

The Voice of Employee Assistance Programs

Spring 2004

EAP Digest™

Compassion Fatigue

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of Caretakers
Like You

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- Don't Forget the Unions!
- Integrating EA, Work-Life, Wellness

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EAP Digest™

Vol. 24 Issue 2

Spring 2004

COVER STORY

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People who work in a so-called helping profession do so to help others, which is certainly a good reason to be in that kind of work. But, there is a cost to caring. Anyone who works with people in need is susceptible to so-called "compassion fatigue." Here's how to fight it.



By Richard J. Fischer, PhD

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Entering therapy can be a difficult choice. EAPs often hold a unique position as the first step a client takes on the pathway to entering therapy, and EAs like you can have a positive impact on the development and outcomes of subsequent therapy.

By Mark Moore, PhD;
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and Michael Nash, PhD



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Let's Not Forget the Unions

Unions and Labor Assistance Professionals (LAP) members from across the nation continue to support the development, implementation and maintenance of employee assistance programs. More than ever before, EAPs and their cousins, members assistance programs, reflect the desire of unions to help members and officers keep their jobs, their health and their families.

LAP was established in 1991 to promote the development of peer-based member assistance programs (MAPs) within the labor movement. Until the 1970s, most substance abuse programs in the US were informal, community-based, voluntary self-help groups such as Alcoholics Anonymous. The development of a treatment continuum of care increased the number of effective options available for help. Unfortunately, many programs became lost in complicated healthcare bureaucracies.

LAP was organized to help reform what the association viewed as overly bureaucratized treatment and a mismanaged healthcare system that makes healthcare increasingly remote from, and unresponsive to, the real needs of drug- and alcohol-abusing workers.

With roots to union beneficial societies of the 1840s, which focused on helping the alcoholic worker, LAP believes that today's preoccupation with building large professional bureaucracies must be balanced by a return to focusing on the needs of the workers and their families.

As insurance companies have sought to restrict access to treatment, LAP has begun to advocate for revival of the traditions of worker self-help and mutual aid through well-trained member-as-

sistance programs.

As the leaders and developers of EAPs plan, implement, evaluate and refine their programs, it is critical that unions continue to play a vital role in the establishment and successful operation of EAPs. Union officials must have an opportunity to be involved in program planning and ongoing operation. When the EAP is developed jointly, the role of the union can be invaluable because of the union's tradi-



George T. Watkins
 Publisher
EAP Digest

tional role of safeguarding employee rights and benefits. Most union members are more inclined to accept the judgment and recommendations of a mutual effort than to accept a program that simply comes from a management-policy manual.

Management support and cooperation is important to the success of an EAP, just as is the establishment of a joint labor-management committee to work out the details relating to ongoing operation and staffing of the program. A demonstration of mutual respect for the concerns of both labor and management will provide an environment of trust essential to the success of the program.

Union officials must be involved from the beginning to the end in order to develop a relationship of trust, understanding and mutual respect. When this relationship is developed, the door to program acceptance will also be

opened by union officials throughout the rank and file. Union shop stewards and other officials, working in cooperation with management, may be in the best position to help motivate employees with problems to accept help. Benefits to the union include:

- A reduction in grievances and arbitration cases and a reduction in individual job jeopardy.
- EAP benefits may be included when renewing collective bargaining agreements.
- Many labor organizations have put the EAP on the table as a collective bargaining goal.
- Unions have used letters of agreement attached to the collective bargaining agreement in which joint monies from both union and management are used to fund EAPs.
- The benefit from EAPs is mutual to both parties and is often safeguarded against future trade-off.
- Evidence is abundant that EAPs save the organization money and thereby increase profits. The bottom-line consideration for the union is that higher wages are more easily negotiated from a profitable than a non-profitable company.

In the ultimate sense, a mutually developed and supported EAP will directly benefit the employee, their family members and their dependents. When this happens, everyone wins. ■

George T. Watkins
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Practicing across state lines via the 'net

Your recent winter addition had an informative article on the Internet and intervention ("The Internet and Intervention: Tapping the Power of Cyberspace Counseling.") I would like to point out however, that the authors did not alert those professionals with a licensing credential (such as social workers, psychologists, etc.) to the limits on practicing across state lines.

I have been heavily involved with this subject as I helped write the standards for the Council on Accreditation. I would like to quote Donna DeAngelis, executive director of the Association of Social Work Boards, who recently corresponded with me on this subject. (The Association of Social Work Boards represents all of the Social Work licensing boards.) She states:

According to professional and legal determinations when psychotherapy and counseling are practiced over the telephone or the Internet with the social worker physically located in one jurisdiction and the client in a different jurisdiction the practice is considered to take place where the client is located. Therefore, in order to practice legally a social worker would need to be licensed in the jurisdiction where each client is located. Legally, it is considered "unlicensed practice" if a social worker who provides counseling or psychotherapy over the telephone or Internet to a client in another jurisdiction is not licensed in that jurisdiction.

In addition, as you know I chair the EAP Joint Industry Alliance. Tina Thompson, vice president of Clinical

Services at Magellan Behavioral Health (and another member of the Alliance) wrote a report that we asked the EAPA and EASNA presidents to circulate concerning the practice of CISM's across state lines. This practice bears the same implications for practicing out of state. The four resulting recommendations from this report stated (and I quote Tina):

- Become aware of what is allowed when providing services outside of the state in which you are licensed.
- Find out if your malpractice insurance will cover your activities in another state.
- Notify the association in the state you will be offering services about the scope of the work, timeframe you will be there and your under-

standing of any local regulatory issues that could be relevant.

- Find out if there is anyone that needs to be notified or anything else that needs to be done in the state you plan to provide services in prior to your arrival.

I am a supporter of telephone and online services but it is important that we practice our profession within the confines of state licensing regulations. I hope this information is helpful.

Dr. Dale A Masi
*Professor, University of Maryland
Director, EAP Specialization*

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NEWS UPDATE

Obesity debated

The rising number of Americans who are seriously overweight has triggered intense debate among scientists, advocacy groups, federal agencies, insurance companies and drug makers about whether obesity should be declared a disease, a move that could open up insurance coverage to millions who need treatment for weight problems and could speed approval of diet drugs, the *Washington Post* reported. Proponents argue that new scientific understanding has clearly established that obesity is a medical condition that independently affects health. Classifying obesity as a disease would have a profound impact by helping to destigmatize the condition, experts say. But equally important, the move

would immediately remove economic and regulatory hurdles to prevention and treatment, they say. Opponents contend obesity is more akin to high cholesterol or cigarette smoking — a risk factor that predisposes someone to illness but is not an ailment in itself, such as lung cancer or heart disease. Nevertheless, the move to classify obesity as a disease appears to be accelerating. The Internal Revenue Service ruled last year that, for tax purposes, obesity is a disease, allowing Americans to claim a deduction for some health expenses related to obesity. The federal agency in charge of Medicaid and Medicare is conducting a review to determine whether it, too, should consider obesity a disease.

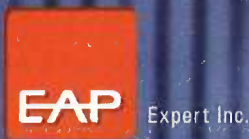
Broad 'probable cause' searches OK'd

In a 9-0 ruling, the US Supreme Court gave police officers flexibility with the probable-cause standard when searching for drugs, the *Washington Post* reported recently. The ruling was made in a lawsuit brought by Joseph Jermaine Pringle. Four years ago, Pringle was an occupant in a car that Baltimore County police stopped for speeding. Officers found crack cocaine in a rear-seat armrest during their search and arrested all three individuals in the car because no one would confess to owning the drugs. Pringle was convicted of possession of cocaine with intent to distribute after he eventually confessed. The Supreme Court ruling means that police officers can essentially arrest an innocent person without violating the Constitution if the circumstances suggest that one or more people are involved in illegal activity. The US Supreme Court ruling reverses a decision made by the Maryland Supreme Court, which ruled that Pringle's arrest was unconstitutional because police had no reason to suspect that he was involved in a crime.

Senate moves to lift buprenorphine restrictions

Sen. Orrin Hatch, R-Utah, chairman of the Judiciary Committee, has introduced legislation to lift the 30-patient limit on group practices prescribing addiction treatments. While the Drug Addiction Treatment Act of 2000 (DATA) laid the groundwork for a new approach to treating opiate addictions by allowing certified physicians to prescribe Subutex (buprenorphine) and Suboxone (buprenorphine/naloxone) in their offices, DATA allows group practices to treat only 30 patients at a time. Federal regulators interpret this

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rule broadly, including large HMOs and entire academic medical centers as "group practices." Hatch's legislation would eliminate the ban altogether. In addition, SAMHSA is planning several activities to increase the number of people trained to prescribe buprenorphine, including a mentor program with the American Society of Addiction Medicine for those considering prescribing the medication; an online bulletin board for doctors; educating pharmacy associations and boards; and expanding training.

National smoking quitline forms

Smokers will soon have access to smoking-cessation support and information from anywhere in the United States thanks to the establishment of a national network of smoking-cessation quitlines, according to the US Department of Health and Human Services.

Under the plan, smokers nationwide will only need to remember one toll-free number to get help. States that already have quitlines will receive funding to enhance their services, such as expanding their hours of operation, hiring bilingual counselors, building referral links with local health-care systems and promoting their quitlines. States without quitlines would receive grants to establish them. Until they are implemented, telephone counselors with the National Cancer Institute Cancer Information Service will provide assistance to individuals in those states. The national network of smoking cessation quitlines is complemented by a Web site, www.smokefree.gov, that contains quitline numbers for individual states, an online guide to quitting, instant messaging with a smoking-cessation expert and downloadable cessation guides.

Rehab leads to prison closures

Alternative programs such as placing nonviolent drug offenders in treatment rather than jail are enabling the state of New York to close prisons — a move that runs counter to national trends, the Associated Press recently reported. According to State Corrections Commissioner Glenn Goord, two minimum-security prisons and a work-release facility will be closed. In addition, 645 beds will be eliminated, and staff will be reduced in six medium-security prisons. The prison closings are projected to save the state \$18 million. Goord says the state's prison population declined from 71,898 inmates in December 1999 to 65,125 in January 2003. Since 1995, 56,000 nonviolent prisoners enrolled in addiction treatment or academic or vocational programs have been given early release. ■

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Information Overload!

Feeling overwhelmed by the papers flooding your desk? You're not alone — the average person spends 150 hours per year looking for misplaced information. Disorganization hampers our ability to meet goals. The solution? Do something:

- Clutter is postponed decisions. Desks, filing cabinets and computers become inundated because we fail to make decisions. There are only three choices — call it the FAT system: file, act or toss.
- Practice Wastebasketry. For each piece of information ask: Does this require action? Does it exist elsewhere? Would it be difficult to get again? Are there tax or legal implications? Is it recent enough to be useful? If the answer's "no" — toss it.
- From filing system to "finding system." If your filing system is not working, start over. Clean out your most accessible file space, put unused files into less accessible space. The key to success is a file index. Create a list of file titles, which enables anyone in your office to find information in five seconds or less.

So, where to start? Organize a file clean-out day. Get plenty of trash bags and order pizza. The results will be worth the investment in productivity and peace of mind. ■

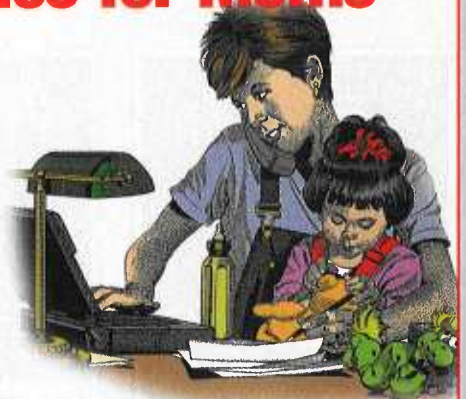
Barbara Hemphill's Raleigh, N.C., company helps create productive environments. She is the author of Kiplinger's Taming the Paper Tiger series and co-author of Love It or Lose It: Living Clutter-Free Forever. She can be reached at 1-800-427-0237 or via www.ProductiveEnvironment.com.

Top Work Wishes for Moms

Flexible work schedules and the ability to work from home top the list of most-wanted benefits for moms, according to WorldWIT, the global discussion network for women in business and technology.

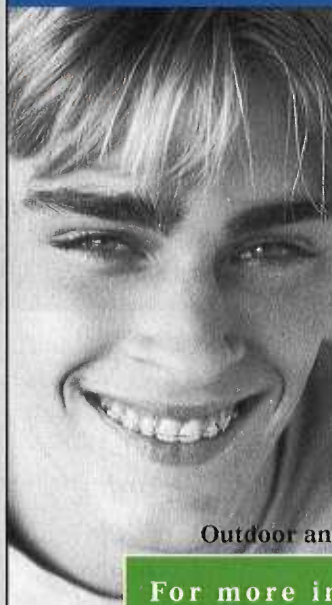
In a survey of 25,000 members in 20 countries showed that 61% of respondents named flexible schedules as the most valuable benefit, following by "the ability to work at home," named by 15% of respondents. In third place? On-site day-care, named by 9% of respondents.

"It's not just a personal issue for individual employees — it's an economic concern for businesses as a



founder and CEO. "Companies who fail to offer any family-friendly benefits may find that their stance costs them dearly in the form of stress claims, lower productivity and lost time." ■

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Compassion Fatigue

Taking care of the caretakers: Personal well-being underlies professional competency in helping professions

By Richard J. Fischer, PhD

People who work in a so-called helping profession do so to help others, which is certainly a good reason to be in that kind of work.

But, there is a cost to caring, notes researcher Charles Figley.

The risk isn't limited to clinical practitioners. Anyone who works with people in need — employee assistance professionals, social workers, police and firefighters, hospice workers, clergy and physicians—is susceptible to so-called “compassion fatigue.” First recognized about 10 years ago, those affected show symptoms similar to stress reaction, with loss of physical, emotional and mental strength, energy and motivation. In advanced cases, the person simply “burns out.”

The first step toward mitigating the risk is, in fact, to accept that such a risk is out there. Second, recognize the importance of self-care to do something about it. While maintaining mental and emotional well-being is obviously important for those providing services, there are implications for service recipients, too. You can't help others if you, yourself, aren't ready to do so. You have to help yourself before you can help others.

There are any number of ways to help yourself but the bottom-line is to do something. We've asked six folks in helping professions for their tips on coping

with compassion fatigue (see related articles). Four are EA professionals. These professionals offer thoughts on using everything from humor to exercise and proper nutrition, to more formal strategies like periodic psychotherapy and routine stress debriefings to vent or seek comfort from colleagues.

What someone uses may not be right for everyone, but is offered here as a practical example of what that person has found to work in their particular setting and thus wants to share. One writer even noted that doing their box was itself a kind of release, "something to help me get beyond the job."

About Compassion Fatigue

Everyone routinely feels stress — life is stressful, given work, family and other daily demands. While some jobs (and families) are certainly more stressful than others, working directly with clients means becoming directly involved in other people's lives — and in the lives of people in need. It also means emphasizing client needs at the possible risk of minimizing, deferring or even ignoring your own needs.

That's to be expected given the nature of the helping relationship. After all, clients are takers, to be blunt about

COPING WITH COMPASSION FATIGUE

Caregiver Self-Care Strategies

By Jo Halligan and Robert Bray

Caregiver traumatization can happen when we become emotionally drained from hearing about and being exposed to the pain and trauma of the people we're working to help. To mitigate potential impact, use comprehensive self-care strategies like prioritizing, setting limits, and teaching our family and friends in how to support us, as well as using techniques like Thought Field Therapy.

Pre-incident responder care education and policy development should clarify the critical role of agency policies and procedures to keep us safe and effective. Clear expectations, explicit boundaries and procedures for debriefing can also mitigate potential harm and burnout. Self-awareness is self-care. Here are some strategies those of us who work with trauma cases have found to work:

- Ask yourself, "Would the world fall apart if I step away from my work for a day or a week?" If you

never say "no," what is your "yes" worth?

- Know your own triggers and vulnerable areas, and learn to defuse them or avoid them.
- Resolve your own personal issues and continue to monitor your own reactions to others' pain.
- Balance your work with other professional and personal activities that provide opportunities for growth and renewal, like non-work related hobbies and interests.
- Eat nutritious food, exercise, rest, meditate or pray, and take care of your whole self. Calcium supplements can counteract high levels of lactic acid produced by tension; Vitamin C can help maintain alertness.
- Develop and reward your sense of humor. Expose yourself to humorous situations, and learn to laugh, enjoy life, have healthy personal relationships and breathe deeply.
- Ask for and accept help from other

professionals, colleagues and other caregivers who have had experience with trauma and have remained healthy and hopeful, or have learned from their experiences. Listen and take their advice.

- Find opportunities to acknowledge, express and work through your experiences in a supportive environment. Debrief yourself regularly and build healthy support groups.
- Delegate responsibilities and get help from others for routine work when appropriate.
- Develop a healthy support system to protect yourself from further fatigue and emotional exhaustion. ■

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Robert Bray, PhD, LCSW, CTS (San Diego, Calif.), current ATSS president, is in private practice.

it, who come to you for help. Their role is not to help you or support you. As a natural part of working with a needy population, some of the grief and stress from those being helped is naturally “absorbed,” especially over time, but we rarely think about that job aspect.

Compassion fatigue happens when emotional residue, whether from work and/or life, compromises personal well-being, perhaps due to being in one-way relationships for so long. The practitioner is hurt emotionally, with implications to physical health, as well. As Pfifferling and Gilley wrote in the

April 2000 *Family Practice Management*:

Those who have experienced compassion fatigue describe it as being sucked into a vortex that pulls them slowly downward. They have no idea how to stop the downward spiral, so they do what they’ve (always) done: work harder and continue to give to others until they’re completely tapped out.

The term “compassion fatigue” was coined by Carla Joinson in 1992 to describe nurses worn down by hospital routine. Working daily with individuals in need, nurses themselves became affected. The effect isn’t burnout, per se, but an early warning sign characterized by symptoms such as anxiety, sleep disturbances, depression, cynicism, anger and irritability. Inefficiency and lower tolerance for frustration are also common, as is difficulty separating work and personal life. Perhaps as part of their depressed state, the individual has a loss of hope for the future and, for counselors, the general feeling of being unable to help anyone.

Burnout is a more advanced, more serious state when the affected party can no longer cope with their environment. The person just “shuts down” from complete physical, mental and emotional exhaustion. Joinson doesn’t see a difference, suggesting that compassion fatigue is the type of burnout affecting those in helping professions.

Regardless of terminology, the effect is felt at four levels. At the personal level, relationships with family, friends and colleagues tend to suffer since few want to be around someone who’s routinely depressed, angry and anxious, with a short temper. Potential physical effects include increased risk of substance abuse, heart attack, stroke and depression.

At the client level, impaired counselor effectiveness is expected since “practitioner well-being,” for lack of a better term, is as much a basis for an

COPING WITH COMPASSION FATIGUE

Rename it and Reframe It

By *Reginald Gerstein*

In a self-help recovery program for the past 18 years, I became interested in EA work because of my own recovery. As my recovery progressed and I started working in behavioral health, I could imagine no finer job than to help “troubled employees.” Having been one, I felt a close association with those whose personal problems were impacting their work performance.

As EA professionals, it’s easy to lose sight of our mission. Difficulties with clients, changes in our EA role and restructuring in the field, among many variables, can make us disgruntled with our ever-growing and changing profession. Stress is indigenous to this kind of work — it goes with the territory — so I’d like to share what I do to reduce stress so I can concentrate on client needs; these work for me.

I use Dialectical Behavior Therapy (DBT) techniques to restructure or reframe the stress-producing factors in my work and personal life. I am a firm believer in this modality of therapy for EAP clients, and it can help practitioners, as well, with mindfulness, interpersonal effectiveness, emotional regulation and stress tolerance. The more DBT is practiced, the better it works to remove stress. I am also a firm believer in aerobic exercise. With time limits on everything today, this form of exer-

cise can reduce stress hormones such as cortisol, adrenalin and cholesterol to pre-stress levels with just 20 minutes of aerobics. I bought a jogging trampoline and I use it, waving my arms for 20 minutes, before going to work (time permitting) or after work. The more I exercise, the less I’ve found stress to impact.

A third method is relaxing in the daily work commute by listening to books on tape, as well as when driving to sessions during the day. Driving time is not seen as drudgery or stress due to traffic, but as private time to reflect, plan and “enjoy the ride” — another way of renaming and reframing an event with the potential to provide significant stress.

I strongly suggest that you take time to refocus on the wonderful opportunity that we have to help the troubled employee. When I’m feeling burned out, I consciously reflect on my unique abilities and the opportunity I have to be in the EA profession, which often provides a renewed sense of purpose and “recharges my batteries.” ■

Reginald Gerstein, PhD, CEAP, is a licensed professional counselor, licensed marriage and family therapist with River Oaks Hospital in New Orleans. He was previously with the DePaul-Tulane Hospital Center.

effective helping relationship as is training and experience. Clients (and others in a non-clinical situation seeking your help) are shortchanged because the person from which help is being sought is operating at a less-than-full effectiveness. Organizationally, the resulting lower productivity, increased sick leave and higher staff turnover can hurt an organization's reputation, meaning lost clients and fewer referrals.

Realize the Risk, Be Proactive

At work, everyone wants to do as much as possible, so it's not surprising that trying to manage an ever-increasing caseload and having less time with each client are obvious risk factors. In addition, personal issues that everyone has come into play, whether kids, aging parents, money troubles, traffic, divorce or difficult bosses and

colleagues. Feeling under-appreciated by clients and employers is often cited among sufferers of compassion fatigue ("No one ever says 'thank you'").

When it comes to seeking help, it's ironic that helping professionals themselves tend to defer doing so for many of the same reasons cited by clients. Maybe the problem will simply "go away" or isn't that serious. Those in mental health try to "work it through" themselves or don't want to be stigmatized or seen as weak for seeking treatment. Others have a false sense of security or perceived immunity ("I sit *behind* the desk, clients come to me"), or simply ignore signs in themselves they are trained to recognize in clients.

Denial is especially hard to overcome, as in "it won't or can't happen to me" and "I'm trained to be objective and separated emotionally." Con-

sciously or unconsciously being unhappy after spending so much time and energy to get to this career point can be threatening and just plain depressing, so the person keeps doing the same kinds of things causing them to be unhappy in the first place.

A major traumatic event alone can hit hard. World Trade Center responders had to work while avoiding people jumping from upper-story windows, then deal with the loss of too many friends and colleagues. Counselors and EA professionals were affected vicariously by just hearing about it from those who were there. It's hard not to come away affected in some way from one major event, regardless of whether it was experienced first- or second-hand, and regardless of whether you're an experienced counselor or experienced firefighter trained to be detached.

COPING WITH COMPASSION FATIGUE

Decompressing from Work Stress

By Richard Wall

After a particularly stressful day, rather challenging client, critical incident, or a day when I am just feeling overwhelmed, my first stress-busting resource is spending time with my children.

The world of my 6-year old daughter and 3-year old son is simple and pure, and they bring me down to earth and instantly help me regain my perspective. Just being with them and responding to their basic needs seems to diffuse much outside tension. I realize what is most important and start to see other things more clearly.

I get energized by my EAP work. It stimulates me, helps me feel useful and provides a kind of satisfaction (especially when clients are doing well) that I can't find anywhere

else. More often than not, my EA work provides me relief and some distance from whatever my own troubles might be at that time. But, there are those days, plus I keep in mind that, while energized by EAP work, it can and does have adverse effects that need to be countered if I'm to remain effective.

I relied more on a network of friends before getting married and having kids. The most helpful friends are often those having nothing to do with the EA profession. Being reminded of other interests, focusing on something else that's important to me, enjoying a sojourn into another part of my life, provides instant relief. I am always better equipped afterward to return to the pressing issues of the day. I have a few EA professional colleagues who are also personal confidants, and I trust them

with personal intimate information. They know me, and they understand my job. They have the credibility to keep me honest with myself.

In addition to the support I get from other people, physical exercise and meditation help a lot. I go through phases of feeling like I'm in shape and being in physical decline. When I feel better physically and take the time to meditate, I'm always more durable emotionally; I try to stay well and keep that edge since I am the only one I can rely on here. ■

Richard Wall, JD, MSW, CEAP (Sugar Land, Texas) leads UNOCAL Corp.'s EAP and is immediate past chair of the Employee Assistance Certification Commission.

A Day in the Life

By Flay Lee

Overseeing a 24-hour substance abuse clinical program, I wear multiple hats. With a staff of 20 counselors and a clientele of 230, including homeless families and their children, my work day has to satisfy bosses, assure clients that they will have continued residential treatment services, and with staff they have become accustomed to, administer the county contract that defines our ability to preserve services for the next fiscal year, and, hopefully, prepare a new budget so staff can keep their jobs. Being part of the financial process here is particular stressful.

I also serve on the statutory board responsible for the rules, operations and policies as they pertain to Substance Abuse Professional Certification and the 1,500 certified state professionals. The board budget is due, as well; a public hearing is scheduled; and a report from two of the ad hoc committees is coming, each matter setting the stage for our Board's future.

This has been my professional lifestyle for the past 25 years. While it is enjoyable, I've developed ways to successfully endure this schedule with dignity and integrity. If nothing else, such a lifestyle has reaffirmed the absolute importance for those working in the human services and substance abuse fields to carve out time for their personal restoration needs.

Take a 15 to 20 minute walk or meditation in the middle of the day after lunch. Reading something other than a work-related piece is fine if you can't get the walk in. Quiet meditation is very helpful during the day, even for 15 minutes. After work, I try for at least 30 minutes of "movement therapy" — riding my speed glider, walking on a track or work-

ing out. I also eat healthy food. The fuel we expend must be replaced sometime in the morning, in the middle of the day and once the day is complete. Don't skip meals or forget to eat; enter it on your palm pilot so it's as important as all of the other appointments. I de-escalate, too, by watching a funny movie or TV show that will have me laughing and not mulling over what still has to be done at the office.

Spending quality time with family is important, as is keeping in contact with my circle of friends. Enjoying a night of dancing and storytelling (Thursday, for me) also helps with my sanity. Dancing is one of my favorite stress-busters; it's helped me to stay in shape both physically and mentally.

Doing something, hopefully, every night of the week, can help you endure the burdens of the day; at least it makes you slow down and enjoy the simple pleasures in life. I've found that without balance, there can be no relief to the stresses brought on by work and general life. Food, Family, Faith, Friends, Fun and "F-hysical" activity helps to mitigate the stress trap, and balance gives newcomers to this field a great role-model to follow, professionally and personally. They may even stay around for 25 years or so to see how strong I'm still going then. ■

Flay Lee (Charlotte, N.C.) is clinical programs director with Hope Haven, a residential recovery program for homeless substance abusers. Immediate past president of the North Carolina Substance Abuse Professional Certification Board, he serves as program chair of the International Certification and Reciprocity Consortium, Falls Church, Va.

And, don't underestimate the potential impact of just working with troubled or needy people for a living, especially on more difficult cases. For instance, borderline clients take more energy, leaving even the most experienced, detached counselor feeling dirty and inept, wondering how you thought you could ever help anybody. "Having been slimed" is a common feeling, as is anger, frustration, and loss of self-esteem and confidence. Smoothly moving on to the next client is a challenge — again, especially over time.

Recognizing that counselor well-being is a criterion of providing effective client assistance, groups like EAPA and APA have taken steps to best ensure it in their members. In June 2001, the EAPA Board revised its code of ethics to recognize the central role of self-care to EA work. While the code remains a non-enforceable practice model, it now recognizes the importance of a "grounded" professional to providing quality EAP service by stating:

Members who are EAP practitioners shall exercise due diligence to recognize the effects of personal impairment on both their personal and colleague's professional performance and quality of service to their clients and thus, members shall be willing to regularly participate in self care education, and to utilize colleague assistance programs and/or seek appropriate treatment for themselves or for a colleague in such an event.

Some Final Thoughts

No job in any field is always exciting (or stressful), nor is stress itself necessarily bad. It can be motivating. Also, different people react and respond in different ways to any situation, and even constant stress may not impact some people, regardless of profession. The point is to be cognizant of the potential "cost for caring" inherent to help-

Caring for Ourselves

By Polly M. Burgess

Sometimes we have seen too much, done too much and have had to contend with a situation too long. Consider these cases as practice examples of how client issues can impact us:

- A client storms out of your office in anger during a clinical session. While you may intellectually understand this behavior as possibly characteristic of a personality disturbance (i.e., borderline), you are still very upset and left shaking inside.
- You find yourself in a state of tension after sessions working with an acutely traumatized client, preoccupied with the individual and the traumatizing event. You then tend to avoid certain future activities and situations because they remind you of your client's traumatic experience.

We sometimes feel we have lost our sense of self to the clients we serve. To care for ourselves:

- **Talk to a colleague.** Find someone at work or within the profession

with whom you can process the event and blow off steam. Talking helps you regain a perspective on your responsibility and your client's, as in talking for an hour or so with someone you love to counter the negative focus on problems. Also, engage in supervision and don't forget to remind yourself of past successes.

- **Control your work schedule.** If possible, have a variety of cases in your caseload. Develop a screening model for client selection.
- **Get physical.** Go for a walk, exercise, dance, swim, hike . . . do something active.
- **Get spiritually connected.** Pray, read poetry, listen to soothing music, meditate, do whatever gets you in contact with your spiritual side.
- **Know yourself.** Know your strengths, weaknesses, attitudes, and feelings. Know your limits so you know when to say no, take a break, get help from others, or even change jobs. Avoid making work your sole

determinant of self-esteem. Accept your shortcomings and try not to be overly critical.

- **Make time for daily "decompression period."** Instead of using breaks to catch up on assignments or squeeze in another appointment, use the time to rest, relax and recharge. Breaks can be emotional breathers to unwind or decompress to get away from the pressures and problems of working with people.
- **Bring balance to your life.** Have several areas of non-work involvement, such as family, hobbies, sports, or an area of passion, such as religious or community involvement. ■

Polly M. Burgess, EdD, CEAP (Orono, Maine) directs the University of Maine EAP, which provides EA services to university faculty and staff. She currently chairs EAPA's Employee Assistance Certification Commission.

ing work, regardless of training, experience or clinical skills, regardless of intent to remain objective (i.e., "I treat the symptoms, not the person"), regardless of client population, or assumed or perceived immunity.

There are self-report scales out there purporting to assess one's vulnerability to stress, depression and compassion fatigue. But they only go so far psychometrically, given clinician tendency not to see symptoms in themselves and general reluctance to admit a problem. Further, scale scores tend to be inflated by "acquiescence" (the tendency to agree with what's being asked), so interpret self-report re-

sults with caution, even if you have experience with psychological testing. Don't rely solely on a self-report score to determine whether there is (or isn't) a problem.

Indicators that something may not be right is when work routinely tends to be more like a chore, or when symptoms like depression, persistent anger and overreaction to relatively minor problems seem to persist. Maybe try some of what your associates do to decompress. Seeking an objective opinion from a trained counselor or formal treatment are always a good options. A new, less-taxing job with greater self-fulfillment may be need-

ed — a difficult realization, to be sure — possibly with a different organization or in a non-client role or field. Remember, too, that treatment programs and counselors specializing in working with helping professionals are out there. ■

Richard J. Fischer is psychometric director with the International Certification and Reciprocity Consortium in Falls Church, Va., a voluntary membership association of some 75 individual substance abuse credentialing boards across the US and globe (www.icrcaoda.com). He can be reached at richard@icrcaoda.math techinc.org.

and Consoli, 1992). Forsyth and Forsyth (1982) found that mismatching clients who respond oppositionally to external demands with therapists using highly directive techniques could result in the worsening of symptoms. Clearly, an EAP counselor's knowledge of the therapists in their community (e.g., their theoretical orientation and manner of doing therapy) can increase

the greater likelihood of a well-matched referral.

Study Results

Our recent study of EAP-prepared clients in Tennessee provides support to our hypothesis that EAPs play an important role in preparing clients for therapy — indeed this was the strongest result of the study. Only six of 22

directly referred clients were considered by therapists as better prepared than EAP clients. Furthermore, EAP clients also were considered by therapists to form better therapeutic relationships and to have better outcomes.

Unfortunately, given the design of the study it is impossible to make causal inferences as to why EAP clients were better prepared or had better

About the Study

St. Mary's Assist EAP in Knoxville, Tenn., served as the location at which this study was conducted. St. Mary's Assist is an EAP that typically requires one to six face-to-face meetings with an EAP employee before a client is referred to a therapist. Thus, it served as a suitable location to study the hypothesized effects of preparation for therapy.

During these preparatory sessions, the EAP counselor uses his/her clinical judgment to decide on a best match between a possible therapist referral and the client on the basis of interpersonal style, level of functioning and presenting problem. The EAP counselor also is able to prepare the client for what to expect in therapy by both educating the client on therapy and by directly exploring the experience of discussing personal difficulties with someone for the first time.

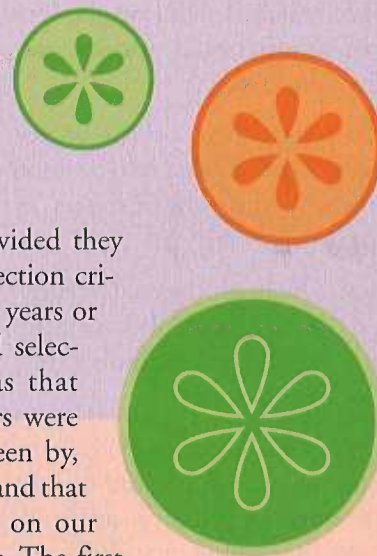
The only selection criterion was that clients were all 18 years or older. No attempt was made to select clients on the basis of severity of admitting condition or diagnosis, thus it was possible that more severe cases were directly referred to therapists. To ensure that more severe cases were not directly referred to therapists, therapists were also asked to indicate which clients had the more severe admitting condition.

It was hypothesized that, in comparison to those directly referred to therapists, clients who had preparatory sessions for therapy with EAP counselors would (a) be better prepared to take advantage of therapy; (b) have a better quality of therapeutic relationship with their therapist; (c) would be more financially responsible; and (d) have a better outcome. To this end, we asked therapists to compare two groups of clients — those who were directly referred to a therapist without seeing an EAP counselor and those who had one to six sessions with an EAP counselor as a prelude to actual therapy.

Pairs of clients were selected from our EAP database provided they met our initial selection criterion of being 18 years or older. Our second selection criterion was that both pair members were referred to, and seen by, the same therapist and that the therapist was on our current referral list. The first member of each pair of clients was assigned on the basis of having been directly referred to a particular therapist without receiving any services at the EAP. This group was termed the *direct referral group*. The second member of each pair was assigned if they had initially received services at the EAP and were then referred to the same therapist once their EAP session(s) ended. This group was termed the *EAP referred group*.

This resulted in a pool of 30 pairs of clients and 19 therapists who had seen them. Given the low number of clients who met the selection criteria, no attempt was made to match clients in pairs for either gender, age, or type and severity of psychopathology. In those cases where a therapist had seen more than one pair, clients were randomly assigned to the pairs associated with the therapist.

Fourteen therapists responded to our questionnaires, supplying information on a total of 22 pairs of clients. There was no significant difference between the two groups in terms of initial severity of admitting condition. In all cases, however, the EAP group was better prepared, had the better therapeutic relationship, and had the better outcome. ■



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It is hoped that these encouraging initial results will create enough interest among other EAPs to conduct similar studies, with larger groups, wider-ranging questions and prospective designs that better control for client variables and include both therapist and client perspectives on the process of referral.

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therapeutic relationships and outcomes. It may well be that time spent with an EAP counselor was both educational and supportive, thus simultaneously preparing them for therapy and predisposing them to favorable expectations regarding the therapy and therapist. This in turn could account of differences in outcome as, in essence, the EAP clients are not starting therapy "cold."

One thing seems certain, however, the observed group differences are not due to differences in initial severity – 10 EAP clients were considered as having the more severe initial condition compared to 11 directly referred clients. This is an important result as it counters the possible criticism that the observed differences between EAP and directly referred clients was an artifact of referral policy, whereby more severely disturbed clients are immediately referred to therapists.

The better results for EAP clients obtained in this study is due to the nature of the work done by EAP counselors in preparing clients for therapy, and not due to a screening out of "difficult" clients.

Although our ability to generalize from the results of this study is limited by the low number of clients assessed, the results all support the initial hypotheses that EAPs serve an important role in not only aiding clients through the mechanics of "first contact" with a therapist, but they can also provide invaluable support and education in doing so. The experience of these preparatory sessions with EAP counselors would appear to impact both the quality of future therapy and the eventual outcome.

It is hoped that these encouraging initial results will create enough interest among other EAPs to conduct similar studies, with larger groups, wider-ranging questions and prospective designs that better control for client variables and include both therapist and client perspectives on the process of referral.

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References

- Beutler, L. E., and Clarkin, J. F. (1990). *Systematic treatment selection: Toward targeted therapeutic interventions*. New York: Brunner/ Mazel.
- Beutler, L. E., and Consoli, A. J. (1992). In J. C. Norcross & M. R. Goldfried (Eds.), *Eclectic Psychotherapy*, (pp. 264 – 299). New York: Basic Books.
- Beutler, L. E., Crago, M. and Arizmendi, T. G. (1986). In A. E. Garfield & S. L. Bergin (Eds.), *Handbook of Psychotherapy and Behavior*

Change, 3rd Edition, (pp. 257-310). New York: John Wiley & Sons, Inc.

Bordin, E. (1975). *The Working Alliance: Basis for a General Theory of Psychotherapy*. Paper presented at the 1975 Annual Conference of the Society for Psychotherapy Research.

Borghi, J. H. (1968). Premature termination of psychotherapy and patient-therapist expectations. *American Journal of Psychotherapy*, 22, 460-473.

Forsyth, N. L., and Forsyth, D. R. (1982). Internality, controllability, and the effectiveness of attributional interpretations in counseling. *Journal of Counseling Psychology*, 29, 140-150.

Glass, C. R., Arnkoff, D. B., and Shapiro, S. J. (2001). Expectations and preferences. *Psychotherapy*, 38, 455-461.

Horvath, A. O. & Symonds, D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Consulting Psychology*, 38, 139-149.

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68, 438-450.

Orne, M. T. and Wender, P. H. (1968). Anticipatory Socialization for Psychotherapy: Methods and Rationale. *American Journal of Psychiatry*, 124, 1202-1212.

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The New Trinity

The challenges and benefits
of integrating EA, work-life
and wellness programs

By Jean Holbrook

When it comes to providing three key employee effectiveness services — employee assistance, work-life and wellness programs — current thinking is that the whole is greater than the sum of its parts.

Employers are integrating these services in increasing numbers, and with beneficial results. The impetus is clear: A 2000 Gallup poll revealed that 80% of workers feel stress on the job, nearly half say they need help in learning to manage stress, and 42% say their coworkers need such help. Organizations that provide one comprehensive support program — one meant to assist workers with concerns and problems that might distract them from peak work performances — realize a substantial return on investment: Individual performance increases, as does overall workforce productivity.

All three types of programs boost productivity by helping to alleviate emotional, physical and daily life stressors. Companies that implement EAPs can save as much as \$14 to \$16 for every dollar they invest. Those that implement an integrated EAP and work-life program can save as much as \$20 to \$29 for every dollar invested, according to Ceridian's ROI tools.

Simplified access via a three-in-one model acknowledges that many problems have inter-related causes and inter-related solutions.

Employer Gains

The integration of EAP, work-life and wellness provides a competitive advantage to employers, in addition to enhanced worker productivity. Working with a single provider of all three services, for example, creates efficiencies and reduces costs by simplifying implementation. This redundancy-reducing model simplifies administrative oversight. Integration also is a gateway to reporting that can help employers understand a fuller scope of employee needs and outcomes.

An integrated model also boosts the preventive potential of all three services. With all issues channeled through one trained and skilled case manager, early detection of problems is far more likely than when information is dispersed. Early detection is not only a boon to the employee in distress, but also to an employer who might have to otherwise bear the escalating costs of more severe and lengthy treatment.

Prevention and early detection also are critical to the decrease of absenteeism and turnover. A recent report from the National Mental Health Association reports that the absentee rate among depressed women is twice that of female employees overall (10.6 lost workdays per year compared to five). Some 94% of women surveyed noticed improvements at work after seeking help for depression. Virtually all of the women surveyed agreed that they need better, more accessible help.

How Workers Benefit

Many aspects of integrated programs encourage program use and make such use far more pleasant and practical than it would be if the programs were separate. Separate programs can lead to confusion, with employees wondering where to turn for a specific need. Under the integrated model, a consultant who will remain the primary point of contact handles an employee's initial call. The nature of this relationship, in and of itself, can be a great personal comfort. The employee is likely to feel bonded, as opposed to passed along.

Workers will not have to endure the potentially frustrating and embarrassing process of repeating themselves — a dynamic that often makes employees feeling like giving up. And as related issues that cross the emotional, physical and daily life domains arise, counselors with expertise in each area can connect to provide seamless ser-

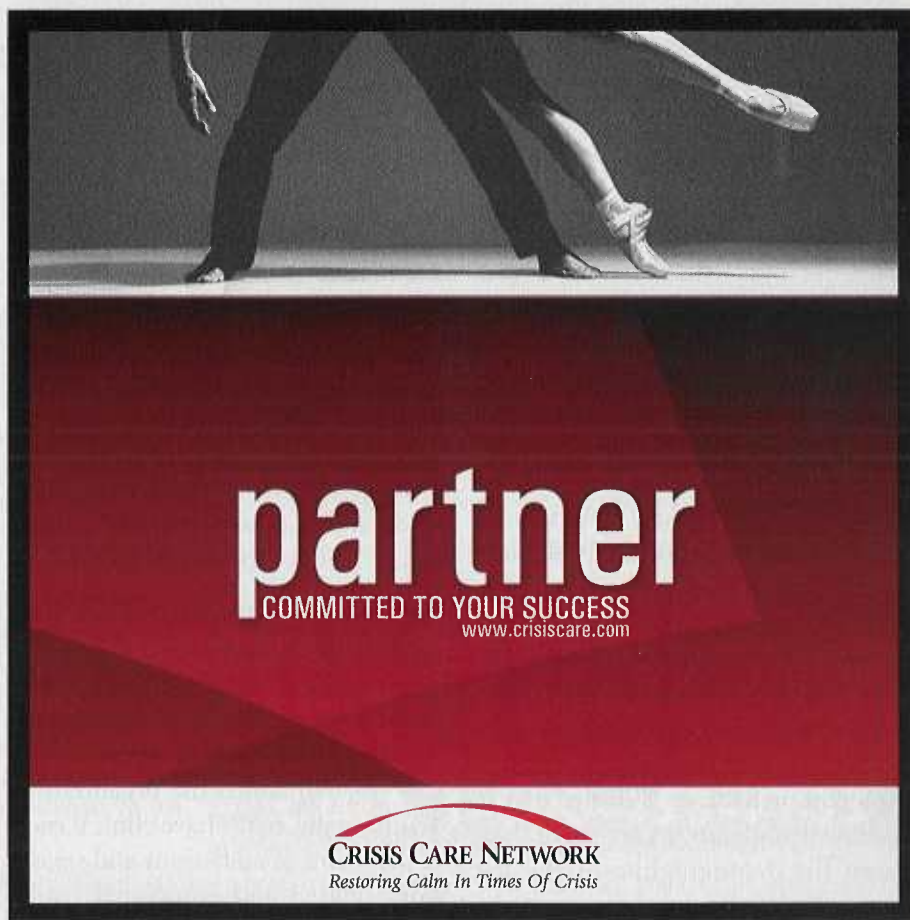
vices and broader solutions to the employee.

The consultant, a master's-level expert trained in assessments, asks background questions that elicit the problem's true scope. In addition to having initial concerns addressed, employees can be alerted to related matters and familiarized with options and follow-up procedures. Referrals can be made in a timely fashion and problems can meet with speedier resolutions.

The Challenges

Of course, the integration of employee support services creates challenges as well as advantages. As with all investments, let the buyer beware. Companies that opt for integration should be certain that integration is really what they're getting.

It's not enough that employees can access online work-life or wellness information. This provides educational



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EA, Work-Life ROI Tool Introduced

Workplace Options, a provider of work-life programs to corporate America, through partnerships with employee assistance companies, has introduced an ROI consulting model that helps employers measure the business value of work-life programs delivered through an EAP.

The majority of work-life and EA programs are integrated, and although most research confirms integrated programs are preferred by both employers and employees, there has not existed a return-on-investment method that can measure the value of these integrated programs.

"Integrated programs took hold in the marketplace because employers intuitively knew that work-life and EA programs had more value when delivered together," said Mary Ellen Gornick, senior advisor for work-life at Workplace Options. "Now we have developed a way to demonstrate the solid business value of integrated EAP and work-life programs, showing that the whole is greater than the sum of its parts."

ROI calculators, which traditionally have been used to measure individual work-life programs, lack the scope necessary to capture the cumulative tangible and intangible benefits related to the company's human capital investment.

The new method is not based on a formula. Instead, the method is based on a consultative approach that uses data obtained through organizational assessments, actual EAP and work-life usage and outcome data to help companies understand how the program is meeting a company's unique business objectives.

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access online work-life or wellness information. This provides educational value, but offers little bottom-line benefit in terms of providing personalized assistance by a trained professional who can help the individual fully understand issues and options, and provide resources and support that enables the individual to change behavior toward improvement or resolution.

All integrated programs should provide ultimate ease of use, including a comprehensive Web site that is intuitively and universally navigable. Given the demographics of the increasingly globalized and diverse work-

force, Web sites for integrated services should also be compliant with Section 508 accessibility guidelines. Compliant Web sites often bear a World Wide Web Consortium "W3C" logo and a "Bobby Approved" logo.

Where Integration Fits In

Many companies on the verge of employee services integration try to determine exactly how to structure the new model in terms of where — and how — it fits into the organization. Traditionally, EAPs have clinical roots in the realm of addictions and serious work-related and emotional issues,

whereas work-life deals with practical, transactional everyday concerns. Wellness is most directly related to the physical health arena.

Under what business unit should they be amassed? Some organizations elect to administer integrated services through human resources or through their benefits unit, while some place it in other areas of the company. This decision will be unique to each organization, based on its own structure and philosophy. The EAP is indeed the anchor of this trio of programs — the branch of services any sizable organization needs to have — but it is crucial that all work-life and wellness personnel also have a degree of input and of accountability.

Also important is the employee-facing moniker of the integrated model, which must serve the purpose of attracting users. With this goal in mind, many companies are opting for whatever they believe is most appealing to users (and carries the least amount of stigma attached for employees who may be self-conscious about seeking assistance of any kind). One large healthcare company, for example, calls their whole range of benefits work-life, although this has come to include everything from EAPs and wellness to such items as transportation and buyer discounts. Another company has opted for the general umbrella term of "Work & Family." This sort of decision, too, will depend to a great extent on each company's traditions, vernacular and communications style.

By maximizing the natural synergies between all three programs, three-in-one is a win-win model, offering employer and employee an expansion of services that make for greater effectiveness at home and at work.

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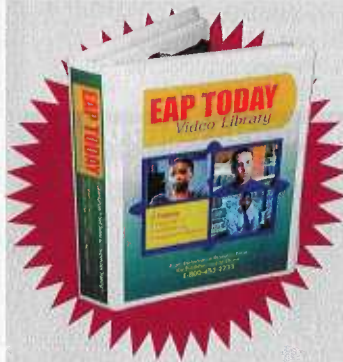
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