

The Journal of
Employee Assistance

The CEAP[®] at 25



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Where We Should be Going

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Employee Assistance
Professionals Association

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To promote the highest standards of practice and the continuing development of employee assistance professionals and programs.

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Taking Stock of Our Profession

By Maria Lund, LEAP, CEAP

In last quarter's issue of the *Journal of Employee Assistance*, many of our field's esteemed EA professionals weighed in with their ideas about the EAP profession as it exists today – and how it might progress in the future. The second quarter *JEA* theme is slightly more specific, examining the value of the CEAP® credential and issues related to EA licensure.

Bernard E. Beidel, M.Ed., CEAP, a former commissioner with the Employee Assistance Certification Commission (EACC), writes about the need to change the dialogue about the CEAP's value and viability – particularly as we “pass the CEAP torch” to future generations of EA professionals. In paraphrasing President John F. Kennedy, Bern points out that EA professionals need to look at what *they* can do in terms of strengthening the CEAP credential – rather than focusing solely on what a CEAP certificate can do for *them*.

In a related article, Bernie McCann, Ph.D., CEAP, examines the history of the CEAP credential, and how the exam has expanded globally. According to

Bernie, the CEAP certification will help improve and maintain a high standard of EAP practice in Japan. Moreover, in another positive international trend, Bernie points out that EAP growth has been steady in the Caribbean nation of Trinidad and Tobago.

Bob Carton, M.S., CEAP, explores the licensure issue, and presents recommendations. In one key point, Bob stresses that, even in those states where EA licensure *does* exist, it falls far short of what our sister human service organizations have achieved legislatively. Sandra Nye, J.D., MSW, reviews licensure from a different perspective in her Legal Lines column, where she examines professional licensure of EA service providers as it relates to risk management.

Apart from the focus on licensure and the CEAP credential, there are other important topics presented in this issue. Weston M. Edwards, Ph.D., takes a look at how EA professionals can better define, assess, and treat the problem of cybersex in the workplace. Eric Goplerud, Ph.D., writes about the progress of the BIG (Brief Intervention Group) Initiative, as the committee and its supporters strive to make

screening and treatment of alcohol problems standard practice for workplace programs. Finally, our other regular contributors, Marina London and Jeffrey Harris, offer insightful and practical advice in their respective columns. Happy reading. ❖

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How Much Does a Website Cost?

By Marina London, LCSW, CEAP

I am often asked how much it costs to create a website. The answer is, *it depends*.

Are you looking for a 5-page website to represent a small practice? Or are you looking for a 20-page site with a shopping cart feature? Will the site include Flash? A listserv? A database? Do you want the web designer to create or edit content?

These questions must be addressed *before* you shop for a designer. Consequently, you should have written all web content, and know how many web pages you want and what you want your website to do, before you pick up the phone. The most common misconception I encounter is that most people think you hire the designer and then figure out the content of the website. In fact, the contrary is always true – web design follows web content, and not the other way around.

The November 2011 issue of *Website Magazine* listed the following estimates:

Logo:

Student/Offshore designer:
\$100 - \$250+

Freelance/Professional designer:
\$250 - \$1,000+

Basic/Brochure Website:

Student/Offshore designer:
\$500 - \$1,000+

Freelance/Professional designer:
\$1,500 - \$5,000+

e-Commerce Website:

Outsourced designer: \$1,000 - \$15,000+

Design Firm: \$2,000 - \$10,000+

Custom Database and/or

Interactive Website:

Outsourced designer: \$1,500 - \$15,000+

Design Firm: \$2,500 - \$25,000+

Sometimes you get what you pay for – a more expensive designer may finish your project faster than a less expensive designer – saving you money and aggravation in the long run.

Questions You Should Know the Answer to:

- Do you have an “About Me/About Us” page?
- Can visitors tell what your site is about without visiting your “About Me/Us” page?
- Is there an easily findable link to your contact information from every page?
- Is your home page a call to action or is it merely an “Enter Site” gateway?
- How long does it take your site to load at your mother’s house?
- What is the single most important thing you want a visitor to do?

- Is that clear from looking at your site?
- Does your site look professional?
- Do you link to your other web presences (Facebook, Twitter account, etc.)?
- How will your site look on an iPhone? a BlackBerry? What about Firefox, Internet Explorer, and Safari?
- How many clicks will it take for a visitor to give you money? Or make an appointment or schedule a speaking engagement that will earn you money?
- How easy is it for a visitor to leave a comment or send you an e-mail?
- Is the entire site backed up?

Adapted from “50 Critical Questions About Your Website”

Other Tips:

Check out your competitors’ websites. Which ones do you like? Which ones do you dislike? Communicate this information to your designer so he/she knows what you are looking for. Make sure you have the web addresses of other sites your designer has created so you can check them out.

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Online & Phone EAP Services Have Risk Issues Been Resolved?

| By Sandra G. Nye, J.D., MSW

The legalities of providing EA services across state lines has been an ongoing topic for years, with new issues constantly emerging. Current discussion includes administering diagnostic tests and other devices for “distance” diagnosis and treatment, both online or telephonically, intrastate or interstate.

What are the risks to EAPs and professionals when crossing state lines? To start, I recommend an outstanding article that appeared in the April 2010 issue of the *Journal of Employee Assistance* titled: “Telephonic Counseling and State Licensing Laws,” by David A Sharer, Renee Popovits, and Elizabeth Donahue. The issues discussed in that article remain relevant today, and they continue to evolve. The following are among current concerns:

- **Licensure:** Not all EAPs employ licensed behavioral health care providers to serve members and their dependents (whom we’ll refer to as “clients”). Rather, many EAPs use “paraprofessionals” or they recruit volunteers – often persons in recovery – to respond to potential clients need for help, although they hesitate to make direct contact with the EAP or a professional service provider. The “paraprof” and volunteers perform intakes, make determinations as to the clients’ needs, and assist them

into treatment or other services. Volunteer programs are, or should be, confidential and they may not disclose clients’ private information without specific consent, except as provided by law, even to their EAP contacts.

Provider-clinicians who are EAP employees or contractors are most likely required to be licensed by the laws of the state in which they practice. A significant question arises whenever services are provided electronically across state lines: In what state is the professional practicing? – his or her “home state” – or the client’s state? The laws of both states determine the answer to this question. Some states have not substantially addressed the issue. EAPs who contact clients in several states require a review of each state’s laws: licensing and regulations, confidentiality, privileged communications, discipline, and recordkeeping; the law in each state regarding teleservices; and if a license is required, how to apply for one based on reciprocity with the provider’s home state. For some states, it may be necessary to check individual cases as well.

- **Risk Management:** Every EAP/sponsor and professional should have professional liability insurance. For those who practice across state lines, a review of the

policy provisions is necessary to ascertain whether additional insurance, or a rider to the main policy, is necessary for protection. One of the interesting questions here is: *Does the insurance cover disciplinary proceedings?* If so, what specifically needs to be covered in the event the professional must respond to a disciplinary matter in other states? If a lawsuit is filed, what, if any, issues are there regarding coverage in other states, and what must be done to assure or obtain coverage?

There is risk not only to the professional, but also to the EAP and its sponsor(s). Whether the professional is an employee or a contractor providing services on behalf of the EAP, the law of principal/ agency liability will apply. The EAP/sponsor is the principal; the professional is the agent. In other words, the EAP/sponsor will be liable for damages inflicted upon the client as a result of the professional’s intentional or unintentional deviation from the standard of care. So there is a risk of “direct liability,” and of “vicarious liability,” to the EAP/sponsor and the professional. The standard of care may be defined as the ethical or legal duty to exercise the level of care, diligence, and skill prescribed in the code of practice in the relevant profession, or as other professionals in the same

discipline would in the same or similar circumstances. In the EAP field, the EAPA Code of Ethics and CEAP Code of Conduct are primary sources of the standards of care. They are mandatory reading, and are available online at the EAPA website (www.eapassn.org).

- *The maintenance of clinically sound case records is perhaps the most urgent sub-issue pertaining to risk management.* If a charge is brought against the professional or EAP/sponsor, records “kept in the ordinary course of business” are presumed by law to be accurate; thus, an accuser is legally responsible for proving such records inaccurate or untruthful. What, if anything, exists within the EAP/professional relation-

ship regarding indemnification by one party to the other? For a contracting professional and the EAP, this should be found in the contract – for an employee, this should be addressed within policies and procedures. Such issues should be addressed immediately, and a documentation of the existence (or non-existence) of an indemnification right or responsibility should be created – long before any risk becomes apparent.

- *There are also significant liability risks when volunteers are providing services to clients on behalf of or in connection with an EAP/sponsor.* Many EAP/sponsors who use volunteers co-sponsor the volunteer program with one or more unions. If a volunteer is

injured while providing services to a client, who is responsible for his or her care? If a volunteer gets into an auto accident while transporting a client to a treatment facility, who is responsible for the legal and financial issues that arises? Is the volunteer an agent of the EAP sponsor(s)? Is there direct or vicarious liability? What about ramifications of interstate issues? These risks and the answers to these questions should be stated in appropriate documents.

Many more issues require resolution, and so more work remains in these complex matters. ❖

Sandra Nye is the author of the popular “Employee Assistance Law Book.” She may be reached at sandra@nyelawyer.com.



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SBI Effort Making a BIG Difference

“Until now, there has been no good way to assess clinicians’ competency in actually delivering SBI – nor have there been efficient means to test whether skills, once learned, are retained.”

By Eric Goplerud, Ph.D.

In just two years, the BIG (Brief Intervention Group) Initiative has mobilized EAPs and behavioral health plans across North America to make screening and treatment of alcohol problems the usual practice of workplace programs.

EAPs and behavioral health plans covering more than 70 million people are now regularly screening clients for risky alcohol and drug use. Increasingly, large employers are requiring their EAP and health plans to routinely screen patients for risky substance use and provide brief interventions (SBI). Employers have selected between vendors based on their demonstrated SBI capacity.

Employee Assistance Professional Training Available

Six national professional associations – EAPA, NAADAC, the Center for Clinical Social Work, AAAP, ASAM, and EASNA – and NORC at the University of Chicago have combined to develop the BIG Initiative curriculum (<http://bigsbirteducation.webs.com>). More than 3,500 clinicians have learned, through face-to-face trainings and webinars, how to provide screening for unhealthy alcohol use, conduct brief cognitive behavioral counseling, make appropriate referrals for EAP clients at risk for substance dependence, provide successful case management in collaboration with physicians and specialty addiction programs, and to

effectively follow up to support lasting behavioral change.

A FREE six-hour online training program with CEUs and PDHs is available at <http://bigsbirteducation.webs.com/onlinecourse.htm>. The Learner’s Guide can be downloaded free from the website, or purchased for a nominal price. The BIG Initiative sponsors a free monthly educational webinar. All webinars are archived so that missed sessions can be viewed in their entirety <http://bigsbirteducation.webs.com/webinarseries.htm>. Six sessions have been held since December 2011. Contact me or visit the website for more information. To date, topics include:

- The Employee Assistance Professional’s Introduction to Screening, Brief Intervention and Treatment;
- Integrating SBIRT Into Your EAP Practice;
- Referring to and Working with Mutual Support Groups;
- EAP, SBIRT and DOT-Covered and Safety-Sensitive Employees;
- Working with Families Impacted by Alcohol;
- Older Working Adults with Substance Use Problems;
- Coordinating Addiction Care with Physicians and other Medical Providers;
- Coordinating Addiction Care with Specialty Addiction Treatment Programs;

- Applying EAP SBIRT Principles to Depression, Prescription Drug Misuse, Tobacco Use or Trauma; and
- Adolescent and Young Adult Workers.

The following is a more in-depth look at what will be covered in the last two topics:

➤ **Applying EAP SBIRT Principles to Depression, Prescription Drug Misuse, Tobacco Use or Trauma.** May 10, 2012, from 3 p.m.– 4 p.m. EDT. Brie Reimann will demonstrate how the principles of SBIRT, initially designed to identify and intervene on unhealthy alcohol use, can be used to help clients with other common problems encountered by EA professionals. Brie Reimann is the Program Director for SBIRT Colorado, an initiative funded by SAMHSA to the Colorado Office of the Governor, and provided by Peer Assistance Services.

➤ **Adolescent and Young Adult Workers.** June 14, 2012, from 3 p.m. – 4 p.m. EDT. Dr. Sharon Levy will teach how to assess and treat young adult and adolescent employees whose drinking patterns are unhealthy. Working teens and young adults infrequently use EAP services but frequently drink and use drugs in high-risk ways. This webinar discusses how to assess and treat young adult and adolescent employees/family members whose drinking patterns are unhealthy.

Sharon Levy, MD, MPH is a board certified Developmental-Behavioral Pediatrician and an Assistant Professor of Pediatrics at Harvard Medical School, and she is the Director of the Adolescent Substance Abuse Program at Children's Hospital Boston.

Why Additional Training Tools are Needed: Clinicians May Lack SBI Skills

There are several reasons why the use of SBI by office-based EA providers has not matched the rapid adoption of SBI in call centers and among counselors directly employed by EAPs:

➤ Professional education in social work, counseling and other clinical professions in how to screen and treat addiction often lag behind research. Many clinicians were not exposed to some of the newer, more effective substance use screening and treatment techniques such as SBI while in graduate school.

➤ Face-to-face continuing education programs on SBI are expensive, time consuming and require that clinicians leave their offices and paying clients. Webinars may be easier accessed, but many doubt whether webinars change practices or effectively impart clinical skills.

➤ Until now, there has been no good way to assess clinicians' competency in actually delivering SBI – nor have there been efficient means to test whether skills, once learned, are retained. Delivering remedial coaching to correct poorly-learned skills has been difficult and expensive.

➤ EAPs and behavioral health plans are just beginning to emphasize routine screening for risky substance use by their network affiliates, to encourage them to counsel their working clients to change risky behaviors, and to recognize affiliates who routinely screen and treat substance use.

The Next BIG Phase: Online, Interactive Training

The BIG Initiative will soon offer a new, low cost and highly engaging online, interactive SBI learning system. The new BIG online competency-based training system, to be launched in June 2012, is being developed to provide an innovative way to teach thousands of EA professionals who are unfamiliar with the most effective techniques for screening and treating the alcohol and drug problems of working clients. The interactive, online training will help clinicians gain skills needed to provide the brief motivational enhancement and cognitive behavioral techniques that can improve clients' lives, reduce absenteeism and health care costs, and increase the value of EAP to employers.

The new online SBI learning system will allow clinicians to learn SBIRT skills at their desks, on whatever time is most convenient for them. It will teach clinicians screening and brief motivational counseling skills, test their competency using online simulated clients, provide feedback on their proficiency, and assess post-training maintenance of skills.

Clinicians will be able to receive continuing professional education credits, and they can have a certificate of completion transmitted securely to the EAPs and behavioral health plans with which they are affiliates. The BIG Initiative's online training program will be accessible by any browser and through most smart phones. No special software or hardware will be needed to access the secure server.

The BIG Initiative's online SBI training program is being developed by MedRespond, a Carnegie Mellon University-affiliated medical education company that uses game design, computer and cognitive science technologies. ❖

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The CEAP® at 25

Time to Change the Dialogue About its Value

“Let the word go forth from this time and place... that the torch has been passed to a new generation....

“And so my fellow Americans, ask not what your country can do for you – ask what you can do for your country.”

| By Bernard E. Beidel, M.Ed., CEAP

With those stirring and memorable words just over 50 years ago, President John F. Kennedy challenged himself and an emerging generation of national and international leaders with a new vision of public service – looking beyond one’s own personal interests and gains toward a new focus on an individual’s personal responsibility and accountability in addressing and solving the challenges that the United States and the world faced in the midst of a changing and more complex world.

As with any “milestone” birthday or anniversary, 25 years seems a fitting time to take stock of the CEAP® credential and our profession by addressing both tenured EA professionals and more recent entrants to the profession, with OUR OWN charge, “ask not what the CEAP can do for you – but what you can do for the CEAP.” And to further paraphrase President Kennedy, “...and what together we can do to promote the CEAP worldwide.” (The registration trademark symbol refers to all references of the CEAP credential used in this article.)

During my 37 years in the EAP field – the last 25 as a CEAP – and particularly during my recent tenure as a commissioner on the Employee Assistance Certification

Commission (EACC), I have been asked by individuals both outside and within our profession to justify or defend the CEAP as a credential and demonstrate its value. Challenges often include: “Will the CEAP get me a higher salary?” “My employer requires a mental health or clinical license, not the CEAP.” “I’ve been in the field a long time and have gotten by without the CEAP up to this point.” “I don’t need the CEAP to generate clients in my affiliate practice.”

These are all fair questions and comments, but to me they only scratch the surface. To get at the heart of the matter, I believe we need to change the dialogue about the CEAP’s value and viability – particularly as we “pass the CEAP torch” on to the next generations of EA professionals.

To do that – as author and customer service expert John G. Miller espouses – we need to be asking the right questions in laying a framework for solution-focused inquiries and dialogues. In his book on the decline of customer service, *QBQ! – The Question Behind the Question*, Miller writes: “The Question Behind the Question is built on the observation that our first reactions are often negative, bringing to mind Incorrect Questions (IQs). But if in each moment of decision we can

instead discipline our thoughts to look behind those initial questions and ask better ones (QBQs), the questions themselves will lead us to better results.”

With that in mind, it is time to change the focus of questions about the CEAP. Let’s examine our IQs – or incorrect questions – and pose some more helpful ones – QBQs, if you will. Let us also look at our individual responsibility in carrying the CEAP forward as our profession’s “*Good Housekeeping Seal of Approval*.”

➤ **Why do I need the CEAP now? I’ve gotten along without it up to this point in my career.** Maybe the more important question is “how can the profession benefit over time from my personal certification?” While holding the credential not only demonstrates an individual’s commitment to the EA profession and one’s personal investment in fostering knowledge, holding any credential is greater than simply being able to charge a higher fee or being eligible for a third-party payment schedule. The CEAP represents one’s pledge to contribute to the enrichment of that body of knowledge by bringing one’s individual experiences to the profession and assuring that the credential reflects the breadth of evidence-based best

practices in the EA field.

As the workplace has changed, so too have the demands, expectations, and responses of the EA profession. The CEAP continues to serve as a gold standard within and outside of our profession that demonstrates commitment in addressing the diversity of the workforce and the complexity of work organizations around the globe. It's far more effective to make the contribution on the "EA playing field," rather than simply being a fan watching from the sidelines with a public allegiance elsewhere, as reflected in holding an alternate credential not exclusively devoted to or identified with employee assistance.

➤ ***Why do I need the CEAP, when other professions don't seem to acknowledge it anyway?*** A better question is "what can I do as a member of the EA profession to demonstrate the value and importance of the CEAP to those within and outside of the profession?" A good place to start is to pose a bit of self-examination or "personal inventory" on the part of those of us who currently hold the CEAP. Specifically, "if I hold the CEAP, do I display it prominently?" We can do this by simply looking at one of our most common experiences as EA professionals – our annual gathering. If we are to look at the 2011 World EAP Conference and the number of CEAPs presenting at the conference or identifying themselves as CEAPs, the statistics are interesting...and to this writer, a bit concerning.

In the preliminary program for the EAPA conference in Denver,

of the eight presenters conducting *pre-conference workshops*, four identified themselves as CEAPs (50%). And of the three presenters conducting *networking/bonus sessions*, only one person was a CEAP (33%). Here's where it gets really interesting, of the 102 presenters conducting *conference sessions*, only 26 were CEAPs (25%).

As I reviewed the names of the presenters and researched whether they held a CEAP or not, I verified that an additional nine presenters indeed *were* current CEAPs, but they did *not* include the CEAP credential with their name – in many cases, deferring to their degree alone and/or another non-EA credential. While it's not the intention of this writer to draw conclusions from this singular conference program, one is left to wonder how our conference experience compares with other professions and the representation of their own credential amongst presenters at *their* annual conferences.

➤ ***Why should I pursue the CEAP, when my employer or our insurance partners place more emphasis on clinical credentials?***

No argument on that front – the clinical license is appropriately required for most insurance reimbursements. Let's be clear, the CEAP is the only credential that speaks to the three essential domains of EA practice and the unique body of knowledge that identifies our profession and represents our "EAP core technology." These domains are at the very heart of EA service delivery: 1) EAP design, administration, and

management; 2) EA services to the work organization; and 3) EA services to employees and family members – the first two of which go beyond the more clinical and case management aspects of EA services to employees and family members, and which are generally far outside the realm of the more clinically based disciplines and credentials that often accompany an individual's EA experience.

Therefore, while any number of clinically based credentials prove valuable in serving the mental health, addiction, and behavioral health issues of EA clients in the workplace, the CEAP is critical in bringing the necessary workplace and job performance perspective and balance to these more clinically oriented credentials.

A simple business case can be made for the CEAP based upon the three domains of practice, which collectively not only provide an understanding of the unique lexicon and terminology of EAPs, but more importantly presents the EA professional with the developmental roadmap and toolkit to not only address the wellness and well-being issues of employees, but to assist managers, union representatives, and the organization's leaders in addressing the performance and productivity issues of employees.

It's hard to make the argument that EAPs are more than simply mental health or counseling services in the workplace when the credential that affirms that assertion and which is rooted in our profession's "core technology" is not behind every EA professional's name. In looking at the research

into the history and unique evolution of EAPs in work organizations and organized labor – research that became foundational to the identification and articulation of the “EAP core technology” – the three content domains of the CEAP credential *indeed reflect the services that only EA professionals are qualified to provide in the workplace*. The CEAP is the only credential that tells me that someone has studied, experienced, and fully appreciates the subtle differentiation and the nuances of successfully navigating and delivering these three domains of EA practice amidst the minefield that is today’s changing workplace and global corporate marketplace.

Let’s consider how the rubber hits the road on this issue by looking at a specific example. While those within and outside the EA profession encounter confidentiality and ethical issues daily, there is clearly a unique aspect of confidentiality within the domain of an EAP. The EA professional is not simply concerned with holding mental health, addiction, or behavioral health information in confidence, but must also constantly *balance* those issues with the EAP’s responsibilities to support:

- The employer’s focus on job performance and productivity;
- The business’s regulatory requirements to provide a safe working environment for their employees; and
- Legal and binding contractual obligations under a collective bargaining agreement.

In this particular instance, the

CEAP credential attests to and provides an assurance to an individual’s understanding of the delicate balance in upholding confidentiality in the context of these often conflicting performance standards, safety concerns, employment regulations, and disability protections in the workplace. And only the CEAP credential, with its roots in the convergence and collective integration of the three distinctive domains of EA knowledge and practice, provides an employer *and* its employees, *and* a labor union and its members with such assurances.

➤ ***What are the EACC and EAPA doing to promote the CEAP?*** Let’s go back to one of the tenets of QBQ – which advocates focusing on one’s own personal actions – and not ask what “they” are doing, but what “I” can do to promote the CEAP. If you hold the credential, proudly display it:

- Advertise it on your website;
- Display your CEAP certificate as you would your diploma or other professional license or certification;
- Ensure that the CEAP is detailed and described in your program literature;
- Talk about the CEAP and what it represents in the EA training you conduct; and
- Include it on your business card.

Since I began using the CEAP as the single professional credential on my business card over 10 years ago, I continue to be struck by the number of questions that I’ve received from other professional colleagues as well as the number of ensuing

conversations that have occurred: what it represents; its value; and ultimately the assurance that accompanies it in terms of a professional’s understanding and ability to navigate the complex and challenging workplace environment where an employee’s personal life and his/her workplace behavior and performance intersect with each other.

As EA professionals we are each responsible for the legacy of our profession. And as such, we each have the opportunity – and indeed the obligation – to promote the uniqueness of what it is that we do as EA professionals, and to foster and demonstrate that uniqueness with our pursuit and maintenance of the CEAP. I continue to be amazed by the number of informal and impromptu educational opportunities that “wearing the CEAP,” if you will, has presented me over the years to discuss the history of the credential and how it serves as the “*Good Housekeeping Seal of Approval*” in our profession.

Summary

As we mark the 25th anniversary of the CEAP, and its emergence from its professional adolescence, let me close where I began by proposing the following charge to our profession – “*And so my fellow CEAPs and global EA professionals, ask not what the CEAP can do for you, but what you can do for the CEAP.*” To illustrate, I offer the paradigm shift depicted in Figure 1 as a springboard for the next 25 years and the continued maturation of the CEAP as the most appropriate and only EA peer-validated credential of our

profession’s unique and evidence-based body of knowledge.

Few organizations would consider preparing for a tax audit without first reviewing its corporate finances with a tax lawyer. Similarly

that same organization should not consider entrusting its number-one asset – its employees – to the care of just any professional. The CEAP is the most appropriate and the best assurance to that

organization and its workforce that it has indeed found that suitably qualified and capable professional. ❖

Figure 1. A Shift in Paradigms as the CEAP Matures

Ask Not...	But Ask...
What the CEAP does for me...	But rather, what my personal CEAP certification and EA experience does to advance our profession and help assure that the CEAP reflects current EA best practices...
How the CEAP will benefit me financially...	But rather how will my CEAP certification help raise the integrity and viability of the certification amongst other professions and the public...
What the EACC or EAPA does to promote the CEAP...	But rather, what does my personal CEAP certification say about my commitment to promote and advance the specialized body of knowledge, professional standards and codes of ethics and professional conduct that are unique to “employee assistance”...
Why other EA professionals don’t hold the CEAP...	But rather, how can I promote the CEAP through my own certification as evidence of my personal skills and experience in delivering the unique blend of employee assistance “core technologies” and the CEAP knowledge “content domains” in the workplace...
Should I pursue a clinical license/certification or the CEAP...	But rather, how the CEAP augments and balances my clinical skills and credentials and demonstrates a commitment to and understanding of the separate and distinctive profession of employee assistance...

Notes

¹ Miller, John G. *QBQ! The Question Behind the Question*. G.P. Putnam’s Sons. New York. 2004.

Bern Beidel has been a CEAP since May 1987. He is a former commissioner with the Employee Assistance Certification

Commission (EACC). Since 1991, he has served as the Director of the Office of Employee Assistance at the U.S. House of Representatives, providing EA services to the House, Congressional Budget Office, and United States Capitol Police.



Addressing Cybersex *Defining, Assessing & Treating*

“In my work, it is common to have cybersex behaviors linked to drug use behaviors. Successful treatment will require the client to address both (or all if more than two) issues.”

| By Weston M. Edwards, Ph.D.

Cybersex is a new enough issue that resources and treatments are lacking compared to those that exist for other problematic behaviors, such as substance abuse. However, as this article will explain, EA professionals still have methods at their disposal for assisting employees with difficulties related to cybersex.

The term “cybersex” is a catchall term used to describe a variety of Internet-based sex-related behaviors. This includes typically recognized behaviors such as accessing online pornography (audio, video, text), and sexual chats. New variations of these online behaviors are occurring as Internet technology continues to change. For instance, smart phones (iPhone/Android/iPad) have led to applications (such as Blendr and Grindr) that focus on cybersex behaviors. Best guesses as to how bad these problems are in society remain unclear. Current studies estimate that between 1%-15% of individuals struggle with some type of cybersex problem (Cooper, et al, 2000; Cooper et al, 2004). Workplace problems relating to cybersex are even less documented, but they include:

- Lost productivity;
- Relationship difficulties;
- Financial consequences; and
- Termination.

This article will review treatment concerns relevant to employee assistance professionals working with individuals who are struggling with cybersex problems.

Identifying Cybersex Problems

How bad is it?

There is a significant amount of online slang language that clinicians need to be aware of in order to assess the level of problematic online behavior. Because sex and drugs often correlate, a few brief examples include:

- parTy (refers to meth);
- 420 (marijuana);
- Who’s throwing a parTy? (Who’s got the drugs? Or, I can bring them); and
- No long emails, let’s get to the point. (needles).

Learning such terms are useful because, compared to mental health or substance use, there is relatively little information or resources to help in assessing cybersex behaviors.

More importantly, the meager amount of relative materials means the EA professional will need to adapt his or her skills to the realm of cybersex behavior. Most often this takes the form of adapting the elements of substance use assessment to cybersex assessment using questions such as the following:

- 1) How much time is spent engaging in cybersex behaviors?
- 2) What types of online behaviors have occurred? (Increasing interest in a variety of topics);
- 3) Describe any increased cybersex behaviors despite consequences (such as relationship, work or financial consequences);
- 4) Have there been any attempts to quit or stop cybersex behaviors; and
- 5) Has there been any avoidance of commitments or responsibilities as the result of cybersex behaviors.

These questions serve as a foundation for gathering information from clients. The cybersex inventory I use is a two-page series of open-ended questions examining the types of online behaviors, cybersex

behaviors, Internet sophistication, duration and time spent online, consequences of the behaviors, types of devices used, and motivation/self-awareness to change.

What is the context?

The next step is to place the cybersex behavior in context with other behaviors. As such, it is important for the EA professional to complete an assessment that examines these factors associated with the individual's overall wellness. This starts with including *non*-Internet related assessments such as:

➤ **A psycho/social/sexual history.** The goal is to see if there are relevant triggers to the cybersex behaviors.

➤ **Complete depression and/or anxiety assessments.** The goal here is to gauge the overlap of these issues with cybersex behaviors.

It cannot be overstated: The EA professional must examine the overlap of substance use and other compulsive behaviors with cybersex, as the cybersex behavior may *not* be an isolated issue. In my work, it is common to have cybersex behaviors linked to drug use behaviors. Successful treatment will require the client to address both (or all, if more than two) issues.

Paper/pencil assessments are available.

Given the relative newness of this field, these assessment tools are not without problems.

Initial validity and reliability appear promising, but additional research will be needed. The instrument I recommend is the Internet Sex Screening Test (Delmonico & Miller, 2003). One of the advantages of the ISST is that it has been translated into Spanish and validated on an initial Spanish speaking population (Arnal, et al, 2010). You can perform a Google search to obtain copies of the instrument or go to internetbehavior.com for a copy.

Treatment Labels

The field of sex addiction and compulsivity, including cybersex, is not without controversy.

The primary concern centers on having terminology label the behavior as an addiction as opposed to a compulsive behavior. Awareness and sensitivity to this debate is necessary when working with clients to avoid marginalizing the client when he or she seeks help. While I conceptualize the behavior from a compulsivity model, my recommendation is to use the language and approach of the client. For many of my clients with substance use problems, an addiction model can help them in the initial awareness of their cybersex behaviors.

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Why Employees Engage in Cybersex Behaviors

Attempts to categorize cybersex behaviors have evolved over time. One of the more widely used models reflects work by Carnes, Delmonico and Griffin (2001; Edwards, Delmonico and Griffin, 2011). According to these researchers, roughly 85% of online sexual behaviors are *not* problematic. The remaining problematic behaviors may be classified into three groups:

➤ The **“Discovery Group”** describes people with no previous problems with online sex and no history of problematic *offline* sexual behavior. However they often begin using sex on the Internet as a recreational user and become completely carried away with online activities.

➤ The **“Predisposed Group”** are individuals who have never acted out sexually until they discovered cybersex. They might have fantasized about engaging in problematic behaviors but were able to manage their behaviors until they discovered the world of cybersex.

➤ The **“Lifelong Sexually Compulsive Group”** are individuals who struggle with problematic compulsive behaviors throughout most of their lives. They might engage in multiple addictions or compulsive behaviors. For these people, cybersex simply provides a new option for acting out that fits within their already existing patterns of problematic behavior.

Workplace Policies

One role of the EA professional is to help their corporate clients develop workplace policies pertaining to cybersex. Again, limited research makes progress in this area difficult. (Only one article was found – Case & Young, 2002 – in a search of five major research databases). As a result, anecdotal workplace policies utilize technology to block access to non-work related content, including social networking websites and most sites with sexual content. One of the problems in this approach is the ability to circumvent these technology blocks. For an employee with significant cybersex problems, work-related technology blocks fail when an individual can sit in the office using a smartphone to access the Internet.

The appropriateness of no-tolerance policies needs to be examined. Anecdotal stories of one-strike-and-you’re-out exist. Sometimes a tough stance like this *is* appropriate given the nature of the work (e.g. an air traffic controller viewing explicit material when on the job) while other times a no-tolerance policy may be inappropriate (using a work-paid smart phone while off duty).

Where this line is drawn needs to be reviewed. The history of EA professionals in response to chemical use problems in the workplace reflects a broad approach that integrates contextual issues. Referrals for evaluation and treatment recommendations might be more appropriate than no-tolerance

policies. Evaluating behavior in context allows for proportional responses and intervention.

Treatment Resources

Effective treatment resources are limited. In all honesty, the field is too new to have completed any outcome studies. Ongoing development of effective treatment approaches in the field of cybersex needs to be developed. An upcoming double-edition from the *Journal of Sexual Addiction and Compulsivity* (2012-in press) addresses in detail the issues surrounding cybersex assessment and treatment. It might be helpful for the EA professional interested in this topic to review those articles.

In addition, Edwards, Delmonico and Griffen (2011) have written a workbook, *Cybersex Unplugged*, to help clients address cybersex behaviors. The final assignment in the workbook is for the client to develop a personal responsibility agreement. In it, the client sets up a plan of appropriate Internet use. Subsequent interventions can then be pre-planned based on the client’s ability to follow his/her own plan.

This assignment starts by the client creating a large bulls-eye target consisting of three circles. These circles reflect appropriate behaviors, caution behaviors, and inappropriate behaviors. The client places a range of behaviors in one of the circles to reflect their particular case. Some topics to consider are: What devices can you use to access the Internet;

level of frequency and times accessing the Internet; location to access the Internet; level of disclosure and to whom; and what websites are appropriate.

Summary

As Internet technology expands, so must the need to address problematic online behaviors such as cybersex. Fortunately, a framework is in place to begin doing just that. ❖

Weston Edwards is the Clinical Director at PRISM, an outpatient mental health program in Minneapolis, MN. Dr. Edwards supervises sexual health programming, providing resources to address the overlap of sexuality, drugs, and mental health. He has written four workbooks addressing

sexual health promotion and recovery. His most recent book is available at: Livingaifeilovebooks.com

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At 25, the CEAP® Credential Expands Globally

“The creation of the international CEAP exam was the EACC’s first step in recognizing the importance of cultural relevance as an essential ingredient in truly global employee assistance practice standards.”

| By Bernie McCann, Ph.D., CEAP

From their first appearance in the 1930s as volunteer peer support “counselors” in American occupational alcohol programs and union self-help programs (Trice & Schronbrunn, 1981), an estimated 10,000 *mental health professionals* are currently providing employee assistance services around the globe (Jacobson & Attridge, 2010).

The intervening decades have also witnessed a rapid expansion in the workplace institutionalization of *employee assistance programs*. In the United States, this trend began in the 1970s with support for EAPs from the Occupational Programs Branch of National Institute on Alcohol and Alcoholism and the formation of the Association of Labor and Management Consultants on Alcoholism.

Ensuing exponential growth in EAPs fueled an accompanying recognition of a core technology of employee assistance services (Roman & Blum, 1985; Roman, 1988), and the establishment of standards of professional practice and conduct through the auspices of the newly renamed Employee Assistance Professionals Association (EAPA). Subsequently, November 1985 saw the creation of an autonomous credentialing body for employee assistance practitioners, the Employee Assistance Certification Commission (EACC).

As established by the EACC, the Certified Employee Assistance Professional (CEAP) designation was designed to demonstrate:

- 1) A mastery of the requisite knowledge of employee assistance principles;
- 2) A recognition of established professional standards of practice; and
- 3) An adherence to a code of ethical conduct in the delivery of employee assistance services.

At that time, EAPs were already widespread in the U.S and making inroads into Canadian workplaces. Initially, to obtain the CEAP® credential, eligibility requirements included verifiable work experience in an EAP setting and successful passage of the CEAP examination, first made available in 1986. Subsequent changes for the CEAP examination included a core number of EACC-approved Professional Development Hours, an advisement component (a formal mentoring relationship between the candidate and a CEAP), and in 2009, a requirement for completion of an EAP-specific ethics course. (The registration trademark symbol refers to all references of the CEAP credential used in this article.)

In the first dozen years of its existence, an estimated 5,000 individuals successfully passed the CEAP

“As the CEAP credential reaches 25 years, more than 6,000 individuals have obtained CEAP status, with approximately 2-3% having qualified via the international credentialing process.”

examination. The exam already had undergone independent, psychometric testing for its content validity and had transitioned from paper and pencil to an electronic format offered at more than 100 testing centers in the U.S. Coincidentally, the global expansion of EAPs beyond North America in the 1990s raised concerns about the cultural relevance of the CEAP exam and certification process that were *not* addressed by simply dropping references and exam questions about U.S. workplace laws and human resource practices.

International CEAP Credential

As a result, in 2001, an international version of the CEAP credential was introduced. It featured its own

unique criteria for requirements and a separate section of exam questions to address the needs of non-American CEAP candidates. The creation of the international CEAP exam was the EACC's first step in recognizing the importance of cultural relevance as an essential ingredient in truly global employee assistance practice standards. *With the growth in both multinational and domestic EAP providers, critical shortages of competent and certified EA professionals are already evident in many of these emerging markets.* EA services that are provided by both untrained, poorly trained and ultimately ineffective professionals give rise to the twin dangers of increased risks to clients and/or program underutilization, and ultimately a lack of employer support for such efforts.

Further Development

Further international development came in 2007, with the establishment of a Japanese translation version of the CEAP examination. As the

CEAP credential reaches 25 years, more than 6,000 individuals have obtained CEAP status, with approximately 2-3% having qualified via the international credentialing process. In addition, a Chinese (Mandarin) language version of the CEAP exam is currently in development. In the years ahead, issues such as cultural relevance, compliance with local laws, effective client outcomes, accurate reporting of program activities, and demonstrable return on investment are likely to be important issues in the global EAP marketplace. ❖

Bernie McCann currently serves as Treasurer of the Employee Assistance Certification Commission (EACC). As an EAP consultant, he has assisted numerous employers, labor unions, small businesses, and nonprofits in implementing strategies for employee assistance and healthy workplaces.

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EAP, CEAP Numbers are Increasing

Historically, the largest centers of EAP activity and the number of CEAPs have been in North America. However, two countries with particularly strong emerging EAP markets are the island nations of Japan and Trinidad and Tobago. Profiles of the state of EAPs and the growing populations of CEAPs – as well as insights from prominent CEAPs in each of the two coun-

tries consulted for this article – appear below.

Japan

With a population of 127 million and a workforce of 66 million, Japan has the world's third-largest economy. However, recent economic difficulties and a growing incidence of work-related stress and accompanying suicides, known as *karōshi* (death from overwork) have contributed to a raised consciousness of work-

force mental health. Prior to 1998, employee mental health issues were not considered a legal responsibility of employers, but with the growing awareness of work stress and related litigation, companies began efforts to encourage a better work-life balance for employees (Amagasa, 2005). New government-established standards certify mental disorders as work-related accidents and guidelines to maintain the mental health of workers were in place by 2000, followed by continu-

ing government-led and private sector efforts to promote and maintain the mental health of the workforce (Kuroki, 2010). This combination of greater employer awareness of the nature and impact of workplace stress and government-led occupational mental health initiatives has sparked a marked increase in the numbers of EAPs in Japan. As of 2010, surveys estimate the number of programs at more than 120 (Masi, 2010).

“Similar to North America, EAPs in Japan are facing increasing calls to prove their effectiveness. On the other hand, there has been a growth in demands.”

Since 2002, JEAP Peacemind Inc. has been conducting annual 60-hour EACC-approved training to prepare clinical psychologists, human resource staff, occupational physicians, and mental health counselors for careers in employee assistance and in preparation for CEAP® certification. *To date, more than 100 such professionals have completed this training program.* Additionally, JEAP provided funding to translate the Japanese language version of the CEAP exam, offered for the first time in 2007, and which has been administered continuously ever since. As of January 2012, nearly 60 CEAPs are currently certified in Japan.

(The registration trademark symbol refers to all instances of the CEAP credential used in this article.)

Additionally in 2009, the University of Occupational and Environmental Health, in partnership with the Council on Accreditation (COA), has begun implementing a training program to support a Japanese version of COA’s Employee Assistance program accreditation. Since the program accreditation standards encourage licensing and/or certification of EA counselors as a measure of quality, this initiative has also served to increase the number of Japanese EA professionals seeking CEAP certification.

Kaoru Ichikawa, Ph.D., CEAP, is Executive Vice President of JEAP Peacemind Inc. and the Director of the International EAP Research Institute in Tokyo. She characterized the future for EAPs in Japan by noting that despite the marked increase in efforts by government agencies, EA and occupational health professionals, work-related stress, depression, and suicide have not shown much decline in the past decades. Similar to North America, EAPs in Japan are facing increasing calls to prove their effectiveness. On the other hand, there has been a growth in demands for EAPs to provide work/life services like child and eldercare and an increase in organizational consulting in areas such as resiliency and change management. Thus, the future of both EAPs and CEAPs in the Japanese economy is both dynamic and challenging – but in either scenario, *EA professionals need to provide quality services, and in this respect, the CEAP certification will help improve and maintain a high standard of EAP practice in Japan.*

Trinidad & Tobago

Located off the coast of South America with a total population of just under 1.5 million, Trinidad and Tobago is one of the most prosperous, dynamic, and diversified economies of the English-speaking Caribbean nations. Its major industries include energy, agriculture, industrial chemicals, and tourism, all of which support a sophisticated financial/banking system and one of the world’s most modern telecommunications infrastructures.

Initially fueled by multinational energy companies such as BP, Exxon, British Gas, Atlantic LNG and others, growth in EAPs over the last few decades has been steady in Trinidad and Tobago. Another important influence was the history of a highly developed alcoholism treatment and recovery movement. Free treatment for alcohol and drug abuse in Trinidad and Tobago is available at a number of government-funded facilities throughout the country, and 12-step groups are common.

In the early 1990s, the government, banking/finance and service sectors began following the example of the multinationals and slowly the concepts of EAPs have expanded to other sectors across the workforce. *A 2007 random survey of employers indicated that nearly two thirds (61.5%) of companies contacted had an EAP service provider.* Interestingly, while there have been no specific government regulations that require provision of EAP services in any industry, the government, along with trade and employer associations, have encouraged

the adoption of EAPs as meeting an international standard for progressive workforce development. *Today, an estimated 100 employee assistance professionals are active in Trinidad and Tobago.* They typically provide broadbrush EA services as both internal staff and external vendors (Masi, 2010), and roughly 10% hold a current international CEAP certification.

“Initially fueled by multinational energy companies... growth in EAPs over the last few decades has been steady in Trinidad and Tobago.”

In early 2009, the Arthur Lok Jack Graduate School of Business at the University of the West Indies began offering an EACC-approved training program designed for EA practitioners and CEAP candidates. *This was the first of its kind to be offered in the region.* The first cohort was comprised of professionals from across the country’s public and private sectors. Additionally, the Trinidad & Tobago Public Service has recently begun providing basic training in EA standards and practice guidelines, aimed at non-CEAP providers of EAP services to government agencies and similar organizations. With the assistance and direction of existing domestic CEAPs, this

collaborative approach is aimed at encouraging the CEAP certification as a core EA competency. The initial goal is to have at least one staff member of each EA provider organization to be CEAP-certified.

Dr. Dale Masi, CEAP, who assisted with the Arthur Lok Jack Business School’s EAP training curriculum development and initial presentations noted: “This training program is a major recognition of the progress of professionalization of EAPs in Trinidad and Tobago. Soon HR directors will be able to require the CEAP credential for their staff and vendors.” She added that the Arthur Lok Jack Business School should also be commended for taking the leadership in forming an EAPA chapter, as well as developing the EAP training curricula.

Coral Smith-Alleyne, CEAP, and CEO at Counselling and Educational Services and current EACC Commissioner, characterizes the future for EAPs and CEAPs in Trinidad & Tobago as bright due to the continuing strength and ongoing expansion of the industry among all sectors of local and international business. Although the government has never instituted any formal rules requiring EAP services for work organizations, she notes that the example government agencies have set by providing EAP benefits to public employees has been a big influence on private sector employers to embrace this same approach. ❖

— *Bernie McCann*

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Consulting with the Trauma-Impacted Manager

| By Jeffrey Harris, MFT, CEAP

Your phone rings, and it's not good news. There's been a traumatic event in your workplace, and the human resources manager requests a critical incident response from the EAP. In the chaos unfolding through emails and phone calls, you manage to focus and prepare yourself for one of the most useful services of an employee assistance program — to help the workforce come to terms with the tragedy and therefore enhance the ability for the organization to recover.

However, a new challenge presents itself as you prepare for defusings and debriefings. The manager of the work group where the trauma occurred refuses EAP access to the employees, stating “my people are fine, they just need to snap out of it and stop this emotional hand-holding.” Or perhaps the supervisor hijacks your debriefing to “play therapist” to the staff. Yet another barrier might be the manager whose level of panic and distress becomes infectious and unsettling to the employees — thus complicating the work of the EAP.

Differences in Manager Response to Workplace Trauma

Like most readers of this column, I've responded to a number of CISDs... robberies, crash injuries, the death of a co-worker at work, and worse yet, two workplace shootings. Reflecting about those experiences, it is clear that managers

and supervisors handled workplace crises in distinctly different ways. But I found that I could account for those differences and describe their response styles by quickly assessing two key characteristics — the manager's *affective response* and his/her *organizing response*.

➤ The *affective response* describes the manager's ability to moderate his/her emotions in the wake of the tragedy. Ideally, the manager can acknowledge the loss and display humanity without being overwhelmed. At the polarized extremes are the person who may appear withdrawn or apathetic, or the individual who is deluged with emotions.

➤ The *organizing response* relates to the ability of the manager to contribute structure and planning to the compassionate recovery of the business. Displaying too little organization can contribute to a sense of chaos, while *over-organizing* will likely lead to micro-management and impede an employee's ability to recover.

Observing the presence – or absence – of these two response characteristics can be used to describe five different styles of crisis management.

The Five Styles of Crisis Management

Managers with *low* affective response and *low* organizing response

are likely to appear impotent, as they are not relating interpersonally nor are they able to contribute to effective planning. You would likely discover that this manager is physically or emotionally absent from the recovery operation, and the risks include a leadership vacuum that creates a workforce of “lost souls.”

Supervisors with *low* affective response and *high* organizing response will often display a patriarchal approach — attempting to gain rapid control of the situation at the cost of discounting and dismissing employees' needs for grieving or processing the event. The patriarchal manager would most likely prevent or discourage the delivery of debriefing services, since emotions would not be regarded as relevant nor useful “when there is work to be done,” combined with an inhumane rush to recover the business prematurely.

Managers with *high* affective response and *low* organizing response could easily be overcome with their own emotions about the event. They may be unsure what steps to take to address employee concerns and work towards a business recovery plan, resulting in a panicked approach. The risk of allowing this manager to remain in the workplace is that the panic can become contagious to co-workers and magnify an employee's experience of trauma. This has the unfortunate effect of magnified symptoms and greater numbers of dis-

tressed individuals, which can strain the efforts of the EAP to minimize the extent of psychological injuries.

You would think that having a high affective response combined with a high organizing response would be ideal. However, the problem becomes that the manager becomes basically a “rescuer,” stepping outside of his/her role to become a therapist to their staff and self-appointed EAP manager, micro-managing the EAP response. The rescuer can become enabling and cripple the return to appropriate employee autonomy.

The ideal manager response occurs when the manager can acknowledge his/her own emotions, while anticipating and validating those same needs for their employees. And the ideal style includes the ability to create focus, contribute to planning, and become an effective conduit for listening and communicating.

How to Consult to the Trauma-Impacted Manager

To be fair, it should not be immediately assumed by any company that a supervisor or manager of the business is also the ideal candidate for managing a crisis — as the skill sets aren’t quite the same.

Our usefulness as consultants starts with engaging the manager in an acknowledgment that he/she, too, has become impacted by the traumatic situation, just as the manager perceives those around them to be impacted.

Drawing from our clinical skills, we can prompt managers for empathetic responses to employees, or help contain their own sense of panic, thus enhancing the affective response skill set.

Moreover, the effective consultant can utilize his/her business savvy to prompt the manager to establish a plan

for recovering the business that also shows compassion for employees’ experience of trauma, and bolstering the balanced organizing response skill set. Part of the prompting questions should include consideration of succession planning, which suggests that the manager will need some down time for his/her own recovery.

Expanding Your Effectiveness

My hope is that the subject of this column finds you incorporating into your critical incident workflow an impromptu on-the-spot assessment of the degree of impact or impairment of managers and supervisors. To download and view a full-length PowerPoint on this topic, browse to <http://bit.ly/mgrcisid>.

For more consulting essentials, or to review a bibliography on business acumen and other management skills, visit the **EAP Management Consulting Knowledgebase**, hosted by the Los Angeles Chapter of EAPA (www.eapa-la.com/consulting).

I also invite you to visit the blog site titled **Consulting for the Human Side of Business**, where I post interviews of master class consultants, tie consulting skills to current events, and share consulting concepts of my own origin. The blog address is <http://humansideconsulting.wordpress.com>. ❖

Jeffrey Harris, MFT, CEAP has provided management consulting to a wide variety of organizations throughout his 18-year career in employee assistance, including corporate, government and union organizations. Jeff currently serves as Program Manager of EAP and WorkLife at the University of Southern California, and Webmaster for the Los Angeles and Houston Chapters of EAPA. The author also has 12 years of experience as a manager, from which he draws insight for his consulting. Jeff may be contacted at jeffharris@humanresourcefulness.net.

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Licensure Issue Must Continue to Evolve

“To find our field considered less professional than barbers, beauticians and Realtors® as it relates to the law, was an eye opener.”

| By Bob Carton, M.S., CEAP

Few states license the EAP field, an unfortunate reality that continues to undermine our profession. Why is this the case? This article will explore the licensure issue, and offer recommendations.

My experience in licensure dates back to the 1990s, when the EAP I directed was sued for an event that occurred before I was hired. The ensuing trial was based upon the plaintiff’s contention that the EAP inappropriately referred an employee to a hospital with a mental health unit. The employee asked to be hospitalized, but seven weeks later the man committed suicide. While the EAP had acted correctly and followed up on the case, the staff member failed to effectively document her process, while other documentation supported our case. The attorney representing my program wanted a professional witness who could speak for the EA profession. I selected a statewide leader in Florida EAPA.

The first question raised by the attorney for the plaintiff was: “Are you licensed as an EAP professional?” Our expert answered, “No.” The next question was even more compelling: “Is the Employee Assistance Program Profession licensed in the State of

Florida?” Once again our witness answered, “No.”

The witness then attempted to champion the merits of the CEAP® credential and EAP Core Technology. The next question was predictable: “Is this CEAP credential recognized by the State of Florida Department of Professional Regulation as qualification for the bearer to practice as a professional in the State of Florida?” The answer from our witness was once more a quiet, “No.”

At this point the judge called both attorneys to the bench, conferred with them and announced to the jury and court that: *This witness cannot be recognized as an “Expert Witness” in this case because, this so called “Employee Assistance Profession” is not a recognized profession, in this State. At this point in time beauticians and barbers are licensed professionals, while these Employee Assistance practitioners cannot give testimony in this court as experts for a profession that does not exist.*

The Outcome

The defense testimony our witness provided was discredited and while the practice of counseling for which I am licensed was available, the counselor *named in the suit* was an **un**licensed post-doctoral,

agency clinician. In reality it was the EAP practice that was on trial. The EAP was being sued for procedural inconsistencies; yet we were not able to offer testimony regarding EAP standards of care. I believe that, had the EAP been able to provide expert testimony, a different outcome would have resulted. The trial ended in a draw (hung jury). Rather than face a retrial the malpractice insurance company settled out of court for a sizable amount. Our insurance carrier raised our liability rates considerably and our parent agency found the EAP enough of a liability that we were closed.

While this example is of one state, it remains likely that the standard cited by this judge would hold true in many states and even other countries. To find our field considered less professional than barbers, beauticians and Realtors® as it relates to the law, was an eye opener.

Moving Toward Professionalism

The EACC Certification is an important step in self-regulation; promoting the standards and principals of EA and establishing an objective means for recognizing practitioners who meet minimum EA qualifications. Clearly some governmental agencies such as the U.S. Federal Department of

Transportation have cited the CEAP as a certification of expertise and competence. However, others have *not* recognized the merit of this certification. Neither EAPA, nor EASNA nor the EACC can confer EA professional status. “Workers cannot simply appropriate professional status for themselves by enacting the ritual symbols of professionalism; rather, society must also recognize their exclusive right to perform the tasks they claim as their own. By this standard employee assistance workers have fared poorly.” (Sonnenstuhl and Trice, Cornell University 1990)

Ever since a Florida Civil Court judge pronounced my profession as “non-existent,” I have sought to come up with a better alternative than licensure to confer full professional status upon the EAP field. However, the conclusion I continue to return to...remains that *licensure* is still the best path to safeguard our technology and professional identity.

Progress Toward Licensing Laws

Many readers will recall that, 15 years ago EAPA organized a Legislative and Public Policy Committee to evaluate and draft a proposal to be used by state chapters who wished to approach their state legislative bodies to enact legislation codifying an EA Practice Licensure Act. Three states have adopted some form of legislation licensing EA professionals (Louisiana laws are no longer in effect), while chapters in other states have unsuccessfully petitioned licensure. However, even the states that *have* licensed

EA professionals –namely North Carolina and Tennessee – have *watered-down* versions of the initial model legislation. Basically, these acts do *not* proprietarily safeguard both the title “Employee Assistance Professional” and the

Licensure has not fixed all that ails our profession. In states where licensure exists one will discover only a small scattering of our members list the “LEAP” after their name. Unless licensure gives the licensee the exclusivity to practice as an EA professional, the addition of the “LEAP” will have negligible impact.

right to practice the profession. These states should be commended for recognizing EA and conferring professional status. Moreover, the laws in these states do *not* exclude non-CEAPs from practicing as EA professionals, nor do these laws prohibit other licensed professionals not affiliated with any EA body from doing EA work.

Licensure to this end has not been a panacea for the EA professional. Canadian EAPA members have a registration system to confer authority to practice as allied professionals in the fields of social work, psychology, and counseling. To date the Canadian provinces have not enacted legislation to register EA professionals. While EAP numbers outside North America are growing, I was unable to find any information regarding EA licensure in EU countries or the Asian-Pacific block.

Lessons Learned

Licensure has not fixed all that ails our profession. In states where licensure exists one will discover only a small scattering of our members list the “LEAP” after their name. Unless licensure gives the licensee the exclusivity to practice as an EA professional, the addition of the “LEAP” will have negligible impact. If EAPA becomes re-engaged in the process of pursuing licensure for its members, it would be more realistic to approach the goal as a long-range objective, due to the legwork required to attain a positive conclusion.

Considerations for Discussion

Why do we need redundant licensure when many of us are already licensed as professional psychologists, counselors, marriage and family therapists, and social workers?

Duality is inherent in EA work, since EA professionals walk a tightrope between the client

and the organizations we serve. Additionally most of us have carried dual identities throughout our careers; how are we viewed by the public and essential professions? There are no easy answers. For many of us, it is an economic necessity to work in *dual* professions – therefore, regionally speaking, some form of licensure may be required to work as an EAP. Conversely, for those working exclusively as EA professionals – do they need to promote their *previous* identity?

How are we as individuals and programs identifying and marketing our profession?

Prior to reconsidering campaigning to secure licensure for EA professionals, we must be willing to evaluate *our own role* in our profession. What became salient as I prepared to write this article was: while I was a licensed mental health counselor in my state I am no longer a model for the counseling profession; rather I was modeling a new professional movement every bit as different from counseling as social work is different from psychology and psychology was different from psychiatry and family systems therapy is distinct from all others.

What can EAPA learn from our prior experience with licensure?

In those states where EA licensure does exist, it still falls far short of what our sister human service organizations have achieved legislatively. The EA effort for licensure failed in some states after chapter leaders were

given the assurance by lobbyists that they could deliver EA licensure legislation – some chapters paid handsome fees to lobbyists and came back empty handed. The realization of Practice Act legislation (exclusivity in ownership of our professional identity and title) – will require long-range planning if it is to succeed. EAPA can anticipate resistance from other service professions as we seek to carve out our turf and stamp our definition on EA practice. EAPA and EASNA could benefit from enlarging our professional bodies to create a greater economy of scale. However, rapid expansion of EA providers who bypass the tools that make EA unique will not serve a goal of full societal legislative recognition.

What is needed for EA to succeed in making the LEAP lead to an EA License Practice Act?

The quest for proprietary protection for the EA field will require a strong foundation. EAPA and EASNA must work in collaboration to present one united front that supports the EAP. The first step involves getting to know our local legislative delegations. EAPA chapters might consider hosting an Employee Assistance Professionals Day annually at our state and national capitols. Such an effort requires time and planning – however the capital outlay could be limited to our time and the cost of printing related literature. EAPA chapters could consider distributing copies of the

JEA for their local representatives. If legislators do not know what the EA movement is, lobbyists will do little good.

What could be learned by talking with legislators?

A small delegation of the EAPA FL-07 Chapter met with our local state representative to seek her guidance. She did not know anything about EAPs and was likewise unaware that several state statutes addressed EAPs. The representative was gracious and was interested in learning more: at the end of our discussion she made these suggestions.

➤ The representative suggested that by combining our cause and seeking licensure under an umbrella such as allied health and occupational care programs, we would be more likely to achieve our goal.

➤ The representative had been approached by two of these groups within the year with the same objective licensure of their respective professions.

➤ Under such a structure each body would answer to a distinct board and license, with each board tied to the umbrella.

➤ To gain endorsements for an EA licensure consumer protection act, solicit the help of large corporations that utilize EAP and are major contributors to the campaigns of targeted local politicians.

➤ The representative also noted that the current political climate was trending toward deregulation and the addition of another regulatory body in state government

– while not impossible – would be difficult to achieve without business alliances.

➤ Finally, in the state of Florida art therapists, music therapists, substance abuse counselors and occupational therapists are not licensed.

Summary

In five years I will retire. Before I do, I would like to see the licensure movement I have championed for 35 years continue to evolve – but if we are to grow, we must protect our territory. I hope this article will stimulate discussion that moves us to action as one single movement. It would be grand to be able to say to any

other group who seeks to practice our profession – we welcome you to earn your CEAP and take the LEAP. ❖

Special thanks to Andrea H. Landsman, David Hamby, Rep. Michelle Rehwinkel Vasilinda, and Bruce Prevatt who generously contributed information for this article. Bob Carton, LMHC, CEAP, SAP, is an employee assistance specialist with Tallahassee HealthCare, Inc. He may be reached at bob.carton@tmh.org.

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techtrends

Continued from page 5

- Get an estimate.
- Get a contract.
- Have a due date for the project’s completion.
- Check references.
- If you’re a poor writer, consider hiring a writer to create/edit your content. Having an attractively designed site is only half the battle. Your text needs to be compelling.
- Make sure that you own your code and that you have the login and password to access the administrative, behind-the-scenes end of your site.

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- Marina London is Manager of Web Services for EAPA and author of iWebU, (<http://iwebu.blogspot.com>), a weekly blog about the Internet and social media for mental health and EA professionals who are challenged by new communications technologies. She previously served as an executive for several national EAP and managed mental health care firms. She can be reached at m.london@eapassn.org.*

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Can an EAP Counselor Refuse to See a Client?

An EAP counselor who describes herself as “a devout Christian who believes that it is immoral to engage in same-sex sexual relationships,” refused to provide counseling to an EAP client because of her own “personal values,” which she claimed would interfere with the client/therapist relationship, according to the *Employment Matters Blog*.

The employee, meanwhile, who felt “judged and condemned” by the counselor, Marcia Walden, complained to the Centers for Disease Control and Prevention (CDC) about Ms. Walden’s treatment. (Walden managed the EAP for the CDC.) After numerous discussions with Ms. Walden about how she could handle similar situations in the future, and after concluding that Ms. Walden was unwilling to alter her approach, her assignment to the CDC was terminated.

In another similar, though not identical, case, a graduate-level counseling student at Eastern Michigan University (EMU) was expelled for refusing to counsel a gay client. Julea Ward, a devout Christian, asked her faculty supervisor either to refer the client to another student or to permit her to begin counseling and make a referral if the session turned to relationship issues. In support of its decision, EMU claimed it had a “no referral” policy and that Ms. Ward’s actions violated the American Counseling Association’s code of ethics.

(Editor’s note: This topic will be discussed in greater detail in the Legal Lines column in the 3rd quarter *JEA*. See also page 30 in [this](#) issue of the *Journal*.)

Recovery Registry Offers Anonymity

Through the National Quit and Recovery Registry, individuals can anonymously provide information about what they are recovering from, how they got into and maintain their recovery, etc. (The website does request email addresses for potential follow up to inquire about their interest and willingness to take part in future studies.)

Once enough participants provided basic information, the intent was to then sample from the registry to recruit people to take part in more in-depth studies about recovery trajectories, etc.

“Most of the research that has been done up to now has focused on immediate intervention that would allow a person to stop taking drugs,” said Dr. Nora Volkow, director of the National Institute on Drug Abuse. “Much less is known about recovery.”

The project was announced late last year. Here is a link to the registry: <https://quitandrecovery.org>.

Managing Employee Caregivers isn’t Easy

More than 50 million Americans are “family caregivers” – the primary caregiver for a sick, disabled or elderly family member. Since nearly half of all family caregivers also hold full-time jobs,

employers need to be aware of the stress and emotional issues that come with caregiving situations.

Managers need to be aware of employees’ individual situations and how they may affect job performance. Managers and employees need to spend time together in an informal setting, such as a coffee break, a quarterly lunch hour, or simply chatting during a slow time.

The more employers know their employees, the better they’ll be at managing them through any challenge. They just need to be cautious about not overstepping boundaries. They should check with an EA professional before discussing delicate issues with staff.

Social Media Use Increasing

Facebook may be where you catch up with pals, but a recent survey by The Creative Group confirms it’s increasingly a place for business. Nearly half (46%) of executives interviewed said they currently use Facebook for professional purposes. In addition, 56% of respondents expect to take advantage of this social network for business in the next three years.

“Whether it’s Facebook, Twitter or Google+, people are finding social networks useful for expanding their professional contact base, mining information that can help them in their careers, and showcasing their strengths and industry expertise,” said Donna Farrugia, executive director of The Creative Group. ❖

Business Travel

CDC – Travelers’ Health

www.cdc.gov/travel

Cholera. Yellow Fever. Malaria. It’s enough to make any business traveler nervous these days. This site can help with issues about specific diseases that can affect travelers, the latest news about disease outbreaks, vaccination recommendations, and much more.

Clinical Resources

American Psychological Association

www.apa.org

Useful links on the APA’s home page include psychology topics, a psychology help center, research, and other useful information.

Clinical Resources

Anxiety Disorders Association of America

www.adaa.org

Anxiety disorders are real and serious – the good news is that they’re also treatable. Categories on this website include understanding anxiety, taking action, and resources for professionals.

Disability Awareness

Office of Disability Employment Policy

www.dol.gov/odep

Affiliated with the U.S. Department of Labor, this website provides a comprehensive look at disability policy, employment practice, and full inclusion. It’s a

good resource for EA professionals who need additional information on disabilities in the workplace.

Disaster Preparedness

International Critical Incident Stress Foundation

www.icisf.org

The mission of the ICISF is to provide leadership, training, consultation, and support in comprehensive crisis intervention and disaster services to emergency response professionals.

Mental Health

American Association of Suicidology

www.suicidology.org

This site offers webinars, current research, stats and tools, a hotline, and more.

Continued on page 30

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Weighing Religious Beliefs Vs. Treatment

In the court cases referenced (in the news brief on page 28), the question wasn't really whether a born-again Christian could refuse to treat, but rather, whether the EAP had the right to fire the counselor who refuses. Much of the discussion about these cases has been about a slightly different topic – scope of practice and therapeutic self disclosure. The crux of these cases is about two contests – one between religious and secular life, the other between employers' and employees' rights.

The U.S. is in a rather painful dialogue about whether the religious beliefs of some trump the rights of marriage equality and reproductive choice of others, and even the right of schools to teach about diverse families; and how far all those rights go. That exploration is half of the question in these court cases where an employer fired a self-described Christian employee for refusing to treat a gay client. The other half regards the right of the employer to compel an employee to do a job, or to discharge an employee who refuses.

As to whether religious convictions that gay relationships, or people who describe themselves as being gay, are offensive to one's conception of God, trump the right of gay people to receive the same level of service as anyone else through their EAP – I think that they do not. An already stigmatized minority being told that they are abhorrent (or some more

polite wording that means the same thing) is damaging, possibly re-traumatizing, and being told that they are being referred, when they've been led to believe they could use EAP sessions for brief counseling, is a lower level of service a la "separate and unequal."

Put this into context by substituting relevantly similar characteristics, in place of "gay," and it is fairly easy to clarify that providing a lower level of service (assess and refer, versus brief counseling) because of a counselor's distaste for gay and lesbian folks is, at best inconsistent, and realistically, discriminatory.

Would we accept other categories of people getting lesser service based on their being "Christian," "Muslim," "Jewish," "Black," "White," "Latino," etc., which a counselor finds objectionable? I think most would call such practice discrimination, and would quickly agree the agency should fire the counselor. What makes us think it is any more acceptable to apply a discriminatory standard on the basis of sexual orientation?

As counselors, we are behavioral scientists. The best science available tells us that there are genetic and brain physiology differences between gay and non-gay people, and that based on this research, sexual orientation is not a choice, or even a narrowly definable behavior. As counselors, we know that language is powerful, and to use language like "being gay is a sin," even if it is followed by something affirming (like, "but what isn't?") is to choose the religious over the professional – the mythology that goes along with one's religion over science.

Just as a church would be correct in firing a minister who refuses to provide spiritual content in sermons, a counseling clinic or EAP is right to fire a counselor who repudiates the scientific in favor of religion, and acts accordingly.

—Alex Mackenzie, CEAP

Editor's note: If you read an article in *JEA* that you'd like to comment about, we'd love to hear from you! Email the editor at journal@eapassn.org. ❖

webwatch

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Stress Management
Stress Management Society
www.stress.org.uk

The Stress Management Society is recognized as one of the UK's leading authorities on stress management issues. The site includes fact sheets, a useful portal to stress in the workplace, and more.

Substance Abuse
National Association of Addiction Treatment Providers
www.naatp.org

The NAATP serves as a leading voice of private alcoholism and drug dependency treatment programs throughout the U.S. ❖

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