

**New Occupations and the Division of Labor
in Workplace Alcoholism Programs**

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Abstract

New occupations surrounding workplace alcoholism and employee assistance programs have emerged. The impetus for the development of the new occupations was grants from the NIAAA to fund individuals to initiate, develop and maintain employee alcoholism/assistance programs, followed by large scale privatization. Two other organizations also figure prominently in the development, the NCA and ALMACA. Thus the alcoholism roots in workplace programming is undeniable. A certification process of employee assistance professionals is now underway. The content areas for employee assistance certification are agreed upon, representing a core of competency based knowledge and skills desirable for workplace alcoholism/assistance programming. The certification process can establish the boundaries of employee programming, and maintain the ability of employee assistance to provide constructive solutions for alcoholic employees and their families.

The specialty of employee assistance programming (EAP), of which employee alcoholism intervention is a part, has grown exponentially since 1972, with new occupations and a division of labor emerging. The process of development and growth of the new occupations is consistent with Hughes¹ theoretical statement about the processes through which new occupations typically develop. He cites three origins of new occupations: technical developments, social movements, and social institutions. All three of which are present in the development of the employee assistance occupations.²

Hughes points out that new occupations emerge from work "formerly performed by amateurs, or for pay by people with little or no formal training."¹ They must recruit from existing occupations, leading in time to the emergence of issues about formalized training for the new occupation. This in turn eventuates in a credentialling system that is progressively more formal, placing clear boundaries around the occupation and closely governing entry. The employee assistance specialty has recruited individuals from existing occupations and is in the midst of a certification process. However, a formal credentialling system based in colleges and universities is still lacking, which is an important step in the process of professionalization.³ Furthermore the boundaries of the employee assistance field are still fluid and are not agreed upon nor enforced.

Hughes also indicated that prior to the development of a formal credentialling system for an emerging occupation, competition and conflict with other occupations vying for dominance is likely. To date there have been many opportunities, but significant conflicts among the various occupations have not crystallized over the technical arena claimed by the employee assistance field.² While the influence of organized labor and of social work have been incorporated into the core competencies, neither of these groups has exerted its potential power. Organized labor has generally found these programs consistent with its concerns for members' health and welfare, but does not have the resources for independent programming across all sites where programs are desired. Indeed, the ideology of social work precludes the domination of the employee assistance field. While social workers are a large minority in employee assistance, those with employee assistance commitments are a much smaller minority in their national association, which has a tradition for dealing with the poor and disenfranchised, rather than the relatively privileged employees who are program clients.

Before describing the technical developments, social movements and social institutions that surround the employee assistance field, the certification effort for employee assistance practitioners will be discussed. The

certification process represents the culmination of various social factors that allowed for the development of the new occupations, with their core knowledge and skills.

Certification of Employee Assistance Professionals

The Employee Assistance Certification Commission (EACC) was established in mid-1986 to formulate testing procedures for certification of employee assistance professionals. The content outline for the examinations includes the following: work organizations, 10%; human resource management, 10%; EAP policies and administration, 30%; EAP direct services to individual employees, 30%; chemical dependency and addictions, 10%; and personal and psychological problems, 10%. The first two examinations were scheduled by the EACC for 1987. Those passing the examination or applying and qualifying for "grandparenting" will be legally permitted to use the label "CEAP", certified employee assistance professional.

The content areas of the examination are the culmination of information gleaned from the membership of the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA). ALMACA hired a credentialing expert in 1985 who conducted surveys of the membership to ascertain the competencies and skills of those working in EAPs. The survey results in combination with corroborating evidence and organizational politics has led to a competency based testing procedure.⁴ The examination outline agreed upon by the EACC closely parallels an EAP curriculum developed by the ALMACA education and training committee.

The content areas are a crucial development in the crystallization of the EAP specialty because they signify the importance of the fact that EAPs are programs for employed individuals and their families. Thus knowledge of the workplace and the management of its human resources is considered necessary for EAP specialists, particularly for success in encouraging supervisors to seek consultation and make referrals to the program, and to otherwise identify and aid those with alcohol problems. The content outline also sets the stage for continued programming emphasis on alcohol and other drug dependencies. This is significant for alcoholism interventionists because well-meaning but uninformed organizational consumers of EAPs may lean toward programs that do not have the components necessary for using the core technology to reach employee alcohol problems. This tendency, together with the plethora of additional services such as wellness and health

promotion that are added on EAPs without additional organizational resources can threaten the ability of an EAP to adequately identify and provide assistance to employees with alcohol problems.

While there are different membership categories of ALMACA indicating different roles played by individuals in employee assistance, the ALMACA membership indicated a preference for one certification based on the core competencies. Essentially, whether one administers a program that is based in the work organization for which the service is provided or is an external consultant or provider of employee assistance services, there are basic knowledge and skills required for certification, and presumably quality programming. Thus while there is a division of labor in employee programming, those in the specialty have generally concurred that there is a core knowledge that cuts across the various roles.

This is crucial in the development of the employee assistance field because it suggests that even individuals with doctorates or other advanced training must show specific EAP competence to be considered a certified employee assistance professional. This is the first step in placing formal boundaries around the field, where previously unformed allegations of quackery (continually pleasing one's clients but not one's colleagues)^{1,3} can hence have some foundation. Presumably entry standards will follow.

The employee assistance field represents an interesting twist in the development of an occupation. Generally, as boundaries and entry criteria emerge, those without educational credentials are excluded or limited. In this case, however, the boundaries may influence those who have educational credentials in specialties that overwhelmingly tend to represent only a portion of the employee assistance content areas. For example, training in clinical psychology does not include the organizational aspects of EAP. Further, the certification boundaries assure that those with clinical training must have competency in alcohol and drugs, an area often omitted or poorly covered in many clinical training programs.

The remainder of the chapter addresses the confluence of the macrosocial factors, organized around Hughes' categories of technological developments, social movements and social institutions that surround the emergence of the new occupations in employee assistance.

TECHNICAL DEVELOPMENTS

Changes in worksite technology and changes in the technology of alcohol and other problem intervention have set the stage for the emergence of employee assistance⁵ and the concomitant development

of new occupational roles.² Technical change at the worksite has increased the need for mental alertness on the parts of the vast majority of employees,⁵ which has been accompanied by a reduced tolerance for the presence in the workplace of mind or mood altering substances that affect cognitive and attendant motor functioning. The potential costs of the impaired worker interacting with highly efficient inanimate machinery is obvious, but is not limited to blue collar production. Service sector work often includes non-routine geographic mobility or indirect supervision in the performance of roles requiring alertness, awareness, and problem-solving skills, in addition to positive image presentation to customers. Executive planning and decision making in a more complex and uncertain environment undoubtedly also reflect decreasing tolerance for impaired performance.²

Central to the emergence of EAPs are other technical changes surrounding the recovery from alcoholism, the emergence of AA and the establishment of formalized inpatient and outpatient treatment for alcoholism and the construction of centers for such treatment. AA was born in 1935, and its success was first apparent in the late 1930s and early 1940s.⁶ Because of AA's anonymity, there is not a great deal of information available to evaluate the AA strategy in comparison to other techniques. It is clear, however, that recovering alcoholics have become increasingly visible in the U.S. over time, and thus have confirmed the existence of a technology to transform an active alcoholic into a recovering alcoholic.⁷ The presence of AA affords the opportunity to offer genuine help through workplace programs.⁵

Trice and Schonbrunn⁸ clearly outline how the early industrial alcoholism programs were the consequence of corporate medical directors' exposure to successes of AA. The existence of AA alone was not adequate in itself to provide the essential impetus for widespread implementation of workplace programs. During the 1960s and 1970s, the commercial value of providing treatment for alcohol abuse was recognized, and many service providers placed their service delivery in organizational settings which ultimately proved capable of establishing interorganizational linkages with workplaces. The innovation of formalized treatment models was part of the central mandate of the National Institute of Alcohol Abuse and Alcoholism.⁹ Thus the basing of therapeutic service in organizations which are isomorphic with those organizations to which they seek to deliver services facilitates the forming of interorganizational relationships¹⁰ around the issue of providing treatment services for employees.⁵

The pre-1970 programs established on the basis of the efficacy of AA required an energetic employee who was an AA member. This individual's role was to make AA referrals without breaching confidentiality or voluntarism. This generally precluded the kind of recordkeeping and information systems that are typical in the management of large corporations. The availability of formal treatment centers in the community, even though they rely almost exclusively on AA principles and eventual AA affiliation, allows for formal and even contractual relationships between treatment centers and work organizations. Bureaucratic guidelines allow confidentiality wherein records of programmatic activity can be kept such that the EAP conforms to the normative organizational practices. These guidelines link the work organization to "professional" treatment rather than to the well-intended "amateurism" of AA.¹¹

These technological developments created an opportunity for new occupational groups to function as the linking pin between the work organization and treatment agencies². Associated with new roles in the employee alcoholism field is the shift of alcoholism intervention toward rational and bureaucratized strategies which over the past decade have cast into doubt the legitimacy of recovered alcoholics as qualified practitioners.¹² Concomitant with this shift is an increase in the number of alcoholism specialists, including employee programmers, who are not alcoholics, which may be both a cause and consequence of the growth and rapid movement toward bureaucratization of the alcoholism-intervention system.⁹

The expansion, commercialization, and bureaucratization of the alcoholism field has had the effect of creating concern about the adequacy of recovering alcoholics' job occupational performance. However there has been little research conducted in this area. Argeriou and Manohar¹³ found no differences in client outcomes of 4 recovered counselors and 3 non-alcoholic counselors. Another study¹⁴ without a non-alcoholic comparison group found that experience as employees of formal organizations was positively associated with the clinical performance of recovered alcoholic counselors. Generally, in nearly any employment it has been established that recovered alcoholics perform at their jobs as well or better than non-alcoholic members of the community.¹⁵

A 1981 survey of occupational program consultants, those who work in the development of EAPs for organizations other than the one in which they are employed, revealed an overlap between recovery and formal educational training, casting doubt on the recovered, non-recovered dichotomy.¹⁶ This study also indicated that

These data indicate, however, that recovering individuals are more satisfied and happier with their work in EAP occupations.

In sum, the technical developments have accompanied more rationalized and bureaucratic alcohol interventions. Changes in the workplace set the stage for the development of EAPs. Technical changes surrounding the recovery from alcoholism facilitated the development of EAPs. The next section discusses the social movement organizations and occupations that mobilized the technical developments.

SOCIAL MOVEMENT

In addition to its alcoholism roots, various macrosocial factors and interorganizational relationships influenced the growth in EAPs and the occupational roles associated with their implementation and maintenance. Of particular importance are the interorganizational linkages among three social movement organizations that were individually pivotal in this specialty's development: ALMACA; the National Council on Alcoholism (NCA); and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The relationships among these organizations are crucial for understanding the social movement associated with the medicalization¹⁷ of alcohol abuse and other personal troubles that affect people in their jobs.

ALMACA was born in April, 1971 at the annual meetings of the NCA in Anaheim, California. Frank Huddleston, Alcoholism Program Manager at Hughes Aircraft, was selected by those present as its first president. Depending upon the claims of everyone who later said they had been there, between a dozen and 50 individuals, working in the occupational alcoholism field set the framework for the association. In June 1974, ALMACA would cite its growth to 425 members as the "fastest growing professional organization in the country." In 1986, there are over 4,500 members and 60 chapters, including Canadian and Western European chapters.

The current mission statement of ALMACA prepared at the meeting of its national board in Burbank in April, 1984 is "ALMACA is the international professional association representing those involved in the development, operation, research and evaluation of employee assistance programs."¹⁸ Its by-laws state that it is an international, voluntary, not-for-profit association with the following purposes: a) to meet periodically

and develop methods of communications so that experience and methodologies in programming can be shared, and programs improved; b) provide professional identification for all people working in the field of occupational alcoholism; c) to identify and respond to the needs of its membership constituency; d) to promote the credibility of the field; e) to improve, enhance, and communicate the body of knowledge to the field; f) to provide direction and shape to the field; g) to develop improved standards and techniques for the field; h) to stimulate growth and research in the area of occupational alcoholism; and i) to further the development of occupational alcoholism programs.

The first three annual meetings of ALMACA took place in conjunction with the annual meetings of NCA. Because of the growth of ALMACA, the logistics of organizing the meetings, as well as organizational politics, ALMACA spun-off, and arranged its own meeting in the fall of each year, beginning in 1975, so as not to overlap with the spring meetings of the NCA.¹⁹ The meetings follow a regional rotation plan.

ALMACA acknowledges the NCA Labor-Management Division in both its formation and spin-off. Indeed the Labor-Management Alcoholism Newsletter, later changed to a Journal, routinely reported news of ALMACA. This publication appeared monthly for a year beginning July, 1971, and then bi-monthly until June, 1983, when its editorial home, the NCA Labor-Management Division was eliminated in an NCA reorganization. Except for the period between 1979 and 1981, a call for membership in ALMACA appeared in each of its issues. The director of the national labor-management division in New York, the late Ross Von Wiegand, was the first Vice President of ALMACA, and ALMACA gives an award in his name at its annual meetings.

While the organization of ALMACA was spawned almost directly from NCA's Labor-Management Division, it was nurtured by another organization, the NIAAA. The NIAAA was established on December 31, 1970.²⁰ through the informally labeled "Hughes' Act", formally cited as the "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970." Among a considerable number of EAP oriented demonstration project grants, the NIAAA funded ALMACA in 1974, ostensibly to perform three research projects. This funding enabled the organization to really "get off the ground", hire an executive director and other personnel and to establish national offices in Atlanta. The offices were subsequently moved to the Washington, D.C. area, presumably to facilitate lobbying activity for workplace alcoholism interests. A

great deal of influence moved back and forth through the years between the NIAAA's Occupational Branch and ALMACA. Indeed the founding director of NIAAA, Morris Chafetz, came under fire for constituency building with grant funds, charges that at one point mentioned the project funds granted to ALMACA.

When the NIAAA grants to ALMACA ended in 1976, ALMACA had reached a crossroads and moved successfully to become self-sufficient, supporting itself from individual membership fees, corporate donations, and revenues from its annual meetings. No doubt its relationship with NIAAA declined in significance. A fund raising specialist joined the ALMACA staff in 1985, and a fee-based information clearinghouse was established in 1986. This theme of privatization characterizes other aspects of the social movement as well.

The birth of ALMACA (and the occupational groups who are its membership), and NIAAA, particularly its Occupational Branch, can be traced to efforts by members of the NCA and its affiliates. All three of these organizations, one private, one government, and one voluntary would not have been able to develop and flourish without one other organization that shuns affiliations, AA. It was necessary for there to be a mechanism whereby people with alcohol problems could recover before it was possible for any of these other organizations to exist.

As indicated in the previous section, bureaucratic linkages between work organizations and treatment agencies developed. The reciprocal relationship between EAPs with treatment agencies was influenced by the availability of 3rd party insurance payments and treatment facilities appropriate for employed individuals. Each of these, provision of insurance and appropriate treatment modalities for employed individuals, were influenced by NIAAA and NCA.

Consultants

In the spring of 1972, the year and one-half year old NIAAA launched the occupational programming consulting (OPC) occupation. As one of its project grant initiatives, the NIAAA funded individuals from each of the states and territories to initiate, develop and maintain employee assistance programs. One OPC from each state was to focus on the private sector, while the other was expected to focus on public sector employment organizations.

Grants for occupational programming were planned during the very early days of NIAAA's existence in 1971, and plans may have started even before the Hughes Act was passed. Will Foster, while an employee

in the State Alcoholism agency of Maryland, met with Chafetz, the first director of NIAAA, to discuss occupational programming. Foster, who soon was hired on the staff of the NIAAA, sold Chafetz on the importance of helping alcoholics through the workplace, but reportedly Chafetz was easy to convince. The original plan for the occupational thrust was for the funds to be part of "formula grants" to the states, which were prescribed by the Hughes Act. The plan was for portions of these grants to be earmarked for occupational programming. It was thought at the time that NIAAA would have considerable influence in terms of directing state authorities' expenditure of the formula grants because the states had had so little money up until this point for any alcoholism programming. This alternative was disapproved by Kenneth Eaton, deputy director of NIAAA, who felt that this plan was tantamount to "holding a hammer over state alcoholism directors." This decision proved sound as states ultimately achieved great autonomy in formula grant expenditures.

At the suggestion of Eaton and others, occupational programming funding was moved into the project grant realm. The announcement that was distributed in early 1972 indicated that the states could apply for \$50,000 per year for 3 years to support no less than 2 people in positions as occupational programming consultants (OPCs), and that the NIAAA would train them. Ad hoc review groups were quickly assembled to review the proposals and approved all of them. NIAAA leaders reportedly believed that they would only get about 25-30 of the states to apply for funding. Forty-eight states and the District of Columbia initially applied and were funded. Soon afterwards Wyoming and Idaho applied for funding and were approved.

Will Foster was moved out of the occupational branch at NIAAA and into the prevention division in October, 1972. He thought that he had soundly set in motion the mechanisms for occupational alcoholism programming and that he was needed in the challenging arena of prevention. Presumably, because of his relationship to his assistant, Don Godwin, he may have thought he would continue to have an influence on the directions of the occupational branch. While Foster played a powerful and charismatic role in the initiation of occupational programming, Godwin provided the consistent leadership figure for the OPCs and for the many other EAP-related project grants from November of 1972 until 1981 when block funding essentially abolished the occupational programs branch.

The NIAAA set the foundation for the emergence of an occupation, the workplace specific OPC, and provided some 100 potential members for the newly formed professional association, ALMACA. In June 1972, with much ceremony, the OPCs were brought together for 3 weeks of training at Pinehurst, North Carolina. The training schedule represented the culmination of brainstorming and planning by "Sachems," a group of about a dozen "wise" people, who Foster and Godwin brought together because they had some experience in alcoholism and industry. Also participating in this planning was a group later named the "Dirty Thirty," which included some of the Sachems, and whose membership was defined by less-specific alcoholism-industry experience and knowledge.

The curriculum for the OPC training included topics about alcohol problems, "Project 95" aimed at reaching the respectable 95% of the population with alcohol problems who were not on Skid Row, views of industrial programs already in existence, marketing techniques, labor philosophy and history, concepts of management, job performance and union concerns, supervisory training, development of community resources, record keeping and evaluation, and grantsmanship. Introduced at these sessions was the notion of broad brush programming approaches that would deal with a broad range of employee troubles in addition to alcohol abuse, the stage-setting for the eventual emergence of the EAP concept.

The training program at Pinehurst was the first of 4 training programs held for the OPCs, the other 3 taking place in San Francisco (where the Pinehurst-dubbed "Thundering 100" were noted as referring to themselves as the "Blundering 100," after experience in the "real world"), San Antonio, and New Orleans for one week each at 6 month intervals. The ceremony and fanfare of Pinehurst have been preserved in the lore of the occupational programming field, with Pinehurst carrying a special aura as a legend.

While the OPC occupation was propelled by the NIAAA project funds, occupational programmers did exist prior to the Pinehurst initiation. Lefty Henderson was probably the first OPC.⁸ He was initially employed in an OPC role by Yale University's Alcohol Research Center, and soon moved to NCA. He visited industrial settings in many states for the purpose of setting up alcoholism programs based on the Yale plan, which was published in a 1952 issue of the QUARTERLY JOURNAL OF STUDIES ON ALCOHOL. The plan focused on the signs and symptoms of alcoholism, the recognition that alcoholism is a disease rather than a moral issue, and that there was help available to the alcoholic, through abstinence and the AA 12 Steps.

Lewis Presnall was one of the early users of the job performance criteria that were to ultimately supplant the Yale Plan. He possibly developed the concept while he was working at Kennecott Copper, Chino Mines Division. There are other claims for the invention of the idea and no one seems to have the ultimate proof of who was first. Presnall later moved on to NCA and worked with Von Wiegand in the Labor-Management Division, and then on to Kemper Insurance. Under NCA's direction and likely stemming from Henderson as a role model, there were prototypes of the OPC working through various NCA affiliates, most notably New York, Los Angeles, Tulsa, and Baltimore, where Godwin was employed before moving in 1971 to the occupational branch of NIAAA.

After Presnall left NCA, Donald Phillips moved to NCA in New York from Baltimore after having had much professional interaction with Will Foster and Don Godwin in their pre-NIAAA activities. Phillips later became the director of the EAP for federal employees, subsequently leaving to open his own consulting firm as an external provider of EAP services. During early development of NIAAA, Foster, Godwin and Phillips were all in Washington, D. C. in jobs made available because of the implementation of the Hughes Act. Thus the networks within which ideas were generated were relatively small and enjoyed considerable continuity.

By 1976 the OPC funding by the NIAAA was changed greatly. Most funds to the states for OPCs support were cut, with the expectation that the state and local governments would assume the cost of the OPCs. NIAAA continued to fund a small minority of state OPCs and devoted the bulk of its workplace-related resources to a substantial number of demonstration projects. This included a very large grant to NCA, known as the "10-cities project", which was to implement jointly administered labor-management programs in unionized locations across the country.

The membership in ALMACA in 1976 was over 1,000. ALMACA's membership was overwhelmingly made up of private sector employees, administrators of in-house employee assistance programs; consultants, those who work externally to work organizations to whom they purvey and/or monitor programs; and labor representatives for union or joint labor-management programs. The state OPCs had earlier formed their own association, OPCA, in reaction to what they perceived as dominance of ALMACA by private

sector program administrators. This organization never had total support from state OPCs but continues to hold an annual meeting in conjunction with the ALMACA convention.

The NIAAA project funding of OPCs is perhaps a government success story in privatization. Although it was not intended or expected, when the across-the-board project funds were cut there was enough private sector OPC interest and activity to both sustain momentum and spur more private sector interest. A hypothesis may be suggested that private sector-based OPCs are more likely to be accepted by representatives of other private sector organizations, i.e. companies to whom EAPs are marketed. Thus the NIAAA funding provided role models for private sector OPC initiative such that a movement originally funded by public monies was transformed into an almost totally private enterprise.

Administrators

The model of employee assistance program that was taught to the OPCs at Pinchurst, was an internal program model. A policy statement would be implemented in a work organization and an administrator for the program would be selected, usually a current employee of the organization adopting a program. The OPCs were encouraged to first approach the largest organizations, particularly the Fortune 500. This plan left the much more abundant smaller companies uncovered, since at first they were seen as non-targets for services since they could not likely implement an internal program. Soon consortium arrangements emerged and the external program model came into being.

With the innovation of job performance deterioration as the indicator of personal troubles came a necessity for careful policy formulation in EAP implementation, and the necessity to broaden the program focus to include problems other than alcoholism. The broad brush approach was considered during planning sessions at the University of Maryland and was taught at Pinchurst.

The expansion of the program models to include all "behavioral medical" problems that could adversely affect job performance²¹ had the same structure as the alcoholism-only programs that were promoted by NCA during the late 1960s and early 1970s. They centered on the supervisor as the observer of job performance. The supervisor was in a position to document decrements in performance, to identify the problem employee, and initially to implement the procedures that would lead to assistance for the employee's problem, as well as relieving management of the burdens produced by the sub-standard performer.

A second expansion of the original model also ensued, with an emphasis on employee's self-referral to EAPs. Self-referral emerged as a program theme and in certain circles, particularly the social workers in EAPs, higher rates of self-referral were considered indicative of higher levels of program credibility and employee acceptance of the program's mission.²¹ The issue of the overlap between supervisory and self-referrals has not been empirically resolved, although Sonnenstuhl²² indicates that a large portion of voluntary or self-referrals are the result of "informal" supervisory nudges. The process of referrals in union programs is also not empirically documented. Constructive confrontation and supervisory referrals are not generally used in the union settings. Given the ideology of peer referrals, it is likely that the process in union programs is a subtle but persistent confrontation that takes place over time.

The developments of the broad brush approach and the expansion of self-referrals routes of access of employee programs made an informal designation of an in-house recovered alcoholic impractical. Under the more formal model, both recovered and non-alcoholic employees were formally assigned full or part-time program administration duties. The adequacy of skills to perform the tasks were problematic in both instances. In other settings, external provider agencies not only consult about program initiation and implementation, but also provide ongoing service in operating the work organization's EAP. This is the most prevalent pattern at this time in employee assistance programming. Sometimes the external service provision is given on-site at the work organization and sometimes off-site at the offices of the external provider.

Survey data collected in 1985 from 480 private sector work organizations with 500 or more employees in six states that had employee assistance programs revealed that many program administrators were recovering or were co-alcoholics. However, the data also indicate a large overlap between educational credentials in addition to recovery status. Thus similar to the 1981 study findings of occupational programming consultants, the dichotomy between indigenous recovered individuals and educated non-alcoholic working in employee assistance is largely an apocryphy.¹⁶

Another finding from the 1985 survey is a rationalization process in the alcoholism intervention field. Academic credentials are increasingly recognized as crucial for entry into employee assistance roles. Most in-house administrators claim that they will be replaced with individuals with more educational credentials than they have when they vacate their positions. This is even a greater truism in external provider agencies which

engage in counseling relationships with clients who are employed by organizations with whom they contract. Once treatment is provided, state licensing requirements must be met, as well as other precautions against litigation, leading to increases in credentials.

The issue of organizations hiring employee assistance providers who are credentialed usually means that the organization is using the standard of clinical training. Given the lack of true employee assistance curricula in educational institutions, this can create a crisis in employee assistance, with clinical skills only one part of the demands necessary to implement the core technology of EAPs. A likely result may be that alcohol dependent employees will be helped at later stages, if at all.

STANDARDS AND BOUNDARIES

The diversity of settings from which EAPs are purveyed and maintained, and the diverse backgrounds of those working in employee assistance has created tension about the appropriate quality of programming. This may pass with time. Indeed as mentioned in the introduction to this paper, Hughes¹ pointed out that new occupations emerge after recruiting from existing occupations. A study of occupational program consultants² indicated that individuals recruited from diverse backgrounds such as business administration and social work have commonalities in their OPC work roles and attitudes. Evidently there is an occupational core with normative guidelines and culture that overrides polar ideologies and skills of formal training in peripheral areas.

Hughes¹ also pointed out that over time issues about formalized training will emerge. The components of the ALMAGA certification examination are an attempt to draw boundaries around the field of employee programming. Ultimately any new occupation seeking expert status must be able to delineate its core areas from roles performed by other occupational groups. Indeed the process of professionalization of many occupations grounded in human-relations skills, the ultimate phase of which is autonomy, is thwarted because the base of practice is simultaneously too broad and too vague.²³ Wilensky³ also points out that at the other extreme, knowledge which is too narrow and too precise is also a poor predictor of professional jurisdiction. The optimal base for achieving professional authority is a combination between that which is learned from books and that which is acquired through supervised practice and observation.

These tensions which are related to the quality of programming issues have been present in the EAP field for some time. Because client work organizations must honor the claims of professional jurisdiction, attempts were made through ALMACA to formalize standards by which to control its members and potential members, as well as to educate potential consumers of employee assistance programs. In January, 1980 a "blue ribbon" Program Standards Committee held its first meeting to develop standards for programs. The committee with representatives from ALMACA, organized labor, and NIAAA was formed after a meeting called by NCA, as a response to 6 independent papers presented at their Forum meetings which claimed a need for program standards. Five members of the committee were to be chosen by NCA, five by ALMACA, three by organized labor, two by the federal government and one by OPCA. In addition, NCA and ALMACA each named three corporate EAP administrators, one private consultant and one individual who was operating a consortium. The results of the committee's work is published in a pamphlet which is distributed with ALMACA membership material.

The introduction to the standards makes it clear that they refer to employee alcoholism and assistance programs, and that they are the result of a body of knowledge about how programs work. The committee saw the standards as guidelines for organizations or consultants developing new programs or for evaluation of existing programs. The standards are divided into 5 areas: policies and procedures; administrative functions; education and training; resources; and evaluation. Essentially they include the adoption of a written policy statement on alcoholism and other problems covered by the EAP, written rules positing how records would be kept and confidentiality insured, and written procedures for management and union referrals, as well as procedures for voluntary use by employees or their families. It was suggested that the operation and responsibility for the EAP should be positioned high enough in the organizational hierarchy to insure the continuation of the program. The physical location of the EAP should be easily accessible, yet able to assure confidentiality. A record keeping system should be developed to protect the client's identity, yet providing the ability to access statistical information and facilitate case management and follow-up.

The EAP should be involved in assessing whether the company provides adequate insurance coverage for behavioral-medical problems for which employees might be referred to treatment sources and for being able to counsel employed clients about them. There should be adequate protection against malpractice/liability

claims against the EAP and the organization. Two qualifications for EAP staff are listed: managerial and administrative skills; and skills in identifying problems, interviewing, motivating, and referring clients.

The EAP is responsible for informing employees and their families about the EAP and the services it provides. Management and union representatives should be thoroughly informed about the program and their role in utilizing the EAP. A file on the resources available for referral are also seen as essential. Periodic review of the program and the staff are also part of the Standards.

The Standards were accepted by ALMACA, but not without debate and dissension. Essentially ALMACA accepted them subject to trial, but no attempt has been made to directly amend, implement or enforce them. However, the standards are consistent with the content areas of the EACC's certification examination. Whether the content of the examination questions will reflect the Standards remains to be seen.

DIVISION OF LABOR

The implementation of employee assistance programs includes work roles of individuals with diverse statuses. The in-house program administrator and the occupational program consultants discussed above are broad categories. Roles that are performed in external provider agencies may include the OPC function which in some ways resembles what was taught at Pinchurst, mental health counselors and/or certified alcoholism counselors, and what might be called "account executives," the external program liaisons to the contracting organizations. In-house program administrator is only one potential role in internal programs, others include corporate coordinator or counselor. In addition, some joint labor/management programs include management and union representatives. Some treatment centers have been engaging in employee assistance activity, in the sense of providing workplace interventions. Treatment centers, both inpatient and outpatient, are also faced with their employees having to interface with clients who are referred from employee assistance programs. Thus a division of labor, with a bundle of roles, is developing around employee assistance.

A role that is very crucial, particularly if alcoholic employees will be reached at an earlier stage through an EAP is the in-house liaison person who monitors the external provider. This person is often a functionary in the human resources department, either a personnel manager or benefits specialist, or to a lesser extent, a functionary of a medical department. The strength and knowledge of this person about EAPs is essential for the

true implementation and use of the program as a management tool and/or employee benefit. It is also important for monitoring the external provider organizations to assure that they maintain the quality of service provided to the client work organizations with whom they contract. External providers often undercharge for their services, and work on a very narrow margin. Further, external providers need information about what is going on in the client organization for which they are providing services, and a very important linkage to the corporate culture that will help them provide better service, is through the liaison person.

A role that is rarely played in the current employee assistance field is that of the non-service providing consultant, i.e. one who advises an organization about EAPs, but does not have a vested interest in contracting for their services. The relative absence of this true consultant role is perhaps an explanation for the recent growth of external program models rather than internal program models. Even when this role is performed, there tends to be an imbalance, with clinical emphasis. Workplace structure and dynamics are generally given short shrift, reflecting the absence of boundaries and standards which may soon be established through the certification process. There are exceptions, of course, but the standards and certification of EAP professionals must be marketed properly to potential consumers who must honor the claim of expertise if it is to carry any weight. This is especially important for aiding alcohol and other drug dependent employees. The core technology of workplace programming and program standards that include supervisory orientation and program usage are necessary to assure that help will continue to be available to alcoholics and their families through EAPs.

As the field continues to grow, there is a diversity of program models that come under the rubric of employee assistance programs. Indicative of the growth, vitality and conflict in the field is another association, Employee Assistance Society of North America (EASNA), the membership of which overlaps with ALMACA. The president of EASNA is a former vice-president and unsuccessful presidential candidate of ALMACA, as well as one of the original NIAAA-funded OPCs.

While programs take a variety of forms, they have two goals. The two goals are not mutually exclusive, and it is possible to organize programs to optimally meet each goal. One goal is that of providing assistance to managers, supervisors and union stewards in dealing with troubled employees, through early identification of problems or later as alternatives to discipline or ultimate dismissal. The other goal is that of

providing an employee benefit to employees or their family members in resolving their familial, psychiatric, substance misuse or other troubles. The employee benefit goal is met in most programs where there is usage. In some instances, the clinical goal of benefit to the employee client overwhelms the program to the extent that the managerial assistance goal and workplace strategy is precluded. The demands for both clinical skills and organizational and business administration knowledge has been present since the early NIAAA- funded OPC days. Sonnenstuhl and Trice²⁴ have recently referred to these dimensions as the crucial balance.

The certification procedure with its anticipated consequence of establishing the core competencies and skills of employee assistance, which would protect the technology of providing assistance to employed alcoholics and their families, may institutionalize the crucial balance. Parallel necessities to the certification of employee assistance professionals are the activities of influencing university curricula to include the crucial balance and the process of marketing the certification to potential consumers who must honor the claim of expertise.

The certification process and the boundaries it draws around the employee assistance field are perhaps more important because the new occupations are increasingly made up of people with diverse educational credentials. It is especially difficult to influence those who already perceive themselves as autonomous professionals by virtue of their educational credentials. However, it is particularly these individuals who need to be aware of the boundaries and standards for programs in the settings for which they intend to do their work. Many traditional counseling and psychology programs, despite the widespread diffusion of the disease concept of alcoholism, do not include adequate training in alcohol or drug dependencies. Certainly, even fewer offer adequate training in work organizations and their management.

The emergence of the new occupations, with their core knowledge and skills, reflects an evolution whereby many programs were established and individuals helped. The leaders of the social movement and proponents of worksite alcoholism intervention and employee assistance technologies were the early teachers. The training pattern has been typical of the emergence of other occupations, through mentoring or on-the-job training.² Now that there are already so many practitioners whose experience can determine the training and/or boundary maintenance necessities, including the entry of new recruits, the occupation is ready to make its claims.

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