

EAP *Digest*TM

MATTERS OF MODERATION

Are the days of abstinence-only addiction treatment numbered?



PLUS ▶

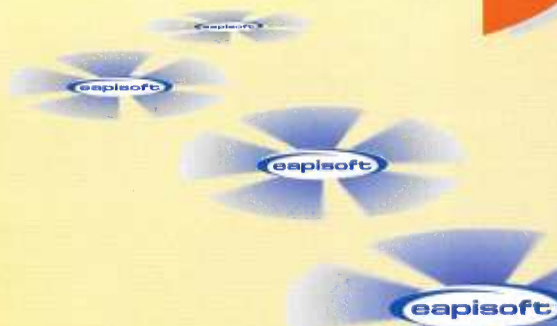
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- **An Opportunity for Self-Regulation**
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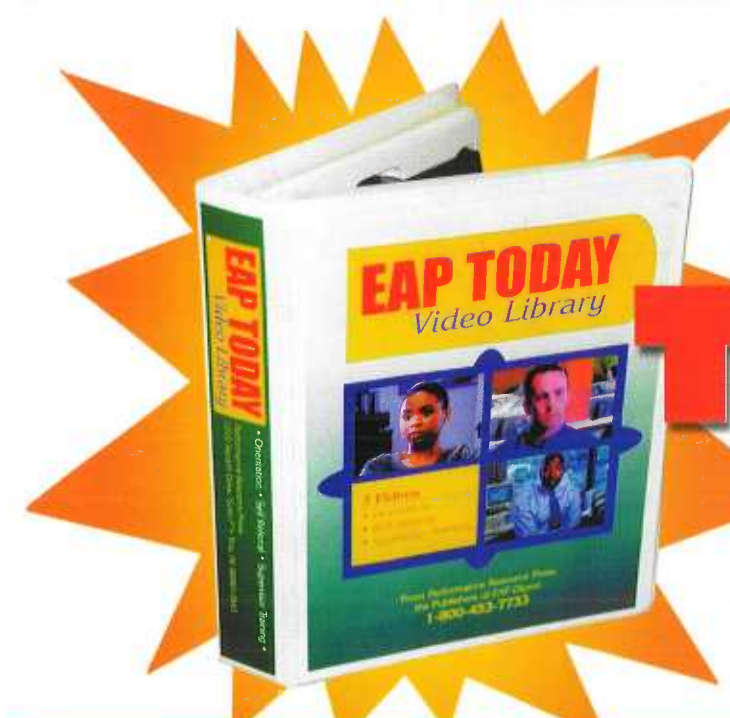


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COVER STORY

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Matters of Moderation

When the medical director of one of the nation's most established treatment centers announced he was introducing the principles of Moderation Management to clients, treatment professionals and the recovering community circled the wagons in defense of abstinence. Are the days of abstinence-only addiction treatment numbered?

By Brent Chartier

PLUS...

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'Net Solutions

in Odds & Ends

With eapisoft, EAP Technology Systems Inc. becomes the first to offer an Internet-based application service provider exclusively for the EAP field. According to its creator, it's certain to revolutionize the field.

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The FBI's EAP: An Advanced Law Enforcement Model



Agents of the US Department of Justice, Federal Bureau of Investigation must always be at the ready to respond to tense, life-or-death situations. And its EAP also must be at the ready for agents who experience these events on the job.

By Vince J. McNally, MPS, CEAP, BCETS

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An Opportunity for Self-Regulation



The Council on Accreditation for Children and Families has joined with the Employee Assistance Society of North America to provide program accreditation for EAPs. It's an opportunity for self-regulation like this field has never experienced before.

By Suzanne Claeys, MA, CEAP

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Trouble at the Head of the Class



A survey shows teachers are feeling the pangs of job stress. Even worse, they believe it's interfering with their students' ability to learn.

By Mark Attridge, PhD, R. Edward Bergmark, PhD, Marcie Parker, PhD, CFLE, and Joni Lapp, RN, MEd

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LAP Gathers

in Close Up

Highlights from the 7th annual Labor Assistance Professionals National Conference.

By Brent Chartier

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IN HOUSE

But the Disease Hasn't Changed

Is the mental health field unknowingly behind the current discussion on moderation?

I was at a meeting recently for a mental health provider in my community when the topic of substance abuse interventions came up. We were brainstorming ideas for new services, and I said I thought the agency should consider offering interventions for families with an alcoholic member.

Many of those in attendance didn't have a background in addiction treatment or prevention or EAP, so when someone asked what an intervention was, I explained.

At about the point when I said that an intervention attempts to get an alcoholic into treatment by creating a crisis that "raises the bottom," the woman to my left spoke out. "That's coercion. That's an ambush. You can't force people into treatment," she said.

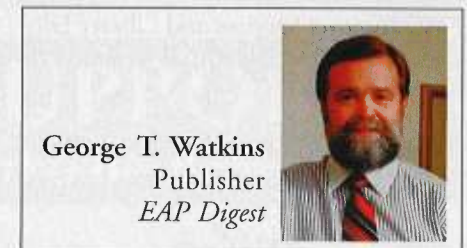
A social worker in a mental health agency, she went on to say that an intervention should be caring and encouraging, not coercive. She said this is the new millennium and that therapists have newer, gentler ways of getting people to accept the help they need.

"Yes," I said, "but alcoholism hasn't changed. It's the same old disease, and I never met a single alcoholic who sought help on a winning streak."

It's said that at any point in time, a profession stands at a crossroad and that the path it takes is determined by the collective actions of its members. One of these paths is reflected in this issue's cover story, "Matters of Moderation." Our observation is that the

addiction treatment industry may soon have to decide whether to continue its abstinence-only approach to treatment or adopt other techniques, such as moderate-drinking prevention services.

What's bringing us closer to this crossroad, I believe, is the encroaching influence of mental health professionals who are not trained in the field of addiction. Changing reimbursement patterns have closed many addiction treatment programs over the last decade. Many programs that



George T. Watkins
Publisher
EAP Digest

remain have been folded into community mental health systems that carry an obvious mental-health orientation and bias. But mental health counselors and addiction counselors haven't been eye-to-eye on many things. One of the reasons for this lies in the differences in each professions' clientele. As a whole, mental health clients are willing partners in the treatment process. They seek help because they want help, they want resolution. But what works for a client with depression or a couple with a parenting problem will not work with alcoholics. Alcoholic clients are cloaked in a thick armor of denial that's tough to pierce. It takes

special skills to break through this armor and motivate alcoholics to recovery. These skills are often coercive or confrontational and are designed to increase anxiety, not reduce it. These skills also are ones that mental health professionals use only occasionally, if at all.

The more "mental health" the addiction treatment field becomes, the less effective it will be. Take the social worker's call for "gentler" interventions. Early attempts at interventions with alcoholics were gentle, but they also were ineffective with most clients. When counselors raised the ante and made the interventions tougher on alcoholics ("tough love"), intervention success rates also climbed. My colleague probably wouldn't know this because her background is in mental health, and she was never taught these techniques in graduate school.

And therein lies a glimpse of the current dilemma. The addiction treatment field isn't driving itself to this abstinence-versus-moderation crossroad, it's being driven there by mental health professionals. It's they who are asking, "Why require abstinence? Why not try moderation? Why not try more humane interventions?"

Addiction counselors already know the answer: "But alcoholism hasn't changed. It's the same old disease."

George T. Watkins

George T. Watkins
Publisher

MARKETPLACE

Ceridian Performance Partners has reached agreements to provide employers with crisis response services through Crisis Care Network (CCN) and employees with legal services through the ARAG Group and bill management services through PayMyBills.com. CCN will provide such services as policy consultation and face-to-face post-incident services. The ARAG contract allows employees immediate access to legal assistance. In 1999, one in five callers to Ceridian's service center had a legal question. PayMyBills.com is a fee-based online bill paying and bill management services provider. Also, Ceridian has unveiled two new services to help employees with the demands of caring for an aging loved one. *LifeWorks® Elder Care Assessment and Care Planning* and *LifeWorks® Elder Care Facility Review* provide individuals with comprehensive, in-person evaluations of an elderly person's care needs and evaluations of elder care facilities. Ceridian provides EAP and work-life services to employers throughout North America. (Larry Bussey, 612-853-4147)

Firstdoor.com, an Internet site devoted to helping small- and mid-sized employ-

ers with HR benefits content and information, will provide state-specific HR and benefits regulatory information from the **Bureau of National Affairs (BNA)**. BNA is a leading publisher of developments related to business and labor law. (Billy Dukes, Firstdoor.com, 770-281-6463; Tom Ball, BNA, 202-452-7128)

The Vienna, Va.-based **Lifescape, LLC**, announced two developments regarding its behavioral health information Web site. Its Lifescape Solutions employee assistance and life services site is offering Web-based manager training programs. The trainings have been developed using content from the EAP and work/life consulting firm Blair & Burke and the human performance management company, Harris Rothenberg. Also, HealthMate has purchased the rights to provide Lifescape content to Australians. HealthMate will personalize Lifescape's content to reflect nuances of the Australian culture. Lifescape is a joint venture between FHC Internet Services and Liberty Digital. (Sean Kevelighan, Edelman PR, 202-326-1771)

Rx Remedy and Health Ink and Vitality Communications have teamed to pro-

vide wellness content and health management tools to individuals through their employer or insurer through the service, Health-Ink Online. (Cindy Ris, 646-227-7628)

Market research and years of experience in providing services to small and large power companies has led **Horizon Behavioral Services (HBS)** of Lewisville, Texas, to develop a specialized EAP service for power companies. The service folds EAP, work/life, training, consulting and optional drug testing, disability management and pre-employment screening services into one program. HBS is a subsidiary of Horizon Health Corporation, also of Lewisville. (Paulette Wellisch, 972-420-8323)

The Tempe, Ariz.-based **Summa Associates** provides child and elder care consultation and referral services. (Janet Cooper or Robert Henschen, 480-377-9366)

Send items to Marketplace, *EAP Digest*, 1270 Rankin Dr., Suite F, Troy, MI 48083-2843 or fax to 248-588-6633. ■

TRANSITIONS

The Columbia, Md.-based Magellan Behavioral Health (MBH) has announced several appointments. **LaVerne Smith Boykin**, formerly vice president of customer services for Baltimore-based United Healthcare Services, has been named senior vice president of sales. **Bruce Peer** has been named president and CEO of CHC-Working Well, Magellan's Canadian EAP. And, **Michael Evans**, formerly senior vice president of managed care services for Charter Behavioral Health Systems, has been named senior vice president of operations for Magellan's workplace division. MBH is the nation's largest managed behavioral healthcare provider.

Elliot Gerson has been named president of FHC Health Systems (FHCHS). Gerson had recently served as CEO

of Lifescape, FHCHS's Internet division. In his new position, Gerson will oversee all FHCHS business units, including ValueOptions, Alternate Behavioral Services, FirstLab, TrialStar, Corporation for Standards and Outcomes, Lifescape and STA-STAT. **Nancy Grden** replaces Gerson as CEO of Lifescape.

Rick Jackson, MBA, has joined the Plymouth Meeting, Pa.-based InfoMC as account executive. Jackson had previously been chief information officer at Integra. InfoMC provides care management solutions to EAP, managed care and behavioral health providers nationwide.

Send items to Transitions, *EAP Digest*, 1270 Rankin Dr., Suite F, Troy, MI 48083-2843 or fax to 248-588-6633. ■

NAATP To Sponsor SECAD

Takes over where Charter Behavioral Health Systems left off.

One of the longest running and most respected conferences on addiction, SECAD, will continue under the auspices of the National Association for Addiction Treatment Providers (NAATP). SECAD's future had been in doubt following the bankruptcy of its previous sponsor, Charter Behavioral Health Systems. Pat Fields, a SECAD organizer since its inception in 1976, will continue to coordinate the event for NAATP.

Ron Hunsicker, NAATP president and CEO, sees the takeover as a plus for the addiction treatment community. "We view SECAD as

the best educational opportunity for clinical professionals, beginning with physicians, and we plan to continue that tradition." (The confer-



ence name is an abbreviation of the original title for the conference, the Southeastern Conference on Alcohol and Drug Addiction. In recent years, however, it's been marketed

only as SECAD.) SECAD2000 will take place November 29 through December 2 in Atlanta. Because the conference program is already in place, Hunsicker says there will be few changes. But for SECAD2001, plans are to establish an advisory committee to help develop the program. That committee will likely include representatives from outside NAATP, he says.

For information, call NAATP at 717-581-1901 or e-mail Rhunsicker@naatp.org, or phone SECAD at 888-506-7394 or visit www.SECAD2000.com. ■

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Survey: EAP Enrollment Jumps 130% Since 1994

OPEN MINDS annual *Yearbook of Managed Behavioral Health Market Share in the US 2000-2001* is out, and it's showing that EAP enrollment climbed to a record 62.1 million lives this year, a 7.8% climb since 1999 and a jump of 130% since '94. Still, 75% of that marketshare rests with the 10 largest providers: Magellan Behavioral Health (17.5 million covered lives), MHN (5.2 million), ValueOptions (5 million), ComPsych (4.8 million), CIGNA (3.3 million), FEI Behavioral Health (2.8 million), Ceridian (2.6 million), American Psych Systems (2.1 million), VMC Behavioral Healthcare (1.9 million) and Integra (1.6 million). The Gettysburg, Pa.-based OPEN MINDS estimates that most people (49.4 million) were covered by a stand-alone EAP with the remaining 12.7 million people covered by an integrated EAP/managed behavioral health program. While enrollment in stand-alone EAPs grew by almost 6 million since 1999, enrollment in an integrated product actually dropped 1 million, following a downward trend that began in 1998. The *Yearbook* sells for \$195 and is available by calling 717-334-1329 or visit their Web site at www.openminds.com. It includes enrollment data, a six-year trend summary, a directory of organizations and more.

PRP Calls Off Acquisition by Lifescape

After months of negotiations and the premature announcement of a signed purchase agreement, Performance Resource Press (PRP) president George Watkins called off talks regarding the sale of the company to Lifescape. Watkins, *EAP Digest* publisher, cancelled negotiations after changes in the capital market forced the Vienna, Va.-

based Lifescape to alter the conditions of its proposed purchase agreement. "We concluded that it was in the best interest of PRP employees, its customers and stockholders to terminate further discussions regarding the proposed acquisition by Lifescape," he said. The acquisition would have permitted Lifescape to benefit from PRP's customer base, editorial assets and experience in marketing products and information to the k-12 school and EAP markets.

Predicting the Future of America's Healthcare System

Futurists take note: The Robert Wood Johnson Foundation (RWJF) and the Institute for the Future (IFTF) have co-authored an insightful report on the future of America's healthcare system. *Health and Health Care 2010: The Forecast, The Challenges* identifies the major influences affecting healthcare through 2005, then paints three scenarios as to what might happen through 2010. One scenario is rather grim, one moderately so and one is aptly titled "The Sunny Side of the Street." RWJF and IFTF began work on the project in 1997, introducing a preliminary report during an RWJF grantees' conference that year. Regional meetings were then held for public comment. Back in 1986, IFTF predicted that 50% of insured Americans would be enrolled in managed care plans by the year 2000 (the 50% mark was reached in 1999). But they also predicted that applications to medical schools would decline (they've grown by 150% since 1987) and that hundreds of hospitals would close (some have closed, but more have chosen to keep idle beds). So which of the report's three scenarios will come true? That's up to us. "The future doesn't happen inexorably because of driving forces. It's the sum total of the decisions

made," says former IFTF president Ian Morrison. The report is available in bookstores or through Jossey-Bass at 1-800-956-77339. It's also available on RWJF's Web site, www.rwjf.org.

Group Develops Workplace-based Programs on Domestic Violence

Bolstered by research that shows family violence costs employers countless millions in health care and lost productivity, the Family Violence Prevention Fund (FVPPF) has launched a workplace-based initiative to help prevent domestic violence. Called the Corporate Citizenship Initiative (CCI) on Domestic Violence, the project involves creating leadership teams to develop workplace education materials, help employee victims of abuse, educate the public on the problem and support community programs that seek to end domestic violence. Leadership teams are being formed in 10 states: Arizona, California, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Mexico, New York and West Virginia. Teams will then convene in Boston to explore ways to roll out the campaign nationally. The campaign is orchestrated by FVPPF with funding from The Hitachi Foundation, Blue Shield of California and Verizon Wireless. (FVPPF, 202-371-1999)

Product Line Idea: CISD Services for Media Types

When fatal fires, multiple shootings and other tragedies make headlines, we may read how the incident affected the victims and police or fire officials on the scene. But in many cases, the journalists themselves witness these tragedies. Shouldn't they be afforded the same critical incident services emergency personnel receive? That's the contention of the University of Washington School of

Communication's Dart Center for Journalism and Trauma, which opened in February. The center is dedicated to providing resources for journalists and news organizations on victim and trauma issues and to make media personnel more sensitive to the affects of trauma when covering victims' issues. The www.dartcenter.org site offers a chat room for journalists who witness tragedies. Meanwhile, astute CISD specialists might consider offering their services to local media whenever trauma makes the news. (*American Journalism Review*, June 2000)

Survey Shows More People Closer to Nervous Breakdown

One-in-four Americans (26%) report that they're on the verge of a nervous breakdown, according to a random survey conducted by researchers at Indiana University. Not only is the figure a 36% increase over a similar study conducted in 1957, the reasons why so many people believe they're near a breakdown have changed. In 1957, most people said they were close to a breakdown because of a health problem. In 1996, the year in which the most recent study was conducted, most people said the main culprit was a relationship problem — a divorce, marital strain or troubles with the opposite sex. But the news may not be all bad, say researchers. The higher figures could mean that more people are willing to admit having a problem, which could mean that the social stigma attached to mental illness isn't as prevalent today as it was in 1957. (*American Psychologist*, July 2000)

Bad Parity?

Is there such a thing as "bad parity"? There is if the parity law provides employers an incentive to limit or do away with insurance coverage for behavioral health services. Kentucky, for example, passed a parity bill earlier this year that had parity advocates dancing in the streets. The bill applies to both mental

health and substance abuse services — but it doesn't require companies to offer such coverage at all. This may lead companies to drop their coverage because, if they offer it, they must do so at levels described by law. Then there are the catastrophic illness plans proposed by some parity advocates, including those in Michigan. Under this approach, an enrollee first pays for treatment out-of-pocket up to a certain level, say \$2,000, before the catastrophic plan kicks in. But companies might conclude that a catastrophic insurance plan is sufficient, then trim or cut back on services covered by their primary carrier.

Profiling EAP Activities in Multi-employer Health Funds

Multiemployer health funds that use EAPs to help address substance abuse problems among enrollees offer more wellness and health promotion services and are more likely to engage in substance abuse education than health funds that don't offer an EAP, according to a report from the International Foundation of Employee Benefit Plans (IFEFP). *Substance Abuse Services for Multiemployer Fund Participants* surveyed the practices of 185 multiemployer health funds (MHFs), 85 of which (46%) offer an EAP. Funds that offer an EAP are almost twice as likely to sponsor health fairs and health risk assessments for plan members and almost six times as likely to offer stress management services than funds without EAPs. As for substance abuse education, funds with EAPs are nearly six times more likely to send mailings or newsletters to homes and to use worksite educational posters than funds without EAPs. The average PMPY costs of an EAP for all plans was \$29.04 with the highest at \$83 and the lowest at \$9. Fund administrators said their EAP investment has reduced healthcare spending overall (reported by 66% of administrators), reduced turnover and job loss (57%), reduced disability costs

(49% reporting) and lowered workers' comp costs (41%). MHFs are most commonly used by employers with unionized workforces in the construction, retail trade, trucking, hotel and service and entertainment industries. Some 8,100 MHFs provide services to more than 20 million Americans. For a copy of the report, call IFEFP at 262-786-6710, ext. 8219, or go to www.ifebp.org.resurvey.html.

Learning from the Tobacco Settlement

Could the nation's alcoholic beverage companies face a lawsuit like that faced by the nation's cigarette manufacturers? There's no indication that state attorneys general are plotting such a move (recall that they sued cigarette manufacturers for state revenues used to treat patients with smoking-related illnesses), but were such a case brought to trial, it would present some interesting parallels, according to the National Association of Addiction Treatment Providers (NAATP). For instance, at a National Center on Addiction and Substance Abuse conference held earlier this year, Peter Coors, CEO of the brewery that bears his name, was asked whether he thought a parallel exists between nicotine addiction and alcohol addiction. He replied that he wasn't sure if alcohol is a drug, writes John Schwarzlose, president/CEO of the Betty Ford Center, in NAATP's newsletter, *Visions*. In fact, the US Department of Health and Human Services (DHHS) lists alcohol as a drug. Coors' statement is oddly reminiscent of the time when the CEOs of the nation's five largest cigarette makers told a congressional subcommittee that they didn't believe nicotine was addictive. And just as nicotine has been linked to cancer, DHHS recently identified alcoholic beverages as "known to be a human carcinogen" on the National Toxicology Program's list of cancer-causing agents. Anyone with Court TV, stay tuned. ■

'Net Solutions

Tech firm takes EAP MIS function out of the box and onto the 'Net.

Remember the first data management software programs for EAPs? These modified "out-of-the-box" products were often difficult to use and had to adapt to each EAP's needs. Nonetheless, these computerized management information systems were ahead of the paper/pencil filing systems they replaced.

Now, EAP professionals have access to the next generation software application, *episoft*, from the Yreka, Calif.-based EAP Technology Systems, Inc. (TSI). Everything an EAP needs to do for data management is now available at a single Internet site — whether it's scheduling a client, writing case notes or generating a report for a client company. EAP subscribers simply connect to TSI's server on the Internet, enter their security codes and passwords, and begin using the system. And because it's Internet-based and available 24/7, subscribers can access *episoft* from anywhere in the world.

Thomas Amaral, PhD, TSI president and chief architect of *episoft*, believes it's certain to revolutionize the industry. "This is a technology solution that will lead EAPs into the 21st century. It creates a global EAP community that can share benchmarking data and collectively demonstrate the immense value of the employee assistance technologies."

With *episoft*, TSI becomes the first application service provider (ASP) for EAPs. Many technology experts believe that stand-alone and client/server software programs will soon be obsolete. Instead, users will visit a software maker's site on the Internet and access software from there, paying a subscription fee for the right. That's how *episoft* works.

Amaral says security was a main concern when developing *episoft*. TSI partnered with iMAY Design, Inc., a software development and systems integration firm specializing in secure custom software solution running over the Internet. iMAY's sophisticated encryption (a way of coding information, then unscrambling it when it's needed) and other security measures prevent subscribers from accessing the confidential files of another. Because the servers and databases that drive *episoft* are housed at TSI's data center, this further ensures that EAP professionals will not have to worry about someone hacking into the system and accessing confidential information.

A researcher by training, Amaral also wanted a system that would advance the EAP field as a whole. He says data from all subscribers is stored into a common, confidentiality-pro-



TECTED database that can be used for industry research, benchmarking and generating statistical reports. For example, say a subscriber wanted to know the average EAP utilization among employees in hospital settings. The subscriber can query the system and receive an aggregate statistical report compiled from every subscriber's utilization experience with hospitals. It's the kind of industry-specific data this field has been dreaming about for years.

episoft has only been available since mid-summer, but Reg Bravo, TSI's director of business development, says several Fortune 10 companies have already signed on. But he stresses that *episoft* isn't just for the largest companies and vendors. Three subscriber levels are available, ensuring that local and regional providers can afford the service.

For more information on *episoft*'s capabilities, contact Bravo at 1-800-755-6965 or 530-842-6965. ■

NOTABLY

This quote from the Spring/Summer issue of the National Foundation for Depressive Illness (1-800-248-4344) newsletter speaks the painful truth about **lack of insurance parity** for behavioral healthcare treatment: "While it's an oversimplification, Parkinson's Disease, caused by too little dopamine in the brain, is classified as a *physical* illness [Editor's note: all italics are theirs]. It's not stigmatized, and it carries full insurance coverage. Then there's Schizophrenia with too much dopamine. [It's] classified as a *mental* illness, is highly stigmatized and, with some exceptions, you're pretty much on your own when it comes to paying for its treatment. Not fair!"... Today's workplaces aren't as safe as they were last year, according to a report from Magellan Behavioral Health (MBH). MBH has been tracking the number of **requests for critical incident stress management services** from employer contracts, and they're up — way up. These services are usually requested after a violent incident, such as a shooting or robbery. Through the first four months of this year, MBH tracked 956 such requests from contracts, a 44.5% increase over 1999 levels. "These numbers support the anecdotal evidence that companies are taking violence in the workplace and the aftermath more seriously than ever before," concluded the MBH press release on the trend. (Christine Verdon, 800-458-2740, ext. 2423)... Speaking of workplace violence, John Hooks believes it's one of four **critical issues for EAPs today**. Speaking before attendees at the Employee Assistance Professionals Association's (EAPA's) Ninth Annual Public Policy Conference, Hooks said a renewed emphasis on alcohol and other drug prevention services, awareness of workplace diversity issues, workplace violence prevention and intervention in its aftermath, and a return to this field's original focus on productivity improvement are the cornerstones of the field's future. Hooks is a National Employee Support Services Program representative, the EAP for Ford Motor Company, and longstanding leader in EAPA. He resigned as vice president of EAPA in January... Is it a tangled **Web for EAPs?** On the one hand, Web-based services are growing at a phenomenal rate. The dollar value of Internet-based training services, for example, is expected to double annually through 2003, reaching \$11.5 billion that year. Such services could be used to train supervisors and employees on how to use the EAP, or lead to electronic lunch 'n' learns. However, it could be "buyer beware"

for providers who contract for such services. Forrester Research predicts that as many as 90% of all Internet companies could fail by the end of 2000. The reason? Lack of commercial viability. Stay tuned. (*i/o* magazine, May 2000)... Looking for a **new workshop topic** that may have a direct impact on employee productivity? How about "How to Keep Your Kids From Using Alcohol or Other Drugs"? From focus groups conducted by the Office of National Drug Control Policy, 99% of HR professionals believe that a parent's concern over a child's drug use could lead to decreased employee productivity, lower workplace morale, higher turnover and higher healthcare costs... Researchers at Pfizer have come upon a new compound that **blocks the effects of marijuana** at brain receptor sites among lab rats. As an added benefit, rats that ingested the compound also decreased their alcohol intake, suggesting the possibility that blocking marijuana receptor sites could help treat alcoholism. (*Alcoholism & Drug Abuse Weekly*, June 26, 2000)... Absenteeism and **poor job performance due to hangovers** cost American businesses \$148 billion annually, according to a Fox News report. Studies have shown that drivers with hangovers perform at 50% of their ability while pilots with hangovers experience a 31% decline in their flight skill... Think most **children who are killed in alcohol-related accidents** are struck by a car driven by a drunk driver? Nope. In most such accidents, the person driving the child is drunk, according to research from the Centers for Disease Control and Prevention. Sixty-four percent of child passenger deaths occurred while the child was riding with a drinking driver. Between 1988 and 1996, 149,000 children were injured in crashes involving a drinking driver. Of these, 58,000 were riding with a drunk driver. An additional 3,246 child passengers died because they were riding in a car with a drunk driver... The **Network of Employers for Traffic Safety** (NETS) sells materials to promote employer-sponsored safe driving campaigns. NETS' materials address five key areas: occupant protection, impaired driving, aggressive driving, sharing the road safely with trucks and other large vehicles, and driver distraction. NETS research estimates that 40% of all employees are involved in traffic accidents each year and miss an average of 5.3 hours from work as a result. For information, call 202-452-6005 or visit www.trafficsafety.org. ■

Focus on Productivity

"The returns [companies] can achieve from increasing productivity are 10 times greater than the returns realized by controlling medical care costs. For example, if we reduce medical care costs by 10%, it will save a typical employer \$400 per employee. If we can enhance productivity 10%, it will be worth at least \$4,000 per employee."

— Dr. Michael O'Donnell, editor-in-chief of the American Journal of Health Promotion, writing in The Health Enhancement Research Advocate, published by the Health Enhancement Research Organization, 205-988-4417. ■

Furthermore

Resources for today's employee assistance professional

■ **People Problem Solving in the Workplace** is a free bimonthly newsletter that offers information and insight for professionals interested in employee problem-solving strategies. The two-page newsletter is published by Health & EAP Resources, Inc., of White Plains, NY. Call 1-800-943-7090, 914-686-2552 or visit www.healthandeap.com.

■ A kit to help Spanish-speaking parents discuss the harmfulness of substance abuse with their children is available from the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA data shows that rates of heavy alcohol use among Hispanic/Latino youth have doubled in recent years, and illicit substance use also is on the rise. For a copy of the *Hablemos en Confianza* kit, call 877-767-8432 or visit www.health.com.

■ **Active Parenting Publishers** of Marietta, Ga., publishes a 46-page catalog with dozens of parent education products, some of which are available in Spanish. Among its products are two workplace lunch 'n' learns that sell for \$249 each. The lunch 'n' learns include six, 25-minute videos, reproducible flyers and a discussion guide. "Workplace parenting education programs can help employees learn valuable skills that help them solve problems with their children at home instead of bringing those problems to work," says Active Parenting's Diana King. "An added benefit is that the programs help develop stronger interpersonal skills that improve relationships with co-workers as well." For a catalog, call 1-800-825-0060 or 770-429-0565 or visit www.activeparenting.com.

■ Any article that begins with the line, "At no time in history has the employee assistance program industry experienced such profound change as in the year 2000" has to make for compelling reading, right? That's how Edith L. Jardine's article, "Market Trends and the EAP Revolution," in the July 2000 issue of the Gettysburg, Pa.-based **OPEN MINDS** newsletter begins, and it's a must read for anyone interested in the field's future. Jardine makes a number of predictions in the article, including the fact that tomorrow's EAPs "will be present from birth to death, providing information, guidance, resources and support for navigating the challenges and opportunities that life presents." Quite a lot to grasp. **OPEN MINDS** articles are available for a fee by calling 877-350-6463 or by visiting www.openminds.com.

■ The consulting and training firm **Blair & Burke** offers several workshops related to employee assistance, Department of Transportation guidelines and substance abuse professionals. To receive information on upcoming trainings, contact Cynthia Sulaski at 503-249-7728 or visit www.blairandburke.com.

■ EAP professionals who work for a government entity or who contract with one may be interested in a new special interest group through the Employee Assistance Professionals Association (EAPA). **EAPs in Government**, as the group is called, will provide a forum for acting upon issues common to professionals at any level of government, whether it's federal, state, county, town, city or village. To cover mailings and conference calls,

the group charges a \$25 fee in addition to regular EAPA membership. For more information, contact Bob Stevens at rlbstevens@yahoo.com, Liz McBride at Liz.mcbride@mail.house.gov, Alice Ramsey at Alice_Ramsey@Thruway.State.NY.US or Dave Hugo at davehugo@superior.net.

■ **Alcoholism Sourcebook** is the latest volume in the Detroit-based Omnigraphics' *Health Reference Series*. The book's 600 pages are divided into 75 chapters of seven parts: use and abuse; physical effects; pregnancy; the brain; prevention; treatment and recovery; and help and information. The book sells for \$78 and can be ordered by calling 1-800-234-1340 or writing Omnigraphics, 615 Griswold, Detroit, MI 48226 or visiting www.omnigraphics.com.

■ Interested in learning about health care quality initiatives across the globe? Then visit the Web site of the **International Society for Quality in Health Care (ISQua)** at www.isqua.org.au.

■ To raise employees to a new level of consciousness, plan to attend the 6th annual **International Conference on Business and Consciousness** December 2-7 in Acapulco, Mexico. A host of US and international presenters will speak on cultural and spiritual issues that are certain to rock the stodgy, profit-driven ways of the Western business ethos. Among the speakers are authors of such books as "Liberating the Corporate Soul," "The Corporate Mystic," "Awakening the Corporate Soul" and "Chicken Soup for the Soul at Work." Contact the conference organizer, the Santa Fe, NM-based The

Message Company, at 505-474-0998 or at www.bizspirit.com.

■ Those visiting www.sassi.com, the SASSI Institute's Web site, will find a host of helpful resources, including a training schedule, clinically-based articles addressing client care and other concerns, past issues of the institute's newsletter, and more. The SASSI Institute publishes a variety of clinical tools to help patients and clinicians identify substance dependence (SASSI stands for "Substance Abuse Subtle Screening Inventory"). For more information on SASSI, call 1-800-726-0526.

■ The Saint Charles, Ill.-based **HealthyPursuit** offers employers online, software-based and on-site wellness and illness prevention services. For more information, call 1-888-999-1007 or visit www.healthy-pursuit.com.

■ Subscribers to **First Draft** can drop its reproducible pages into their EAP newsletter. Each monthly issue contains 18 pages on such topics as how to retain more information during a training, problem solving techniques and how to balance work and family issues. Annual subscriptions are

\$192.25. Call 1-800-878-5331 or visit the publisher, the Chicago-based Lawrence Ragan Communications, at www.ragan.com.

■ **Aon Consulting**, one of world's leading employee benefits and human resources consulting firms, offers a line of surveys to measure employee loyalty and commitment to organizations. The surveys are based on Aon's *America @ Work* studies, an annual survey conducted by Aon's Ann Arbor, Mich.-based Loyalty Institute. *Pathfinder* is a 25-item survey that provides an overview of the commitment an employer can expect from employees. The *Mutual Commitment Survey* measures the level of commitment employees feel they receive from their organization and correlates this commitment level with the dedication employees exhibit in their day-to-day jobs. The *Employee Benefits Assessment* is a custom survey that examines employees' experience with their benefits, the importance of each benefit in their overall commitment to the company and their opinion about possible benefits offerings in the future. For information, call 1-888-88LOYAL.

■ **workerscompensation.com** helps users navigate workers' comp laws,

rules and regulations in all 50 states. The site also includes free, downloadable forms and charts to help manage the workers' comp process. Site managers plan to include similar information on Canada's workers' comp system and a workplace safety center in the near future.

■ Private practitioners looking for a leg up on negotiating the managed behavioral healthcare industry might turn to a recent publication from John Wiley & Sons, *Managing Managed Care: Secrets from a Former Case Manager*. The author, Susan Frager, a former case reviewer, now helps therapists who want to break into closed panels and otherwise gain managed care clients. The books sells for \$39.95 and can be ordered by calling 1-800-225-5945 or at www.wiley.com.

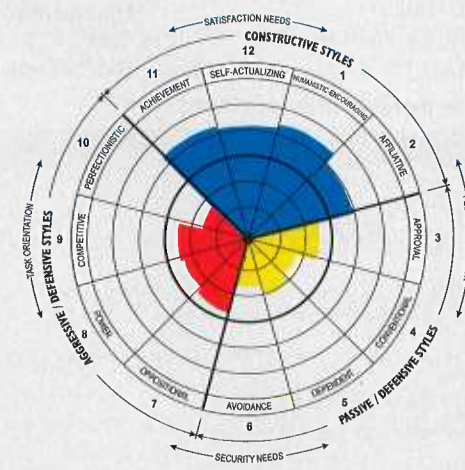
■ **LifeCare.com** of Westport, Conn., has developed two guides to aid workers affected by workplace change. *LifeCare Digest on Mergers and Acquisitions* and *LifeCare Digest on Coping with Job Loss* include helpful information for both managers and employees and are available through a LifeCare account manager at 1-800-873-4636. ■

CORRECTION

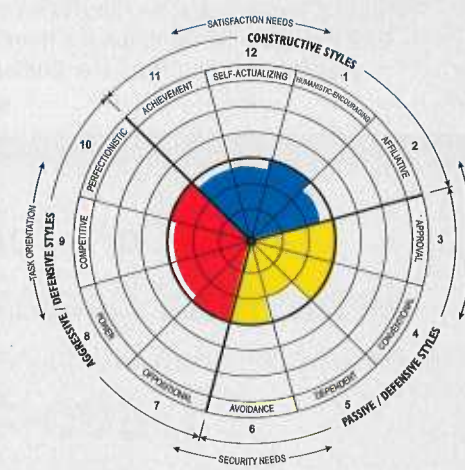
COMPARING THE CULTURES

The circumplexes from the "Troubled Companies" article from the Summer 2000, *EAP Digest* were inadvertently reversed. The correct circumplexes appear at right.

The Organizational Culture Inventory is a copyrighted instrument of Human Synergistics International of Plymouth, Mich.



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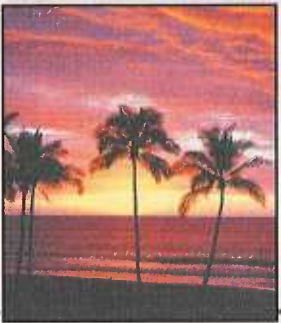
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MATTERS OF MODERATION

Are the days of abstinence-only addiction treatment numbered?

By Brent Chartier

It was a stunning announcement. The medical director of one of the nation's most esteemed addiction treatment centers, the Smithers Addiction Treatment and Research Center in Manhattan, announced plans in *New York Magazine* to offer something other than an abstinence-only approach to treatment. That "something" was a controlled-drinking exercise called Moderation Management (MM).

The criticism that followed was near volcanic. Addiction- and recovery-related e-chat rooms lit up with lengthy tracts on the issue, some in favor, most against. A *New York Post* column published the day after the story broke poked fun at Smithers' new approach to treatment and offered a derelict rewrite of the Serenity Prayer. Heirs of the Smithers' fortune (the center was founded with funds from IBM cofounder Christopher B. Smithers' estate) took out a full-page ad in the *New York Times*, denouncing the move and announcing a suit to reclaim the \$10 million gift given to the treatment center in 1972.

Smithers has a long and enviable history. Christopher Smithers' son, Brinkley, was among the field's early philanthropists. Beginning in the 1950s, his private contributions and those of the foundation he named in honor of his father launched more

than 50 National Council on Alcoholism affiliates, subsidized publication of Dr. E.M. Jellinek's landmark *The Disease Concept of Alcoholism*, funded the Rutgers University Center for Alcohol Studies, and contributed to a host of initiatives that eventually led to the founding of the world's largest addiction research center, the National Institute on Alcohol Abuse and Alcoholism.

Then, just as quickly as the hubbub began, it ended. St. Luke's-Roosevelt Hospital, where Smithers is located, issued a statement, saying that the medical director had resigned and that "no change in our [abstinence-only] program policy was ever approved."

The Smithers incident may simply be dismissed as the musings of a rogue medical director. But it does raise questions. Can EAP professionals expect more addiction treatment centers to begin offering controlled-drinking approaches? Would insurers, accrediting agencies, managed care organiza-



tions and referral sources such as EAP professionals endorse such programs?

On the importance of definitions

Estimates are that up to 97% of the nation's addiction treatment programs use an abstinence-only approach. Of this percentage, most, including Smithers, use the 12 steps of Alcoholics

Anonymous as the central technique for helping clients achieve sobriety.

But an absolutist abstinence-only approach doesn't work with a large population of clients, says Jerry Shulman, an author of the American Society of Addiction Medicine's Patient Placement Criteria and a consultant to the field. So why not offer a controlled-drinking approach as an alternative for appropriate individuals?

"The MM people have some validity. Often people come to us, and they are not ready for abstinence. If you push abstinence, they don't come

back. Trouble is, we've wanted the end product, abstinence, at the beginning of treatment when sometimes the person is not ready. MM, as a harm reduction strategy, may be appropriate for selected populations," he says.

Take college students, for example, a population rich with binge- and heavy-drinkers. He says that while many students would meet the *DSM* criteria for alcohol dependency, those who enter treatment do poorly in an abstinence-only setting — and most discontinue heavy use after graduation and without the aid of treatment. Using a controlled-drinking approach might help some students moderate their use during their college years.

When he speaks, he's careful not to mix terms, which he says is one of the problems at the core of the abstinence versus moderation debate. "People confuse things by using less than specific language. We must use the terms from the *DSM* — alcohol abuse, alcohol dependency and alcohol dependency without physiological dependence." (Even the Big Book of AA defines "moderate" drinker, "heavy" drinker and alcoholic.) For the alcohol dependent and for those who have medical or psychological conditions for which no drinking is permissible, abstinence-based treatment is essential. Others might benefit from a controlled-drinking approach, he says.

Shulman isn't surprised by what happened at Smithers. He is surprised it didn't happen sooner. "Over the last two years, I have been increasingly pushing the idea of harm reduction. I define it as the elimination of problems to self or others caused by alcohol or other drugs, *without necessarily* eliminating the drinking."

"For me, MM, which I see as another variation of the harm reduction approach, would be an intermediate step toward abstinence for those who have abstinence as their goal, but for whom abstinence from the beginning of treatment might result in premature termination."

On the lack of alternatives

In the *New York Magazine* article that started it all, Smithers' medical director cited "pressure from managed care" as one reason behind its decision to use a moderation approach. The article went on to say that half of the nation's treatment centers had closed over the last 15 years due to those same pressures. The picture drawn was that of a cash-starved field desperate for new revenue sources.

But Ronald J. Hunsicker, executive

"The Moderation Management people have some validity. As a harm reduction strategy, [it] may be appropriate for selected populations."

— Jerry Shulman, consultant

director of the addiction treatment field's largest trade association, the 172-member National Association of Addiction Treatment Providers (NAATP), says the field deserves more credit. "The argument that treatment providers are guided by payment only is a weak one. Our programs are a-tute financially. They can simply reinvent themselves to address new issues raised by managed care."

While one could say that's exactly what Smithers was doing, reinventing itself, Hunsicker says MM isn't the way to go. "When you talk about chemical dependency and moderation, you are not talking about the disease anymore. The Smithers incident contributed to muddying the waters that distinguish alcoholism and alcohol abuse."

He says NAATP, of which Smithers is a member, has not issued an official position on controlled-drinking strategies. Neither has it officially endorsed abstinence-only treatment as a best practice. He also admits that the

treatment field has few alternatives for someone who doesn't meet the criteria for alcohol dependency, the very person who might be drawn to a controlled-drinking program.

But there's a bigger issue here, he says, one that plays right into the hands of the alcoholic beverage industry.

"I believe the alcoholic beverage industry would love nothing better than for the field to look at how an individual can be held more responsible for their drinking as opposed to continuing to focus on the disease. This is speculation, but it's only a matter of time before a class action suit is brought against the alcohol industry similar to the suit brought against the tobacco industry. It's forces outside the treatment industry, not from within it, that are trying to get everyone to steer away from the idea that alcohol is a drug."

He says MM is an example of these forces. Another is the faith-based treatment legislation being bantered around Congress and in some states. This legislation would allow ministers to offer addiction treatment without requiring these individuals to have clinical training. "If you allow religious education to substitute for clinical training, it's a very easy step from there to saying that alcoholism is not a disease like other diseases, that it's a behavior problem."

Accreditation and reimbursement issues

If Smithers' medical director's argument for adopting a moderation approach was declining reimbursement, the assumption is that insurers and managed care companies would recognize a moderation program. But that assumption may be hasty.

Lawrence Osborn, MD, MPH, medical director for Aetna/US Healthcare's behavioral health services division, says his company has already declined to approve reimbursement for a controlled-drinking program,

and it probably would do so again. "We would not endorse a general program of that nature because of the potential for abuse by people who have become severely impaired and are actually ready to use inpatient mental health or substance abuse benefits."

He admits, however, that therapists may be using controlled-drinking approaches with clients and getting reimbursed for it. "There's nothing to preclude individual practitioners from using such a model if the practitioner deems it appropriate with certain clients," he says.

For a provider offering a moderation-management approach, getting health insurers and managed care plans to reimburse for the service is one hurdle, getting reimbursement from larger, self-insured employers is another.

Steve Zellmer, manager of VRI Managed Care's care management division based in Missoula, Mont., says his division offers self-insured companies and insurers guidance on the behavioral healthcare services they should cover in their health plans. VRI also advises these payors as to whether a service is clinically appropriate for clients presenting with a given set of clinical needs.

For self-insured companies, he says this is a benefits issue. "Employers typically purchase off-the-shelf packages of health benefits that don't discriminate between the philosophical approaches used to treat different substance use disorders. But larger companies that are self-insured retain the ability to design their own package in their own way."

Ultimately, he would advise payors against funding a Moderation Management program because the research to support it just isn't there. "The issue is whether the research supports Moderation Management as a form of intervention and, if so, for which clinical scenario.

"Until there is an established stream of treatment outcome evidence sup-

porting Moderation Management, my responsibility would be to advise against funding it," he says.

Accrediting such a program would not be difficult. Spokesperson Charlene Hills says the Joint Commission on Accreditation of Healthcare Organizations would accredit a provider that uses a moderation approach because JCAHO doesn't distinguish

"Any serious consideration of referral to a controlled-drinking program is a disservice to the employee and the employer."

— Don Jorgensen, EAP consultant

between abstinence-only and other types of care. Its concerns are that the provider is "doing what they are saying they are going to do" as evidenced by their mission statement, policies and procedures, staff qualifications and the like.

Not all third party payors are reluctant to reimburse for a program that uses a moderation technique. In fact, Theresa Edmondson says she has yet to have an insurer deny reimbursement for her program, DrinkWise.

The DrinkWise way

Perhaps one of the best-researched controlled-drinking programs is DrinkWise, a prevention program available by franchise through the Guelph, Ontario-based Homewood Behavioral Health. Homewood purchased DrinkWise from its developer, the Toronto-based Addiction Research Foundation (ARF). Because DrinkWise isn't approved for reimbursement by any of the provincial offices that administer Canada's socialized health services, there are no franchises in Canada. In the states, only the University of Michigan (UofM) Medical Center in Ann Arbor and the East Carolina Universi-

ty (ECU) Brody School of Medicine in Greenville, NC, offer the program.

Theresa Edmondson manages the DrinkWise program at ECU. "Many people don't want to see the substance abuse field do this. But my contention is, if we don't do it, then we'd better be concerned about who is. I'd rather have a trained substance abuse professional doing this than another field that doesn't have our experience. If not us, who better than us?"

She says ECU's decision to offer DrinkWise came from the realization that abstinence-based treatment neglected people with an alcohol abuse problem. "For 20 years, I tried ramming a round peg down a square hole, but it just wasn't working for so many clients. And I hated the idea of telling patients that they didn't need treatment because they hadn't yet hit bottom."

No one interviewed for this article advocates a controlled-drinking ap-

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About Moderation Management

The principles of MM first appeared in the 1993 publication, *Moderate Drinking: The Moderation Management Guide for People Who Want to Reduce Their Drinking*, by Audrey Kishline.

MM uses nine steps, the second of which requires the person to abstain for 30 days and, while doing so, "examine how drinking has affected your life/write down your life priorities/take a look at how much, how often and under what circumstances you used to drink/learn the MM guidelines and limits for moderate drinking." The limits are at least three or four days of abstinence each week and no more than three drinks per day, nine drinks per week for women and no more than four drinks per day, 14 drinks per week for men. The US Department of Health and Human Services dietary guidelines for alcohol consumption are no more than one drink per day for women, no more than two per day for men with no days-abstinent requirements.

In March, Kishline was involved in an auto accident that killed a father and his 12 year-old daughter. Kishline's BAC at the time of the crash was 0.26. In June, she pleaded guilty to two counts of vehicular homicide and was subsequently sentenced to serve four-and-one-half years in prison in August. In a note posted on MM's Web site in January, Kishline stepped down as president of MM and said she had joined AA. During court hearings, Kishline's attorney said the accident brought her to the realization that MM "is nothing but alcoholics covering up their problem."

For more information, visit MM's Web site, www.moderation.org.

proach for clients diagnosed alcohol dependent. Count Edmondson among them. She says one of program's best features is its assessment instrument. In her 20 years in the field, including several years as director of the state's largest publicly-funded treatment program, she says she's never seen anything like it.

She says she takes painstaking care to admit only individuals with alcohol abuse problems. If a person scores in or near the alcoholic range on the DrinkWise evaluation, she'll refer him/her to abstinence-based treatment or AA. Once admitted to DrinkWise, individuals choose their own goal: moderation or abstinence. ARF research shows that as many as 74% of people who go through the program continue drinking moderately or maintain abstinence as reported by the

client at a two-year follow-up.

Another study suggests DrinkWise has a medical cost offset. Research from the University of Michigan suggests that cutting a person's alcohol intake by 20% to 50% cuts medical utilization dramatically, more than making up for the \$700 fee ECU charges for the program.

Since ECU began offering DrinkWise, roughly 100 clients, including two referred by EAPs, have completed the six-week program. Some clients pay out-of-pocket, many more find that their health insurer covers the cost. "Of the insurance companies I've approached, I have yet to have one turn me down. They find it a cost-effective alternative to some traditional forms of treatment." Blue Cross and Blue Shield of North Carolina reimburses for the program.

ECU's DrinkWise caseload should rise dramatically in the next few months. ECU just received a two-year grant to put 200 clients through the program at no charge. The funder is a trust established by an heir of the RJ Reynolds tobacco fortune.

EAP professionals on the issue

Whether treatment agencies will begin to offer controlled-drinking approaches in their service mix is one thing. Whether EAPs would refer to such programs is another.

For Don Jorgensen, president of the Tucson, Ariz.-based EAP consulting firm, Jorgensen Group, anything other than abstinence-only treatment is at cross-purposes with an EAP's mission to help companies ensure a safe workplace. If an EAP professional were to recommend a moderation program for a client who in fact requires an abstinence-only approach, it could place the company at risk. For that reason, says Jorgensen, "An employer might look upon an EAP as irresponsible if it made such referrals. Any serious consideration of referral to a controlled-drinking program is a disservice to the employee and the employer."

He uses an EAP provider for an airport authority to make his point. "Do you want someone working on planes to keep a diary of their drinking or do you want that person in an abstinence program? I think most people would vote for abstinence."

But any employee could pose that risk, not just those in treatment or a controlled-drinking program. Jorgensen responds, "Every decade, we have a study that comes along that claims moderation is the way to go. But what you don't hear are the incredible relapse rates of the folks who participated in these studies. The relapse rates are stunning." He's referring to the Rand Report from 1976, which concluded "for some alcoholics, moderate drinking is not necessarily a pre-

lude to relapse," and to research by the husband and wife research team, the Sobells, which supported many of the precepts of DrinkWise. The Sobell studies appeared in 1973 and 1976.

Even though a moderation program may claim to admit only those with alcohol abuse problems, Jorgensen says, "I'm not sure that I would accept their distinction as anything other than artificial. Someone with an alcohol problem has a problem with alcohol. It amazes me that society places such critical importance on whether or not a person can consume a dangerous substance."

Phil Hess, president of Workplace Services Corporation, a Midwest EAP provider, has problems with the moderation philosophy because of the perceptions it might give employers. "It's difficult enough trying to get employers to see that a drug-free workplace is important. A moderation approach contradicts that. It would be a backslide."

He also has concerns about how moderation programs evaluate candidates for their program. Darren Roberts, Homewood Behavioral Health's general manager, says the DrinkWise evaluation is based on information provided from the individual. That doesn't sit well with Hess, who says that an EAP professional shouldn't rely on self-reported information alone when an employee has an alcohol problem. Good evaluations include input from significant others. "When it's self-report, they tell me what they want me to hear. That's why you need collateral information, from a family member or friend, within the confines of consent."

Yet, Hess also recognizes the appeal of such programs. "My job is to get people to look at themselves and to make the decisions they need to for themselves. While I'm an addiction counselor and I believe in recovery, I also recognize that it takes all kinds of programs and services and that consumers like to pick and choose."

Looking forward

William White, addiction treatment historian and senior research consultant at Chestnut Health System in Bloomington, Ill., says the Smithers incident is a sign that change is coming.

"The field can't have it both ways. Either we're going to draw a very narrow definition of addiction and treat only those who fit within the addiction disease model, or we're going to treat a larger spectrum of alcohol and other drug problems and be forced to expand our philosophies and clinical technologies."

The current single-pathway approach is to treat all clients using an abstinence-based model. In the future, he predicts that moderated drinking goals won't replace that model, but will exist alongside it, giving therapists and clients who abuse substances but who are not addicted wider choices. "Clearly, Smithers was pushing themselves to generate choices for people. I think that in the future, programs are going to move away from saying 'this is our program' to creating menus for clients."

He predicts that as many as one-third of those who begin in MM end up with an abstinence goal either in MM, AA or some other abstinence-based support structure. "That makes MM the best new recruitment tool for AA in a long time. If MM gets people into a program to help them change their behaviors, that's fine. And for those who drop out and go into AA, that's fine, too."

If history offers a lesson, he says, it's that any challenge to the prevailing model of treatment carries risk. "Choices are coming. In the midst of all this, there will be backlashes and people will be scapegoated." People like Smithers' medical director.

Says White, "People better put their flak jackets on because they may get caught in the crossfire." ■

Charlier is the magazine's editor.

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The FBI's EAP: An Advanced Law Enforcement Model

By Vince J. McNally, MPS, CEAP, BCETS

Special agents of the US Department of Justice, Federal Bureau of Investigation (FBI), have among the most demanding jobs in law enforcement. Agents perform many of the routine tasks of police work, such as investigation and surveillance. But when the routine gives way, the situations agents find themselves involved in are as dangerous and horrifying as any international headline: Waco, TWA Flight 800, Oklahoma City and the World Trade Center bombing.

FBI agents must always be at the ready to respond to tense, life-or-death situations. The Bureau's EAP also must be at the ready for agents who experience these traumatic events on the job.

History and Structure

In 1993, FBI director Louis J. Freeh recognized the value of provid-

ing employee assistance to the Bureau's 25,000 employees and roughly 75,000 immediate family members. Previously a sub-program of the FBI's Health Care Program Unit, Freeh elevated the program, making it a self-contained Employee Assistance Unit (EAU). Today, the EAU has evolved into a major support component for the FBI family. It consists of four components: the EAP; the Chaplain's Program; Critical Incident Stress Management/Debriefing services; and the Peer Support Program.



About the EAP

The FBI EAP is a staff-model program. FBI field agents and professional mental health personnel provide confidential assessment, short-term counseling and referral when personal problems adversely affect job perfor-

mance or when family members face stressful situations. The EAP also provides training and guidance to Bureau employees, supervisors and managers when requested.

There are more than 300 EAP counselors, both agent and professional support personnel, located in FBI offices throughout the country. Each FBI office has an EAP coordinator, many of whom hold advanced degrees or certification in a professional field.

To enhance EAP training, four full-time special agent EAP regional managers are stationed in New York, Chicago, Houston and Los Angeles. Regional managers are appointed to two-year terms, renewable to five years, and are responsible for training EAP coordinators, FBI supervisors and managers. Each EAP staff member participates in annual training on such topics as depression, suicide awareness,

workplace violence, crisis intervention, death notification, stress management, the effects of various medications, financial counseling, resolution of traumatic experiences, and problems with alcohol or other drug use.

In 1998, the FBI EAP hired its first full-time clinical psychologist, the EAP's chief of counseling services. A psychiatrist who serves as medical consultant to the EAU's four programs was hired that same year. The psychiatrist is available for emergency psychiatric evaluations. Prior to hiring in-house, the EAP contracted for these mental health services.

The EAP receives referrals from several sources. Employees and concerned family members can contact an EAP counselor directly. A supervisor may refer an employee to the program when a job performance problem arises. As a voluntary program, the employee must decide for him/herself whether to act on the referral.



About the Chaplain's Program

More than 100 volunteer chaplains provide the Bureau with an estimated 20,000 hours of direct service annually. Most Bureau offices have two chaplains, larger offices may have more. After a background investigation, chaplains receive security clearances, FBI credentials and unescorted access to FBI personnel and office space. This freedom helps to ensure confidentiality.

Most FBI chaplains are experienced police chaplains. Their extensive experience enables them to respond to a variety of matters. They have responded to such incidents as the shooting at the District of Columbia police headquarters, the Oklahoma City bombing, the crash of TWA Flight 800, the Los Angeles earthquake and Hurricane Andrew. They also assist with very personal traumas, such as the death or suicide of a loved one and line-of-duty deaths or injuries. In addition, chap-

lains provide services to help employees address spiritual issues, long-term illnesses, marital and family problems, stress and anger management, and substance use/abuse problems. Several chaplains also serve on the Bureau's Critical Incident Stress Management/Debriefing teams.

The visiting Chaplain's Program at the FBI Academy in Quantico, Va., gives chaplains the opportunity to spend two weeks each year providing services to new agents, police officers and other academy students. Chaplains also participate in ceremonies at the training academy and hold religious services in the chapel.



About the Critical Incident Stress Management/Debriefing (CISM/D) Program

To physically survive a critical incident, FBI agents are given training, firearms and bulletproof vests. The EAU also helps equip Bureau employees to deal constructively with the emotional aftermath of these incidents through the CISM/D program.

In June 1995, the FBI instituted regional CISM/D teams consisting of approximately 100 members nationwide. All team members are certified by the International Critical Incident Stress Foundation in basic and advanced CISM/D training. Team members hail from EAU headquarters and field staff, FBI chaplains and mental health professionals with experience in police psychology and trauma response. Teams respond to such incidents as the death or violent injury of an employee, spouse or other family member; natural or man-made disasters, such as earthquakes or bombings; situations involving hostages or a barricaded suspect; death of a crime victim, especially child victims; taking a life in the line-of-duty; or any other traumatic incident.

Team members are supported by a

week-long training held every other year. Training brings team members together to discuss difficult debriefings, team utilization scenarios, the chaplain's role, and compassion fatigue strategies for surviving a critical incident.

CISM/D team responses have risen dramatically since their inception in 1995 when only one response took place. Teams responded to 18 incidents in 1996, 29 in 1997 and 45 incidents involving some 1,550 personnel in 1998. The teams work with both employees and family members when necessary. For incidents involving an entire office, for example, following the death or injury of a co-worker, CISM/D teams help office managers understand how they can be supportive in the aftermath.



About the Peer Support Program

Incidents involving gunfire are some of the most emotionally stressful in an agent's career. Some agents say that during such a firefight, they had trouble believing it was really happening. Others experienced distorted perceptions, such as seeing the event in slow motion, through tunnel vision or not hearing gunshots during the incident. Others experienced a stressful "cross-over syndrome" — they acted on the behalf and within the law, yet, their actions are judged by their peers, the media and the community without regard to time or peril in a leisurely debate following the shooting.

The FBI believes that the best person to offer support following such incidents is a peer who has emotionally worked through a similar event. That's why the EAU developed the Peer Support Program.

The need to establish a supportive service for agents involved in shootings originated from a meeting that took place at the FBI Academy in 1983. From that meeting, policies and protocols were developed. Also at that