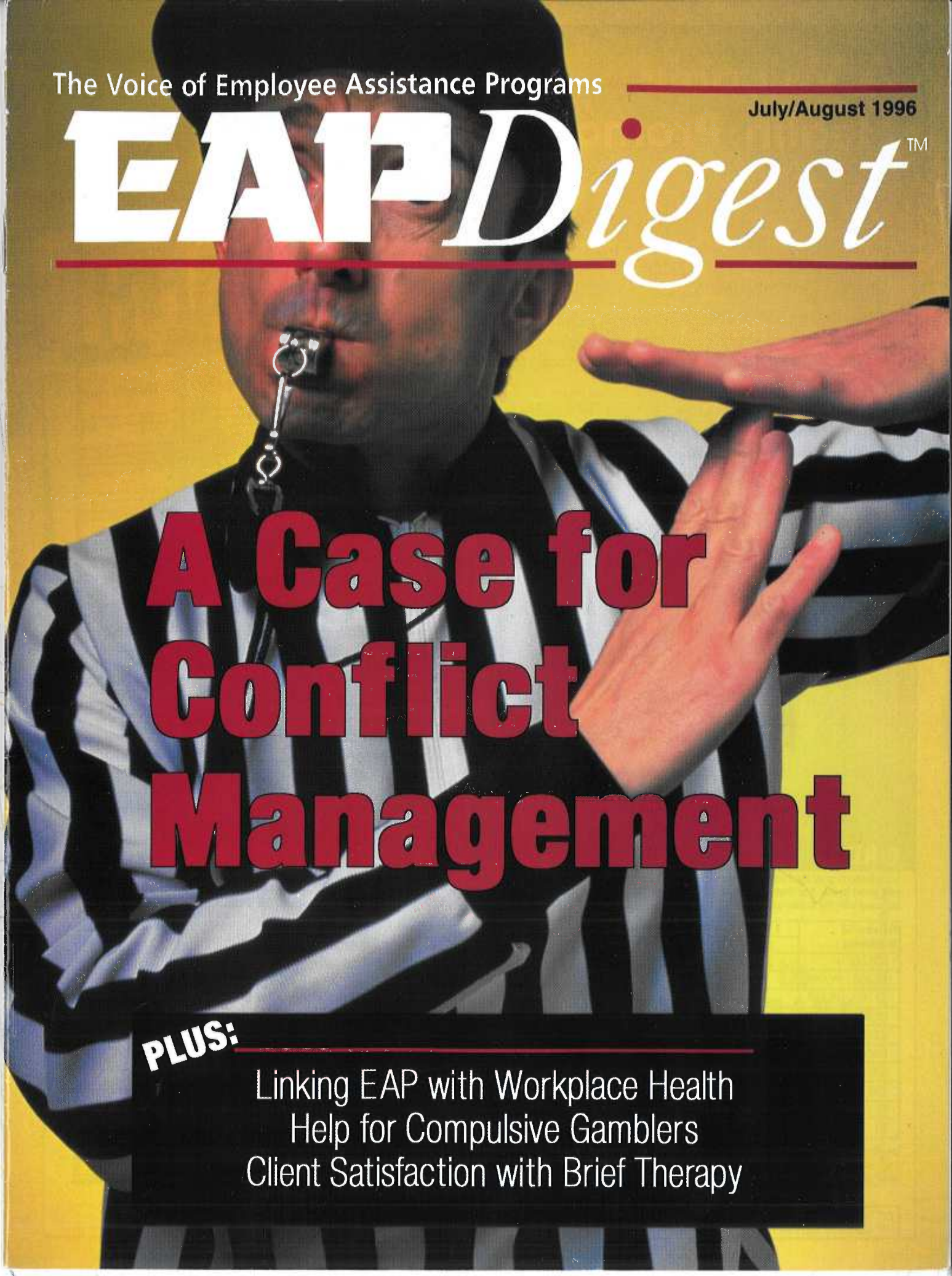
The Voice of Employee Assistance Programs

July/August 1996

EAP Digest™



A Case for Conflict Management

PLUS:

Linking EAP with Workplace Health
Help for Compulsive Gamblers
Client Satisfaction with Brief Therapy

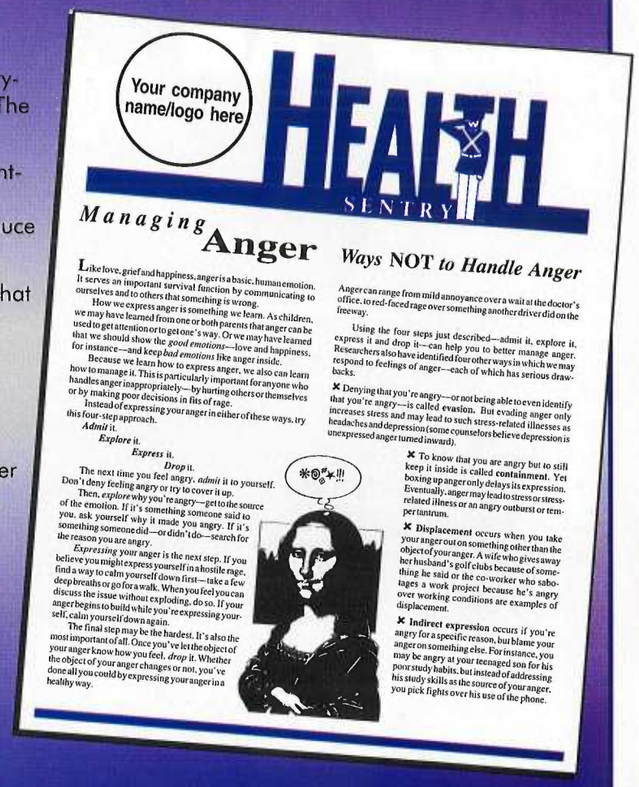
A Valuable Health Promotion Tool

Emotions have a direct impact on physical health. And poor emotional health and the problems of everyday living can interfere with on-the-job productivity. The solution—**Health Sentry**.

Health Sentry offers helpful information for confronting emotional and lifestyle problems—the kinds of problems that can drive up health care costs and reduce productivity.

Health Sentry is a four-page, quarterly newsletter that can be personalized with your program or company name, logo and phone number. Each issue comes ready to distribute to clients, employees or potential customers.

- Addresses emotional and lifestyle issues—stress, family conflicts, relationship issues, alcohol or other drug use, mental health and emotional problems, and more.
- Reach new clients, customers or employees who can benefit from your services.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HEALTH SENTRY

Managing **Anger**

Like love, grief and happiness, anger is a basic, human emotion. It serves an important survival function by communicating to ourselves and to others that something is wrong.

How we express anger is something we learn. As children, we may have learned from one or both parents that anger can be used to get attention or to get one's way. Or we may have learned that we should show the *good emotions*—love and happiness, for instance—and keep *bad emotions* like anger inside.

Because we learn how to express anger, we also can learn how to manage it. This is particularly important for anyone who handles anger inappropriately—by hurting others or themselves or by making poor decisions in fits of rage.

Instead of expressing your anger in either of these ways, try this four-step approach.

Admit it.

Explore it.

Express it.

Drop it.

The next time you feel angry, *admit* it to yourself. Don't deny feeling angry or try to cover it up.

Then, *explore* why you're angry—get to the source of the emotion. If it's something someone said to you, ask yourself why it made you angry. If it's something someone did—or didn't do—search for the reason you are angry.

Expressing your anger is the next step. If you believe you might express yourself in a hostile rage, find a way to calm yourself down first—take a few deep breaths or go for a walk. When you feel you can discuss the issue without exploding, do so. If your anger begins to build while you're expressing yourself, calm yourself down again.

The final step may be the hardest. It's also the most important of all. Once you've let the object of your anger know how you feel, *drop* it. Whether the object of your anger changes or not, you've done all you could by expressing your anger in a healthy way.

Ways NOT to Handle Anger

Anger can range from mild annoyance over a wait at the doctor's office, to red-faced rage over something another driver did on the freeway.

Using the four steps just described—admit it, explore it, express it and drop it—can help you to better manage anger. Researchers also have identified four other ways in which we may respond to feelings of anger—each of which has serious drawbacks.

✖ Denying that you're angry—or not being able to even identify that you're angry—is called **evasion**. But evading anger only increases stress and may lead to such stress-related illnesses as headaches and depression (some counselors believe depression is unexpressed anger turned inward).

✖ To know that you are angry but to still keep it inside is called **containment**. Yet boxing up anger only delays its expression. Eventually, anger may lead to stress or stress-related illness or an angry outburst or temper tantrum.

✖ **Displacement** occurs when you take your anger out on something other than the object of your anger. A wife who gives away her husband's golf clubs because of something he said or the co-worker who sabotages a work project because he's angry over working conditions are examples of displacement.

✖ **Indirect expression** occurs if you're angry for a specific reason, but blame your anger on something else. For instance, you may be angry at your teenaged son for his poor study habits, but instead of addressing his study skills as the source of your anger, you pick fights over his use of the phone.

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The Voice of Employee Assistance Programs

EAP Digest™

Vol. 16 Issue 5 July/August 1996

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The Voice of Employee Assistance Programs
EAP Digest

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Valuing Honesty and Integrity

In all you do, remain ethical.

Just how far society has come regarding ethics became clear to me recently.

A neighbor's teenaged son was asked to take an integrity test before a supermarket would hire him to pack groceries. The son confided to his parents, "I'm worried about the test I took. It asked questions like, 'Have you ever cheated in school?' 'Have you ever stolen from your parents?' 'Have you ever taken drugs?' When I started answering 'No' to all those questions, I worried that they'd think I was lying because I sounded too good to be true."

He got the job. But what has it come to when young people feel uneasy being too honest to get a job?

Unfortunately, too many businesses grab headlines for the wrong reason—unethical behavior. Executive extravagance at the expense of shareholders . . . insider trading scandals . . . corporate espionage involving trade secrets . . . overcharges and kickbacks on contracts. These are not acts typical of all businesses, mind you—not even most. The point is, they are typical.

Why must our field have a code-of-ethics? Why must we draft policies and procedures that ensure ethical practices at the program level? Isn't just plain, old-fashioned honesty in vogue anymore?

Apparently not. In just the span of one lifetime, we have developed some fuzzy conclusions about ethics. Today, the philosophy most rampant in some of the most influential offices in our country seems to be, 'Do whatever you have to, just don't tell me about it.' With this, the leaders effectively remove themselves from responsibility should the questionable conduct be discovered.

George T. Watkins
Publisher
EAP Digest

There are two overriding reasons why EAP professionals should be concerned with ethics. One deals with that basic, moral code everyone should value and subscribe to. The other is grounded in good business-sense—being ethical makes us credible with our clients and customers, which contributes to long-term profitability.

In the experience of most EAP professionals—at least among those who voice their experience to others—unethical behavior jeopardizes the credibility of the entire field. No one can deny it. What we don't know can hurt us—eventually.

If you find yourself in a situation that needs clarification, ask, don't keep quiet. As a representative of our field, you write the final line. You are our industry's signature—to the general public, to our customers, to our clients. And all the codes-of-ethics in the world won't do any good if you, as our front-line representative, make the wrong decisions. Our field's ethics are embodied in you.

If you are in step with your field, then you value honesty and integrity. These qualities should be primary in all your personal and professional decisions. ■

George T. Watkins
Publisher

MARKETPLACE

Lil' Champ Food Stores and Ideon Group have renewed EAP contracts with **EAP WORKS**, a division of Corporate Care Works, Inc. Another division, **Family Care Works**, has been awarded a nationwide contract to provide eldercare information and referral services to 20,000 employees and dependents of Barnett Banks, Inc. Family Care Works provides eldercare and childcare programs and services. Based in Jacksonville, Fla., Corporate Care Works' four divisions offer cost-containment programs to manage employee problems and improve productivity. (Diana Johnson, 904-384-9436)

ComPsych Behavioral Health Corp. has been awarded contracts to provide EAP or managed behavioral healthcare services to American International Group, Dun & Bradstreet Companies, TeleCommunications, Inc./Viacom and VICORP Restaurants. The four contracts represent $4 million in revenues to ComPsych. Also, ComPsych's new headquarters are located at: NBC Tower, 455 N. Cityfront Plaza Dr., 24th Floor, Chicago, IL 60611-5506; phone, 312-595-4000. ComPsych provides services to more than 350 companies and 1 million people throughout North America.

Value Health has completed the sale of its subsidiary, **Lewin-VHI**, to **Quintiles Transnational Corp.** Value Health sold the subsidiary to remove any potential conflict of interest charges between Lewin's government consulting activities and Value Health's public contracts. Also, Value Health's managed behavioral healthcare subsidiary, the Avon, Conn.-based **Value Behavioral Health** (VBH), received a three-year contract to provide mental health and substance abuse benefits for **Blue Cross & Blue Shield of Ohio**. The contract, which commenced July 1, is expected to generate $10-$12 million in revenues annually. Also, VBH and the Park Ridge, N.J.-based **Merit Behavioral Care** (MBC) have been chosen to jointly provide behavioral healthcare services to roughly five million Prudential HealthCare POS and HMO plan customers. Prudential had been arranging care through local vendors and network providers. (Judith Hyfield-Starr, VBH, 860-678-3472; MBC, 201-391-8700)

Oakwood Hospital Merriman Center in Westland, Mich., has opened a Geropsychiatric Inpatient Unit for adults 55 and over. The Center is part of the Oakwood Healthcare System. (Nancy Dumas, 313-278-5155)

The Columbia, Md.-based **Green Springs Health Services** has been awarded the contract to manage behavioral health benefits for the Chicago Transit Authority's 16,300 employees and retirees. Green Springs is a division of the Atlanta-based Magellan Health Services, Inc., formerly Charter Medical Corp. (Catherine Campbell, 410-740-9501)

The Minneapolis-based **United HealthCare's OPTUM** division has reached an agreement with the Westport, Conn.-based **Dependent Care Connection** to offer dependent care counseling, education and referral services as part of its OPTUM CARE24 EAP. OPTUM CARE24 was introduced earlier this year and is being made available to health plans, insurers and employers. United HealthCare products and services serve over 40 million people. Also, Dependent Care Connection is now offering college financial aid information through National Trade Publications' **Personal Education Retraining Credit** (PERC) program. PERC helps college-bound people assess their financial needs and choose and apply for the most appropriate loans. (Jim Ventrilio, United HealthCare, 860-954-0039; Erik C. Ingenohl, Dependent Care Connection, 203-226-2680; Jeff Clark, PERC, 703-706-8225)

The Schaumburg, Ill.-based **RAINBOWS** has developed a Corporate Service Program to help employees struggling with divorce, death and other loss issues. The non-profit RAINBOWS offers grief and loss recovery services to adults and children. For information, call 800-266-3206.

Workplace Options of Raleigh, N.C. recently completed a childcare needs assessment for ConAgra Frozen Foods. Workplace Options helps companies select, design and set up dependent care programs and offers resource, referral and program management services. (Cassandra Piper, 919-834-6506) ■

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TRANSITIONS

Timothy O'Donnell has joined the Minneapolis-based Health Risk Management (HRM) as president of its Health Care Purchaser Marketing Division. He had served as president of the O'Donnell Group, Inc. HRM's marketing division accounts for 85 percent of the firm's revenues. HRM provides electronically integrated care, claims, disability and demand management services and provider networks throughout North America and New Zealand.

Judith Hines, MSW, has been named executive director of the New York City-based Council on Accreditation of Services for Families and Children (COA). Hines authored the Council's *Standards for Agency Management and Service Delivery*. COA currently accredits nearly 1,000 behavioral healthcare programs and 3,000 other community services throughout the United States and Canada.

Danna Mauch, PhD, has been named president and chief operating officer of Magellan Public Solutions, a subsidiary of Magellan Health Services, Inc., formerly Charter Medical Corp. Mauch had been executive director of the Rhode Island Department of Mental Health, Retardation and Hospitals.

Claudia Blackburn has been appointed director of program research and development at the Caron Foundation of Wernersville, Pa. She had served as Caron's vice president of adult and family services. In her new position, she will be responsible for outcome studies and research on Caron's treatment programs; new program design and implementation; and liaison and affiliations with the academic community. Caron provides residential and outpatient chemical and codependency treatment services for adults, adolescents and families. ■

NEWS UPDATE

More Evidence of Naltrexone's Benefits

Research released at the American Psychiatric Association's (APA's) annual meeting further supports the use of naltrexone in treating alcoholism (naltrexone hydrochloride is marketed by DuPont Merck under the name REVIA). A study of 175 patients in the United Kingdom showed reductions of up to 50 percent in total alcohol consumption, more abstinent days and lower relapse rates. A second study proved naltrexone can be taken safely for up to 12 months. Many of the 196 patients in the second study were also taking antidepressants, cardiovascular drugs, painkillers, antibiotics and gastrointestinal drugs, yet researchers found no evidence of safety concerns. (Laura Mastrangelo, DuPont Merck, 302-892-8453)

Company Develops LSD Urine Test

Behring Diagnostics is now marketing an LSD urine screen. LSD is difficult to detect because of its potency in trace amounts. Behring says its test can be used with laboratory analyzers now marketed by Behring, and protocols are being developed for other analyzers, including those marketed by Hitachi, Olympus and Roche. (Bob O'Malley, Behring, 408-239-2070)

What Price Parity?

As of this writing, differences between the Senate and House health insurance reform bills are being debated in conference, but analysts foresee mental health parity as the major point of disagreement between the two bills. The Senate bill would require plans to provide the same level of mental health benefits as medical benefits. The House bill has no such provision. But parity may be costly: The Congressional Budget Office estimates the provision would hike employer premiums by 1.6 percent. The Coalition for Fairness in Mental Illness Coverage, comprised of six managed care or provider associations, including the American Psychiatric Association and the American Managed Behavioral Healthcare Association, estimates premiums would rise 3.2 percent for mental illness parity and 3.9 percent for both mental illness and substance abuse parity. Of course rising costs would hurt workers most. The *New York Times* estimates the parity provision would lead many employers to cancel their health insurance coverage, leaving 800,000 employees without coverage. The bills are expected to be voted on in early summer.

FHC Options Receives Award

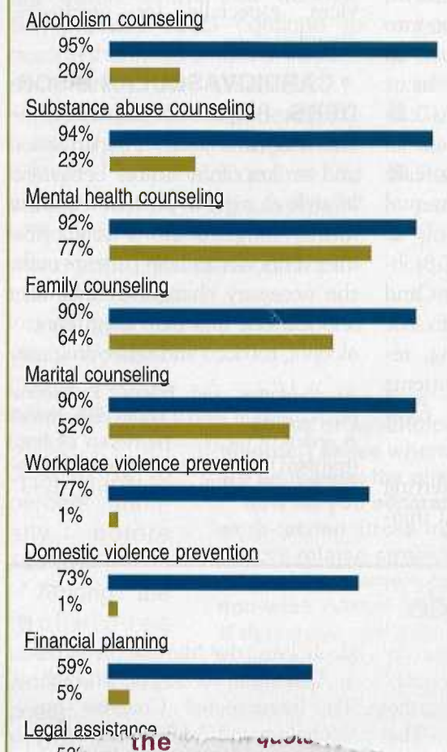
FHC Options, Inc., of Norfolk, Va. was chosen among 38 companies to receive the National Behavioral Healthcare Leadership Award during ceremonies in May. The award was presented by Eli Lilly & Co. and the National Managed Health Care Congress. FHC was the first managed care company to develop a partnership with community mental health centers for a Medicaid behavioral healthcare contract. The company also pioneered the "family university" concept by providing social and family prevention and wellness services to families covered by the Armed Forces' CHAMPUS health benefit. FHC provides managed care and EAP services to over four million people. (Cynthia Jay, 804-459-5220)

Executives Spend Nine Work Weeks A Year on Staff Conflicts

Executives spend roughly 18 percent of their workday—the equivalent of nine work weeks annually—resolving employee personality conflicts, according to a survey of executives for the staffing firm Accountemps. For comparison, executives said they spent 9.2 percent of their workday on such conflicts in 1986. "Increased market competition and a more rapid business pace are contributing to conflict in the workplace," said Accountemps chair Max Messmer. "Company mergers and restructurings have also created a more volatile environment that can increase

What EAPs Offer, What Clients Use

The Conference Board Work-Family Roundtable surveyed 120 company EAPs. The yellow bar shows the percentage of companies offering the following services. The green bar shows the percentage of companies ranking the service among their three most utilized.



the Alexander & Alexander survey—

Alexander's ninth annual U.S. Risk Management Survey

- Medical case management (cited by 86 percent of respondents).
- Aggressive return-to-work programs (84 percent).
- Information systems (59 percent).
- Performance standards for third-party administrators (39 percent).
- Medical treatment protocols (33 percent).
- Disability duration guidelines (29 percent).

ultimate," the question is how do you separate the work-related stress from non-work related stress? Why should employers pay for non-work related stress? And if they must, will they be able to screen potential employees predisposed to such problems?"

Both reports are free. For Alexander & Alexander's ninth annual *U.S. Risk Management Survey,* call Janine Kretz at 201-460-6664. For the Towers Perrin report, call 800-525-6741.

FURTHERMORE

- **The report,** ***Case Manager Qualifications in AMBHA Member Companies,*** covers the qualifications, roles, responsibilities and procedures used by case managers in 15 American Managed Behavioral Healthcare Association-member companies. AMBHA's 19 members are among the largest managed behavioral healthcare firms in the nation, covering an estimated 74.7 million people. *Case Manager* may be of interest to providers or EAP professionals seeking greater understanding of the inner-workings of managed care. For a copy, send $10 to AMBHA, 700 Thirteenth St., NW, Ste. 950, Washington, DC 20005.
- **The Center for Mental Health Services** emergency services and disaster relief branch has published a new disaster planning booklet, *Responding to the Needs of People with Serious and Persistent Mental Illness in Times of Major Disaster*. The booklet includes the disaster response roles of state and county mental health authorities. For a free copy, call 800-789-2647.
- **The National Crisis Prevention Institute** (CPI) of Brookfield, Wis., offers its *Nonviolent Crisis Intervention* training in one-, two- and four-day (instructor certification program) formats in several cities. Fees range from $295 to $895. For information on these and other CPI products, call 1-800-558-8976.

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WHERE INTERVENTIONS MATTER MOST

Australian researchers writing in April's *Professional Psychology: Research and Practice* have landed on something that can lower healthcare costs and improve outcomes without sacrificing quality. What might this miracle something be? A psychological intervention.

Gary Groth-Marnat, PhD, and Graham Edkins, MA, of Australia's Curtin University of Technology reviewed research studies that prove the efficacy of psychological interventions in general healthcare. What follows are just a few of the areas where interventions can benefit most.

- **PREPARATION FOR SURGERY.** Interventions that teach patients relaxation exercises, distractive techniques and ways to regain control after surgery can reduce anxiety, resulting in fewer hospital days and fewer post-surgical complications.

- **SOMATIZATION.** Patients who experience stress following marriage, unemployment, retirement, etc., can translate this stress into seemingly real symptoms, such as backaches, chest pain or heart palpitations. These symptoms can account for 30-60 percent of all outpatient visits to primary care physicians. Patients denied mental health services are more likely to manifest their mental health problems as physical symptoms and reappear as overusers of the healthcare system. Identifying, referring and treating these patients for stress has demonstrated clear healthcare cost-savings.

- **REHABILITATION.** Referring patients recovering from head injuries, strokes, heart attacks and neurological diseases to behavioral intervention programs increases reemployment rates and reduces subsequent use of healthcare services, especially for psychiatric complications.

- **CARDIOVASCULAR DISORDERS.** People suffering from the effects of heart attacks, hypertension and strokes often require behavioral lifestyle changes to prevent relapse or further complications. Psychological interventions can help patients make the necessary changes in their diet and exercise and help them control alcohol, tobacco and other drug use.

(Groth-Marnat and Edkins: Professional psychologists in general health care settings: A review of the financial efficacy of direct treatment interventions. *Professional Psychology: Research and Practice.* 27(2):161-174.)

In Remembrance

The long-time director of what many consider the first center in the United States to treat alcoholism as an addiction, James Henry Oughton, Jr., of Dwigh[illegible] died June 11 at Riversid[illegible] Center in Kankake[illegible]

[illegible]st

Oughton[illegible]nostics is now mar- director LSD urine screen. LSD difficult to detect because of its potency in trace amounts. Behring says its test can be used with laboratory analyzers now marketed by Behring, and protocols are being developed for other analyzers, including those marketed by Hitachi, Olympus and Roche. (Bob O'Malley, Behring, 408-239-2070)

For many years, the institute was an American byword for alcoholism treatment as people spoke of taking the "[illegible]" or having "gone to Dwight." The [illegible] percent for both mental health and substance abuse parity. Of course rising costs would hurt workers most. The *New York Times* estimates the parity provision would lead many employers to cancel their health insurance coverage, leaving 800,000 employees without coverage. The bills are expected to be voted on in early summer.

FHC Options Receives Award

FHC Options, Inc., of Norfolk, Va. was chosen among 38 companies to receive the National Alcoholism, the Midwest Seminar on Alcoholism for Pastors and the 31st International Congress on Alcoholism and Addictions held in [illegible] equivalent of nine work we[illegible] annually—resolving employee personality conflicts, according to a survey of executives for the staffing firm Accountemps. For comparison, executives said they spent 9.2 percent of their workday on such conflicts in 1986. "Increased market competition and a more rapid business pace are contributing to conflict in the workplace," said Accountemps chair Max Messmer. "Company mergers and restructurings have also created a more volatile environment that can increase

WORKERS' COMP COSTS CONTINUE TO DECLINE

Surveys conducted by two human resource consulting firms—Alexander & Alexander and Towers Perrin—show that workers' comp-related costs continue to decline thanks to a host of internal cost-management initiatives.

Alexander & Alexander questioned 2,200 risk managers and benefits administrators in its survey. Towers Perrin surveyed 686 chief financial officers, risk managers, treasurers and personnel directors.

Last year marked the second year workers' comp costs have declined. Costs had climbed 14-16 percent annually before 1994.

Among the techniques used to control workers' comp costs:

From the Alexander & Alexander survey—

- Medical case management (cited by 86 percent of respondents).
- Aggressive return-to-work programs (84 percent).
- Information systems (59 percent).
- Performance standards for third-party administrators (39 percent).
- Medical treatment protocols (33 percent).
- Disability duration guidelines (29 percent).

From the Towers Perrin survey—

- Safety initiatives/injury prevention programs (cited by 88 percent of respondents).
- Case management (88 percent).
- Communication to injured workers (86 percent).
- Return-to-work programs (82 percent).
- Communication to employees (80 percent).

One final note from the Alexander & Alexander survey: Some 70 percent of those surveyed believe a "high proportion" of stress and psychological disorders are fraudulent. One respondent remarked, "Even in cases where claims are legitimate, the question is how do you separate the work-related stress from non-work related stress? Why should employers pay for non-work related stress? And if they must, will they be able to screen potential employees predisposed to such problems?"

"Even in [workers' comp stress or psychological disorder] cases where claims are legitimate, the question is how do you separate the work-related stress from non-work related stress? Why should employers pay for non-work related stress? And if they must, will they be able to screen potential employees predisposed to such problems?" *—a risk manager quoted in Alexander & Alexander's ninth annual* U.S. Risk Management Survey

Both reports are free. For Alexander & Alexander's ninth annual *U.S. Risk Management Survey,* call Janine Kretz at 201-460-6664. For the Towers Perrin report, call 800-525-6741.

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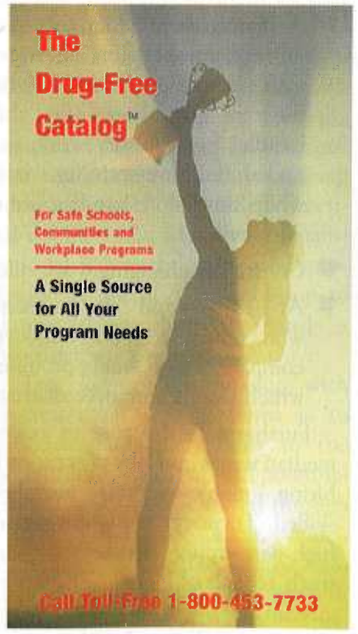

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Reader Service Card #9

Behavioral Risk Management

Making the Case for Conflict Management

Problem assessments are private affairs. Organizational interventions are broader in scope. Conflict management services span the gap between the two.

By Rudy M. Yandrick

Many EAPs have expanded their traditional role as assessment and referral agents to include counseling services. Yet as a healthcare service, counseling trivializes workplace issues and benefits only clients, not necessarily the organization as a whole.

EAPs can reverse this trend by stressing workplace services. This can be achieved by integrating work-based problem assessment (the core element of traditional employee assistance) with conflict management strategies that respond to the interpersonal and inter- and intra-group problems among employees, managers, work teams and departments. As the following examples show, work-based problem assessment and conflict management services form the basis of an organization's total behavioral risk management approach.

EXAMPLE ONE:

A Civil Engineering Firm

A client presents to the EAP with complaints of chronic headaches. The EAP assessment reveals she's alcohol dependent, has a sleep disorder and financial problems.

On the surface, her problems seem mostly personal. But a close look at her job situation shows strong evidence of causal work factors, including unclear job expectations, employee infighting and persistent tension.

The firm's 200 employees operate under strict deadlines. The average employee works 50 to 60 hours a week, but unevenly so—35 hours one week, 75 the next. In this high-stress environment, several employees exhibit poor coping skills, from increased alcohol and other drug use to high absenteeism, domestic problems and frequent co-worker disputes. Like the first client, many present to the EAP with stress-related complaints—chronic headaches, sleep disorders, irritability and so on.

> **Work-based problem assessment and conflict management services form the basis of an organization's total behavioral risk management approach.**

Unfortunately, the company's EAP is exclusively a phone model, so few work-based problems come to the EAP's attention. Otherwise, there is little evidence of a pattern of destructive behaviors.

EXAMPLE TWO:

A Printing Firm

A printing company employs three shifts of 50 workers each. Work harmony is marred by absenteeism, rampant turnover, productivity errors and threats of violence between co-workers. Employees also have higher healthcare utilization rates for workers in their industry and many are heavy smokers.

Several workplace factors may contribute to these problems, including:

- An uneven workload.
- A management team that promotes competition between shifts, even though each shift has different priorities (first-shift handles high-priority work, second-shift lower-priority work while third-shift handles unfulfilled orders).
- Constantly changing work rules.
- An extroverted site manager who tends to solve employee complaints with empty promises, which fosters employee distrust.

Furthermore, because of below-median wages and lack of scrutiny in hiring, many workers are low-skilled. Turnover is highest among high-performing workers, giving truth to the old saw, "The strong give up and move on while the weak give up and stay." Also, many employees lack effective interpersonal skills.

As for behavioral risks, high turnover and the number of threats of violence between co-workers are the organization's greatest risks. However, the company's EAP has no work-site presence and virtually no impact on the company's behavioral risks.

Conflict management activities form a bridge between the problem assessment function, which is conducted in privacy, and the more global business of organizational intervention. However, if the person doing the intervening isn't also doing problem assessments, it's unlikely the gap between individual and organizational issues can be spanned or that the EAP can detect or influence systemic change. Problems can be documented and responded to holistically if the same workplace service does both assessments and conflict interventions, and the position best suited for that role is the EAP professional.

Conflict management involves EAPs in activities more relevant to line operations. And by resolving co-worker disputes, conducting conflict resolution training, consulting with supervisors on interdepartmental conflicts and identifying organizational behavioral risks, EAP professionals are also contributing to improved productivity and a healthier work environment.

The key to intervening with dysfunctional work systems is to produce data that points to the organization's current and potential risks. This can be achieved through a behavioral risk audit, which compiles objective data (in the form of various personnel, management and healthcare benefit utilization data) to expose current behavioral risks and subjective data (in the form of employee surveys) to determine future risks. Subjective audit items may include:

- Employees' abilities to balance work and family responsibilities.
- Beliefs that co-workers are under the influence of alcohol or other drugs.
- Employees' beliefs that a threat of workplace violence exists.
- Employees' beliefs that management listens to their concerns.
- Quality of communications between employees and management.
- Employees' and managers' beliefs that their jobs are secure.

More evidence of workplace dysfunction may include:

- Pathological group behavior resembling that of a dysfunctional family.

- An "overheated" work group resulting from excessive or prolonged work demands.
- An ineffective key manager or supervisor.
- Structural, communications and operational flaws resulting from organizational change.

These and other data are necessary to make meaningful organizational change. A behavioral risk audit may even be more useful to an organization than an EAP evaluation, which may be self-serving and not necessarily related to organizational performance. ■

Rudy M. Yandrick *is a behavioral risk writer, consultant and author of* Behavioral Risk Management, *published by Jossey-Bass. He can be reached at 717-691-1699.*

MEDIA UPDATE

BOOKS

Traumatic Stress in Critical Occupations: Recognitions, Consequences and Treatment, **by D. Paton and J.M. Violanti. Charles C. Thomas, 1996. Hardcover, 246 pp. $59.95 cloth; $39.95 paper. Contact: Charles C. Thomas, Publisher, 2600 S. First St., Springfield, IL 62794-9265.** Includes research on trauma's impact at work with special emphasis on EMS, police and disaster response workers.

CURRICULA/HEALTH PROMOTION

Industry in Transition, **from Ernst & Young, 1996. Slide-presentation or diskette format, $295; transparencies, $395. Contact: Ernst & Young, 202-327-7159.** One-hundred color images explore how managed care, integration and healthcare reform efforts are transforming healthcare.

Survival Skills for the Workplace, **by the Children of Alcoholics Foundation. 215-page manual with charts, handouts; $100. Contact: Children of Alcoholics Foundation, 555 Madison Ave., 20th Floor, New York, NY 10022-3301; 800-359-COAF.** Five, one-hour trainings—time and stress management, effective listening, assertive communication and change management—that ask participants to challenge negative core beliefs using cognitive restructuring.

VIDEOS

Elders & Families, **by Northwest Media, 1996. Two, 30-minute videos with viewer's guide, $99. Contact: Northwest Media, 326 W. 12th Ave., Eugene, OR 97401; 800-777-6636.** Prepares families, caregivers and professionals for that time when an elderly person shows signs of needing care. Tested with 100 families, viewers felt less alone and had more plans for managing the caregiving task than a group that received only printed materials.

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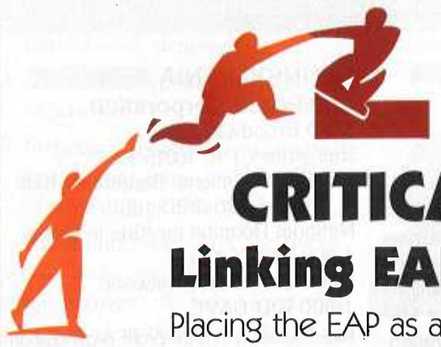

CRITICAL CONNECTIONS:
Linking EAP with Workplace Health

Placing the EAP as a coordinating link between employee health and productivity concerns is the field's next step.

By Thomas M. Doolittle, PhD

The role of today's EAP has changed dramatically since its origins as a program for employees with alcohol problems. And all EAPs have made the transition to assist employees with virtually any behavioral or personal problem—the broad brush movement.

The next logical step is to use the EAP to integrate all organizational functions related to employee health and productivity.

Such a move makes good business sense. It eliminates service duplication, improves efficiences and allows for better evaluation and coordination of services. Moreover, positioning the EAP in this way ensures its value to employers and employees alike.

Many EAPs are already involved in areas related to employee health and productivity—child- and eldercare information and referral, disability management, change management, critical incident debriefings, violence prevention, sexual harassment prevention and drug-free workplace compliance, to name a few.[1] This article makes the case for a new employee assistance paradigm, integration and coordination, using three employee services as examples—drug and alcohol testing and eldercare and stress management services.

> A comprehensive, integrated EAP is in a unique position to provide a coherent interface between workforce needs and effective interventions.

Drug and alcohol testing.

Following a positive urine screen, it's usually an EAP professional who evaluates and refers the employee to treatment. Yet the maximum value is realized when an EAP professional monitors the employee's progress in treatment, coordinates his or her return to work and provides continued support in recovery. As liaison between the employee, treatment provider and employer, the EAP professional orchestrates the transition from impairment to treatment to health in the most efficient way possible. By working with managed care, EAP professionals also assure "success in the delivery of care" and facilitate the desired outcome.[2]

Eldercare services.

Evidence continues to grow that eldercare responsibilities are a concern for many employees. In response, many organizations have developed dependent care services. They would be well advised to ensure EAP integration with these services.

For example, an employee may need help finding a nursing home for an aging parent, for which an eldercare specialist could be invaluable resource. Yet the emotional strain of having to make such a decision could easily warrant an EAP referral. An EAP professional could help build this employee's coping skills and offer counseling support throughout the decision making process. Conversely, an EAP professional may identify an eldercare issue as the source of an employee's presenting concern and refer that employee to an eldercare information and referral source.

A discrete, isolated eldercare service carries little of the synergy and effectiveness of a solid EAP/eldercare connection. EAP involvement allows for effective cross-referral and the integration of multiple kinds and levels of care.

Stress management training.

Today's workforce must contend with global competitiveness, downsizing and restructuring, workplace violence, lower morale and higher performance expectations, among other stressful situations. It is little wonder that surveys show employees feel more stressed than ever before and that employers clamor for ways to reduce its impact on productivity.

The EAP can provide stress management training to managers and employees or act as a broker for these services for the organization. And because of their unique awareness of the workforce and workplace issues, EAP professionals can foresee stressful circumstances and develop interventions accordingly.

There are fewer workplace initiatives as diverse as drug testing, eldercare services and stress management training. Yet their very diversity speaks to the influence and coordination an EAP can provide. By integrating these and other services, companies contribute to a cyclical, mutually reinforcing process that fosters a healthier workplace and leads to a more profitable product or service. And EAPs are the engine that can drive this process to the benefit of employers, employees and, of course, the EAP's credibility and viability.

> In this era of limited resources, EAPs cannot afford to be perceived as the "touchy-feely" benefit. The return-on-investment must be demonstrable.

However, while such an integrated EAP service may make good business sense, adopting it may not be easy. There may be turf issues over program management, perceived threats to autonomy, overlapping functions, multiple locations, limited understanding of EAP services, lack of management support and poor communication. Without careful planning, clear communication and an emphasis on coordination and education, the result may be a poorly integrated program.

Also, there are financial issues to consider. In this era of limited resources, EAPs cannot afford to be perceived as the "touchy-feely" benefit. The return-on-investment must be demonstrable. Several EAPs have evaluated their services and proven their value in reducing absenteeism and healthcare claims, among other financial variables. Other EAPs act as gatekeepers, coordinating behavioral care services for employees. As Zarkin and

Garfinkel note, EAPs may lead to lower healthcare costs "if they perform a managed care function, reduce the incidence of conditions caused by substance abuse, or ensure that employees are treated at an earlier, less severe stage of illness."[3]

Today's workforce has complex, continually changing needs. A comprehensive, integrated EAP is in a unique position to provide a coherent interface between workforce needs and effective interventions. Organizations that embrace this new paradigm will be rewarded with a healthier, more productive workplace. ■

See page 21 for a list of references.

Thomas M. Doolittle, PhD, is manager of the EAP for Caterpillar Inc., of Peoria, Ill. He can be reached at 309-675-6263.

info-bit

IHNs are *In*

How might the healthcare marketplace be configured in the next millennium? If the dizzying growth in the number of integrated healthcare networks (IHNs) is any sign, picture a field dominated by a relative few, large, regional or multi-state healthcare conglomerates.

SMG Market Letter estimates the number of IHNs nearly doubled in a 15-month period beginning December 1994. An estimated 504 IHNs (February 1996 figures) now claim one-third of all hospitals, 45 percent of all hospital beds and perform half of all surgeries in the U.S.

Also referred to as integrated delivery systems, the top 100 IHNs have an average of 32 facilities participating in their network and cover an average of .5 million people each. More than half the IHNs are in 10 states—California, Florida, Illinois, Georgia, Michigan, Minnesota, New York, Ohio, Pennsylvania and Texas.

IHNs market themselves as a single unit to payers and achieve cost efficiencies through streamlined services. Home health agencies, nursing homes, physician centers, alternate care centers and HMOs all benefit from participation in an IHN because of its diversity, market reach and appeal to employers seeking simplified service delivery.

The good news for healthcare product and service providers—including EAP providers—is that most IHNs have or are establishing centralized purchasing departments, which streamlines the sales process. Linking value-added services to this growing segment will position vendors for the next era in healthcare. ■

Improving the Odds:
Help for Compulsive Gamblers

By Jessica K. Kotler, MSIR

Casinos. Racetracks and offtrack betting parlors. State and multistate lotteries. As the number of gambling opportunities grows, so do the odds that people who enjoy gambling will become compulsive gamblers. Unfortunately for business and industry, compulsive gambling costs companies millions in lost productivity, theft and employee absenteeism.

This article examines the prevalence and warning signs of compulsive gambling. It concludes with recommendations as to how EAP professionals can help employees who are compulsive gamblers.

Estimates place the number of adult compulsive gamblers in the United States at between 7.5 million and 10 million.[1] The National Council on Problem Gambling estimates that 28 percent of adults gamble three or more times a week, which is considered a level of heavy gambling. Among these, 18 percent are at risk for developing a gambling problem, 9 percent are problem gamblers and 3-4 percent are compulsive or pathological gamblers.[2]

> "For those suffering from the disorder, gambling takes over their lives—ruining careers, destroying relationships, damaging their health and threatening their lives. Often, a suicide attempt ultimately drives a compulsive gambler into treatment."[14]

According to the Council on Compulsive Gambling of New Jersey (CCGNJ), there are as many as 400,000 compulsive gamblers in New Jersey alone. Their disorder affects over 350,000 spouses and twice as many children, friends, coworkers and employers.[3] In 1992, more than 22,000 calls were placed to CCGNJ's gambling hotline, twice as many calls as in 1991.[4] Roughly two-thirds of callers were gamblers themselves, the rest were family, friends or employers. Among callers: 73 percent gambled on casino games; 47 percent bet on sports; 52 percent played the lottery; 3 percent played bingo; and 3 percent gambled on stocks and commodities.[5]

In 1980, the American Psychiatric Association (APA) classified compulsive or pathological gambling as an impulse control disorder characterized by a "psychologically uncontrollable preoccupation and urge to gamble."[6] The APA classifies a person as a pathological or compulsive gambler if the person is preoccupied with the idea of gambling; has tried unsuccessfully to control, cut back or stop gambling; suffers a major setback (divorce or job loss) because of gambling; or gambles with increasing amounts of money to achieve the desired excitement, among other indicators.[7]

Much like a sex or spending addiction, compulsive gambling is a process addiction. Unlike substance addictions, you can't smell gambling on a person's breath or find it in the bloodstream. As such, compulsive gamblers often aren't recognized until they've gotten into trouble with the law or experienced problems with friends, family members or on the job.

Compulsive gambling progresses through three phases—the winning, losing and desperation phases.[8]

CHARACTERISTICS OF COMPULSIVE GAMBLERS

- Very intelligent; IQs average in the 120s.
- Typically high-achievers.
- May work in sales or high-stakes occupations that involve money.
- Have no hobbies or only those related to gambling.
- May brag about winnings and make excuses for losses.
- Feels excitement or depression based on the outcome of a bet.
- Runs office pools.
- Often battles multiple addictions, including alcohol or other drug dependency.[17]

COMPULSIVE GAMBLING CRITERIA

The Council on Compulsive Gambling of New Jersey reports that a person must experience at least four of the following to be diagnosed a compulsive gambler:

- A preoccupation with gambling or getting money to gamble.
- Frequent gambling with larger amounts of money or over a longer period of time than intended.
- A need to increase the size or frequency of bets to achieve the desired excitement.
- Restlessness or irritability when unable to gamble.
- Gambling to win back losses (also called "chasing" the money).
- Unsuccessful attempts to cut back or stop gambling.
- Gambling interferes with important social, occupational or recreational activities or appointments.
- Gambling despite heavy debt or significant social, occupational or legal problems caused by gambling.[22]

During the winning phase, the person wins a sizeable amount on one bet or experiences a series of wins. During this phase, it's not uncommon for a person to win an amount that equals or exceeds his or her annual salary.[9] Feeling as though the luck won't stop, he or she increases the amount gambled and spends more time gambling.

In the losing phase, the gambler's luck—and money—runs out. The person may empty his or her savings or takes out loans to gamble more. The person also begins to gamble alone. Unfortunately, the losing phase may last for years, increasing the likelihood of bankruptcy, divorce, unemployment, theft, alcohol or other drug abuse, illegal activity to obtain money and the risk of injury or death from debt collectors.[10]

In the final phase, the desperation phase, compulsive gamblers admit to having financial problems and turn to family members and friends in hopes of being bailed out. Yet doing so may only cause more problems as it allows the compulsive gambler to continue gambling and to avoid taking responsibility for his or her actions.

Enabling behavior is one reason compulsive gamblers get away with as much as they do. Family, friends

Workplace Warning Signs

- Borrows money from co-workers or argues with co-workers about money owed.
- Requests salary advances or company credit union loans.
- Has credit card and other bills sent to work rather than home.
- Family asks about the employee's salary.
- Requests pay in lieu of vacation time.
- Steals company merchandise, property or cash.
- Falsifies expense accounts.[18]
- Organizes office or sports pools.
- Listens to or watches sporting events while working.
- Places bets for co-workers.
- Receives phone calls or visits from bookies, creditors or gambling friends while working.
- Arranges card games for money during lunch or breaks.[19]
- Has unexplained absences or disappearances from work, often for only part of the day.
- Reads gambling material openly.
- Uses excessive sick days.
- Vacations to gambling destinations.
- Takes vacation time incrementally, not all at once.
- Takes long lunch hours or breaks to play cards, buy lottery tickets or conduct other forms of gambling.
- Uses the telephone frequently.[20]
- Experiences severe mood swings.
- Appears sleepy or with bloodshot eyes; grooming habits decline.
- Appears depressed or anxious.
- Misses deadlines or assignments are frequently not completed.
- Lacks concentration, misses meetings or appointments.[21]

and co-workers may make excuses for the gambler, bail the gambler out of debt or be afraid to suggest that the gambler get help. Co-workers may lend them money, and supervisors may shift their schedules to cover for their absence. Enabling only allows the gambler to continue gambling without facing the consequences.[11]

To identify the compulsive gambler, CCNJ offers a list of 24 questions.

"Corporate America cannot ignore this problem; [most] compulsive gamblers are employed—from blue-collar workers to high-level executives—and many will steal or embezzle money to support their gambling."[15]

Among them:

- Have you ever lost time from work due to gambling?
- Has gambling made your home life unhappy?
- Has gambling affected your reputation?
- Have you ever gambled to get money to pay debts?
- Has gambling made you careless of the welfare of yourself or your family?[12]

These questions help get a sense of the scope of gambling in an employee's life. They also help determine the extent to which gambling has interfered in the life of an employee or loved one.

To help compulsive gamblers, EAP professionals should:

- Learn the warning signs of compul-

CALENDAR

AUGUST

Managing Disability in Your Institution: A Strategic Human Resource Agenda, Aug. 4-6, Ithaca, N.Y. Sponsors: Workplace Center of Columbia University and the Cornell University School of Industrial and Labor Relations. Contact: Debbie Fisher, 607-255-7727; TTY, 607-255-2891. *Note: Subject matter emphasizes disability management in the healthcare and educational settings.*

Seventh Annual National Conference in Treatment Initiatives, "Taking Charge," Aug. 18-20, Bethesda, Md. Sponsor: National Treatment Consortium. Contact: Jean Kazares, NTC, PO Box 1294, Washington, DC 20013; 202-434-4780.

SEPTEMBER

Behavioral Healthcare *Tomorrow*, Sept. 7-11, San Francisco. Sponsors: Institute for Behavioral Healthcare (IBH). Contact: IBH, 1110 Mar West St, Ste. E, Tiburon, CA 94920; 415-435-9821.

Managed Care Leadership Summit on International Healthcare Trends, Sept. 8-11, Mexico City, Mexico. Sponsors: American Association of Health Plans (AAHP) and the Academy for International Health Studies. Contact: AAHP, Department #0612, Washington DC 20073-0612; 202-778-3269.

11th Annual EAP Conference, "Stress at Work: The Price of Change," September 25-26, Dublin, Ireland. Sponsor: EAP Institute. Contact: Margaret Bible, EAP Institute, 143 Barrack St., Waterford, Ireland; international phone, +353-51-55733.

OCTOBER

10th Annual National Disability Management Conference, Oct. 16-18, Washington, DC. Sponsors: Washington Business Group on Health and UNUM Life Insurance Company of America. Contact: WBGH, 777 N. Capitol St. NE, Ste. 800, Washington, DC 20002; 202-408-9320.

Demand Management in Action: The First Annual Conference on Consumer Focused Solutions to Improve Health Status and Member Satisfaction, Oct. 30-Nov. 1, San Diego, Calif. Sponsor: CentraLink. Contact: CentraLink, 1110 Mar West St., Ste. E, Tiburon, CA 94920; 415-435-9821.

NOVEMBER

The Primary Care/Behavioral Healthcare Summit, Nov. 6-9, Orlando, Fla. Sponsors: Institute for Behavioral Healthcare and CentraLink. Contact: CentraLink, 1110 Mar West St., Ste. E., Tiburon, CA 94920; 415-435-9821.

25th Annual Employee Assistance Professionals Association (EAPA) Conference, November 10-13, Chicago, Ill. Contact: EAPA, 2101 Wilson Blvd., Ste. 500, Arlington, VA 22201-3062; 703-522-6272.

To list your conference or workshop, send items to: *EAP Digest*, Performance Resource Press, Inc., 1270 Rankin, Ste. F, Troy, MI 48083-2843. Items must be received at least three months prior to the event.

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