "1984: EAP Crossroads," by Dr. Harrison Trice, Cornell University; and "Health Cost Containment Strategy," by Dr. Gary Graham, Kemper Group.

Tuesday's addresses included: "Are Programs Self-Defeating?", by Dr. Paul Roman, Tulane University; "When it Comes to Arbitration . . .", by Tia Schneider Denenberg, Red Hook, NY; and "Hypertension in the Workplace," by Drs. John Erfurt and Andrea Foote, University of Michigan.

Through the balance of the week, a complement of excellent plenary speeches were delivered. Among them were: "Corporate Commitment to EAP: How to Play the Game," by Dr. Walter Reichman, Baruch College; "An EAP for Independent Distributors," by Don Magruder, Anheuser-Busch; and "Strategy for Marketing Health Cost Containment," by Dr. Madeleine Tramm, Amalgamated Clothing and Textile Workers Union.

Nine researchers presented papers throughout the week. This distinguished cast included: Dr. Bradley Googins, Boston University School of Social Work, and chairman of ALMACA's Research Committee; Dr. Paul Steele, University of New Mexico; Dr. Terri Blum, Tulane University; Drs. Ahn and Karris, University of Maine; Dr. Richard Rank, Georgia State University; R. Carlton Bessinger, Atlanta, GA; Drs. Erfurt and Foote; and Dr. Tramm.

Two afternoon workshop tracks were available for participants over four days. Fundamental skills were taught by: John Pelligrino, Mead Packaging Company; Dr. Jo Hall, EAP, Inc.; Don Sandin, Donald Sandin and Associates; Fred Nolting, Lockheed-Georgia; and Tom Claunch, Advanced Recovery Center.

Several advanced workshops were presented simultaneously on each day, with participants given a choice of preference. Some of the more notable presenters included: John and Pat O'Neill, Creative Assistance International; Bette Ann Weinstein, COPE, Inc.; and Dick Groepper, Crawford & Company.

Among other events at the Institute, which effectively doubled as a Southern Region conference for lack of a formalized annual meeting, were meetings of the ALMACA Research Committee and Southern Region chapter presidents (see corresponding article).

A unique aspect of this year's program was the distribution of *EAP Research: An Annual of Research and Research Issues*, a manual of contemporary research papers edited by Dr. C. Howard Grimes, EAP

(cont'd next page)

Drs. Andrea Foote and Jack Erfurt receive the 1984 EAP Research Award, presented at the Ninth Southeastern EAP Institute. Dick Groepper (left), the Institute's program director, presents the plaques.

SE Institute (Cont'd)
director for Georgia State University. This "hands-on" collection of data is described in the foreword by Dr. Paul Roman, one of EAP's foremost researchers, as "a bright occasion . . . (which) represents the first collection of papers presented at a professional EAP conference centered on research." A second volume has already been planned for 1985, corresponding with the 10th EAP Institute.

The 1984 EAP Research Award, an annual Institute honorarium, was granted to Drs. Erfurt and Foote for "preeminent contributions to research and labor and industrial relations and employee alcohol/assistance programs." Previous recognition was given jointly to Dr. Reichman and Dr. Roman in 1983, and Dr. Trice in 1982.

Dr. Grimes, the Institute's Research Director, considers the conference a success. "We've had more registrations than ever before," he explains. "That's been reflected in the attendance at the research papers section, roughly double last year's. I've been particularly gratified by the amount of interaction. There was a great deal of animated discussion."

A contributing factor was a faculty of instructors from diverse backgrounds, who brought differing perspectives on EAPs. "The diversity of views very much enhanced the conference," adds Dr. Grimes. "There's a lot of differing opinions, a lot of different thinking now, even in the research data, that we need to be paying attention to and thinking about."

The Institute's Board of Directors included Dr. Grimes, Dick Groepper, Program Director, Ed Pierce, Operations Director, as well as other Georgia ALMACA Chapter members, state liaisons, and seven committee chairpersons. □

Southern Region Presidents Meet in Atlanta

The Southern Region chapter presidents held an evening meeting during the Southeastern EAP Institute on May 2 at the historic The Mansion restaurant in downtown Atlanta. With nine chapters represented at the dinner/meeting, the presidents shared information on ALMACA activities in their respective jurisdictions, discussed common concerns, and drew closer ties with neighboring chapters.

Bill Cook, Southern Region Vice President, presided, accompanied by Deborah Smith, regional Representative. Tom Delaney and Rudy Yandrick, both from the national ALMACA office, also attended.

The business discussion began with Bill Cook reading a chapter report submitted by Charlie Grainger, Virginia's president, who was unable to attend. Afterward, each president on hand issued a brief statement on his or her chapter's current membership recruitment status, recent or upcoming conferences or seminars, and other chapter projects.

Afterward, attention turned to problems stemming from the distance separating chapters on the eastern and western regional fringes. Several proposals were presented to divide the southern states into two separate regions. Although no concensus was reached on a recommendation for consideration by the National ALMACA Board, an *ad hoc* committee was appointed to consider the options and formulate a formal proposal in time for the ALMACA Annual Meeting in October.

Tom Delaney, ALMACA Executive Director, apprised the presidents of current activities within the national office, and stressed the necessity for frequent and open communication between headquarters and the chapters.

Because the Southern Region has recently experienced a substantial growth in total chapters, many first acquaintances were made. The presidents agreed to maintain contact regarding the regional boundary discussion and other issues.

The conversations were cordial, and the presidents considered the meeting highly profitable. All expressed thanks to Dr. Howard Grimes and the Georgia ALMACA Chapter for the dinner and meeting arrangements. □

Pictured are attendees of the Southern Region chapter presidents meeting. Sitting are (l-r): Marilyn Deich (Louisiana), Bob Diehl (Kentucky), and Hal Davidson (Alabama). Standing are (l-r): Dick Pickens (in lieu of Florida's president), Bob Appleby (North Florida), Deborah Smith (Southern Region Representative), Bill Cook (Southern Region Vice President), Tom Delaney (ALMACA Executive Director), Bob Challenger (Florida West Coast-forming), Dr. Howard Grimes (Georgia), and Bill Rosemon (Houston).

DRUGS AT WORK

By Carl T. Rowan

The following is the transcript of a presentation made by syndicated radio columnist Carl T. Rowan. Aired May 7 and 8, Mr. Rowan cited vivid examples of on-the-job tragedies from drug abuse, the costs incurred by companies, and the problems in handling impaired employees. This transcript, which we believe illustrates the extent to which occupational alcoholism and drug abuse has penetrated American consciousness, is printed in ***THE ALMACAN*** *with permission from Mr. Rowan.*

An iron worker falls five stories from a high-rise under construction in Houston. An autopsy shows he has barbituates and alcohol in his blood.

At an electronics firm in California's Silicon Valley, employees openly dry their cocaine in the company's microwave oven.

Blue Cross and Blue Shield fires 21 employees from its Boston office after it requested an undercover drug investigation by city police.

And in Southern California, Burns International also fires 21 guards at its nuclear power plant because they either failed or refused to take drug-urinalysis tests.

Stories like these have become commonplace today, as the nation's businesses, factories and workers struggle with the growing problem of drug use and abuse on the job. Dr. Joseph Pursch, Medical Director of Comp Care Corp., the nation's largest provider of alcoholism and drug-treatment programs, told *Reader's Digest,* "Drugs in the work place constitute the number one public health problem in this society today."

No one knows for sure how widespread drug abuse is in America's workplaces. One survey cited in the February *Reader's Digest* concluded that at least 4 million workers are abusing drugs to the extent that they have been referred for treatment.

All types of workers are involved—white collar, blue collar, professionals. The loss in productivity, reported the *Digest,* comes to $17 billion a year. In addition, drug abuse by workers leads to absenteeism, accidents, damaged equipment, increased theft, disability claims and health insurance costs, damage to company image and employee morale.

The costs are borne by all of us. I've just explained how firms are hurt. Obviously, the drug-abusing workers themselves suffer. And the rest of us pay, too, for all those expenses of lost productivity and the like are passed on to consumers.

Drug use often is compared with alcohol use. In some ways, it can be even more of a danger at the work place. For one thing, the drug abuser is harder to spot. The heavy drinker usually will not come to work drunk, instead calling in sick or arriving late. But the drug user will go to work while under the influence of drugs and even use them while at work, knowing that he is unlikely to be detected.

Another difference is that drugs are more expensive than alcohol. Even a heavy drinker can usually pay for his or her booze out of wages, but the drug user often must resort to illegal activities to finance the habit. Many times this means stealing from the company.

As the problem of drug abuse at the work place has grown, so have the responses. Hundreds of firms have begun programs to spot, treat and rehabilitate workers.

* * *

An employee comes to work late far more than his fellow workers, or is involved in a lot more accidents. His or her productivity decreases and carelessness increases. He becomes moody and irritable.

Those are all signals that a worker may be taking drugs. As I reported yesterday, drug abuse at the work place is widespread and expensive—to the worker, to the company, to just about everyone. Estimates of its costs run into tens of billions of dollars in lost productivity, accidents, damaged equipment and the like.

It's not surprising that companies are trying to reduce or wipe out drugs on the job. Some 6,000 to 8,000 firms, including more than half of the "Fortune 500" corporations, have developed programs to help employees fight drug abuse, or have expanded their existing alcohol rehabilitation programs to include drugs.

The drug programs usually are in-house efforts, in which management and unions work together to offer counseling and referrals to specialists, when necessary. Drug abusers often are given a leave of absence to undergo treatment, with a promise of returning to work once they are drug-free. Firms increasingly include drug coverage in their health insurance programs.

Peter Bensinger, former head of the U.S. Drug Enforcement Administration and now a drug-policy consultant for private industry, says that the best approach is to use the drug users' dependence on their jobs to get them started in rehabilitation and to keep them in treatment until they're cured.

"The threat of being fired if the employee does not agree to seek help and to remain in treatment is the single greatest rehabilitation tool we have," says Bensinger.

In order to make any rehabilitation program work, supervisors must first spot drug abusers. Here are some of the telltale signs:

- Absenteeism and arriving late to work three times as often as fellow employees.
- Frequent trips to the washroom.

(Cont'd. on next page)

New Chapter Officers

Chicago, Illinois Chapter

President, William R. Schleicher, AT&T Network Systems, Rolling Meadows
Vice President, Brenda Blair, Blair Associates, Oak Park
Secretary, Sheila Monaghan, Motorola
Treasurer, Joan Ruez, Northwestern Hospital, Villa Park

Long Island Chapter

President, Maureen H. Duggan, Statewide EAP Program
Vice President, William A. Douglas, Nassau Co. Dept. of D & A Addiction
Secretary-Treasurer, Edward W. Connelly, Director, D & A Program, CWA Local 1104

Wisconsin Chapter

President, Ollie Renfro, A.O. Smith, Milwaukee
Vice President, Jon Frohling, Waukesha Memorial Hospital, Waukesha
Secretary, Dorothea Schneider, De Paul Occupational Programming, Wauwatosa
Treasurer, David Wenzel, EAP Consultant, Milwaukee

Bay Area Members Aid New Chapter

The Bay Area Chapter of ALMACA, in California, recently made a benevolent gesture to the newly formed and neighboring Sacramento Valley Chapter with a financial contribution. We believe this symbolizes the cordial relationship that prevades through the ALMACA network, and endorse this kind of spirited cooperation between chapters. For the benefit of the entire membership, we have reprinted the letter from the Bay Area Chapter to the Sacramento Valley Chapter.

Tony Aguilar and Kathy Jett
Sacramento Valley ALMACA Chapter
% State of California
Board of Equalization
1020 N Street
Sacramento, CA 95814

Dear Tony and Kathy:

The Bay Area ALMACA Chapter voted to share some of the resources we have with you. Enclosed please find a $500 check. It is our way of supporting your good efforts in getting a chapter started and also in saying congratulations and welcome as a new chapter.

If there is anything our chapter can do or I can do as president to further assist you, please let us know.

Cordially,

J. B. Tate, Director
Employee Assistance Program
Kaiser Aluminum

Drugs at Work (Cont'd)

- Falling asleep on the job.
- More carelessness, mistakes and errors in judgment. A drug user is involved in accidents about three and a half times more often than other workers.
- Abrupt changes in mood, and overreaction to criticism.
- Inconsistent work quality and lowered productivity.
- Deterioration of personal appearance, along with increased complaints about problems at home.
- Constant financial problems.

Do the rehabilitation programs work? According to an article in *USA Today*, many report recovery rates of 50 percent and some are as high as 90 percent. Surveys show that a dollar spent on counseling and referral services can produce a return of $4 to $16.

Reader's Digest tells of an investigation at Armco's National Supply Co. which resulted in the firing of some 25 employees for drug violations. Within a week, minor accidents decreased by two-thirds, and productivity was up 15 percent.

Other studies show reductions in absenteeism, sickness and accidents for employees who enter rehabilitative programs.

It is essential that we recognize and deal with drug abuse in the workplace. Otherwise, we will all pay a stiff price. □

SHANAHAN (from p. 6)

responsibilities as more established disciplines without some of the benefits. The field is relatively new and something of a hybrid. This isn't all bad. Sometimes we are treated like new kids on the block; other times we are nourished and even spoiled, our faults overlooked or excused.

In some ways we are a source of discomfort to more established professions. On one hand we're looked on by some as a sort of garbage dump; on the other hand people are grateful that there's someone there to collect the garbage, even if, to continue the analogy, the garbage doesn't always stay collected.

In this respect the field is like other professions dealing with unpopular or stigmatized problems; perhaps the discomfort level regarding addiction generally is a little higher than it is with some other serious diseases and maladies, but gerontologists, social workers, and those dealing with mental illness experience the same sense of stigma. Many thrive on it.

How well do all the differently trained people in this profession get along? Counselors vs. nurses, public vs. private, mental health professionals vs. chemical dependency professionals, inpatient vs. outpatient, hospital-based programs vs. freestanding ones, abstinence vs. controlled drinking, the "pure" alcoholic vs. the dry drug addict, the academically trained professional vs. the "recovering" A.A. member, the EAP professional vs. the treatment center counselor are some of the conflicts that could go on endlessly.

Before deciding that all this in-fighting undermines the credibility of the profession, let's take a closer look at the nature of these conflicts, which obviously don't take place all the time, and when they do occur, do so in varying degrees of heat.

All professions argue, especially caretaking ones. Among professionals, the temptation toward conflict is strong. One reason is that caretakers don't have to look at the inner personal issues which inevitably surface simply by being around impaired people if they are distracting themselves handily by outer conflict. Usually there is no shortage of raw material for such distractions. You don't have time to look in the mirror when you're drawing the wagons into a circle to hold off the Indians.

This is not to say that professional conflict is always undesirable. On the contrary, when people from varied backgrounds work together, a unique opportunity arises to learn from each other. In this sense, conflict is healthy, challenging, and productive of staff development. If people approach work-related disagreement in an honest, open-minded, and willing fashion, everyone concerned will profit. And isn't that how we ask those we help to approach their lives?

Often "turfism" is one of the nastier sources of conflict. Ego, professional insecurity, and the scramble for available dollars are usually involved. When we're calm, we know it's silly to get caught up in such trivia. God knows there is no shortage of work to be done. But when our insecurity button gets pushed, a knee-jerk reaction is likely to follow.

"Where we're coming from," as counselors sometimes say, tends, if unexamined, to create a situation where several tails are all trying to wag the same dog at the same time. The minister says, "Try God"; the educator says, "Try knowledge"; the nutritionist says, "Try diet"; the activities therapist says, "Try exercise"; the "recovering" alcoholic says, "Try A.A."; the doctor says, "Try Valium"; the EAP professional says, "Try counseling"; the treatment center counselor says, "Try group"; the administrator says "Try to fill the beds"; and the bartender says, "Try vodka."

Exaggeration aside, it's natural enough for us to want *our* approach to have a role in recovery, but feeling out an appropriate place for that role, understanding the contributing role of other helpers, and realizing that no single strategy has all the answers are more complex and sometimes painful issues. The knee-jerk reaction is likely to come first, and only professional maturity will determine how long the reaction lasts.

The A.A. *Big Book* terms resentments "the number one offender," and our professional status doesn't immunize us against these, either. EAP/alcoholism professionals resent reporting to doctors (who knew nothing about alcoholism until we taught them—right?); nurses are judgmental and punishing; counselors are offspring of Woody Allen and St. Francis of Assisi; Employee Assistance Program people are half-KGB and half-Attila the Hun; those dummy recovering alcoholics don't understand treatment and those wimpy counselors are too fouled up to know that "All you have to do is don't drink and go to meetings."

Resentments are often fired by rumor, and few places spread rumors like the workplace. Perhaps all workplaces are the same, but the speed and strength with which rumors travel in the EAP/alcoholism field is of serious contender, if not championship, quality.

EAP/alcoholism professionals work closely together, and perhaps that fact feeds the flames of negative conversation. A notorious example is the alleged phenomenon of "burn-out." Let one professional read a bogus article on burn-out, and half the staff may suddenly be stricken with "burn-out" two days later. This is reminiscent of those TV medical shows, wherein doctors report being flooded with calls from patients claiming to be suffering from that week's dramatized disease.

If there are problems in working with others, there are worse problems working alone; and some counselors, many EAP professionals, and small agency personnel do work alone. Professionals who work alone miss many opportunities for skill development, healthy feedback, and just letting off steam. Of course, these people need to take advantage of every opportunity to interact with others and to share concerns openly and honestly in those interactions. Far too many professional meetings resemble sales conventions, with registrants telling each other how well they're doing and how wonderful their organization is.

But even those who work alone do relate to others in the helping network, which brings back to mind the question, "How well *do* people from different backgrounds and disciplines get along with each other?" The answer is that we get along pretty well if we accept the fact that we'll never get along perfectly. Even more, if we accept the idea that conflict, disagreement, as well as differing approaches, tools and techniques can be unparalleled opportunities for personal and professional growth, we'll find our vision deepening and expanding, our values opened and questioned, and our helping abilities strengthened and improved. □

MASI (from p. 9)

programs. I think this is an area in which we need to be extremely aware and sensitive. We must be certain to include the unions in many of these areas or there could be a great deal of friction. For example, the present emphasis on cutting health benefits could lead the unions to more closely examining the cost-benefit motivation of EAPs.

8) From my experience with Employee Assistance Programs, ***I see the role of national ALMACA decreasing.*** I do not see national ALMACA moving in quickly enough (at least at this point today) to cope with the drug and mental health aspects of EAPs. I see the chapters far more involved in the real EAP concerns. The vacuum could be filled by another organization. We already have the birth of one here in Detroit, as well as the National Occupational Task Force of NASW, and the National Association of Drug Education, which is working increasingly with industry on drug problems.

9) ***We are going to see an increase in the need for legal expertise.*** There will certainly be more litigation in the employee assistance area. For example, the federal government's Merit Systems Protection Board has had a dramatic increase in cases with employees that have been fired or let go because of alcohol or drug abuse. There is an increasing awareness among employees that they can take issue with the fact that they have been fired as a result of an alcohol or drug problem. I also think that there will be liability cases concerning the question of malpractice by persons who are not necessarily trained or licensed. This is why the professionalization of the employee assistance field is bound to occur.

10) ***EAPs must address the unique role of women in the workplace as well as develop a sensitivity to their social needs.*** By 1990, over 50% of the workforce will be women. In 1980, the median salary for fully employed white women was $11,197, compared to $18,612 for men. Today the average female college graduate earns less than the average male high school graduate. The responsibility of being a single parent, securing adequate daycare facilities for their children, receiving an inequitable salary in relation to their male counterparts, and working in some of the most stressful jobs (including secretarial and clerical work) are examples of unique stresses women experience.

EAPs need women administrators and counselors. EAPs can run special programs such as support groups for women, and workshops to help them develop their skills and plan their careers. They can also provide referrals for those who need daycare. In addition, the EAP can serve a very valuable function by making higher corporate management more aware of the special problems of working women. It can recommend—and provide documentary evidence to encourage—personnel policies that accommodate the needs of women, such as enforcing sexual harassment policies, as well as affirmative action regulations.

11) When I spoke about wishful thinking, a subject of concern to me is that even today we have literally no minorities administering Employee Assistance Programs and no data on minority clients. ***We need to train minorities*** in this area. We need to seriously look at various minority groups—Blacks, Hispanics and American Indians—and their particular problems to see how such groups reflect these problems in the workplace. I am concerned because addiction problems are killing minorities. The life expectancy of the average American Indian is 44. Right now there is nothing developing in this area.

12) ***I see the development of more degree-training programs, particularly in schools of social work, for human services in industry,*** but not necessarily in the employee assistance movement itself. The M.S.W. specialization and Ph.D. program at the University of Maryland, which I am developing, happen to specifically be in the area of Employee Assistance Programs. Schools today for the most part are developing broad programs; not broad Employee Assistance Programs, but rather programs around the concept of work. Eventually there needs to be more of a movement to the Employee Assistance Program area, although at this point there are very few tenured senior faculty that have had EAP experience. It will be difficult for universities to implement this curriculum. However, I think the need is critical if we are ever going to move this particular field into professional practice. We need to develop doctoral dissertations, doctoral programs and good solid research.

13) ***I think there will be increasing concern about Employee Assistance Programs for special populations***—special programs, for example, to reach executives. I think there will be concern about how to reach employees that are overseas, and how to reach employees that are not necessarily in corporate headquarters. An HHS project I am presently working on explores the concept of picturephone counseling, whereby we can reach our social security employees who are not necessarily situated in the regional offices. AT&T has agreed to provide the picturephone room for us in 6 sites for this project. Employee Assistance Programs for the most part have favored employees who are located where the counselors are; in most cases at corporate headquarters. We cannot continue to do this because it looks like we are discriminating against or favoring certain groups of employees.

14) The last subject in which I think there is major concern to Employee Assistance Programs is ***the rise in costs of health insurance to the companies.*** This is a very real, critical issue to industry. This year, industry spent more on health benefits than on dividends. Industry will not continue to subsidize medical and mental health services. As a result, they are looking for more economical ways to help service delivery. I also see a movement toward short-term counseling. Evaluation technology, however, should be included in these programs.

In summing up, it is clear to me that EAPs remain very exciting. As a new field in its infancy, it is barely 30 years old. It is going to take hard work on our part: we must dig our heels in and begin to do some good solid research, evaluation, and begin to back up with facts the many statements and rhetoric of this field. The workplace continues to be a new place to reach employees that have not been helped before. I think we are at a crisis point, however. Unless we move in some of the arenas that I have mentioned, the movement will eventually become incorporated into other types of human resource programs that may exist in the companies, or just die out. The challenge is ours. □

"Conferences/Workshops"

The Johnson Institute is holding a series of seminars throughout the summer regarding alcoholism and related problems. Between July 30 and September 28, six different programs will be sponsored by the Minneapolis-based organization, for most of which academic credits are available. For more information, contact Lisa Billingham Westby at (612) 544-4165.

July

The second annual "EAPs: Saving Lives, Saving Jobs" certificate course will be held by the San Diego Summer Alcohol and Drug Studies Program at the University of California/San Diego, Torrey Pines/LaJolla Campus. The basic course runs from July 9–12, with an advanced track on July 13. For a copy of the course flier, contact Karen Lockwood, University Extension, X-001, UCSD, La Jolla, CA 92093; (619) 452-3441.

The Trinity College Department of Education and Counseling in Washington, D.C. is sponsoring a skill-building seminar on EAP issues from July 9–12. Topics include: counseling, diagnosis/referral, chemical dependency, law, supervisor training, administration, labor unions, and marketing. For additional information, contact Dr. Laura Boldrick, Coordinator, Employee Assistance Counseling Program, Trinity College, Washington, D.C. 20017; (202) 269-2274 or 2275.

The "27th Annual Institute of Alcohol Studies," sponsored by the Texas Commission on Alcoholism, will be held on July 22–27 on the University of Texas campus. Jean Kilbourne will make the keynote speech, titled "Future Trends." For more information, contact: Laura Burns, Texas Commission on Alcoholism, 1705 Guadalupe, Austin, TX 78701; (512) 475-2577.

June Film Review

Epidemic: America Fights Back (EAP Version) was prepared for MTI Teleprograms, Inc. Peter Bensinger, co-producer, is the former administrator for the Federal Drug Enforcement Administration. The other producer, Robert DuPont, M.D. is currently president of the American Council on Marijuana and Phobia Society of America. Among his national appointments, Dr. DuPont served as director of the National Institute on Drug Abuse. Both men have a lengthy list of credentials.

This film should be recognized primarily as a valuable educational tool. It contains staggering amounts of information on the effects of alcohol and drug abuse on the American workplace. *Epidemic* vividly portrays how American business loses billions of dollars annually to substance misuse. It illustrates, too, overriding safety and health concerns in the transportation industry. Through interviews with the chemically dependent individual and affected family members, the element of human suffering from chemical abuse is explored.

Review written by:
James O'Hair
COPE, Inc.
Washington, D.C.

Movie
Epidemic: America Fights Back (EAP Version)

Produced by
Bensinger, DuPont and Associates, Inc.

That describes what the film *is;* now to explain what the film is *not! Epidemic* is not a training tool for supervisors, stewards, or others involved in identifying problems and confronting employees or peers. It does not outline steps employees should take to control the development of problems that impact on the work place. It does not remove the stigma of self-referral or address the concerns of those who might voluntarily seek counseling. Finally, *Epidemic* does not adequately represent the individual rewards of recognizing, treating and recovering from addictions.

Despite these drawbacks, it is an exceptional documentary on the economic and safety impact of substance misuse on American industry. It also links EAPs to the containment and treatment of substance misuse. Who would be most receptive to this film? Any business manager or owner would find the contents informative, and the film will raise some brows. Because of the industries described in *Epidemic,* which include General Motors, Kemper Insurance and the railroad industry, smaller businesses may find it less appealing. There is, however, reference to smaller business and the beneficial role EAPs may exhibit.

* * *

For information on *Epidemic: America Fights Back (EAP Version),* contact: MTI Teleprograms, Inc., 3710 Commercial Avenue, North Brook, Illinois 60062; 800-323-5343. The cost for preview is $50, and $495 to purchase.

The Albert Einstein College of Medicine, Department of Psychiatry, is sponsoring the "Fifth Cape Cod Institute" from July 2 to September 7 at Provincetown and Eastham, MA. 14 programs are offered. Tuition for the first is $295, and $245 for each additional one. CEUs are available. The Institute is also offering a mid-summer symposium titled "Psychotherapy and the Nuclear Threat" from July 27–29. For further information, contact: Office of Continuing Education, Albert Einstein College of Medicine, Montefiore Medical Center, 111 E. 210 Street, Bronx, NY 10467; (212) 920-6676.

August

The Institute of Alcohol Studies of South Oaks Hospital, located in Amityville, New York, will host "The Alcohol Relapse Problem—Theory, Prevention, and Practical Guidelines for Treatment" on August 2 and 3. The presenter will be Terence Gorski, president of Alcoholism Systems Associates and author of three books on alcoholism. For further information, contact: Herbert Martey, Director, The Institute of Alcohol Studies, South Oaks Hospital, 400 Sunrise Hwy., Amityville, New York 11701; (516) 264-4000, exts. 233 or 234.

The "Florida School of Substance Abuse Studies" will be held at Rollins College on August 5–9. The academic tracks include entry and advanced clinical studies. Further details can be obtained from Florida School of Substance Abuse Studies, 416 S.W. 1st Ave., Ft. Lauderdale, FL 33301; (305) 763-4505.

The Hazelden Foundation is planning two seminars at its Center City, MN rehabilitation facility in August. From the 13th through 17th, "Family Program for Professionals" will present information on the principles, philosophy, and counseling approaches of its Family Center. The fee is $500, and CEUs are available.

On August 15–16 Hazelden will host "Prevention Strategies for the Classroom," designed to help teachers, school administrators, and counselors develop prevention programs for their schools. Tom Griffin, manager of the Hazelden Prevention Center, will instruct. Tuition is $140 and CEUs and academic credits are available.

For information on both programs, call (612) 257-4010, ext. 417.

"The Clinician to Manager Transition" will be the theme of the Second Annual Institute on the Management of Substance Abuse Services, sponsored by Lesley College Graduate School and Bowling Green Inns Foundation. It will be held August 14–16 and feature Joseph Califano, Jr., former Secretary of H.E.W. as keynote speaker. For more information contact: Dr. Barry Sugarman, Professor of Management, Lesley College Graduate School,

(Cont'd on p. 18)

WE HANG ON UNTIL THEY LET GO.

At ARC, we know that recovery from the disease of chemical dependency begins at a point of surrender. So our goal is a national network of facilities where alcoholics, addicts and family members can take the time – without distraction – to find that point for themselves.

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At our first facility, ARC/The Terraces, the AA/NA/Alanon 12-step programs set the pace for our own structured clinical approach. It's a clinical foundation designed to help people deal with the facts and feelings of their disease, and to help them create the tools for a lifetime of recovery.

Ours is a highly individualized program that gives us an extraordinary ability to deal with drug and alcohol addiction and special populations. And, we follow through with two years of aftercare for everyone.

We're proud of our expert staff and their industry-wide reputation for professionalism. And prouder still that ARC/The Terraces is alive with the enthusiasm and positive energy of recovery.

We are loving. We are caring. And we are tough enough to hang on until they let go. Come see for yourself. Or contact Larry Bienemann at ARC or Jerry Shulman at ARC/The Terraces, Ephrata, PA, 717-627-0790 for more information.

Addiction Recovery Corporation

411 Waverley Oaks Road, Waltham, MA 02154, 617-893-0602
Lawrence E. Bienemann, President; Jerry Shulman, VP Clinical Programs;
Joseph Corcoran, VP Development and Acquisitions; John Tucker, VP Finance.

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NIAAA Budget May Tighten in FY-85

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) faces stringent budget ceilings as a result of House and Senate action on reauthorization legislation. A similar budgetary crimp is imposed on the research activities of the National Institute on Drug Abuse (NIDA).

The House Commerce Committee, acting on legislation by Health Subcommittee Chairman Henry Waxman (D-CA), approved only a two-year renewal for NIAAA and NIDA at levels sharply below those in Waxman's original bill. The Committee bill would set authorizations of $48 million next year and $55 million in FY-86 for NIAAA, with $64 million in FY-85 and $72 million in FY-86 for NIDA. As introduced, the Waxman bill called for a three-year extension with ceilings of $60 million next year, $69 million in FY-86 and $80 million in FY-87 for NIAAA. NIDA levels would be $65 million next year, $75 million in FY-86, and $86 million in FY-87.

Meanwhile, the Senate Labor and Human Resources Committee approved even lower figures for the federal alcoholism and drug abuse research efforts over the next three fiscal years—$47.8 million for NIAAA next year, $50.6 million in FY-86, and $53.4 million in FY-87 for NIAAA, and $63.5 million next year, $67.2 million in FY-86 and $71 million in FY-87 for NIDA.

However, the Senate bill provides additional authorizations in the form of $1 million each for NIAAA and NIDA to conduct research on alcohol and drug problems among women, and $10 million to each Institute for treatment and prevention demonstration grants. NIAAA, under this authority, would be able to award grants to develop and demonstrate an array of projects, including new and improved methods of screening, early detection, referral and diagnosis of individuals at risk, and new and improved methods of dissemination of knowledge.

Among other features, the Senate bill directs that at least one NIAAA Advisory Council member be a representative of private alcoholism treatment programs—a request of the National Assn. of Alcoholism Treatment Programs (NAATP).

The outlook for the alcohol, drug abuse and mental health services (ADMS) block grant is somewhat brighter. The Senate passed separate legislation which provides authorizations of $490 million next year, $518 million in FY-86 and $547 million in FY-87 for the ADMS block, the main conduit of federal monies to the states for the financing of treatment and prevention services. On top of these authorization figures, the bill, authored by Labor and Human Resources Committee Chairman Orrin Hatch (R-UT), calls for a $7 million annual demonstration program to deal with alcohol and drug problems among women and $20 million annually for mental health services demonstration programs.

The House Commerce Committee okayed higher figures for the ADMS block—$532 million next year, $564 million in FY-86 and $598 million in FY-87. It calls for an annual 10 percent allocation within the block grant appropriations for state alcohol and drug abuse services for women and for mental health services for severely disturbed children and adolescents.

By Jay Lewis, Editor
The Alcoholism Report
A Johnson Institute Publication
1511 K Street, N.W., Suite 314
Washington, DC 20005
Phone: 202/737-7342

Both House and Senate ADMS renewal legislation provides for alteration of the present formula for distributing the funds to the states. The Senate bill provides an "equity adjustment" under which any additional appropriations beyond a prior year's funding would first be allotted to increase state allocations so that no state would receive less than 50 percent of what it would receive if all block funds were allotted on the basis of population. After a state's allocation has been so raised, any additional appropriations would be distributed on the basis of the current formula, which is keyed to the amount of direct project grant funding that occurred during 1980–81.

The House bill drops a controversial provision for changing the intrastate distribution originally proposed by Waxman under which a straight 50–50 split between mental health and alcohol/drug abuse would be phased in. Instead, the current House version would allow each state to shift up to 25 percent of its allocation between mental health and alcohol/drug abuse. The current law allows up to 15 percent to be so transferred. It also contains a provision which looks toward revising the interstate distribution to a formula based on both per capita income and population.

National Drinking Age

A new legislative drive for a national drinking age of 21 is underway as Congressional proponents of various approaches have agreed to push for a compromise bill calling for limited penalties on those states which fail to comply.

Chairman James Howard (D-NJ) of the House Public Works Committee introduced the legislation with the backing of all sponsors of so-called "21" bills in the House. Sen. Frank Lautenberg (D-NJ) introduced a companion bill in the Senate.

The consensus bill would hold back 5 percent of a state's annual allotment in FY-86 from the multi-billion-dollar federal highway trust fund, and 10 percent in FY-87, for failure to raise the legal age. Funds would be returned when the state raised the age to 21, and highway safety funds would be exempt from the withholding provision.

Those rallying behind the bill include sponsors of legislation which would make it illegal to sell alcoholic beverages in interstate commerce, cut off immediately all highway trust fund aid to non-complying states, and phase out such assistance over a period of years. □

"Conferences/Workshops"

(Cont'd from p. 16)

29 Everett St., Cambridge, MA 02238; (617) 868-9600, or Edwina Flynn, Institute Coordinator at (516) 589-3344.

The Institute for Integral Development in Colorado Springs, CO will host the "8th Summer Institute for Drug Dependence." It will be held at the Antlers Plaza Hotel in Colorado Springs. For further information contact: The Institute for Integral Development, P.O. Box 2172, Colorado Springs, CO 80901; (303) 634-7943.

September

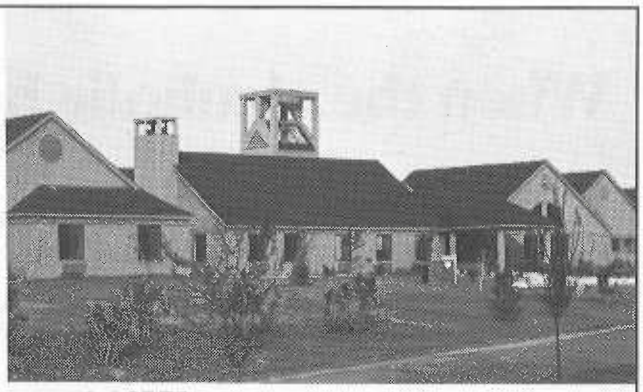
The 150-hour "Alcoholism Counselor Training Program for Health Care Professionals," sponsored by South Oaks Hospital, will begin September 10. Classes will be held on Monday and Wednesday evenings. They will continually be offered twice annually. For more information, call or write: Herbert Martey, Director, The Institute of Alcohol Studies, South Oaks Hospital, 400 Sunrise Hwy., Amityville, NY 11701; (516) 264-4000 exts., 233 or 234.

The "First Annual Institute on Alcoholism and Drug Abuse of Fort Lauderdale, Florida" will be held from September 16–21. Tuition is $250. For more information, contact: Natl. Comm. on Alcoholism and Drug Abuse, P.O. Box 9863, Ft. Lauderdale, FL 33310-9863

On September 17–19, Scripps Memorial Hospital and The McDonald Center for Alcoholism and Drug Addiction Treatment will sponsor "Relational Issues of Addiction: Violence, Sexuality and Intimacy." Hosted at the Vacation Village Hotel in San Diego, CA, the program registration fee will be $190. Further information can be provided by Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego, CA 92121; (619) 453-6222.

The fourth annual workshop of Colorado West Regional Mental Health Center, titled "Marketing Mental Health Services and Employee Assistance Programs," will be presented September 30–October 2. It will be held at Beaver Run Resort in Breckenridge, CO. For additional details, contact: Laurie Loeb, Colorado West Regional Mental Health Center, P.O. Box 40, Glenwood Springs, CO 81602; (303) 945-2241. □

SPOFFORD HALL



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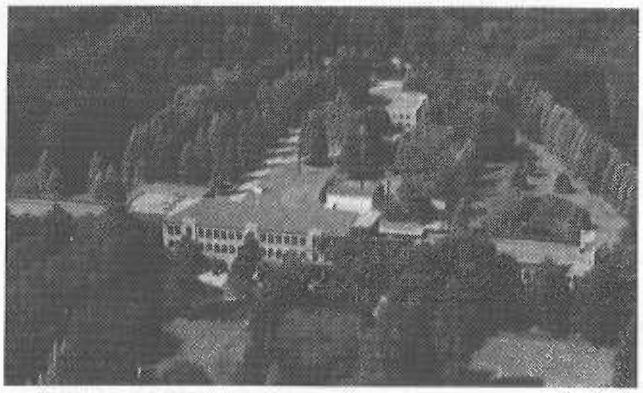

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