

Vol. 19, No. 2 February 1989

# the ALMACAN

Published monthly by Association of Labor-Management Administrators and Consultants on Alcoholism  An International Association of Professionals in Employee Assistance Programs

## BALTIMORE'S BEAUTIFUL INNER HARBOR BY NIGHT



ALMACA ISSUES ITS  
1989 NATIONAL CONFERENCE  
"CALL FOR PAPERS"



# Federal anti-drug regulations favor EAPs for drug/alcohol education and training.

## What is the best reference information on the subject?



## The ALMACA 3-pak.

The federal government has helped to make employee assistance programs a key player in the crusade against drugs in the workplace with the passage of the Anti-Drug Abuse Act and issuance of regulations by the Department of Transportation and other federal agencies. EAPs have been deemed expert in the provision drug and alcohol services to employees of federal government contractors and grantees, as well as to industries that must comply with drug-free workplace provisions.

ALMACA's 3-pak provides comprehensive information on EAP consulting sources and EAP implementation that you, as an EAP professional, can use for your own benefit or to share with prospective clients.

**The ALMACA Directory of EAP Consultants.** A virtual "Who's Who" of EAP consulting specialists, this publication tells you where they are located and what their specialty areas are.

**NIDA Guidelines for the Development and Assessment of a Comprehensive Federal Employee Assistance Program.** Published by the National Institute on Drug Abuse, these guidelines provide recommendations on EAP design and implementation, program operations, evaluation and workplace integration. A monitoring instrument provides help in auditing existing policies and procedures.

This publication has been made available to ALMACA by NIDA for distribution.

**The ALMACA Continuum of Services: Alcohol and Drug Abuse in the Workplace.** This ALMACA publication recommends a specific procedure for addressing alcohol and drug abuse in the workplace. Included are process maps which analyze possible strategies and the efficacy of various forms of drug testing.



If you buy our 3-pak, we will include a portfolio of the provisions of the Anti-Drug Abuse Act that apply to EAPs, as well as regulations that either mandate or recommend EAPs for particular industries.

Our charge for the entire package is \$30 for members and \$50 for nonmembers. It's a small investment that can help you to reap big rewards.

**Yes**, I would like \_\_\_\_\_ copies of the 3-pak. I \_\_\_\_\_ am \_\_\_\_\_ am not a member of ALMACA. Enclosed is a check for \$ \_\_\_\_\_. (Virginia residents: include 4% sales tax)

**Send the materials to:**

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

# ALMACA Public Policy Takes on a Higher Profile

The passage of the Anti-Drug Abuse Act, with its EAP-specific language, is indicative of lawmakers' awareness of EAPs in the workplace. (Continuing coverage of this new law appears on page 13.) Additionally, new drug-testing regulations released by the Federal Aviation Administration contain requirements that airlines implement EAPs to provide education and training to employees about drug use. (Details will be published next month.)

Public-sector initiatives such as these suggest that the iron is hot and ALMACA—on behalf of the EAP field—needs to be prepared to provide professional guidance to policy makers. Since last February when a public policy agenda was first published, ALMACA has been actively establishing relationships on Capitol Hill and within the administration. Additionally, ALMACA is working to strengthen its public policy activities with the states.



*THE ALMACAN* will continue to present the news to you in the months ahead. A new section of the public policy column, beginning in March, will provide "news bites" on EAP-related legislation. Information on the status of pertinent bills, their sponsors and cosponsors, and content descriptions—à la news briefs that have been popularized by the publications of the U.S. Chamber of Commerce and other experienced government watchers—will be provided for your consumption. We, as a young profession, can stand to improve our intelligence quotient on governmental affairs. This new addition will help you to follow the action.

*Rudy M. Yandrick*  
Rudy M. Yandrick  
Editor

## ALMACA'S BOARD OF DIRECTORS AND STAFF

### EXECUTIVE OFFICERS

**Tom Pasco**, President  
**Tamara Cagney**  
Vice President—Operations  
**Don Magruder**  
Vice President—Administration  
**Marcia Nagle**, Secretary  
**Bob Challenger**, Treasurer

### REGIONAL BOARD MEMBERS

**Boyd Sturdevant**  
Central Region Representative  
**Kevin Parker**  
Eastern Region Representative  
**"Midgie" Brawley**  
Southern Region Representative  
**Roger Wapner**  
Western Region Representative  
**William G. Durkin**  
International Region Representative  
**Morris Golden**  
Canadian Region Representative

### COMMITTEE CHAIRPERSONS

**Claire Fleming**, Advisory to  
*THE ALMACAN*  
**Jane Ollendorff**, Annual Meeting  
Site Selection  
**Jim Roth**, Bylaws  
**Jack Dolan**, Consultants  
**Jesse Bernstein**, Development  
**Daniel J. Molloy**, Education and Training  
**Gary Atkins**, Ethics  
**Sally Lipscomb**, Insurance  
**Thomas Murgitroyde**, Labor  
**Riley Regan**, Legislative and Public Policy  
**William O'Donnell**, Membership  
**Mary S. Bernstein**, Program Managers  
**Andrea Foote**, Research  
**Bradley Googins**, Special Projects  
**Debra Reynolds**, Standards  
**John Schwarzlose**, Treatment  
**Joanne Pilat**, Women's Issues

### STAFF

**Thomas J. Delaney, Jr.**  
Executive Director  
**Judith Evans**, Associate Director  
**Rudy M. Yandrick**, Editor

### PUBLISHED BY:

The Association of Labor-Management  
Administrators and Consultants on  
Alcoholism, Inc.  
4601 N. Fairfax Drive  
Suite 1001  
Arlington, VA 22203  
Telephone (703) 522-6272

© 1989 by Association of Labor-Management  
Administrators and Consultants on Alcohol-  
ism, Inc. Reproduction without written per-  
mission is expressly prohibited.

Publication of signed articles does not consti-  
tute endorsement of personal views of authors.

# TABLE OF CONTENTS



page 21

## COVER STORY

- 23** 1989 ALMACA National Conference—Call for Papers and Abstract Submission Form

## ISSUES AND ANALYSIS

- 14** One Method of Computing EAP Cost-Effectiveness  
*by Dan Thorne*



page 30

## INTERNATIONAL EAP DEVELOPMENT

- 31** Introduction  
*by William G. Durkin, ALMACA International Region Representative*
- 32** Setting the Table for EAP Development in the United Kingdom: A Report From Britain  
*by Pamela and Peter Long*
- 35** EAP Development in the United Kingdom: A View from the U.S.  
*by Carl R. Tisone*
- 37** The Development of EAPs and Treatment Centers in Europe  
*by Rudy M. Yandrick, editor*

## DEPARTMENTS

**3** Editor's Comment

**13** Public Policy

**46** Index of Advertisers

**6** President's Message

**18** Film Reviews

Also of interest:

**7** From the Executive Director

**20** News From the Outside

**2** Offer to purchase consulting publications

**9** Board of Directors Report

**29** Update on Certification

**42** CEAP exam announcement

**10** Fund Raising

**40** ALMACA & EAP InfoTracks

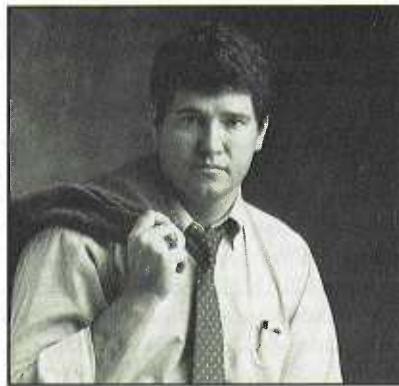
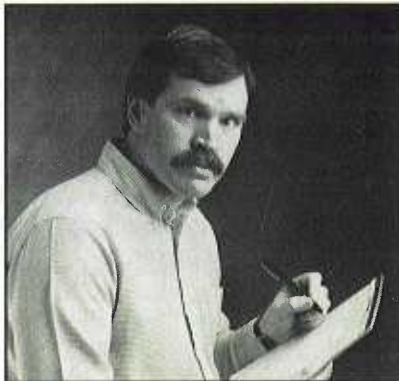
**11** Women's Issues

**45** Conferences & Workshops



page 10

# Which one of these employees has a drug problem?



## *All of them do...*

Because if only one of these employees is a substance abuser, then all of the other employees, including you, are adversely affected as well.

Substance abuse is a major problem at many companies today. Chances are, your company either has a substance abuse problem now, or will have one in the future.

Timberlawn Psychiatric Hospital has a range of treatment options, individual and group therapy programs, and other recovery-oriented services all geared toward helping the substance abuser. An individualized evaluation

leads to selection of the most appropriate treatment program, which is further enhanced by specialized aftercare and monitoring services. Treatment team members include Board Certified psychiatrists, clinical psychologists, psychiatric social workers and substance abuse counselor specialists with certification in their field. The Twelve Step Programs are emphasized throughout the recovery process.

At Timberlawn, we understand the unique challenges faced by your company today. Call us for more information on how we can be of assistance.

## **TIMBERLAWN**

**PSYCHIATRIC HOSPITAL**

4600 SAMUELL BLVD. • P.O. BOX 11288 • DALLAS, TEXAS 75223 • (214) 381-7181

## PRESIDENT'S MESSAGE

# Name Change: Back to the Drawing Board

by Thomas J. Pasco, CEAP  
ALMACA President

**D**uring the 1988 National Conference in Los Angeles, the Board of Directors decided to postpone the proposed name change for ALMACA. Let me explain why this situation came about and what is going to happen next.

A survey of the membership in 1986 showed there was sentiment that the name "ALMACA" hindered people from realizing that we are an association of EAP professionals. The members wanted a name that would provide that identification. Subsequently, a committee recommended a new name, the Association of Employee Assistance Professionals (AEAP), which was approved by a vote of the membership last summer.

As plans were being formed to implement the new name by the end of 1988, objections were raised from members of a Washington, D.C.-based group called the Association of Employee Assistance Program Practitioners (AEAPP). There was concern that EAP professionals would confuse the two groups because of the similar-

ity in initials. ALMACA's Board of Directors, therefore, decided to postpone changing our name instead of running the risk of spending large amounts of ALMACA's money on legal fees in a dispute with AEAPP.

I then asked ALMACA's Vice President—Administration, Don Magruder, to reconvene the name change committee that he chaired last summer. The committee has been authorized to propose alternative solutions which would reflect the desire to have our name more closely identified with the employee assistance field.

ALMACA is now in its 18th year. Its logo has been used for the last 12. The name carries special meaning for many people. When most of us initially join the association, the name seems long and awkward, but it quickly grows on us. The chapters have done an exceptional job in their local communities to promote the name. So, the name change committee has been asked to see if there is a name that would avoid confusion with other organizations and account for the strong feelings that many members have for the name "ALMACA."

I have asked the committee to rec-

ommend possible new names for the organization. The committee expects to have a report ready for consideration by the Executive Committee and Board of Directors by the end of February. After review by the Executive Committee and Board, you, the membership, will be given three alternatives and asked to choose the one name that you prefer.

The ballots will not be ready for mailing until summer, but be assured that ALMACA's voting membership will have the deciding say-so in this important matter. In my conversations with members since becoming President, I have found that there are two consensus viewpoints on this issue. The first is that we need a name that more strongly ties us with our field's professional identification. The second is that we must retain the name recognition that we have worked so hard to achieve among labor, management and government officials, as well as the press.

The process through which this happens may take a little longer than some of us would like, but it holds the promise of a better outcome because the voting members will have spoken. □

## Georgia Institute of Technology



### 14th EAP Institute

April 16-19, 1989 • Atlanta, Georgia

### 4th European EAP Institute

May 16-18, 1989 • Waterford, Ireland

### EAP Certification Workshops

Selected cities and dates

### EAP: The New Rules

Selected cities and dates

### EAP: The New Fundamentals

Selected cities and dates

Join other Human Resources, Labor and EAP professionals for these unique educational events. Call for information or register now for these or other outstanding Georgia Tech programs:

Education Extension-M • Georgia Institute of Technology • Atlanta, Georgia 30332-0385  
1-800/325-5007

## FROM THE EXECUTIVE DIRECTOR



Thomas J. Delaney, CEAP  
ALMACA Executive Director

There are a number of vital concerns to our field that EAP practitioners need to be aware of. Most are related to public policy, and I want to briefly discuss a few of them.

► In an article on January 8th about **child abuse**, *The New York Times* reported that agencies and specialists are now putting less emphasis on investigation and criminal prosecution and more on early identification and support for troubled families. Could this reflect a nationwide trend for dealing with a variety of dysfunctional behaviors? I believe so and hope that it provides yet another opportunity for EAPs to demonstrate their value in improving worker health and productivity.

The message from the child-abuse workers was that prevention will require more caring and help from neighbors, friends and relatives in order to reduce the incidence of child abuse. The EAP can promote this attitude at work in its continuing efforts to reduce substance abuse, other health problems and problems arising due to job stress and poor morale.

► The federal government's Office of Management and Budget (OMB) expects to release by February 1 the proposed rules that federal contractors and grantees will have to follow to comply with the drug-free workplace provisions of the **1988 Anti-Drug Abuse Act**. Although the rules will not be enacted until after public review and comment, OMB plans to make them effective on an interim basis.

Also stemming from the Act, EAP administrators and consultants will have the opportunity to provide assistance to any firm that does more than \$25,000 in business per year with the federal government, as well as state & local governments, universities and other organizations which have federal money passed on to them.

A comprehensive drug-abuse pro-

gram should include strategies to encourage fellow workers to help their colleagues who are experiencing problems. Critics of EAP who have forgotten this essential component of our work are referred to chapter 7 of Trice and Roman's *Spirits and Demons at Work*.

► There is another potentially positive development on the drug-abuse front. By the time this article is printed, the first federal **"drug czar"** will probably be named. The timing of this appointment may be fortuitous in that the "drug war" is ready to sift out the wheat from the chaf of the previous administration's anti-drug initiatives.

Speaking of the previous administration, one of its worst ideas was **urine screening**. It is significant that Congress declined to endorse employee drug testing in the Drug-Free Workplace Act, but some drug-screening advocates are still pushing it. They have carefully picked the cases that were appealed to the Supreme Court and are sure to claim widespread legal support for drug testing if the Supreme Court rules in their favor, even though applicable only to very exceptional circumstances. Other government efforts of the past few years are likely to have a more positive, longer-lasting impact.

► Establishment of the **Office of Workplace Initiatives (OWI)** at NIDA provides a focal point within the federal government for the problem of substance abuse among workers and their families. Hopefully, the Bush administration will allow NIAAA to resume an EAP role. NIDA recently opened a division of applied research that will include workplace efforts. Interestingly, this is a suggestion that was rejected by NIAAA a year ago but, hopefully, will resurface.

► The Anti-Drug Abuse Act established a new grant program in the **Department of Labor (DoL)** to provide start-up grants for EAPs. As of this writing, DoL has not announced the pro-

cedures for implementing this program. However, I have been encouraged by the way it has reached out to government agencies, ALMACA and other organizations for assistance.

► There are many other legislative initiatives which hold out promise for EAPs. When the federal government was blindly pushing drug testing, many states passed laws to simultaneously protect worker rights and support the battle against drugs in the workplace. ALMACA has been pleased to support the efforts of the New York City-based **Legal Action Center** in encouraging positive state legislative efforts for a drug-free workplace.

By the way, testing employees at electric utilities for alcohol is now being pushed by some policy makers at the **Nuclear Regulatory Commission**.

► In Congress and in many states, bills are being introduced to encourage employers and unions to initiate EAPs. ALMACA is supporting these, but is also keeping a wary eye for provisions that would impose undue hardships on industry. An ongoing threat to these initiatives comes from the special-interest representatives of clinical mental health professions who want to impose requirements that employers and unions can hire professionals from only among their own groups. Although I, myself, and ALMACA are supporters of EAP educa-

### CORRECTION

On pages 30-31 of the January issue, a bracketed notation in the "Executive Director's Report" indicated that the Board of Directors approved an EACC plan for recertification.

This information is premature. The Board approved a progress report by the EACC, but a final plan is yet to be submitted to the Board for approval.

## ALMACA Policy on the Use of Its Name and Logo

On April 11, 1983, ALMACA's Board of Directors adopted a "Policy on the use of the ALMACA Service Mark and Trade name." Its objective is to assure that the service mark, or logo, and trade name are not used to endorse or support services, products or events that are inconsistent with the basic principles and policies of ALMACA, and to encourage the continuing proper use of the name. Both the service mark and "ALMACA" name have been registered with the United States Patent and Trademark Office.

The policy is *not* intended to limit chapter or regional use of the ALMACA name or logo, but only to eliminate any inappropriate use of them.

### I. Objective

The objective of this policy statement is to assure that the ALMACA service mark and trade name are not used to endorse or support services, products and events that are inconsistent with the basic principles and policies of ALMACA. It is also the objective of this policy to encourage the continuing proper and effective use of our name.

### II. Purpose

To ensure that:

- (a) ALMACA member, chapter, region and third-party use of the ALMACA service mark and trade name is properly authorized.
- (b) ALMACA approves the usage and design specifications of the ALMACA service mark and trade name.

### III. Scope

This policy applies to all member, chapter, region and third-party use of the service mark and trade name of ALMACA.

### IV. Definition

- (a) The service mark is the ALMACA logo.
- (b) The trade name can take one of two forms. The first is "Association of Labor-Management Administrators and Consultants on Alcoholism, Inc." The second is "ALMACA."
- (c) "User" means any member, chapter, region or third party to whom authority has been given to use the ALMACA service mark and trade name.

### V. Policy

The manner in which the design of the ALMACA service mark and trade name is used must be approved by ALMACA's Executive Director.

- (a) All requests for use of the service mark and trade name will be carefully reviewed. Proposed use must:
  - (1) reflect a high degree of quality, style and appearance; and
  - (2) not infer ALMACA endorsement; or
  - (3) not risk placing ALMACA in a questionable position; or
  - (4) not involve significant exposure to legal liability. If, in the opinion of ALMACA's Executive Director, such an exposure does exist, the permission granted will include an indemnity provision in favor of ALMACA.
- (b) Right to use the ALMACA service mark and trade name:
  - (1) will be limited to a specific product, service or event.
  - (2) will be granted for a specific period of time.
  - (3) may not be assigned by the "user."
  - (4) may be granted to more than one "user" producing similar products, services or events.
  - (5) will be granted in writing by ALMACA's Executive Director.
- (c) ALMACA retains the right to reserve permission or to revoke at any time the permission granted.

### VI. Procedure

Requests for authorization to use the ALMACA service mark and trade name must:

- (a) be submitted, in writing, to ALMACA's Executive Director; and
- (b) state all relevant information, including:
  - (1) the purpose for which use is suggested.
  - (2) the manner in which it is to be employed, including proposed design.
  - (3) resultant benefits to ALMACA.
  - (4) name of the prospective user initiating the request.
  - (5) the projected exposure resulting from its use.

tion and the participation of traditional mental health providers, we know that a requirement to hire only these people would divert EAP professionals from their true mission toward the administering of clinical services.

By the way, the December decision of the California Supreme Court in the **Grace Church case** verified the contention that many of us had—that simply because you are a counselor does not mean that you delivery therapy.

► ALMACA staff is awaiting the forthcoming report on the "Efficacy of Alcoholism Treatment," which will be published by the **Institute of Medicine**. We anticipate that it will confirm the importance of the EAP role of early intervention.

► As the cost of medical care continues to escalate, those who pay the bills will continue to try to cap these costs. EAP professionals have much to contribute to the discussions. Recognizing this, one of President Tom Pasco's first acts was to appoint a special committee composed of Board members to write a report on the topic of "EAPs and managed health care." Working under the leadership of **Insurance Committee chairperson Sally Lipscomb**, the committee will have its report ready—to be published in booklet form—this spring.

► The **Veterans Administration** plans to drastically cut back alcoholism and drug services in its hospitals around the country. The VA is being very secretive about this, but there are reports that the VA administrator even wanted to eliminate all inpatient alcoholism and drug services.

The VA is the largest provider of hospital-based substance abuse services in the country. Such a cutback would not only deny the VA as a referral source to EAPs, it would put pressure on other public and private hospitals and result in longer waiting lists. □

## SPECIAL MEMORANDUM

# Committee Activities Highlight Board Meeting

**D**uring ALMACA's 17th National Conference in Los Angeles, the Board of Directors held a full-day meeting on November 15. Most of the agenda items proceeded as business as usual, including a vote to approve a budget for fiscal year 1989, a fund-raising report, and the Executive Director's report.

The Board's attention was given primarily to activities being performed by the committees. Here are descriptions of those proceedings.

**Education and Training.** Chairperson Dan Molloy explained that his committee plans to work cooperatively to facilitate the recertification process and the development of EAP training programs and study manuals. It was also announced that Dan has replaced Tom Pasco on the Employee Assistance Certification Commission.

**Ad Hoc Committee on Managed Health Care.** Extensive discussions were held on the construction of a document which provides information on the relationship between managed health care and EAPs. The committee

is composed of Board members Sally Lipscomb (Chairperson), Tamara Cagney, Marcia Nagle and Mary Bernstein, all appointees of President Tom Pasco.

The committee members plan to have the final document completed this spring.

**Insurance Committee.** Reports are being prepared which state the impact of the COBRA and ERISA laws on EAPs. They are planned for inclusion in the April issue of *THE ALMACAN*, the theme of which will be "relations between EAP and benefits personnel."

**Public Policy Committee.** Discussions were held regarding legislation to mandate alcohol and drug-abuse coverages, and proactively working with associations in allied professions.

**Consultants Committee.** Chairperson Jack Dolan reported that the Consultants Directory was published in October and is available for purchase. The Board has voted to increase the cost of the directory to \$20 for members and \$35 for nonmembers, effective

January 1, 1989.

**Standards Committee.** Debra Reynolds has replaced Bob Dorris, Jr. as committee chairperson and will continue working toward completion of the revised *Standards*. A draft is being sent to the chapter presidents for critique. The Board accepted the National Institute on Drug Abuse's *Guidelines for the Development and Assessment of a Comprehensive Federal Employee Assistance Program* as a generic guide, to which ALMACA will provide tailored standards, depending on the model of EAP.

Other discussions/action taken during the Board meeting included:

- approval of a motion that funds raised through the "LEAP Into the Future" campaign be used only as "start-up" funds and not for continuing operations of those projects.
- referral back to committee of the proposed new membership categories (published in the August 1988 *ALMACAN*) for revision.
- commentary by Brad Googins, chair of the *ad hoc* Strategic Planning Committee, on the implications of ALMACA's heavy associate membership, which is 45% of the total. He recommended continuing the strategic-planning process to develop a response to this and other issues. A motion was passed that a member of the now-defunct Organizational Review Committee will be named to sit on the Strategic Planning Committee.
- a report from Joanne Pilat, chairperson of the Committee on Women's Issues, that an informal network between regional liaisons and chapter women's issues committee has been set up.
- a report from Tamara Cagney that a plan to restructure the regions is progressing but is not yet completed.

The next Board meeting will be held on May 18 during the Central Region Conference in Tulsa. □



ALMACA's Board of Directors meeting, which was attended by new, continuing and outgoing officers, was held on November 15 in Los Angeles.

# LEAP INTO THE FUTURE

## THE ALMACA CAMPAIGN

**SITUATION #1:** ALMACA anticipates that bills will be introduced in the 101st Congress that, if passed, would affect employer-sponsored drug and alcohol treatment coverages. A bill of this nature could include a "gatekeeping" component and specify particular treatment modalities.

If such a bill is acted upon in the committee to which it has been assigned, ALMACA's job is to (1) assure that lawmakers are aware of employee assistance programs and, particularly, Certified Employee Assistance Professionals, who are the most qualified professionals to fill the gatekeeping function, and (2) educate lawmakers on the necessity of flexible treatment options, which will help to assure optimal health care and cost effectiveness.

EAP-related legislation can originate from any of a number of different Congressional committees, and ALMACA needs the resources to track these bills and participate in the process by which they are revised and prepared for passage.

**SITUATION #2:** In addition to a legal mandate, another means by which our field will continue to expand is the promotion of EAPs. Most new EAP development will occur among mid-size and small companies, and progress in this area can best be made by integrating more securely into the local business environment.

To accomplish this, ALMACA chapters can spearhead advertising and publicity campaigns and affiliate with organizations such as local chambers of commerce, which are dominated by community-based businesses.

### THE "LEAP" PROJECTS

These two situations show how actions taken by ALMACA—made possible by proceeds from our "LEAP Into the Future" fund-raising campaign—can help to defend the integrity of the EAP field and enhance its continued growth. However, as indispensable as they are, these projects do incur substantial expense. For that reason, ALMACA is seeking your help, along with the help of corporate sponsors, to fund them as part of our "LEAP Into the Future" fund-raising campaign. Two other vital projects that ALMACA proposes to fund are related to education and training, and expansion of ALMACA's Clearinghouse into a more comprehensive Information Services Center.

Here is how you can help. A challenge grant has been issued by Parkside Medical Services Corporation to ALMACA members for 1989. **For every dollar that an ALMACA member contributes to the LEAP campaign, Parkside will donate another dollar, up to a maximum of \$10,000.**

Why should you contribute to the LEAP campaign? You will be helping to assure the field's continued growth and viability, provide new education and training opportunities for the field

(i.e. professional development), and make new information available that can help with day-to-day practicing. In other words, money taken from one pocket will ultimately be put in the other; and with Parkside's help, it will be a 2-for-1 benefit! To top it off, you will be recognized as one of the "FRIENDS OF ALMACA," and a full donor list will be published in a future issue of *THE ALMACAN*.

The EAP field is a young profession on the move, and the commitment of all of us to it is now more important than ever. The LEAP Campaign Committee, and particularly its cochairmen—Gary Atkins, Donald Levitt and Jim O'Hair—will be most grateful for your donation. Please complete and clip the form below and return it to the LEAP campaign address with your donation. □

**YES!** I want to join "FRIENDS OF ALMACA." Enclosed is my tax-deductible contribution of:

- |                                |                                  |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$50    |
| <input type="checkbox"/> \$25  | <input type="checkbox"/> \$15    |
| <input type="checkbox"/> \$10  | <input type="checkbox"/> \$_____ |

Please make the check payable to "ALMACA."

NAME \_\_\_\_\_  
(as you wish it to be published on the donor listing)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Return to:** The "LEAP" Campaign, c/o ALMACA, 4601 N. Fairfax Drive, Suite 1001, Arlington, VA 22203

# Gender Issues and EAPs

## Part 2—The Application

Part 1, which appeared in the January issue, put gender issues into context. The author demonstrated how the EAP professional's effectiveness may be influenced by his or her gender perspective. In this, the concluding portion of her article, she raises important questions related to gender that practitioners need to ask of themselves in order to more objectively relate with clients.

Ms. Landesman welcomes feedback from members about her article and any training, resources, research or programs that are useful in addressing gender issues. She can be contacted at: Landesman, Inc. 645 N. Michigan Avenue, Suite 860, Chicago, IL 60611; (312) 820-8670.

As a field, it is time to explore how our cultural and personal beliefs/values/attitudes about gender affect the work we do. Important questions to ask ourselves are:

- who self-refers?
- who gets referred by management?
- who makes management referrals?
- who do we study/research?
- how do we study/research?
- what referral sources do we choose?

There is no such thing as value-free assessment, referral or treatment. Ignorance of gender issues, gender-role stereotypes and sexist attitudes in the assessment process can influence our focus and accuracy as they pertain to what we ask about and what we don't, what we hypothesize as the "cause," what judgements we make about client ability and motivation to change, and what we identify as "reasonable" and "socially appropriate" treatment goals. (Burden, Dianne S. and Gottlieb, Naomi, editors. *The Woman Client—Providing Human Services in*

*a Changing World*. Tavistock Publication, New York and London, 1987, p.9)

We need to understand the context within which we evaluate, design and research services. We need to gather data on what we are finding and ask "on what basis are we collecting this information and drawing these conclusions?"

Are more women self-referring than men? If so, why? Further, why aren't men self-referring more and/or why aren't managers referring more women? If we don't ask these questions, we may be presuming that women do self-refer more than men, that they do this because it is easier for women to ask for help, and that this is understandable and acceptable. Such presumptions prevent us from exploring how our orientations, management training, program literature and promotions influence who utilizes services.

Related to this, we all need to consider: whether there are different patterns in the way men and women managers refer; whether we, as men and women EAP professionals and/or clinicians, are knowledgeable and sensitive to issues of incest, physical abuse and substance abuse in women and men; how aware and responsive we are to the fact that the gender of a therapist is a critical factor in referral, meaning that there are times when a woman should see a female therapist

by

**Toby Landesman, CEAP**

and a man should see a male therapist. Next, we need to consider how program utilization reflects the culture, values and/or stereotypes of an organization and determine how the EAP can best respond.

### "PERSONALIZING" GENDER CONCEPTS

How can an EAP appropriately respond to these? In my seminars on gender issues, I have observed that most people see the relevance of gender issues, yet many have a hard time personalizing the concepts. It is difficult to talk about values unless we can tie them to behaviors. Once an awareness of gender issues has been raised, we need to begin a personal and professional inventory to move toward a more "gender-sensitive" and "gender-fair" assessment, referral and treatment episode.

First, let's define the terms "gender-sensitive" and "gender-fair." *Gender-sensitive* means (1) an awareness of how problems present themselves differently in men and women, and (2) the possession of the necessary knowledge and skill to motivate men and women into treatment and toward restored health.

*Gender-fair* means being open to finding and accepting *any and all* situations with our clients—from criminal behavior to domestic violence, alcoholism, drugs, incest, depression, anxiety, eating disorders, homosexuality, heterosexuality, health, strength, hope, ability, etc.—regardless of gender.

Here are some questions to ask yourself.

## ASSESSMENT VALUES CHECKLIST

anxiety	family other-drug use	incest survivor
loss/bereavement	legal	eating disorder
depression	financial	physical health
relationships	child care/elder care	cultural/ethnic
marital status	job stress	background
family	education	social activity
client alcohol use	occupation	sexual identity
family alcohol use	physical/sexual abuse—	
client other-drug use	self/other,	
	past/current	

- How do you: greet male/female clients? interrupt male/female clients?
- Where do you refer male/female clients? (e.g. inpatient, outpatient, short- or long-term, self-help)
- Are there any male/female patterns of diagnoses/problem identification?
- How do you promote/advertise your program?
- If you use videotapes, are the counselors, managers, clients male/female? What kinds of problems do the men/women in the tapes have?

The purpose of this exercise is not to change your personal beliefs, but to identify what those beliefs are, note their impact, and determine whether and how you need to change your professional behavior to best serve your clients.

Additional questions to ask yourself are these.

- How do you feel inside when a woman tells you she has been raped? a man tells you he has been raped? a woman tells you she's being physically/sexually abused by her partner?
- How do you feel about single men/women who are sexually active?
- How do you feel about homosexuality?
- How do you feel about heterosexuality?

We work in a field that says we should be open, accepting, and non-judgmental of all kinds of people and problem situations. However, since we are subject to the human condition and not just observers of it, we have ingrained feelings and subjective points of view on matters such as gender, race, sexuality, abortion, etc. These views are a part of our own "moral code" which differs at times with the

people we serve and may influence our approach.

We don't have to give up what we believe. We must, however, be aware of our own biases and, as best we can, moderate their influence on our work. To do this requires exploring some more questions.

- How would you react to a woman who has had an abortion and is coming in to deal with her feelings about it?
- What are your thoughts about a woman in her 40s who has never been married?
- What are your thoughts about a man in his 40s who has never been married?
- If a woman shows up on Monday morning with subtle signs of a hangover, how do people at your company react? How do they react if the person is a male?
- How do you react when a female client tells you she has AIDS—What do you think? feel? say? do? How do you react if the person is a male?

Additionally ask yourself: What beliefs do my actions reflect? What beliefs do the actions of my company and various service providers that I use reflect?

You can make further discoveries by audio- and video-taping yourself in interaction with clients and coworkers. Notice nonverbal signals, gestures, tones of voice (yours *and* theirs).

Next, look at the questions you consistently ask clients. Are they the same or different for men and women? Do you explore alcoholism and substance abuse, psychiatric history, presence of physical/sexual abuse, past and present cases of incest with all women and men clients? Do you consider the possibility of eating disorders with all men and women clients?

The chart (at right) is a checklist of issues to explore during the assessment process. The list is based on the input of interviewees and seminar participants. Ask yourself, "do all of these come to mind for *both* men and women during assessments?"

In conclusion, I believe there are differences between men and women that are the result of cultural/familial influence and not "inherent" qualities. Men and women are often treated differently simply by virtue of being a "man" or a "woman."

It follows that EAP professionals must be cognizant of this and try to maintain or improve on the ability to relate appropriately to both male and female clients.

As you go through the rest of the day, notice what other people do that reflects their gender values. Watch men greet each other, women greet each other, and men *and* women greet each other. What are the differences? Are there cultural differences? Notice who touches whom with hand shakes, pats on the back, etc. Notice what happens when men and women are of different job status. Pretending that I am a man, reread this article. Do you view anything differently?

My hope is that you will take this subject seriously while taking yourself lightly. Once you begin to notice how human behavior is affected by gender, it can become fun—like after you learned about alcoholism and began to realize how many of your clients were suddenly *really* into drinking!

We have the opportunity to create quality services that foster a new open-mindedness that allows for gender differences with less judgement or discrimination. We owe it professionally to our clients and personally to ourselves.

*Many thanks to Betty Reddy, Dale Monroe Cook, Bonnie Rudolph, members of the women's issues committee of ALMACA National and the Illinois Chapter, and the individuals who I interviewed for this article.* □

## PUBLIC POLICY

# Correcting Misinformation on "Drug Free Workplace"

Since the passage of the Anti-Drug Abuse Act on November 18, 1988, there has been a great deal of confusion experienced by employers and misinformation circulated by service vendors about the compliance requirements of the Drug-Free Workplace Act.

Some service providers have reportedly been informing employers who have contracts or grants from the federal government that they must be in full compliance with the Drug-Free Workplace Act requirements by March 18 or face contract suspension. This information is incorrect.

The regulations will apply to any new contracts or grants awarded on or before March 18.<sup>1</sup> ***For any federal contracts or grants that are in effect on March 18, the Drug-Free Workplace Act requirements will only become applicable to employers when their contracts or grants are modified or renegotiated.***

Here are three examples of how the Drug-Free Workplace Act would apply to existing contractors. Suppose an employer is currently performing work under a single contract for a federal agency. The contract is due to expire in July 1989. Unless the contract is substantially modified or extended between March 18 and the end of the contract period, or the employer engages in another contract on March 18 or later—that employer will *not* be required to comply with the provisions.

Suppose an employer has a contract with a federal agency and the contract expires in 1992. The employer engages in a contract renegotiation that becomes effective October 21, 1989. *Even though the Act's provisions take effect on March 18, the employer does not have to come into compliance until October 21.*

If an employer is awarded a contract with the federal government which becomes effective on March 19, 1989, the employer will be required to comply with the Drug-Free Workplace Act on that date.

According to an OMB spokesperson, contracts with the federal government that will become effective on or after March 18 will contain a clause in which the employer will certify compliance with the Drug-Free Workplace Act provisions.

The Act's provisions, which apply to any contractor awarded more than \$25,000 for the procurement of goods and services and to all grantees, require those employers to:

- publish a statement notifying employees that the unlawful possession, manufacture or distribution of controlled substances is prohibited on the workplace, and specifying activities that will be taken against employees for violation.
- establish a drug-free awareness program that informs employees about: the dangers of drug abuse; the company's policy of maintaining a drug-free workplace; available drug counseling, rehabilitation and employee assistance programs; and penalties that may be imposed on employees for drug-abuse policy violations.
- provide employees engaged in a contract or grant with a copy of the policy statement.
- notify the employee that the policy statement is a condition of employment that the employee will abide by. The employee will also agree to notify the employer of any criminal drug statute conviction for a violation occurring in the workplace within five days after the conviction.
- notify the contracting agency within 10 days after receiving notice from an employee of such a conviction.
- impose a sanction on or require the satisfactory completion of a drug assistance or rehabilitation program by a convicted employee.
- make a good-faith effort to maintain a drug-free workplace through the above provisions.

Failure to comply with any of the requirements can result in suspension or termination of the contract or grant, or debarment of the contractor or grantee.

Drug testing, it should be noted, is *not* a requirement for any contractor or grantee. A notable exception is employers performing work for the Department of Defense who may be required to perform drug testing under separate regulations.

Furthermore, the bulleted guidelines listed above apply only to the use, manufacture, distribution, dispensation or possession of *illicit* drugs. They do *not* apply to the use of alcohol, although an employer may implement policies that extend beyond the provisions in the guidelines. □

<sup>1</sup>March 18 is the date that the Drug-Free Workplace Act is to be enacted. Proposed rules related to the Anti-Drug Abuse Act (of which the Drug-Free Workplace Act is a part) are due on January 31. They are open to a 60-day comment period, after which the regulations will be enforced.



pace health services

### Outpatient Detox • Rehab • Aftercare

Medically supervised alcoholism and chemical dependency treatment for functional, motivated residents of the metropolitan New York area.

- 3 month, 6 month and Open-ended Treatment Programs
- Codependent, COA and Family Treatment Programs
- Combined Alcoholism and Cocaine Abuse Treatment Program
- Relapse Prevention Program

Aftercare and Support Services coordinated with Inpatient Facilities, Private Practitioners and Employee Assistance Programs.

(212) 949-4070

Nicholas A. Pace, M.D.

Medical Director

Co-Founder, Alcoholism Council  
of Greater New York

369 Lexington Avenue  
(E. 41st Street)

New York, New York 10017

# One Method of Using Statistical Evaluation to Compute EAP Cost-Effectiveness

by Dan Thorne, MS

*The author recently developed the auditing technique described in this article, which is based upon social-science research procedures. Examples of audit techniques found in other literature include: Klarreich, et al., Journal of Professional Psychology, 1986; Gaeta, et al., EAP Digest, 1982. The author's work is based upon audits performed by the EAPs of AT&T, the Canadian Railroad Workers, and others.*

A couple of months ago, I was driving a Cadillac Seville. I noticed that it had a digital device on the dashboard that computed the miles per gallon I got based upon the amount of pressure I applied to the accelerator. It was quite an eye-opening experience to receive immediate feedback about how efficiently, or inefficiently, I was driving. The monitor told me more about driving effectiveness than just computing miles per gallon when I fill my tank, and it made me think differently about my driving habits.

I believe that an analogy of this experience can be made with EAP statistical evaluation. An internal or external EAP provider can think a program is successful based upon utilization rates (which everybody does), but they have very little insight as to the EAP's effect upon employee health and productivity until a cost-effect analysis is performed. Though it is currently used on a limited basis in the EAP field, the need nonetheless exists.

Analysis is needed for EAP survival

and for delivering the best EAP possible to the corporate client. One trend in the managed mental health care field is for HMOs and PPOs to either replace EAPs or water down their role. Consider, for example, a company with an internal EAP that must refer all of its substance-abuse cases to an outside utilization review and PPO firm. The decision maker who budgets an EAP, usually the head of the corporate human resources department, likes to have hard statistical figures about the ability of the EAP to help employees. HMOs and PPOs, funded by large insurance carriers, usually have the computer hardware to prove their effectiveness.

One rationale for an EAP to take similar measures is that if the audit is not done, the EAP could either be dropped by the company or lose some of its services.

On the bright side, an audit can give extremely powerful information for the EAP and the corporation. The corporate client receives cold hard data on the ability of the EAP to help employees, and information on employee satisfaction, reduced absenteeism and accidents. Lower health claims make it easier to continue budgeting for these services.

In addition, statistics give a client the ammunition to go to its health, disability or workers compensation insurance broker and ask for either lowered insurance premiums or credits due to reduced need. Furthermore, benefits

personnel receive pertinent information about the health, sick leave and other needs of the EAP-involved employee as s/he is compared to the non-EAP-involved employees.

The EAP itself also benefits from these data. More on this will be explained later in the article.

### CREATING A DESIGN

The first consideration in developing a cost-effect analysis is creating a suitable design. Most practitioners recall from statistics courses that in order to measure treatment effect (i.e. EAP intervention), an *experimental* and a *control* group must exist. One problem with measuring EAPs this way is that it is unethical to set up a control group in a company and tell those subjects they cannot use the EAP. Also, using non-EAP-involved employees as the only control group makes an unlikely assumption that both groups' performances for measurements, such as health costs and absenteeism, are equal at the beginning of the treatment period.

One option that accurately measures the effect of the EAP upon employee health or productivity is to conduct an experimental study. Three groups, as shown in the chart (page 16), can be used in a theoretical two-year study. *Group A* subjects have their attendance measured *before* they use the EAP. They are useful in getting baseline data. *Group B* subjects have their attendance measured *after* they use the EAP. *Group C* subjects have their attendance measured throughout the study in order to obtain an average company attendance that can be compared with the post-EAP attendance of Group B.

---

**DANIEL R. THORNE, MS, is president of Dan Thorne & Associates, an Orange, CA-based firm which conducts cost-effect analyses for EAPs and designs EAPs/managed health care programs for corporations. He has been an EAP counselor, trainer and administrator for eight years.**

---

For the purpose of statistical analysis, Group B is the experimental group, since its data are measured after treatment. Groups A and C are control groups, since no treatment is being given to them, either at the time of their measurement—in the case of Group A—or at all—in the case of Group C. This allows Group B's results to be compared with other EAP-involved employees considered to be a valid sample of the EAP population (Group A) or with the entire corporate population (Group C).

Here is how employees can be approached about participating: At the beginning of the study, employees are sent a letter by the corporate human resources department, informing them that a study will be conducted and that they may be contacted to voluntarily participate. A pool of about 10% of the employee population is obtained from human resources. A letter is sent to them explaining the study and asking them to participate. A questionnaire and release authorization for attendance data are also included. If they agree to participate, they return the questionnaire and authorization. The EAP-involved employees are requested to voluntarily participate either by phone or in person by EAP counselors who explain the nature of the study.

#### CONDITIONS/CONSIDERATIONS

There are four conditions and considerations which need to be met or looked at for this study to be successful. First, the employees must be randomly selected. For instance, in a company of 2,500 employees, approximately 8%, or 200 employees, will use the EAP. With this as a pool, 80 employees are randomly selected, 40 for the pre-EAP group and 40 for the post-EAP group.

Second, employee cooperation must be nurtured. The hallmark of the EAP is confidentiality, and the employee must know that his/her involvement will not be revealed to the company. Employees need to understand

the parameters of the cost-effect study and be assured that all information gathered will be kept confidential by the EAP or an outside auditing agency before they will cooperate. Just as an

EAP reports demographic statistics that do not link the data with a particular patient for the corporate client, the audit's data will do the same. *Employees who understand that the EAP, not the em-*

Where's the  
best place  
for an  
employee  
recovering  
from a  
drug or  
alcohol  
problem?.....

## EMPLOYEE GROUPS INVOLVED IN THE STUDY

### VARIABLE: ATTENDANCE

	EAP-involved employees?	measuring period	experimental or control group?
Group A	yes	Jan 87-Dec 87	control
Group B	yes	Jan 88-Dec 88	experimental
Group C	no	Jan 87-Dec 88	control

ployee, is to be scrutinized are more likely to cooperate.

The third consideration is the point of commencement. It is best to start gathering data at the beginning of the study period instead of toward the end. For instance, if the study of EAP-involved employees runs from January to December, study procedures should begin in January. When an employee is seen by the EAP counselor, the study is discussed, questions are answered, and release authorizations are gathered. Employees tend to increase participation if the study is discussed in person.

By December, all the data will be gathered with optimum cooperation by employees. An "after the fact" study is feasible; however, since it requires that more phone contacts and letters be initiated by the EAP after EAP intervention, it becomes more expensive and there will probably be less participation.

The final consideration addresses the variables that will be measured and the methods used to obtain information. Objective variables give more credibility to the EAP's efforts, since they are based on factual data. In measuring productivity, *attendance* is a preferable variable, since it is more objective than performance and it applies to everyone. *Accidents and disciplinary actions* are other examples. In measuring health expenses, total *medical* and/or *psychiatric claims, disability claims, or itemized claims by diagnosis* (like alcohol or

substance abuse) are also available.

These figures could be received after a proper release authorization by the patient. Either benefits personnel, payroll or insurance brokers carry the data, which would have to be retrieved in such a manner as to maintain employee confidentiality. Once the data on the pre- and post-involved groups is gathered, a t-test or analysis of variance test can be performed to measure the difference between the two groups, and between EAP-involved and non-EAP-involved employees. (A t-test is a statistical measure that calculates the extent to which two groups differ. It can be used for the purposes of this article to measure: the effect of treatment upon one group, and how that treatment causes one group to differentiate from another with respect to a particular variable. Mean and standard deviations are used to calculate these figures.)

#### SUBJECTIVE DATA

Subjective data are also necessary in such an analysis, since objective data do not always tell why trends in productivity occur. A questionnaire with statements about the EAP and treatment process, and self-perceptions of productivity and health can be administered to EAP-involved employees, while the non-EAP-involved employees can answer statements about productivity and health only.

In addition, questionnaires can be sent to the corresponding EAP counselors and treatment facilities. This

way, responses pertaining to the EAP and treatment from the employee and the provider can be correlated. These data provide measures of employee satisfaction and whether the employee perceptions are shared by the provider. The productivity and health data on the questionnaire can be analyzed through a t-test to confirm or refute a difference between the groups.

#### HOW AN EAP CAN BENEFIT FROM THE AUDIT

There are a variety of benefits that the EAP can receive by doing an audit of this nature.

- When **productivity** is measured, it tells how well its EAP counselors, as well as treatment counselors, address

MANAGEMENT TRAINING FOR  
EMPLOYEE ASSISTANCE PROGRAMS

# THE DRYDEN FILE II

© MCMLXXXVIII Motivision, Ltd.

UPDATED WITH NEW FACES, NEW  
SETTINGS AND A NEW ENDING.

24 Minutes

Available on 16mm Color Film  
and Video Tape (all formats).

Previews \$25 U.S.

Deductible Upon Purchase

Purchase Price \$495 U.S.

Plus Shipping

Motivision, Ltd.

2 Beechwood Road

Hartsdale, N.Y. 10530

Call (914) 684-0110

ALSO ASK FOR A COURTESY PREVIEW OF  
"EAP-AT YOUR SERVICE!" TO ENCOURAGE  
SELF-REFERRALS. LENGTH: 8 MINUTES.

work-related issues. If productivity does not significantly improve among the EAP-involved employees, several points of intervention may be examined, including these:

- Management training by the EAP may not be identifying enough troubled employees or may be confronting them at a stage that is too late to help the employee (i.e. the employee most likely will quit or be terminated).

- Assessment may not include dealing with these issues and never be resolved with subsequent treatment.

- The EAP can modify its assessment process to place more emphasis on work problems. It can also train its treatment providers to be more sensitive to these issues, in addition to family and emotional problems; or the EAP may choose to look for better providers.

- When **health** is measured, it tells the EAP whether general health and wellness issues are being assessed.

- Akin to the productivity examples, a significant decrease in health expenses indicates that the EAP's assessments and treatment referrals are dealing with the medical, as well as the emotional, needs of the patient.

- Conversely, a lack of improvement in health can indicate that the EAP or treatment providers are not well-versed in medical or stress-related disorders. The EAP can work to upgrade its treatment plan to include more involvement and attention to the patient's total health, not to act as physicians, but to interact with the patient's physician, get the patient involved in community or company resources to improve wellness, etc.

- The audit can help determine how well the EAP's **follow-up system** is working. If an employee cannot sustain progress in productivity or health for a year following EAP intervention, it indicates that the employee has had trouble keeping his or her focus on quality-of-life improvement. This is the job of the treatment provider, but since the EAP is the coordinator of

treatment and follow up, the EAP needs to ensure that employees in danger of relapse be steered to proper help.

In conclusion, the EAP must begin to

perceive itself as an efficient machine with many parts. Should it wish to learn how efficient it is operating, it must have a gauge or "readout" to determine the level of effectiveness. □

## .....on the job.

Few businesses can afford to lose an employee for addiction treatment that lasts a month or more. Philadelphia Psychiatric Center's CAREER™ program solves that problem.

CAREER is a *true* partial hospitalization program. Your employee will undergo two weeks of intensive 12-hour treatment days. Several more weeks of concentrated outpatient treatment follow—up to five evenings a week.

And, a special treatment feature lets your employee attend evening therapy sessions anytime he or she needs extra support. For a full year. *At no cost.*

The bottom line? CAREER works. Our patient recovery rate compares with programs that require hospitalization for much longer.

And the cost of CAREER is substantially lower. Other CAREER benefits include quick admissions, customized billing, and Blue Cross approval.

For more than 50 years, we've helped return people to normal, productive lives. CAREER continues that tradition.

CAREER is good for your employees. And for your business. For more information, call 1-215-473-8000.

PHILADELPHIA  
PSYCHIATRIC  
CENTER 

A subsidiary of Albert Einstein,  
genius in healthcare.

© 1988 AEHF

# FILM REVIEWS

**T**he format for the ALMACA Audiovisual Review Committee's assessment of films has changed in response to requests for a more spontaneous style permitting greater flexibility of evaluation. Only content elements will continue to be rated as a percentage of 100 possible points.

**TITLE: COCAINE AND CRACK**

**SUBJECT: COCAINE, CRACK USE/ABUSE**

**REVIEWER COMMENTS**

► Good basic and accurate information. Well packaged, entertaining. Useful supporting materials for leading a discussion and providing reinforcement. Good educational tool; short, sweet, to the point.

► On the other hand, there is no mention of the help available through EAPs.

► This film is appropriate for EAP practitioners and for general education and training.

**CONTENT RATING**

Comprehensive . . . . .	100
Direct . . . . .	100
Timely . . . . .	100
Accurate . . . . .	100
Informative . . . . .	100
Credible . . . . .	100
Presentation . . . . .	75

Length: 14½ minutes.  
Format: All standard video; U-Matic.  
Cost: \$195.  
Vendor: Channing L. Bete, Video Communications, 200 State Road, South Deerfield, MA 01373; 1-800-628-7733.

**TITLE: DRINKING AND DRIVING**

**SUBJECT: ALCOHOL USE AND DRIVING**

**REVIEWER COMMENTS**

► Informative, comprehensive, and well-balanced.

► However, regrettable omission of

driving under the influence of other drugs, both legal and illegal.

► This video is one of a series that includes productions on alcohol, drug abuse, and wellness (reviewed in the October 1988 ALMACAN) and AIDS (reviewed in the August 1988 ALMACAN). The series also includes a video on cocaine and crack, reviewed below.

► This film is appropriate for EAP populations and for general education and training. As with other productions in the series, this comes with a leader's guide and handouts.

**CONTENT RATING**

Comprehensive . . . . .	50
Direct . . . . .	75
Timely . . . . .	100
Accurate . . . . .	75
Informative . . . . .	100
Credible . . . . .	100
Presentation . . . . .	100

Length: 16 minutes  
Format: All standard video; U-Matic.  
Cost: \$195.  
Vendor: Channing L. Bete, Video Communications, 200 State Road, South Deerfield, MA 01373; 1-800-628-7733.

**TITLE: TO A SAFER PLACE**

**SUBJECT: INCEST**

**REVIEWER COMMENTS**

► Excellent educational film on dysfunctional family. Excellent presentation of how sexual and physical abuse in childhood affects the victim personally and in family relationships. Also shows how a person can recover. Powerful without being overwhelming. Honest and open presentation. An outstanding tool for helping victims understand and deal with their injury, and for training counselors. Outstanding film—should be seen by all practitioners.

► This film is appropriate for showing to EAP practitioners and for use in general education/training.

► Although the film is long (58 minutes), the length is appropriate and viewers are not likely to lose interest.

**CONTENT RATING**

Comprehensive . . . . .	100
Direct . . . . .	100
Timely . . . . .	100
Accurate . . . . .	100
Informative . . . . .	100
Credible . . . . .	100
Presentation . . . . .	100

Length: 58 minutes  
Format: All standard video; 16 mm.  
Cost: Video \$195; 16 mm. \$795; rent \$75.  
Vendor: AIMS, 6901 Woodley Ave., Van Nuys, CA 91406; 1-800-367-2467.

**TITLE: COCAINE ADDICTION**

**SUBJECT: COCAINE USE/ABUSE**

**REVIEWER COMMENTS**

► Good educational presentation on cocaine, its impact and addiction potential. Basic information about how cocaine addiction develops, how the individual is affected physically and socially.

► On the other hand, the subject could be better presented in a less didactic format. Also, the video carries on the myth that cocaine addiction is different and special.

► This film is appropriate for EAP populations, and for general education and training.

**CONTENT RATING**

Comprehensive . . . . .	50
Direct . . . . .	75
Timely . . . . .	100
Accurate . . . . .	50
Informative . . . . .	100
Credible . . . . .	75
Presentation . . . . .	25

Length: 24 minutes  
Format: All standard video.  
Cost: Video \$395; rent \$75.  
Vendor: AIMS, 6901 Woodley Ave., Van Nuys, CA 91406; 1-800-367-2467.

## AUDIOVISUAL REVIEW COMMITTEE MEMBERS

**Jim O'Hair, CEAP** (Chairperson)  
Westinghouse Electronic Systems  
Group  
Baltimore, MD

**Muriel Gray**  
EAP Healthcare Institute  
Largo, MD

**David Livingstone, CEAP**  
Bechtel Eastern Power Corp.  
Gaithersburg, MD

**Rebekah McPherson, MSW, LCSW**  
NIDA Drug-Free Workplace  
Helpline  
Rockville, MD

**Mary Millar**  
National Clearinghouse on  
Alcohol and Drug  
Information  
Rockville, MD

**Don Phillips, CEAP**  
COPE, Inc.  
Washington, D.C.

**Lee Smith, DSW**  
George Washington University  
and Hospital  
Washington, DC

**Bob Witt**  
Oakview Treatment Center  
Ellicott City, MD

Staff support to the Committee is provided by **Dick Bickerton, MS, CEAP**.

### TITLE: THE RECOVERING PERSON AND OVER-THE- COUNTER DRUGS

SUBJECT: OTC MEDICATIONS

#### REVIEWER COMMENTS

► Good description of the categories of OTC effects. Combines recovery principals with information about the drugs. Good, needed information. Excellent incorporation of other aspects of recovery programs. Done with a sense of humor. Excellent film directed at the recovering person, but with additional information for education of general audiences.

► But—difficult to capture information on specific medications. A card or other visual aid would have helped. May be too technical for non-practitioner groups.

► Film is appropriate for practitioners and EAP populations.

#### CONTENT RATING: 79

Comprehensive . . . . .	50
Direct . . . . .	100
Timely . . . . .	75
Accurate . . . . .	100
Informative . . . . .	100
Credible . . . . .	100
Presentation . . . . .	25

Length: 20 minutes  
Format: All standard videos.  
Cost: Purchase VHS and Beta, \$89.98;  
¾" is \$125; rental, \$30.

Order: Addiction Counselor's Continuing Education Services, P.O. Box 30380, Indianapolis, IN 46230; (317) 547-8273.

### TITLE: ADULT CHILDREN OF ALCOHOLICS

SUBJECT: ADULT CHILDREN OF  
ALCOHOLICS

#### REVIEWER COMMENTS

► Recommends ways in which adult children of alcoholics can deal with the issues important to them. This is very educational, but perhaps only for special groups. Good overview of ACOAs. Possibly helpful for in-service training or special employee orientation on ACOAs. Good presentation to help a client understand or identify at an emotive level. Entertaining presentation of sensitive information. Entertaining and descriptive.

► On the other hand, the video is too long. Doesn't go beyond the anecdotal level. Purpose of the film is not clear.

► The program is seen as most appropriate for practitioners.

#### CONTENT RATING: 77

Comprehensive . . . . .	25
Direct . . . . .	50
Timely . . . . .	100
Accurate . . . . .	100
Informative . . . . .	100

Credible . . . . .	100
Presentation . . . . .	25

Length: 59 minutes  
Format: All standard videos.  
Cost: Purchase, \$195; rental, \$60.  
Order: Addiction Counselor's Continuing Education Services, P.O. Box 30380, Indianapolis, IN 46230; (317) 547-8273.

### TITLE: ADULT CHILDREN OF ALCOHOLICS—CHOICES FOR GROWTH

SUBJECT: ADULT CHILDREN OF  
ALCOHOLICS

#### REVIEWER COMMENTS

► Could be used as in-service training for EAP clinical staff, private practitioners, or other clinical treatment providers, particularly those who do assessments. Good educational tool. Some good information regarding ACOAs. Appropriate for community education. Provides good conceptual framework for understanding dynamics of ACOAs.

► Should be divided into two parts; too long as a single film. There is no perceived relationship to the workplace or the employed person.

► The program is most appropriate for EAP practitioners.

#### CONTENT RATING: 71

Comprehensive . . . . .	25
Direct . . . . .	50
Timely . . . . .	100
Accurate . . . . .	100
Informative . . . . .	100
Credible . . . . .	100
Presentation . . . . .	25

Length: 57 minutes  
Format: All standard videos.  
Cost: Purchase, \$175; rental, \$60.  
Order: Addiction Counselor's Continuing Education Services, P.O. Box 30380, Indianapolis, IN 46230; (317) 547-8273. □

## NEWS FROM THE OUTSIDE

# Utilization Review Programs Widely Used

by Richard Bickerton, MS, CEAP  
EAP Information Officer

A poll was conducted by **Corporate Health Strategies** and released last fall which indicates substantial usage of utilization review programs among large companies.

Benefits managers of 100 large corporations were questioned. Of the 100 corporations, the numbers reporting UR usage of various program types were: preadmission review, 95; continued stay review, 95; second surgical opinion, 94; medical care management, 83; discharge planning, 68; bill auditing, 68; telephone hotline for employees, 67; psychiatric case management, 61; and retrospective review, 59.

Seventy-six managers said that UR cost savings were greater than the cost of the program itself. Of these, 32 said savings were "much" greater.

Nonetheless, only one-tenth of them said they were "completely satisfied" that the reported savings were valid, and 51 were "somewhat confident."

[For comparison, this information is in marked contrast to data on UR that was published by *Open Minds: The Behavioral Analyst*, which reported on the results of a Foster-Higgins survey of 2,016 employers of all sizes. Those data were reprinted in the January *ALMACAN*, page 34.]

\* \* \*

### ALCOHOLICS USUALLY NIX OFFERS OF HELP

The **National Institute on Mental Health** (NIMH) has completed a comprehensive, 10-year study of why alcoholics don't get help in a more timely fashion. The most frequent reason is that, given a choice, they don't want help.

According to the study, 86% of alcoholics want to manage their problem without help, 69% believe they can recover without treatment or other

care, and 44% won't go into treatment simply because they don't like hospitals.

The **Gallup Organization** has also done a survey of drinkers. Gallup classifies one in seven drinkers as a "persistent drinker," or one who has had a drink within 24 hours of the interview and who averages more than 14 drinks a week. Some of them put away more than 30 drinks a week, which is pretty persistent! Also, while 65% of them admit to sometimes drinking more than they should, 68% says they have no plans of either cutting back or quitting.

Implicit in both the NIMH study and the Gallup survey is that an EAP practitioner who can force an alcoholic to face up to his/her problem and motivate the person to accept treatment is a person with valuable assessment skills.

\* \* \*

### EMPLOYERS BEAR MOST OF THE COST OF AIDS

In the third-quarter report of *Benefits Quarterly*, Emilio Venezian, the chairman of the Business Administration Department at Rutgers University (NJ), says "current predictions of the cost of AIDS...lead to estimates [of] \$35 billion and \$50 billion for the year 1991." Venezian's figures are extrapolated from 1986 cost data that was part of the Coalfant Report, a Public Health Service plan for the prevention and control of AIDS. He also notes that "it is assumed employers bear 60 percent of the costs of direct medical care, half the disability losses, and 20 percent of the costs of premature mortality" resulting from AIDS.

Venezian reports that medical-care costs for AIDS average \$25,200 per

## Powerful treatment... in peaceful places

When it comes to effective chemical dependence treatment, come to one of the Mediplex facilities - for powerful rehabilitation programs, in peaceful environments.

We offer residential, 12-Step oriented rehabilitation programs for alcohol and drug dependent men, women, and adolescents... effectively delivered by interdisciplinary treatment teams of competent, caring professionals... in attractive, serene surroundings which are peaceful.

We invite you to visit any of our facilities, and experience our treatment philosophy firsthand. Feel free to visit any facility for more information or to arrange a tour.

### Our facilities include:

**ARMS ACRES\***  
Carmel, NY  
(914) 225-3400  
**CEDAR RIDGE**  
Shawnee, KS  
(913) 631-1900  
**CLEAR POINTE**  
Lake Ozark, MO  
((314) 365-2111  
**CONIFER PARK\***  
Scotia, NY  
(518) 399-6446  
**MOUNTAIN WOOD**  
Charlottesville, VA  
(804) 971-8245  
**SPOFFORD HALL**  
Spofford, NH  
(603) 363-4545

### The Mediplex Group, Inc.

Alcohol and Substance Abuse Division  
15 Walnut Street, Wellesley, MA 02181  
(617) 446-6900

\*Mediplex managed facilities. Not all programs offered at all facilities.

case in New York City and \$8,400 in San Francisco. In the rest of the U.S., the cost is \$50,400. Disability losses per case total \$6,840 in New York, \$2,280 in San Francisco and \$13,680 across the rest of the U.S. Premature death per AIDS case costs \$72,000 in New York, \$24,000 in San Francisco, and \$14,000 across the rest of the country.

Incidentally, Venezian's data indicate little geographic diversity in employer-borne costs for AIDS cases. For example, the employer cost incurred for an AIDS case is, on the average, 33% in New York City, 34% in San Francisco, and 33% across the U.S.

\* \* \*

#### FAMILY VIOLENCE AN EMPLOYER CONCERN

Employers are moving to intervene in family violence and to treat it "as a sickness undermining the health and performance of their employees," according to the article "Employers Act to Stop Family Violence," which appeared in the August 23, 1988 edition of *The New York Times*.

The article points out that family violence "costs employers millions of dollars annually in lower productivity, turnover, absenteeism and excessive use of medical benefits." As examples, a survey of 50 battered women revealed that "half the women had missed three days of work a month, on average, because of abuse at home," and 64% "said they were late to work because of violence."

Some major companies have set up outreach programs to reach employees who are victims of family violence. Among them are these:

- 3M has organized support groups.
- Honeywell's military avionics divisions send letters to employees advising them of the services of its company psychologist related to abuse at home.
- One General Electric facility has prepared a videotape promoting a local therapy program for abused women.

In most companies where family violence has become an issue, according to the article, "the new programs are an extension of long-standing policies of providing assistance to employees with alcohol and drug problems."

\* \* \*

#### EAPs "SHOWING IMPRESSIVE RESULTS"

"Carefully planned and implemented EAPs are showing impressive results in job-performance improvement and health-care cost reduction." That's the judgement of Paul F. O'Rourke, MD, MPH, and Phillip F. Polakoff, MD, MPH, as stated in the article "Boosting Morale Equals More Productivity in Faltering U.S. Businesses," published in *Occupational Safety & Health News Digest* (November 1988).

O'Rourke and Polakoff, principals with Integrated Health Management Associates in Oakland, California, added that "elements at work in a good [EAP] are protection of privacy, early intervention, selection of competent providers...treatment in the ambulatory setting rather than in an institution, and provision of health insurance coverage for appropriate treatment settings and modalities."

The two authors said "drugs, alcohol, stress and emotional disruptions lead the list of problems uncovered in most employee assistance programs." □

## NAADAC '89 National Conference on Alcoholism and Drug Abuse Treatment.



### "A Bridge To New Ideas"

July 5-8, 1989, The Fairmont Hotel, San Francisco, California

Conference Chair: George Cobbs, CAC, CEAP

#### Workshop Program Tracks:

- Family Treatment Issues
- Clinical Supervision
- Special Issues in Counseling
- On The Cutting Edge: Recent Developments and Solutions
- Chemical Dependency Programs: Managing for the 90's

#### Conference Highlights

- Excellent educational program with over 40 workshop sessions
- Exhibition Center
- Career Placement Services
- Over 25 contact hours
- Special Events
- Spouse/Guest Program
- Networking Opportunities

Call National Association of Alcoholism and Drug Abuse Counselors at  
1-800-548-0497 or 703-920-4644 for a free conference brochure!

# PROFESSIONAL HELP FOR DRUG AND ALCOHOL ABUSE

The Valley's only licensed Chemical Dependency Recovery Hospital (CDRH), offering personal, professional medical and psychological care for all types of drug and alcohol problems. Strictest confidentiality. No charge for initial consultation and evaluation.

▼  
Addiction and abuse treatment for alcohol, cocaine, PCP, barbiturates, prescription medication.

▼  
Inpatient programs for detoxification and addiction recovery under physician care in a modern, private, serene setting.

▼  
Structured Outpatient Programs for those in the early stages of their disease.

▼  
Adult Children of Alcoholics (ACA) support groups and counseling.

▼  
Family Co-Dependency Program for those affected by relationships with chemically dependent people, including short-term structured treatment and individual, family, and couples counseling.

▼  
Addiction/Pain Treatment. Special program for people suffering from chronic pain and addiction to pain medication.

▼  
Long Term Follow-Up Support.  
▼  
Knowledgeable, compassionate staff.

*If you or someone you love is in trouble with drugs or alcohol, call for help now. Recovery is Possible.*

Treatment is covered by most major insurance plans.



**Chemical Dependency Institute of Northern California**

**24 Hours A Day.**  
**(800) 422-1845 (408) 559-1845**

***Real Help. Right Now.***

**ONE OF THE  
NATION'S BEST  
TREATMENT CENTERS\***

**\*The 100 Best  
Treatment Centers  
For Alcoholism And  
Drug Abuse  
(Avon Books,  
464 Pages,  
\$10.95)**

Inpatient:  
3333 South Bascom  
Avenue  
A Safecare Hospital<sup>SM</sup>



Outpatient:  
3425 South Bascom  
Avenue  
Campbell, California

# 1989 ALMACA NATIONAL CONFERENCE

OCTOBER 29-NOVEMBER 1, 1989  
BALTIMORE CONVENTION CENTER  
BALTIMORE, MARYLAND

## CALL FOR PAPERS

Once again, the convention wheels are rolling and it's on to 1989. ALMACA's 19th National Conference will be held at the Convention Center in Baltimore, Maryland from October 29 to November 1.

This year's theme, "CEAP: An Emerging Profession," is based on the content outline of the Certified Employee Assistance Professional (CEAP) examination.

For those of you who have never responded to the "Call for Papers" before, on the three following pages decide which workshop(s) you would like to be a presenter for, based on your areas of expertise. Complete the "Abstract Submission Form" and return it to ALMACA by March 27. The abstracts will be formally evaluated afterward, and respondents will be contacted in early May about whether their abstracts have been accepted. We'll be awaiting your submission!



**Baltimore  
Convention Center**

---

## PROGRAM COMMITTEE MEMBERS

### CHAIRPERSON

#### Mary Lou Finney

Regional Employee Counseling  
Manager  
Hughes Aircraft Company  
El Segundo, CA

### MEMBERS

#### Mardee Beckman

Regional EAP Manager  
McDonnell Douglas Corporation  
Bridgeton, MO

#### Terry C. Blum

Professor  
College of Management  
Georgia Institute of Technology  
Atlanta, GA

#### Morris Golden

President  
M. Golden & Associates, Ltd.  
Oakville, Ontario, Canada

#### Joseph Lemmon

Chemical Dependency Director  
Greater Baltimore Medical Center  
Towson, MD

#### Douglas Maguire

Director  
Labor Assistance Program  
Los Angeles Federation of Labor  
AFL-CIO  
Los Angeles, CA

#### Donald Phillips

President  
COPE, Inc.  
Washington, DC

#### Dorothy Windham

Vice President  
Group Plan Clinic, Inc.  
Houston, TX

---

### Submission Deadline for Abstracts

**March 27, 1989**

Mail to: Judith O. Evans  
ALMACA, Inc.  
4601 N. Fairfax Drive  
Suite 1001  
Arlington, VA 22203

---

## TRACK A

### RESEARCH AND ITS IMPLICATIONS

---

#### These instructions are for TRACK A ONLY

This is the third year for a research track that will be limited to presentations of comprehensive research papers. Evaluation, research and submissions by EAP professionals are welcome. *It is of utmost importance that each submission and ultimate presentation relate the implications of the research to the EAP field.* The papers will be printed and distributed at workshops.

Submission of full papers or drafts of papers are preferred. However, long abstracts or paper summaries (at least 500 words) will be considered. If full papers are not submitted, a statement of how much of the paper still has to be completed and a time frame for its completion should be submitted.

The submission must include a statement of the research question and its applicability to the current and future EAP field or practitioner. The research methodology should be thoroughly described, including the sampling procedures, the number of cases, hypotheses, analyses, and the findings or anticipated findings. The limitations and generalizability of the study may also be discussed.

#### Submission of Papers or Abstracts

- Fifteen (15) copies of the abstract
- Fifteen (15) copies of the *vitae* of the author(s), including current and other significant employment, academic institutions attended, degrees received, and papers presented or published. This information is required for the awarding of CEUs.

---

### INSTRUCTIONS FOR SUBMISSION OF ABSTRACTS FOR TRACKS B,C,D,E (175-200 Words)

Each workshop is followed by a series of statements or questions which were designed to guide you in the content of your abstract. You may address one or more than one of these statements in your submission.

In reviewing all submissions, the program committee will give first

consideration to those abstracts which most closely respond to the suggested workshop content.

Please indicate for which workshop your abstract is being submitted by entering the workshop letter and number in the space provided on the abstract form. If it is not included, your abstract will be returned for the additional information.

All workshops will be comprised of two presentations. Each presentation should be made by only one speaker (unless absolutely impossible) and will be limited to 40 minutes. In addition, each speaker must provide his or her own printed material, (a minimum of 200 copies) for distribution to workshop participants.

Without exception, the submission package must include the following, since all selected abstracts and *vitae* will be reviewed by the University of Texas at Arlington for CEUs and the Employee Assistance Certification Commission for awarding PDHs.

- twenty five (25) copies of the abstract *using the form provided.*
- four (4) copies of the *vitae.*



With their work behind them, the Program Committee a workshop program. They include: (sitting, l-r) Mardee Beckman, Scott Rothermel of the ALMACA staff, Mary Lou Finney, Not shown is Morris Golden.

---

## Special Note

It has been and will continue to be ALMACA's policy not to pay speaker expenses. In addition, even though we would very much like to waive the registration fee, with over 80 speakers, we feel that the association is not in a position to do so at this time. However, if you are not going to attend any other part of the conference, except for your presentation, the registration fee will be waived.

---

## TRACK B WORK ORGANIZATIONS AND HUMAN RESOURCE MANAGEMENT

---

### WORKSHOP B-1 EAP Strategic Planning For Growth

- developing a long range plan
- operating a business within a strategic plan



Assembled for this photo after composing the 1989  
Beckman, Doug Maguire and Terry Blum, (standing)  
y, Joe Lemmon, Dorothy Windham and Don Phillips.

- pricing external EAPs
- the EAP and the managed care environment
- the future of internal EAPs
- EAP within the work organization

### WORKSHOP B-2 Legislative Issues

- implementing the Drug Free Workplace Act
- private and public coalitions
- proactive at the state level
- defining EAP through regulation
- COBRA/ERISA
- legislation for special populations (DOD, DOT)

### WORKSHOP B-3 Organization as Client

- organizational development
- demedicalization of EAP
- EAP support during mergers/downsizing
- wellness and EAP—friends or foes
- women in management
- EAP's role in a changing business environment

### WORKSHOP B-4 Interface with Role of Labor

- EAP as a negotiable item
- strengthening labor/management EAPs
- external EAP link to bargaining unit
- EAP role in grievance and arbitration procedure
- labor's changing role in industry

### WORKSHOP B-5 Linking EAP and Human Resource Management

- EAP role in risk management
- EAP role in safety/security
- working with employee and labor relations
- EAP as reasonable accommodation
- human resources and the EAP
- EEO and sexual harassment

---

## TRACK C EAP POLICY AND ADMINISTRATION

---

### WORKSHOP C-1 Market Development and Promotion

- innovative consortium development
- small businesses—the biggest employer
- public sector—practical and political marketing
- how to contract with the government
- expanding your client base
- how to market internal EAPs

### WORKSHOP C-2 Reimbursement Complexity/Diversity

- legislative mandate
- influencing benefits personnel
- labor influence on coverage
- conflict of interest issues
- models of benefits design
- the EAP and benefits management

### WORKSHOP C-3 Surviving Today's Reimbursement Schemes

- access to care—out of EAP control?
- confidentiality vs. cost-containment requirement
- EAP prescribed level of care
- core technology vs. benefit trends
- future trends in reimbursement

### WORKSHOP C-4 Evaluate to Survive and Grow

- database management, MIS
- program accountability
- satisfaction surveys
- needs assessment
- utilization reporting
- record keeping for practical evaluation
- audits and EAP

 **Baltimore**  
Convention Center

### **WORKSHOP C-5** Ethical Dilemmas in an Unethical World

- malpractice/liability increasing for EAP
- qualified confidentiality
- professional conduct
- impairment within the EAP
- ethics in a cost containment environment
- ethics and the treatment community

---

## **TRACK D**

### **EAP DIRECT SERVICES**

---

#### **WORKSHOP D-1** Special Populations

- mobile employees/shift workers
- multi-cultural workplace
- pre-retirees/retirement planning
- dual career families
- the disabled EAP client

#### **WORKSHOP D-2** Supervisory/Steward Training for Results

- second generational
- integration with other management training
- models for training
- in-house/vendor mix
- video role playing
- evaluating supervisory training

#### **WORKSHOP D-3** Focus on Specific Programs

- LAP/MAP—a growing trend
- peer referrals
- professional associations—setting tone
- labor/management programs
- internal EAPs

### **WORKSHOP D-4** Assessment and Referral

- assessment techniques
- an overlooked skill
- building EAP relationships with treatment
- quality assurance
- case notes
- gender issues
- computer-assisted assessment
- EAP as gatekeeper

### **WORKSHOP D-5** AIDS in the Workplace

- developing education programs
- implementing policies
- responding to legal issues
- managing coworker reaction
- catastrophic case management

---

## **TRACK E**

### **CHEMICAL DEPENDENCY AND ADDICTIONS/ PERSONAL AND PSYCHOLOGICAL PROBLEMS**

---

#### **WORKSHOP E-1** Positioning EAP to Reach the Family

- responding to elder care/child care
- impact of disabled family member
- marital problems
- needs of single parent families

#### **WORKSHOP E-2** Topical Issues

- legal/financial—the distracted employee
- gender issues
- violence at the workplace
- eating disorders
- lunchtime workshops
- stress management

### **WORKSHOP E-3** Alcohol and Other Drugs, Part I

- assessing dual diagnosis
- developing a relapse prevention program
- EAP role in adolescent referral and aftercare
- enabling and co-dependency in the workplace
- models for case management

### **WORKSHOP E-4** Alcohol and Other Drugs, Part II

- fitness for duty guidelines
- levels of care—inpatient or outpatient
- job performance indicators
- EAP role in use and possession situation
- EAP role in intervention
- AA and the EAP
- EAP and drug education

### **WORKSHOP E-5** Psychological/Personal Problems

- EAP and stress disability claims
- handling the workplace crises
- depression, anxiety and phobias—educating employees
- surviving suicide in the workplace
- assessment techniques for personal and psychological problems
- innovative outpatient treatment modalities

## UPDATE ON CERTIFICATION

# Recertification: One Commissioner's View

by Chris Bitten, CEAP  
Commissioner, Employee Assistance  
Certification Commission

The recertification plan developed for CEAPs by the Employee Assistance Certification Commission (December 1988 issue, page 27) may, at first reading, seem complex and a little daunting. To those EAP practitioners who were not directly involved by making their preferences about recertification known to the EACC, it may also appear that the plan sprang into being without benefit of gestation. This is not the case.

When the certification project was gathering momentum in 1985, everyone involved learned a very important lesson: individual EAP practitioners in the field are the experts, and they must inform and guide the entire process. In pursuit of that principle:

(1) the field defined the scope of practice and areas of competency, and

(2) later, EAP practitioners set the standards within those competencies by writing test questions at the level of competency they thought appropriate.

In addition, the EAP field told the EACC that an *inclusive* credential was wanted; one that would recognize the pioneers and those who had performed well despite the lack of advanced formal education. Experience was regarded as more important than academic degrees. This principle was reaffirmed, with advice from the field, when it became a requirement that a candidate for the CEAP examination have three years of experience in EAP work. The EACC was clearly told it was important that "journeyman" experience in EAP work must be a balance to acquired knowledge.

Counsel such as this given to the EACC through surveys, regional and national meetings, correspondence from chapter presidents, ALMACA members—CEAPs in particular—and hundreds of conversations, has shaped the formulation of the recertification plan.

We were told that continuing education/professional development was, overwhelmingly, the preference of the field as the mechanism for recertification. Moreover, CEAPs eschewed a

"rubber-stamp" process, wherein certification would be valid forever, endlessly renewable, and without any form of requalification. We commissioners were instructed to devise a fair



### SOUTH OAKS HOSPITAL

(The Long Island Home, Ltd.)  
Established 1882

Leonard W. Krinsky, Ph.D.  
Executive Director

*Comprehensive programs for the  
treatment of alcoholism, compulsive  
gambling, eating disorders,  
drug abuse, and mental illness*

**NATIONAL TOLL-FREE HELPLINE 1-800-732-9808**

- Inpatient detoxification
- Inpatient rehabilitation, open and closed units
- Comprehensive adolescent program
- Active psychodrama programs
- Specialized treatment for compulsive gambling
- Eating disorders unit
- Family and "significant others" program
- Aftercare follow-up
- Accommodation for patients of all religious groups
- Licensed outpatient program including services for children of alcoholics
- Complete EAP liaison and coordination of patient care
- Information, referral, and free consultation
- Ongoing workshops in alcoholism, compulsive gambling, and family-related topics
- Training Program for Alcoholism Counseling and educational services through The Institute of Alcohol Studies at South Oaks

Sheila B. Blume, M.D., C.A.C.  
Director of Alcoholism Programs

400 Sunrise Highway, Amityville, L.I., New York 11701

516/264-4000