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To Receive an Institute Brochure: Summer Institute of Addictions Studies, Office of Continuing Education, The Ohio State University, 225 Mount Hall, 1050 Carmack Rd., Columbus, Ohio 43210; phone (614) 292-8571.



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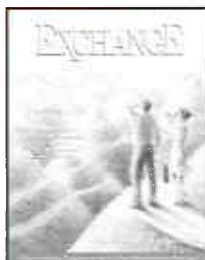
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About the cover: Expanding the Horizons of the EA Professional: The Value Added EAP. See article on page 8. Illustration by Lina Chesak.

The Exchange welcomes the opportunity to review member submissions for publication, and to retain and use them as appropriate. The Exchange reserves the right to edit or decline submissions as necessary. Published articles by members do not necessarily reflect Association philosophy or policy.

PRESIDENT'S MESSAGE

A Busy Schedule for EAPA

by George E. Cobbs, Jr., CEAP, EAPA President

It's hard to believe that 1996 is almost half over. The EAPA Board and Executive Committee have been busy responding to what seems to be a growing interest in employee assistance. One indication of this growing interest is an increasing number of invitations EAPA has been receiving. Here are a few examples:

- **The Institute of Medicine of the National Academy of Sciences** has developed a Committee on Quality Assurance and Accreditation Guidelines for Managed Behavioral Health Care. A liaison panel has been created to provide "information and open dialogue between the committee and interested organizations, agencies, and associations." EAPA has been invited to join the discussion. The Committee is performing a 13-month study to develop a single set of guidelines and indicators that can be incorporated into formal accreditation and quality assurance programs in both private and public sectors. The study is being sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the Public Health Service in the Department of Health and Human Services. One meeting in Washington, D.C. has already taken place and another is scheduled to take place in Irvine, California. I asked Dennis Derr, CEAP, to represent us at the D.C. meeting and Joan McCrea, CEAP, will serve as EAPA's representative at the California meeting in May.
- In April, the **Center for Substance Abuse Prevention (CSAP)**, also a division of SAMHSA, invited me and several other EAPA members to join in "Teaming Up for Prevention: A Forum for Business, Labor, and Government," a special conference designed to provide information about what does work with substance abuse treatment. Some people would have us believe that we've lost the war on drugs. This conference proved that the war on drugs in the workplace is being won, and employee assistance is a valuable component of the war. We were honored to have Green P. Lewis,

Director of Community Services for the AFL-CIO, join us as a guest speaker at a special labor luncheon during the conference.

- On page 26 of this issue, you'll read about another invitation extended to EAPA by the **American Psychiatric Association (APA)**. EAPA was invited to speak to APA members about mental health issues in the workplace. Immediate Past President Sandra Turner, CEAP, represented EAPA.
- Vice President Greg DeLapp and Chief Operating Officer Sylvia Straub represented EAPA at a meeting with the **Society for Human Resource Management (SHRM)** to discuss ways our two associations can support one another. Current plans call for providing magazine articles and annual conference speakers as well as sharing EAPA information with SHRM members through their "Fast Facts" system. We look forward to working together more closely in the months ahead.
- Through EAPA headquarters, **Pharmacia** and **Upjohn** have extended an invitation to EAPA chapter members who are interested in attending a June 20 audio teleconference on obsessive compulsive disorder (OCD). The session will take place from 2:00 p.m. to 3:15 p.m. and will serve as a pilot project; more sessions may be scheduled later in the year depending on the outcome of this session.

When EAPA members agreed to reduce the number of issues of the magazine from 11 to 6, we promised that you would gain new public relations opportunities through our communications department. From the association contacts alone, I think that decision has been highly successful. In the past year, we have shared information with the following groups:

- **National Private Truck Council:** This is the association representing the smaller truck fleets. At EAPA's request, they published an article by EAPA member Sue Covey on how to set up a consortium.

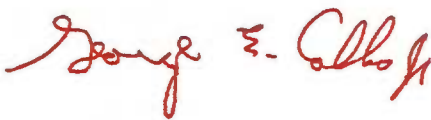


- **Waste Management Society:** Through the grapevine, we discovered that this association, representing those companies responsible for refuse collection in communities across the U.S., needed information about the new DOT regulations. EAPA member Charla Parker published an article outlining the DOT regulations and responsibilities; it also included contact information for EAPA's many DOT-related materials. The article was published in the November 1995 issue of *Waste Age*.
- **Risk Management Society (RIMS):** Because risk managers are often responsible for managing EAPs within their corporations, we think it is essential to provide them with information about the best EAP practices. RIMS is the largest association for risk managers. We have agreed to swap mailing lists and will continue to discuss opportunities for publishing articles about EAPs in their association magazine. We have a similar arrangement with the Public Risk Management Association (PRIMA), representing risk managers for state and local governments.

- American Red Cross: A Statement of Understanding between the American Red Cross and EAPA is now being prepared. This newest arrangement will help EAPA members join the Red Cross network of disaster workers and gain some valuable contacts through their association with the local Red Cross Board of Directors.
- The Association of Work/Life Professionals: EAPA member John Burke, CEAP, introduced us to this association representing individuals and companies that EA professionals would want to contact during their course of business. We were glad to meet with their representative and hope to work with them in the future.

Our contacts with the media seem to have increased quite a bit as well. Since last fall we have provided information to writers from *The New York Times*, *The Atlanta Constitution*, *The Miami Herald*, *Glamour* magazine, *Parade* magazine, *Working Woman* magazine, *Inc.* magazine, CNBC-TV, ABC National Radio News, and many, many others.

In closing, I'd like to send my thanks to the many EAPA members and friends who have been so kind in extending their condolences about the losses my family experienced in recent months. My family and I have greatly appreciated your cards and your outpouring of support. Many thanks.



Notice

Membership renewal notices for the months of April, May, and June have an incorrect message printed on the invoice. Should your payment be returned to you, please mail to the printed address at the top of the invoice: P.O. Box 79343, Baltimore, Maryland 21279-0343. Questions regarding receipt of your payment should be made to Ruth Maupin, Manager, Accounts Receivable, 703-522-6272. We apologize for the error.

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Networking in 1996

by Sylvia Straub, Chief Operating Officer

EAPA headquarters has recently taken a very large step, thanks to the generosity of several chapters and the determination of the Board of Directors to control finances. EAPA staff have new Pentium computers and a new wiring system and fileserv-er that enable them to work more quickly and efficiently. Thanks also to Alcoa and AT&T for donating computer equipment.

This is only the first step in a multi-step process that should bring EAPA up to speed with other associations and with the way business is being done today. The next step is to have e-mail installed and to activate our Worldwide Web page, which we have as members of the Council of Human Resource Management Associations (COHRMA). After that, we badly need to update our database so that we can keep records and provide reports, including reports to the chapters, more efficiently and accurately. All of this takes time and money, but we're moving in the right direction.

On the Road

The past few months have been packed with activity. In March, the Standards Committee met in Arlington, Virginia, to review and update *Standards II*. The dedication and commitment these members displayed during long hours of hard work are what has helped move the profession forward. Many thanks to these members and members of other committees for their many contributions!

In late March, I had the privilege of traveling to the Miami area to speak at the South Florida Chapter's highly successful annual conference. The theme of the conference was diversity, and it was excellent. In addition to enjoying the warmth and hospitality of chapter members, I had the opportunity to stay for the conference to hear the speakers and to deepen my knowledge and understanding on this topic. I'd like to express my gratitude and appreciation for the beautiful plaque the chapter presented to me.

From Miami, I flew to North Carolina where that chapter's annual conference was in session. Upon arrival, I was whisked to the main meeting area where a 25th

anniversary cake was waiting to be cut. Archival photos of EAPA events and activities and a banner completed the picture (see page 32). Although I wasn't able to attend all of the meetings, I did hear a really terrific panel of speakers who fielded questions about managed care. Dan Ansel, CEAP, was the roving moderator with the microphone, and trust me, Phil Donahue could take lessons from him. Thanks once again, North Carolina Chapter, for your wonderful welcome and hospitality.

Also during this time period, COHRMA, one of several coalitions to which EAPA belongs, met in Washington, D.C. This coalition consists of about 15 human resource management associations and the CEOs of these organizations meet twice a year to exchange information and learn from each other. They also share the results of a survey of the organizations, which this year showed EAPA with the most dramatic financial gain among the members. I was asked to comment on our *amicus curiae* brief for the group and it was with a feeling of real pride that I whipped out the March/April issue of the *EAPA Exchange* and explained the process we went through.

Busy Times

As usual, the headquarters office is buzzing with activity and excitement. One of the most exciting developments is the 25th anniversary commemorative journal we are putting together under the direction of Annual Conference Program Committee Co-chair Jack Hennessy. Staff member Leesa Kuo is contacting chapters and members to offer them the opportunity of placing an advertisement in this keepsake publication. If you haven't heard from her, feel free to call or write at EAPA Headquarters to reserve advertising space for your organization. If you have archival photos or information that could be included in the journal, please contact Director of Communications Kay Springer.

Win an "In Good Company Kit"

Several EAPA staff members met recently with representatives from the National

Depression Campaign of which Sandra Turner is a co-chair for the workplace portion. We planned a number of activities, including a follow-up meeting at the 25th annual conference with chapter representatives who have already conducted their "In Good Company" training with their chapters. One of the activities developed is a survey on pages 19-21. I urge you to respond to the survey as the information you provide will be very helpful in designing programs and activities to help those with depression. Eli Lilly is offering 50 "In Good Company" kits for a drawing from a list of respondents to the survey. So get your survey returned to the national office soon, and have a chance to win an "In Good Company" kit.

Welcome to New EAPA Members

EAPA staff members have been talking over the past several months with representatives of the Association for Employee Assistance Program Practitioners (AEAPP), a local Washington, D.C.-area organization. This Association's members voted to dissolve the organization and to merge with EAPA. We welcome AEAPP and its members to EAPA!

Also, another "thank you" and a congratulations. The headquarters staff join me in thanking Bernie McCann, CEAP, for taking an afternoon to conduct a superb time management seminar for the staff. We learned a lot and had fun too.

Congratulations to Mary Bernstein on her appointment as director of Drug Enforcement and Program Compliance for the U.S. Department of Transportation.

Finally, an update on Nancy Bailey, a recipient of EAPA's Humanitarian Award. Nancy has been in Guatemala for some time working with children at an orphanage. She has now established her own girls' home. The program is small but the need is great. Nancy writes that her hope is to provide these girls with the love, nurturing, and education they need to have happy, productive lives so they can give back to their communities.

An incident that occurred last fall illustrates the need. A man delivered a small package to Nancy and she thought it was a

loaf of bread. It turned out to be a premature baby who had been abandoned by her mother and was on the brink of death. Nancy had to feed her with an eyedropper at first and talked constantly to her, encouraging her to live. Nancy succeeded in adopting her and named her Gabriela Maria. Gabbi, at four and one-half months, is pictured on page 33. Clearly, she has come a long way.

EAPA members who are interested in assisting Nancy's efforts to provide a healthful environment to needy children in Guatemala may contribute by sending donations to: 8424 N.W. 56th Street, Suite S-150, Miami, Florida 33166. They will reach Nancy in La Antigua, Guatemala. ☐

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LETTERS TO THE EDITOR

What Is Essential? Thumbs Down for Telephone Assessment

The article "Telephone Assessment: A Lifeline to Many Potential EAP Users." (January/February 1996 *EAPA Exchange*) is scary, disgusting, and oh, so sad! The article is "scary" because companies and EA providers are still sacrificing quality for cheap service. It's interesting that the article gives a lot of numbers (audited by ?) but does not mention percentage of clients that are alcoholics.

It is "disgusting" that an M.Ed., M.S., CEAP is so arrogant that he should ever attempt to diagnose "dysthymia," much less do it over the phone!

The article is "sad" because alcoholics need a different system. Of course, the alcoholic will prefer service by telephone. Alcoholics are con artists; over the phone they can convince the therapist that they drink because of: Vietnam stress syndrome, lack of understanding from the spouse, abuse from the brother as a child, because they are a victim of _____ (fill in the blank). If the author knows anything about alcoholism, then he should be ashamed to be associated with such a system. If he has clients in the Phoenix area that he believes have an alcohol problem, have them call me. I'll take them to a good "meeting"—free of charge!

Finally, if one is going to provide such lousy service to the alcoholic, he should keep it under wraps and not publish. Then I could concentrate on the laughter of grandchildren, golf, tennis, and a cat named "Bum."

Sincerely,
Chuck Sapp
5816 E. St. John Road
Scottsdale, AZ 85254

Notice of Correction to Price of Assessment Tool

Please be advised that the cost for the MAST assessment tool (described in the 1995 September/October issue, page 10) is \$40, not \$5. A published correction would be appreciated since the \$5 has been incorrectly passed along from decade to decade.

Melvin L. Selzer, M.D., FACP
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by Jack Hennessy, and Beverly Younger, CEAP



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The 1996 Conference Program Committee, led by Co-Chairs Jack Hennessy and Beverly Younger, took on the task of choosing a theme for the 25th Annual Conference that would reflect EAPA's pride in our history and identity as a professional association. With the input from Program Committee members representing External Programs – Kevin Johnson, Internal Programs – Rick Wall, Labor Programs – Ted Mapes, Research Programs – Dan Hughes, Treatment Programs – Patrice Muchowski, and Legislative and Public Policy concerns – Jim Harting, we brainstormed what message the conference should deliver to EAPA members and to the world around us. Our 1996 conference theme, *Employee Assistance Pays: Celebrating 25 Years of Dividends*, is one of affirmation, declaring the “bottom-line” value of EAPs to employees and employers alike. The Program Committee will be selecting presentations that project and reinforce this message.

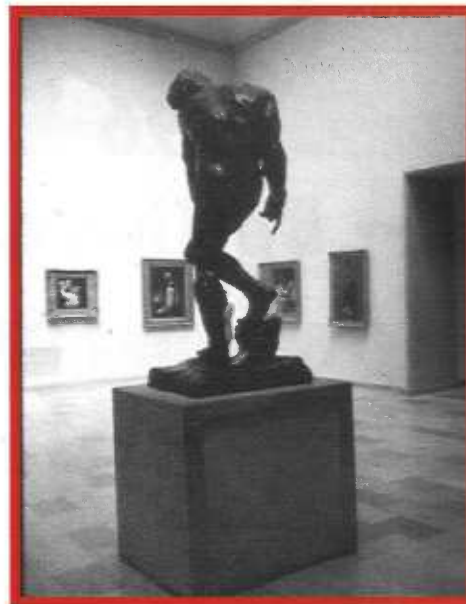
Having undergone a re-engineering process, this year's program will be organized into content categories rather than the track system used in past years, making it easier for attendees to select workshops by professional development hour (PDH) categories. The program will contain a dynamite keynote speaker (still a secret), and a rousing debate session discussing the current state of the war on drugs in America and in the workplace. A new event this year will be a Public Forum, an educational event to dis-

Lincoln Park Lagoon has 880 acres with jogging and biking paths, tennis courts and picnic areas, golf course, conservatory, zoo, and a variety of museums. Photos are courtesy of the Chicago Convention and Tourism Bureau.

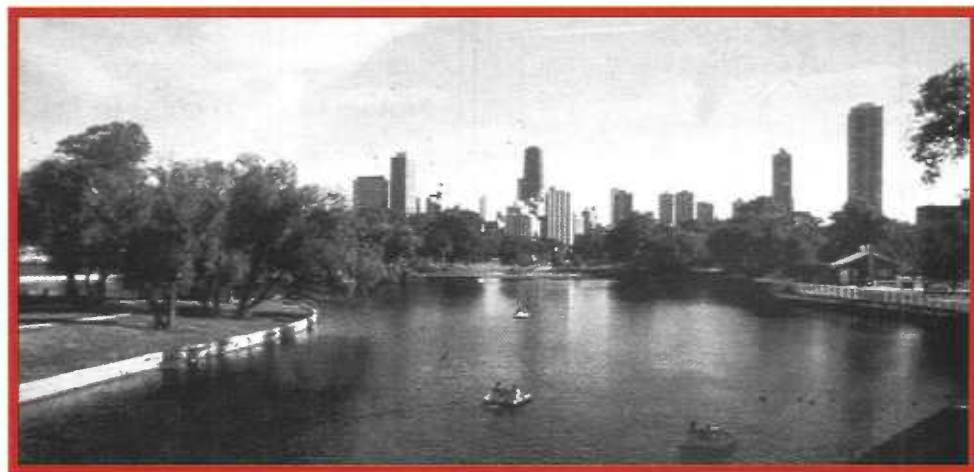
seminate much needed information about legislative trends across the country, with a focus on EAP licensing and accreditation.

Fundraising is always an important part of every association, and this year, EAPA corporate members will be asked to show their support by donating funds in return for advertising in our 25th Anniversary Commemorative Journal. You can help by informing your company of the need for its support. For more information, call Leesa Kuo at 703-522-6272.

Chicago is rolling out the red carpet for EAPA's Silver Anniversary. The Northern Illinois Chapter of EAPA has formed a Host Committee, co-chaired by Leo Miller and Mary Ellen Kane, to dazzle you with special events, to extend warm hospitality (regardless of Windy City weather), and to ease your way through all the Conference activities. In the City of Big Shoulders (and many nicknames), you will find architectural delights, shopping extravaganzas, and a wealth of diverse cultural experiences, including great music, art, and food. See you in Chicago! 📍



The Art Institute of Chicago is noted for its impressionist collection, Renaissance oils, Thorne miniature rooms, garden restaurant, and special museum for children.



Photos by Ron Schramm

EAPA Member Appointed DOT Official

by Thomas J. Delaney, Jr., Former EAPA Executive Director

Secretary Pena's appointment of Mary Bernstein as Director of the Drug Enforcement and Program Compliance Office in the U.S. Department of Transportation (DOT) is fortunate for the Department, the workers and employers in the transportation industries, and for the employee assistance field. Mary Bernstein not only has been active in the EAP field since the 1970s, but also has been a dedicated and hard-working volunteer for EAPA for most of that time.

In 1995, Mary Bernstein answered the call from EAPA President George Cobbs, Jr., to serve on the Employee Assistance Certification Commission. Unfortunately, Mary had to resign from the EACC when she assumed the DOT position. This was just the latest in many EAPA assignments that Mary has voluntarily taken on. There have been so many, in fact, that any attempt to list them will undoubtedly turn out to be incomplete, but I'll mention just a few.

In 1987, Mary chaired the EAPA Annual Conference in Chicago, and in 1991, she co-chaired the Annual Conference held in St. Louis. Prior to that, she had been a member of previous program planning committees. She has been an outstanding presenter at national, regional, and chapter programs.

Mary served on the ALMACA and EAPA Boards of Directors, including one term as chairperson of the Program Managers Committee. She has been a frequent contributor to both *The ALMACAN* and the *EAPA Exchange*. In fact, an article she co-authored with Jack Dolan in 1986 was deemed way ahead of its time.

Her contributions outside of EAPA have been equally significant. She has served as a member of the editorial board of *Employee Assistance Program Management Letter* and an editorial advisor for *Employee Assistance magazine*. In addition, she was a founding board member of the Institute for Behavioral Healthcare, the Employee Assistance Round-

table, and the New York Federation of Alcoholism Counselors.



Staff of the DOT Office of Drug Enforcement and Program Compliance are (l to r): Jim Swart, program analyst; Minnie McDonald, staff assistant; Grace Adams office assistant; Mary Bernstein, director; Shirley Gaither, secretary; Don Shatinsky, program analyst; Kenneth Edgell, program analyst. Seated at far right is Bob Ashby, deputy assistant general counsel for regulation and enforcement.

table, and the New York Federation of Alcoholism Counselors.

Mary's pre-EAP career began in 1973 when she served as a faculty member of the Department of Psychiatry and School of Allied Health Professionals at Stoney Brook School of Medicine in the State University of New York. In that position, which was funded by a NIDA grant, Mary instructed the first group of New York State teachers in how to teach alcohol and drugs in the classroom.

I first met Mary when she was the Director of Information and Referral Services for the New York City Affiliate of the National Council on Alcoholism. While in

that position, she quickly learned the value of EAPs to management and labor by working closely with the Affiliate Director of Labor-Management Services, a position first held by EAP pioneer John Williams and then by EAPA President-Elect Don Magruder. She then moved to Trans World Airlines (TWA) where she designed and administered innovative programs for employees with substance abuse and other mental health problems. From 1983 to 1995, Mary developed and directed the EAP at GTE Corporation and turned it into an international model. Her responsibilities included developing and implementing GTE's policies and procedures for their drug-free workplace programs and DOT regulations.

As a leader in the development, integration, and implementation of innovative and cost-effective workplace drug/alcohol and employee assistance programs, Mary Bernstein will bring a wealth of experience to her new position.

She has asked me to thank EAPA members for extending their best wishes to her in this new position. She recently noted that "EAPA has always had a significant place in my life and will always be special to me."

For those who haven't yet talked with Mary, her new contact information is: Mary Bernstein, Director, Office of Drug Enforcement and Program Compliance, U.S. Department of Transportation, Room 10317, 400 7th Street, S.W., Washington, D.C. 20590; (phone) 202-366-3784; (fax) 202-366-3897; (e-mail) mary_bernstein@post-master2.dot.gov. ☐



Expanding the Horizons of the EA Professional

The Value-Added EAP

by Kay Springer,
Editor, EAPA Exchange

When Wil Foster, Jr., suggested in 1973 that EAPs should expand and become broad brush, could anyone have guessed how broad that brush would eventually be? As the employee assistance field has grown, so have its range and depth of responsibilities. In the 1990s, there seems to be no job too big or too complex for EA professionals.

This article focuses on EA professionals around the world who are expanding their job duties. In the process, they have helped senior management recognize how valuable EAPs are.

Driving Forces

For most people, the drive for expansion has come from multiple sources and causes, including mentors and supervisors, corporate needs, corporate positioning, and legislation, to name a few. Regardless of the outside influence, the successful EA professionals in this article have helped create opportunity and/or seized it when it was within sight.

Mentors/Supervisors. Hank Linden started in employee assistance in 1980 as a licensed clinical social worker with a specialty in chemical dependency. His previous experiences, including working with a union management EAP and in marketing and sales for an external EAP vendor, helped him gain the multifaceted expertise necessary for his newest role—a newly created position in senior management at American Express.

"My previous boss—the medical director at American Express—was very helpful in opening new doors for me," said Linden. "He got me involved in a lot of areas, including the reengineering of the company's benefits, medical issues of the day, and other things, that seemed to have only a tangential effect on EAP." When the medical director left the company, Linden was ready to move into a new position. After serving as the EAP director for the past 10 years, Linden was named vice president and director of health services in October 1995. The first person to hold this newly created title, he will be in charge of five departments—medical services, employee assistance, the health and fitness center, safety, and ergonomics.

Pat Armstrong, EA professional at Wells Fargo Bank, says her job also has moved forward through mentoring and working well with upper management. She says her boss thinks broadly and has suggested some great opportunities for her department. She now reports directly to the corporate HR manag-

er, a move that resulted from her own efforts to position the EAP at a higher level.

Greg DeLapp, Manager of EA and Health Services at Carpenter Technology Corporation, credits his former supervisor, the industrial relations manager, with part of the reason his EA role has broadened. "This manager was looking for alternative ways to deal with employees who didn't respond to the usual supervisory intervention. By working together, we were able to offer him the innovation he needed and expand my role within the corporation."

Corporate Needs. In the early 1980s, when California experienced a sharp increase in the number of work-related stress claims, EAP Manager Kathleen Handron recognized that the EAP was a key player in prevention and early intervention for such claims at the Lawrence Berkeley Laboratory. With the number of claims on the rise, risk managers requested her help.

"We were probably the first EAP to see ourselves as part of a risk management team," she said. First, she developed a proposal for a stress claims prevention program. Although the number of cases continued to increase after the program was introduced, the laboratory was able to handle them better and control costs. She then implemented the program on stress prevention, and the company saw a remarkable decrease in the severity of stress claims.

After providing EAP services for the laboratory for 13 years, Handron has decided to focus on what had been one of her specialty areas—vocational rehabilitation and disability management—for Work Trauma Services in California.

Gaining visibility by meeting corporate needs was a successful strategy for Janice

Editor's Note: The EAP field is filled with innovators and entrepreneurs who are moving the EA profession forward. This article contains comments from a few of them. Others will, no doubt, have additional suggestions for adding value to the EAP role. All are invited to put those suggestions in writing for publication in future issues of the EAPA Exchange. Please address your remarks to Letters to the Editor, EAPA, 2101 Wilson Boulevard, Suite 500, Arlington, VA 22201.

Dragotta, LCSW, Pacific Bell's EAP director. According to Dragotta, "We first acquired greater awareness from upper management back in the 1980s when we were helping internal groups accommodate the needs of HIV-positive employees. We then started offering seminars and consultation services on team building, coping with change, and depression awareness and recognition. Our work with threat assessments led to offering another workshop on managing aggression in the workplace, and that led to an anger management workshop, all of which have been very successful. We've captured the trust of upper management. They expect us to introduce new interventions as they're needed."

Positioning. Lockheed discovered early on that the EAP could play a key role in managing services for mental health and substance abuse. For example, a pilot study, designed in 1981 by Gary Atkins, CEAP, demonstrated that, through careful selection of appropriate treatment choices, 80 percent of clients could be served in structured outpatient services. Since its implementation, this study has resulted in savings of several million dollars.

Later, Atkins and his department integrated the EAP into the benefits department and then developed preferred provider networks and case management protocols for mental health and chemical dependency for the benefits plan. Throughout the 1980s, his department introduced innovative programs on violence prevention, behavioral risk management, and work and family issues.

Atkins, who later became vice president of worksite consultation for Value Behavioral Health, feels strongly that positioning the EAP in the work environment is critical to its success. For example, in a healthcare setting in 1991, he authored a proposal and administered a project designed to manage behavioral healthcare benefits integrated with an internal/external EAP, thus saving \$1.5 million over the next four years. The model, which emphasized management consultation, resulted in:

- Significant cost savings when EAP services were coordinated with medical benefits;
- A 10.2 percent utilization rate; 25 percent of those using the EAP and consultation services were management personnel;
- An approach with a dual emphasis—(a) work culture and (b) executive support and coaching.

Sheila Monaghan is vice president and corporate director of Global Employee Consultation Systems for Motorola. When she started EAP work in 1982, she knew that her social work generalist's viewpoint and training in systems theory gave a perspective different from many EA professionals. After working as an external EA professional for a hospital and as an internal for a union railroad, she was recruited to the Chicago area to become the EAP manager for Motorola in 1983. "The EAP was in its infancy, with predominantly a chemical dependency intervention approach. It also was highly decentralized in both philosophy and EAP standards," she said.

In 1988, her promotion to EAP director provided an opportunity to create a worldwide organization with vision and a mission that created value to the customer. This was

Take on only those value-added services that are most important to your company, and then manage the rest.

a pivotal move. "We made a conscious decision to go against the tide of the profession and not be managed care gatekeepers. We decided to strengthen our ability to intervene in highly complex, work-related problems and create opportunities to influence the other segments of the system regarding philosophy and standards."

Monaghan noted that EAPs are often under pressure "to take on many roles within the corporation. The tendency is to take on everything that is requested without prioritizing the requests. It is essential to take on only those value-added services that are most important to your company, and then use your influence to manage the rest.

The EAP developed the Motorola Management Consultation Model (described in the September 1992 *EAPA Exchange*) to provide structure for the growing EAP organization and to ensure consistency of service delivery. "This model has been incorporated in the human resources practices in most of Motorola's businesses. This has been a critical success for the EAP and the ability to influence practices throughout the world."

The 1988 strategy has been very successful. EAP staff are now located throughout the

Private & Personal

Another type of positioning was more successful for Greg DeLapp, but many EA professionals will probably be at least a little surprised to hear it.

DeLapp told the *EAPA Exchange*, "We stopped hiding the EAP behind a cloak of confidentiality and secrecy. We referred instead to privacy, which indicates that some people—those who need to know about EA business—will have access to the necessary information. We also moved the EA office to a location that was more easily accessible for the employees." The result? A slightly more open but more realistic approach that has helped bring the EAP closer to employees.

United States, Puerto Rico, Costa Rica, England, Scotland, and Ireland. In 1996 staff will be added in Japan, Singapore, and Germany, to name just a few areas. The EAP remains a centralized organization within a highly decentralized corporation.

Legislation. Ted Mapes, program administrator of the Union Assistance Program for the Transport Workers Union in New York City, says that new regulations from the Department of Transportation (DOT) had a big impact on his job.

"In 1988, when DOT announced its intentions to require mandatory drug and alcohol testing, most unions wouldn't even discuss the new regulations. But Sonny Hall, president of Local 100, saw that it was a matter of time before they became law. He recommended that the union needed an EAP to manage the new DOT activities. This was a big breakthrough."

"We started our union assistance program with three counselors and one director," said Mapes. "The response from our members was outstanding. We expanded into a broad brush program almost immediately. Four years later, we had a staff of 13 full-time people."

Adding to the quality of the program was the fact that the 3 counselors were aware of the benefits structure, which helped them get the assistance their clients needed. "We kept records from the very beginning, tracking the cost savings, in particular. This EAP has been so cost-effective that we've been able to continue providing a 28-day treatment program while cutting overall costs by 50 percent. Many other unions are studying our EAP in hopes of similar results."

Managing Managed Care

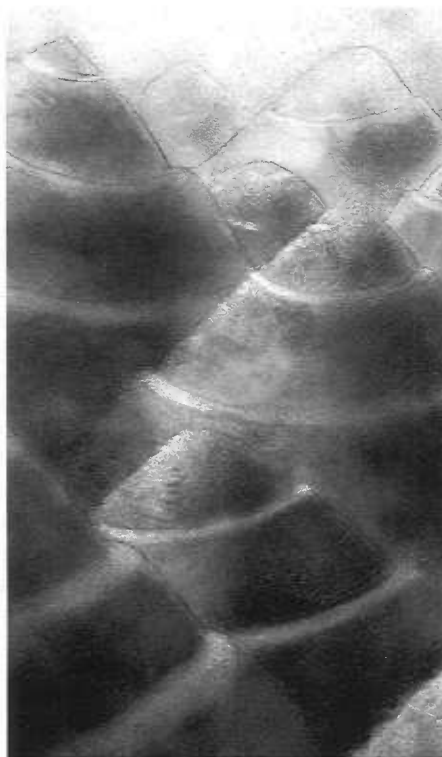
No article on expanding EAP roles and responsibilities would be complete without considering what the growth of managed care means for the EA profession.

Paul Maiden, CEAP, is both an EA professional and a managed care consultant for a private firm and an EA professor for the University of Illinois at Chicago. His master's degree in social work coupled with a Ph.D. in health and social policy have helped him in his professional search for other EAP niches.

"Managed care has affected all aspects of health services, not just EAPs, and has left many of us feeling that by the time we develop the answers, they will have changed the questions. Some of my students are cautious of managed care, but they are not turning away from it. Some managed care companies are offering them starting salaries in the mid-thirties.

Maiden pointed out that EAPs should be more proactive rather than reactive to changes brought about by managed care. He feels that EAPA members must sell themselves on their value to managed care companies. "We must not lose sight of the core technology of EAPs but we must also be able to build on it," he said.

Eileen Smith, president of Corporate Care Concepts, Inc., believes managed care will have a significant effect on EAPs in the years to come. "I see the EAP field splitting into two areas: clinical EA professionals who do assessments and referrals for managed care organizations (MCOs), and worksite EA professionals who are linked more closely with HR departments and who will have more leverage and influence in guiding the EAP function." Smith says her clients are supporting her EAP efforts to get the MCOs to provide the appropriate treatment levels for employees. One client told her, "Don't let this program be driven by the benefits we offer through the MCO; make sure it is EAP-driven. If CCC feels a certain type of treatment is necessary, we will stand behind you in getting it from the insurance company."



EAPA's fight for legislative action at the state level has opened doors for other EA professionals. Eileen Smith, CEAP, president of Corporate Care Concepts, Inc., said activities on the EAPA Legislative Committee have led to educating government officials. "Someone I knew was elected state senator. I heard him speak about legislation that he had promoted for alcohol and drug counselors. Through another acquaintance who was also elected to state office, I arranged to discuss the need for CEAP licensure with the Division of Consumer Affairs in New Jersey. I also met with officials of the State Assembly Majority Office to discuss salient legislation."

Smith said very few of the people she met were aware of EAPs. She is now working on a campaign through another association to get the word out about the value of EAPs for small- and mid-sized businesses.

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Value-Added Advice

These EAPA members had plenty of advice for those who want to expand their EAP horizons. For more information, contact these individuals in their corporate offices listed in the *EAPA 1996 Member Resources Directory*.

Gary Atkins: If we are to imagine the magnitude of change we will see by the end of this decade, we realize we have only begun to see the critical need for employees to adapt and change to the often painful and demanding work environment. Healthcare reform is not over, and strategic alliance mergers and organizational change will be the cornerstones for future work environments. It is important for EA professionals to expand their roles beyond the core technology and become familiar with the critical needs of tomorrow's workplace.

Pat Armstrong:

- While making changes, be careful to preserve integration of the EAP.
- Avoid appearing too closely connected with corporate management, or you may appear to be jeopardizing confidentiality.

Greg DeLapp:

- Do your best to stay in one company long enough to build a track record and build a reputation on it.
- Network. If your benefits department has made changes in your company's drug and alcohol or mental health benefits benefits without your involvement, maybe you have yourself to blame. Make your voice heard in the decision making process.
- Keep the doors of communication open. Don't just answer a supervisor's question. Ask yourself, why is this person asking this question? Try to keep asking questions and find out more about that person's need for information.
- Avoid defining the EAP as a clinical entity. I refer to myself as a professionally trained staff person. I conduct "meetings," not "sessions," with employees. I maintain a solid business mentality, recognizing the financial limits of my budget and the company.

- The only way EAPs can continually demonstrate their value/utility is to assume other roles; while you are doing these new things, continue advocating the necessity for core technology. If supervisors and executive staff only think of you in terms of a defined problem, your days at that company are probably numbered.
- As different legislative/regulatory actions become effective, make it your job to investigate how they will affect employer and employee and make changes in your contacts accordingly. For example, when 401(k) plan provisions allowed for easy access loans, I helped the benefits staff develop a response to financial hardship requests and explained how they could recommend EA to employees who frequently requested loans.

Janice Dragotta:

- Be attuned to your customer base.
- Be creative in thinking of ways to use your EAP skills.
- Don't be concerned about defining yourself as a separate entity from HR; work with the HR work/family group or health promotion department. Initiate and welcome collaborative relationships with other organizational groups.

Pat Drew: Look for opportunities to help the company and employees meet their goals. It's a challenge to maintain your EAP responsibilities while getting involved in other issues, but if someone wears only their EAP hat, they won't be adding value to the company.

We need to describe ourselves in terms that employees understand and can identify with. For example, EA professionals are behavioral risk managers and behavioral healthcare consultants and they understand the needs of all levels of employees during employment transition.

But don't make the new responsibilities too broad. EA professionals don't want to lose sight of their responsibilities under core technology.

Sharon Fusco: Be active in your local EAPA chapter. Work toward strengthening the partnership between EAP and managed care. Join a managed care network by marketing your EAP experiences as a specialty.

Kathleen Handron: It's particularly important to tie the EAP efforts to high-cost areas of the organization. Also important is to learn about the potential impact of new or pending legislation and to advise the corporation accordingly. At the department level,

ask people how you can help them meet their performance goals. Most important of all, become a team member. Even though you may have a great relationship with top management, you still have to deal with other departments, and they all have their own goals and objectives.

Hank Linden: Do "out of the box" thinking. Explore possibilities. You must stick your nose into areas you haven't been in before.

Become part of a team that has groups you haven't worked with before. Look for opportunities where we can share utilities and responsibilities so that everyone in a company can have an effect on the bottom line. Task forces have been particularly valuable to me. I have been on a task force to restructure company benefits as well as a task force to design and implement an office of the ombudsperson.

Paul Maiden:

- Constantly try to expand the EAP role. If we stay with those duties defined only by core technology, EAPs will die. Core technology is the essence of our fabric as a profession but we must build on it. Increase the EAP's value to the company by helping the company meet its obligations to its employees.
- Think innovation!
- Be open to changes brought about by managed care. Embrace change and remember that in today's work force, change is constant.
- Be proactive in providing these value-added services:
 1. Critical incident stress debriefings. This is one example where EA professionals have made significant contributions to employer and employee alike.
 2. Help your company comply with legislation, such as the Civil Rights Act, the Americans with Disabilities Act (ADA), the Family Medical Leave Act (FMLA).
 3. Work to integrate EAP into the HR function. Several grads from the University of Illinois have readily moved from EAP roles into HR and industrial relations functions—a good path to follow.
 4. Help your company's management develop a sense of corporate social responsibility to employees and to the community; cope with changes in the workplace; develop skills as conflict managers/mediators; learn

behavioral risk management; meet the needs of indigent workers.

Ted Mapes, CEAP: Get the word out about the EAP to as many members as possible and let them know that you are a union member willing to help them. It only takes 10-15 minutes to make a presentation to a group of employees. Stress the confidentiality of the program, and people will come forward.

Sheila Monaghan:

- The value and importance of the EAP continues to be defined. EAP leaders have the responsibility to create the future for the profession. It is critical for EA professionals to define the services they can reasonably provide as well as areas they will influence.
- The ability to be adaptable and flexible is critical as the EAP enters different cultures. However, quality standards must be maintained across the world so that the efforts of the EAP are not lost in highly complex business environments.
- EA professionals will be required to have a multitude of skills and abilities in the future to meet the demands of the company, employees, culture, and laws. We must continue to focus on technology development and knowledge transfer across organizations. In EAP, we must continue to define the core competencies of the profession so that our skills and knowledge continue to be present in the organization even if the words "employee assistance" should change.

Crystal Simms: The workplace is going to change tremendously in coming years, through the influx of women and people of color. If predictions from Workplace 2000 are borne out, not only will there be more of these new workers, but also their predominance in the workplace will change the way we work. Work organizations will become more feminine and less westernized; we will see more cooperative approaches to production and service and a decrease in hierarchical practices. We will need to increase our knowledge of and acceptance of people who are different.

Eileen Smith: The best way to expand the EAP role is to continue learning. Join other associations, especially those outside of the EAP field, and network with their members. Learn to speak the language of other professions and after doing so, to teach them about EAPs. ☐

This article describes a study performed at Southern California Edison to determine the impact of EAP case management on health care claims filed by employees with substance abuse problems.

The Value of EAP Case Management

by Patrick Conlin, Thomas M. Amaral, Kirk Harlow

This study was part of a larger EAP evaluation project initiated in 1991 in response to several factors. One key factor was the publication of several outcome studies by external managed care organizations, some of which were offering their services as possible behavioral health care service vendors to Southern California Edison (Edison). These organizations had published results indicating major reductions in mental health and substance abuse treatment utilization and costs. Their studies, however, defined success solely as reductions in behavioral health care claims dollars, and, consequently, did not take into account possible cost-shifting due to inadequate, inappropriate, or poor quality behavioral health treatment.

Because of this potential for cost-shifting, companies like Edison might accrue "hidden" costs due to over-utilization of primary medical services, increased disability and workers' compensation claims, increased work absenteeism, increased disciplinary problems, and greater termination and turnover. The goal of the overall evaluation project was to document these potentially overlooked costs and to explore how the EAP might play a role in reducing them. The objective of the specific substance abuse claimants study presented here was to determine the impact of EAP case management on medical claims filed by employees with substance abuse problems. This study compared total medical claims filed by employees with substance abuse problems and managed by the EAP with total medical claims filed by employees with substance abuse problems and managed solely by Edison's PPO Medical Benefits Plan at the time of the study – the HealthFlex Plan.

Background on the EAP

A brief history and the key features of Edison's EAP are described below.

- The EAP was established in 1977 as an occupational alcoholism program for employees, retirees, and their family members.
- By the early 1980s, the program expanded to become broad brush, offering services for a wide range of mental health and personal problems in addition to alcohol abuse.
- The program offers assessment, referral, and follow-up case management services and, when appropriate, brief counseling for up to five sessions per episode.
- In addition to direct client services, the EAP offers supervisory case consultations, training and education programs, and trauma response services.
- At the time of the study, the program was administered internally and staffed professionally by four full-time licensed counselors.

Overview of the HealthFlex Plan

During the study's time period, the managed medical benefits coverage most often elected by eligible employees was Edison's self-administered PPO plan—HealthFlex Plan.

Key features of this plan, included the following:

- Services provided by the plan's preferred providers are covered at 90 percent; services provided by other providers were covered at 70 percent of "reasonable and customary" fees.
- Certain services had to be certified by the plan's Patient Care Services to receive full benefits. These services included hospitalizations and inpatient care, substance abuse treatment, mental health day treatment programs, and outpatient mental health services (after five visits). Without certification, benefits were reduced by 20 percent.
- Concurrent review was provided by Patient Care Services for any treatment requiring certification.
- If certified by Patient Care Services, substance abuse treatment was covered at 80 percent. The plan covered up to three treatment episodes per person, per lifetime; up to \$7,500 a year per person; and up to a combined total of \$22,500 per lifetime.
- Mental health treatment benefits were 80 percent for preferred providers. The plan paid up to \$5,000 per year for outpatient treatment; \$35,000 per lifetime for all covered mental health treatment.

- Plan members had available a preferred providers directory, which allowed them to access services directly.

Definitions of Claims

We obtained HealthFlex benefits eligibility and claims history data from several databases maintained at Edison. We used both diagnosis and type of service received to define a substance abuse or mental health claim. We applied this broad definition in order to be as inclusive of these claims as possible.

We considered a claim to be for a substance abuse problem if:

- The claim was for outpatient or facility-based treatment services received at a substance abuse provider; or
- The claim contained an ICD-9 diagnostic code between 303.0 and 305.9, excluding 305.1 (nicotine dependence).

We considered a claim to be for a mental health problem if:

- the claim was for facility-based or outpatient mental health treatment, or a mental health prescription; or
- The claim included an ICD-9 code of 295.0-302.9, 306.0-313.9, or 316.0.

If a claim contained a mix of substance abuse service or diagnosis with a mental health diagnosis or service, we considered the claim to be for substance abuse treatment.

We used charged claims in all of the analyses because of the difficulties involved in interpreting both allowed and paid claims, which are dependent upon the type of plan and previous claims history. During 1990, total paid claims were approximately 60 percent of total charged claims.

Substance Abuse Claimants Study Methodology

The substance abuse claimants study included HealthFlex-eligible employees who met the following criteria:

- They filed at least one substance abuse claim during the period from June 1, 1989 through April 30, 1991;
- They were eligible for HealthFlex benefits continuously throughout a 30-month period starting 12 months prior to the filing of the initial substance abuse claim and ending at 18 months following this claim. (The substance abuse claimants study was conducted in two phases: An initial phase included an 18-month fol-

low-up period; a second phase added 12 months of follow-up claims data to the initial 18 months. The original follow-up period defined those employees who were included in the study.)

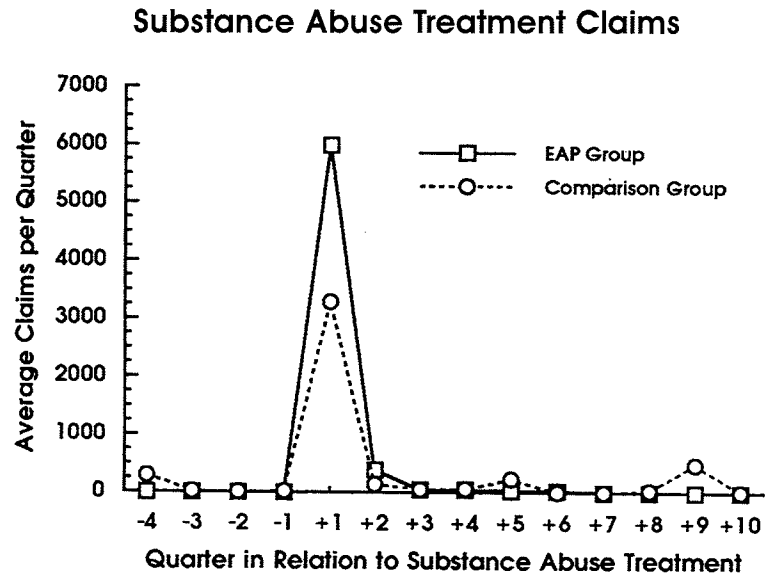
From among those employees who met the above criteria, we drew an EAP study group to explore how contact with the program might influence subsequent claims experience. We included in this group only those employees who had contact with the EAP within a five-month period prior to the beginning date of their initial substance abuse claim. We chose five months in order to define a time period during which the EAP might be expected to exert its greatest influence. The EAP study group included 30 employees.

To create a comparison group, we selected those employees who met the substance abuse claimant study's inclusion criteria and who had no contact with the EAP during the entire study period. This group included 29 employees.

Using the initial substance abuse claim date as a reference point, we examined health care claims data for both EAP and comparison groups by quarters. We summarized claims data for four quarters prior to the starting date of the substance abuse claim and for ten quarters after the starting date. We analyzed data separately on substance abuse treatment claims, mental health treatment claims, and other medical care costs.

Because union employees had the option of joining a managed care vendor of behavioral health services starting January 1, 1992, substance abuse and mental health

Figure 1



claims data for some subjects were not available during the late follow-up periods. Those employees who changed plans were removed from the analyses for those quarters during which their data were unavailable, and new averages were calculated using data from the remaining employees in each group. Primary medical care benefits were not affected by a change in behavioral health plans, and these claims data were available for analysis throughout the 30-month follow-up period.

Demographic Characteristics

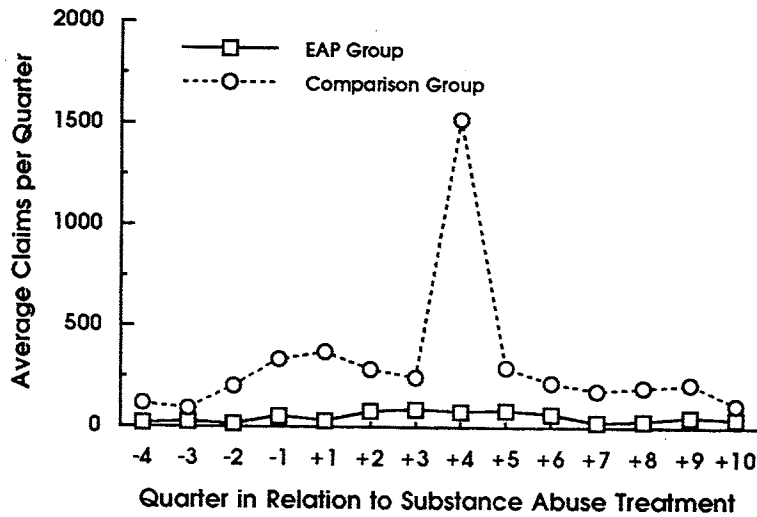
We first examined the EAP and comparison groups for differences in demographic characteristics known in the research literature to be related to claims patterns. These characteristics include age, gender, and occupation, a variable captured in this study by the employee's bargaining unit. Although the EAP group was slightly younger and comprised of more men than the comparison group, we found no statistically significant differences between the two groups on any of these demographic variables.

Substance Abuse Treatment Claims

Longitudinal quarterly analyses of substance abuse treatment claims for EAP and comparison groups are presented in Figure 1 above, which shows that substance abuse claims for the EAP group were much higher than claims for the comparison group. The figure also indicates that the vast majority of substance abuse claims were filed within the first quarter following the initiation of substance abuse treatment: The

Figure 2

Mental Health Treatment Claims



EAP group averaged \$5,995 for substance abuse treatment claims during this quarter, whereas the comparison group averaged \$3,287 in claims for substance abuse services during this period.

Figure 1 also shows that the comparison group filed additional substance abuse claims after approximately one year and again after two years. Although the increases are relatively minor, this may indicate relapse among some employees in this group. During the entire 30-month follow-up period, the comparison group averaged a total of \$4,273 in substance abuse treatment claims, while the EAP group filed an average total of \$6,530 in these claims.

Further analyses of the substance abuse claims show that this difference between EAP and comparison employees is largely due to the type of treatment received by each of the two groups. The vast majority—86.7 percent—of the EAP clients received their substance abuse treatment from known substance abuse providers, primarily in facility-based programs. In contrast, only 34.4 percent of the comparison-group employees received their substance abuse services from such providers: The majority of these employees—65.6 percent—received their treatment for substance abuse problems from outpatient mental health providers and in primary medical care settings. Because services from substance abuse specialists, especially facility-based treatment programs, cost more than office-based mental health and medical services, the EAP-group employees experienced higher treatment costs than the comparison-group employees.

These findings suggest that those substance-abusing employees who went through the EAP, while costing more, did receive treatment regimens that were more directly geared toward their substance abuse problems, as compared to employees who sought help on their own.

Mental Health Treatment Claims

The treatment claims patterns for mental health services for the two groups are presented in Figure 2. This figure shows that, on the average, during the four quarters prior to

substance abuse treatment, mental health treatment claims gradually increased for the comparison group, with an average quarterly cost per person rising from \$115 to \$334. In contrast, only a modest rise occurred for the EAP group, with an average cost rising from \$18 to \$54 just prior to substance abuse treatment. In addition, the average mental health treatment costs for the comparison group continued to rise during substance abuse treatment (up to \$370), whereas mental health claims costs for the EAP group dropped following the initiation of substance abuse treatment (down to \$32).

Figure 2 also shows that throughout the 30 months following the initiation of substance abuse treatment, the mental health claims for the comparison group remained higher than those for the EAP group. This is especially true after one year, when the comparison group experienced a large jump in claims. Again, this suggests that some individuals may be suffering a recurrence of behavioral problems. During the entire 30-month follow-up period, the total mental health treatment claims for comparison-group employees averaged \$3,637, while the EAP clients averaged only \$575.

The analyses of mental health treatment claims patterns indicate that the comparison-group employees frequently received mental health treatment in combination with substance abuse treatment for their substance abuse problems, whereas the EAP clients did not. These findings further support the earlier conclusion indicating the EA professional's ability to match clients with appropriate treatments.

Figure 3

Physical Health Care Claims

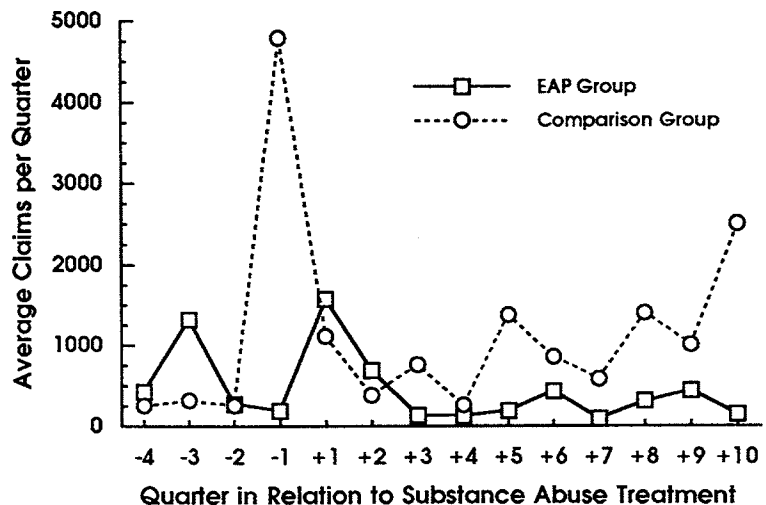
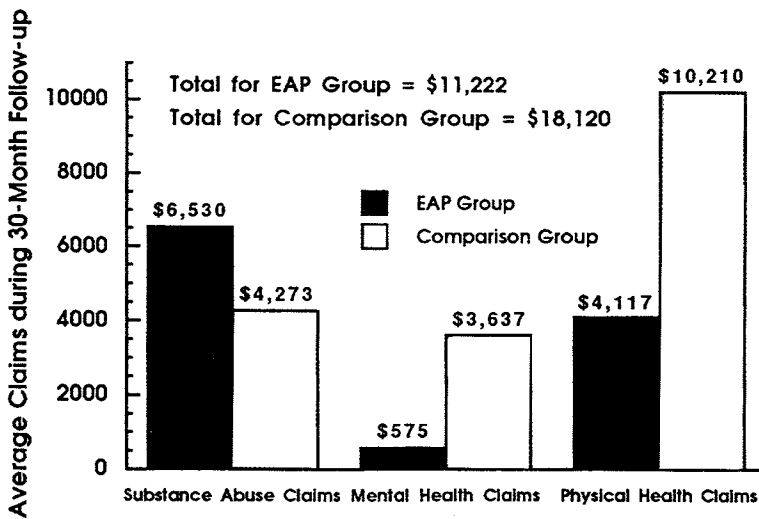


Figure 4

Total Health Care Claims during the 30 Months following Substance Abuse Treatment



Physical Health Care Claims

The quarterly patterns of health care benefits costs, excluding substance abuse and mental health treatment costs, are presented in Figure 3. This figure shows that the comparison-group employees had a significant jump in physical health claims just prior to substance abuse treatment, followed by a sharp drop after treatment, and finally a gradual increase beginning one year later.

In contrast, the EAP-group employees showed a peak in physical health benefits during the same quarter that substance abuse treatment occurred, followed by a decline after treatment, and then generally low-level utilization thereafter. Overall, during the 30-month follow-up period, the comparison group employees averaged \$10,210 in physical health claims, while the EAP group averaged just \$4,117 in these claims.

These patterns of physical claims data suggest that comparison-group employees may be receiving initial help for substance abuse problems through general medical services. As found earlier, only 34.4 percent of these employees eventually obtain help from known substance abuse providers, indicating that they continue to receive treatment in primary medical care settings even after a substance abuse problem has been identified.

The EAP clients, however, appear to obtain physical health services only in combination with their substance abuse treatment regimens. In addition, the known substance abuse treatment programs to which the EAP clients were referred appear to have

lasting effects, since the EAP clients filed very few claims of any kind once substance abuse treatment was completed. In contrast, the comparison-group employees filed substantial additional mental health and physical care claims throughout the 30-month follow-up time period.

Summary of Claims Offset

Figure 4 summarizes all of the health care claims filed by employees in the EAP and comparison groups during the entire 30 months following initiation of substance abuse treatment. The figure shows that the higher costs associated with the EAP group's substance abuse treatment were more than offset by savings in their mental health services and physical health claims. Overall, the total average health care claims for the comparison group during the 30-month follow-up were \$18,120; total average claims for the EAP employees were \$11,222. The difference yields a savings of \$6,898 in claims for each employee who first sought help through the EAP.

Conclusions and Recommendations

The results of the substance abuse claimants study, in addition to results from other phases of Edison's evaluation project not described in this article, indicate the value—and necessity—of developing a comprehensive, integrated evaluation model for the EAP. In the substance abuse claimants study, we found that the EAP is more effective than the HealthFlex plan

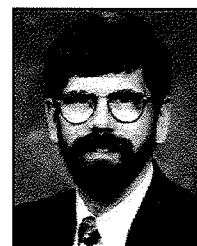
alone at linking employees who have substance abuse problems with providers who specialize in substance abuse treatment. In addition, we found that the EAP's case management approach to substance-abusing employees is more effective at reducing overall claims costs than the HealthFlex approach alone.

Traditional managed care evaluation models of effectiveness that look only at the cost of behavioral health care are inadequate to evaluate the impact of treatment from an organization-wide perspective. In the Edison evaluation project, we found relationships between behavioral health problems, and increased absenteeism, workers' compensation claims, disciplinary problems, and turnover. In the substance abuse claimants study, we specifically found a clear relationship between substance abuse, substance abuse case management, and primary medical charges. These inter-relationships suggest that apparently hidden costs could exist due to cost-shifting as a result of inadequate, inappropriate, or poor quality behavioral health treatment. Assessing the value of any occupational program aimed at reducing behavioral problems—whether an external managed care organization or an internal EAP—must take into account these multiple cost centers.

Patrick Conlin is presently the EAP Coordinator for Kaiser Permanente's Employee Assistance Program office in Santa Clara, California.

Tom Amaral is executive director of EAP Information Systems, a national consulting firm specializing in data-based evaluation and quality improvement of employee assistance programs.

Kirk Harlow is associate professor and director of the Center for Applied Research and Evaluation at the University of Houston-Clear Lake.



Award Nominations

Annually, EAPA gives awards to members who have demonstrated outstanding volunteer service in support of EAPA, their community, or the employee assistance field.

Send your nominations to the attention of Don Magruder, c/o EAPA, 2101 Wilson Boulevard, Suite 500, Arlington, Virginia 22201-3062. Deadline for receipt of nominations is July 15, 1996.

The **Ross Von Wiegand Award** is given annually to an outstanding labor-management cooperation program that espouses the ideals established by Ross Von Wiegand. Von Wiegand's writings on industrial alcoholism were published widely. He served on faculties of schools of alcohol studies and spoke frequently to a broad range of audiences in an effort to promote understanding of alcoholism and occupational programming. Von Wiegand was among the founders of EAPA (ALMACA) and served on the first Executive Committee.

Nominations should be in writing and include a description of why the program is deserving of this award and should identify the members of the union and management who would receive the award. Both management and the union should have members of EAPA.

1995 Award Winners: UAW Ford ESSP and Ford Motor Company

The **EAPA Member of the Year Award** is given annually for outstanding service to the field of employee assistance throughout the member's career. The nominee must be a member of EAPA for at least five years. Nominations should be made in writing and include description of contributions to EAPA at local, regional, and national levels as well as contributions to the field of employee

assistance, the number of years in the field, number of years as an EAPA member, current employment, and background information on nominee.

1995 Award Winner: Tamara Cagney, CEAP

The **EAPA Special Recognition Award** is awarded to members or programs that have made special contributions to EAPA or employee assistance during the past year. Nominations should be in writing and include description of special service performed, member's name, number of years in field, number of years as EAPA member, current employment, and impact of nominee's special contribution as well as background information on nominee.

1995 Award Winners included many EAPA members in this category for various reasons.

The **EAPA Humanitarian Award** is presented to members, chapters, or employee assistance programs for their service to the community outside the course of normal employee assistance business. All members and chapters are eligible to make nominations. Nominations should be submitted in writing and include service contributions, impact of service, and background information on member or program.

In 1995, this award was not presented.

The **John J. Hennessy Award** is presented annually by the Labor Committee and honors the person who exemplifies labor leadership in the employee assistance field. All nominations should be made through the EAPA Labor Committee and directed to the attention of the Labor Director—Ted Mapes.

1995 Award Winner: Samuel Todaro

Confidentiality Brochure



To: EAPA Members

From: Rick Wall, CEAP,
Director Internal Programs
Committee

Re: Confidentiality Brochure

The brochure to the right, entitled "Confidentiality and Employee Assistance Programs: What Every Employee Should Know," has been prepared to help employee assistance professionals address the growing need for information about EAP confidentiality standards. The brochure was developed through the EAPA Program Managers Committee as part of an association-wide effort to ensure confidentiality in employee assistance practices.

The document has been designed to accommodate customized printing for those corporations that want to include their company name on the brochure. For information on costs for customized printing or for bulk quantities, please call Kay Springer, EAPA Director of Communications, at 703-522-6272.

About Confidentiality...

information regarding any unsafe behavior that violates these regulations.

Before sharing any confidential information, ask your EAP professional to give you a written explanation of your employer's policy regarding client confidentiality.

- **Your employer or supervisor does not have a right to know details of your conversation with the EAP professional.**

If your supervisor or employer referred you to the EAP professional for a job performance issue, he or she does have the right to know that you contacted the EAP office and that you are or are not participating in the EAP. No further information may be disclosed without your written permission.

Your supervisor is not entitled to know the details of your problem or anything else you discuss with the EAP professional.

- **If you have sufficient reason to believe that your EAP professional has not kept your information confidential, here's what you should do:**

Contact the EAP professional or that person's supervisor and express your concerns. If you need further assistance, contact a local chapter of the Employee Assistance Professionals Association and/or consider seeking legal advice. If you don't know the telephone number for a local EAPA chapter, contact the EAPA National Headquarters, 2101 Wilson Boulevard, Arlington, Virginia 22201; 703-522-6272.

This information is being provided by the Employee Assistance Professionals Association (EAPA), the largest, oldest, and most respected professional association for persons in the employee assistance program field. EAPA represents more than 7,000 individuals and organizations around the country with an interest in employee assistance.

Since 1971, EAPA has been working to develop and maintain the best possible workplace relationships for people around the world. EAPA members follow professional standards and a strict code of ethics, which includes a firm commitment to protect and uphold employee confidentiality.

EAPA is providing legislative and public policy leadership on employee assistance issues in Washington, D.C. and state houses throughout the United States. EAPA's priorities include broader recognition of the EAPA definition of employee assistance programs and increased access to Certified Employee Assistance Professionals (CEAPs). By continuing to advance the availability of quality EAPs, EAPA is helping create a better work and home environment.

A vertical column of stylized line art illustrations of human faces, rendered in white outlines against a reddish-pink background. The faces are stacked vertically, with some showing different expressions or orientations.

**Confidentiality
and Employee
Assistance
Programs**

■
**What Every
Employee
Should Know**

What Every Employee Should Know

Each day, employees and employers are growing more and more aware of the benefits of employee assistance programs (EAPs). Each year, employees and their dependents contact EAP professionals to find help for a wide variety of problems that affect their daily lives.

EAP professionals help with a wide variety of topics, including:

- **Family and marital issues**
- **Problems with alcohol and other drugs**
- **Mental health**
- **Child/elder care**
- **Financial counseling**
- **Problems requiring legal advice, and many, many other topics.**

Employee Assistance Programs:

-Help the Individual, the Family, and the Organization.

If you and your family have access to an EAP, you are fortunate to have one of the best services your employer could offer. EAPs can be an excellent resource for solving problems that have an adverse effect on your family, your health, and your productivity.

In addition to helping employees, EAPs have assisted with a variety of organizational issues affecting employees, including:

- Restructuring;
- Downsizing;
- Worker's compensation;
- Stress;
- Wellness;
- Drug-free workplace policies;
- Human risk management.

-Must Maintain a Strict Code of Ethics

EAP professionals are expected to interface within all levels of the employment organization, while maintaining a code of professional, ethical conduct with employer and employee.

-Protect the Rights of the EAP Client

One of an EAP professional's highest priorities is to protect the rights of the EAP client. This protection begins with some important points you need to know about EAPs:

- **The information you share with your EAP professional is confidential, but not all employers endorse the same level of confidentiality.**

According to professional guidelines developed by the Employee Assistance Professionals Association (EAPA), all EAPA members are required to maintain strict confidentiality, except in certain circumstances, which may be required by law or company policy.

For example, if the information you share suggests imminent threat of harm to yourself or others, or child or elder abuse (or, in some states, spousal abuse), state law may require that the EAP professional share that information with legal authorities. Physicians, psychiatrists, and psychologists are required to follow the same procedures.

For public safety reasons, some federal agencies, such as the Department of Transportation, the Department of Energy, the Department of Defense, and the Nuclear Regulatory Commission, have fitness-for-duty regulations, which may require your EAP professional to disclose

Depression in the Workplace

The survey below was designed by EAPA and the National Mental Health Association to elicit data from EAPA professionals about their experience with depression in the workplace.

As a bonus, those EAPA members who respond to this survey by June 30, 1996 will have their names entered in a drawing to receive a free copy of "In Good Company," the portfolio of materials specifically designed for recognizing symptoms of depression in the workplace. Eli Lilly and Company, sponsor of the "In Good Company" workshop presented in 1995, has agreed to donate 50 copies of these materials. One copy costs \$75, so don't miss this special opportunity to be one of the 50 EAPA members who wins a free copy.

These responses are very important to the mission of the National Public Education Campaign on Clinical Depression. As co-sponsor of this Campaign's Workplace Task Force, EAPA shares responsibility for contributing to the identification, intervention, treatment and research of this illness. Survey responses will assist us in designing future education/training initiatives for EA professionals, employees/families, key referral sources at work, benefits managers and HR professionals.

Mail your survey by June 30 to: Wirthlin Worldwide, 1998 South Columbia Lane, Orem, UT 84058-8052, Attn: EAPA Survey. Thank you for your participation.

1. Of the ten assessed problems listed below, rank the top three that you see most frequently in your work. Also, for each item you rank in the top three, please indicate whether there has been an increase (I), decrease (D) or no change (N) in the prevalence of these problems in the last 3 years.

- | | |
|-----------------------|---|
| 1 Alcoholism | 6 Medical illness (other than mental illness) |
| 2 Anxiety disorders | 7 Substance abuse other than alcohol |
| 3 Clinical depression | 8 Stress |
| 4 Domestic violence | 9 Workplace/job conflict |
| 5 Family crisis | 10 Workplace violence |

- a. # _____ is most frequent; there has been a/an _____ in the prevalence of this problem.
- b. # _____ is second most frequent; there has been a/an _____ in the prevalence of this problem.
- c. # _____ is third most frequent; there has been a/an _____ in the prevalence of this problem.

2. Please indicate your opinion regarding the following statements by circling the appropriate number using the 1 to 6 scale (1 being strongly agree and 6 being strongly disagree). Please circle 9 if you don't know.

	Strongly Agree			Strongly Disagree			Don't Know
	1	2	3	4	5	6	9
a. The support that employees with clinical depression receive from their <u>co-workers</u> is excellent.	1	2	3	4	5	6	9
b. The support that employees with clinical depression receive from their <u>managers</u> is excellent.	1	2	3	4	5	6	9
c. Treatment for clinically depressed employees is always effective.	1	2	3	4	5	6	9
d. Employees at my organization have adequate health benefits for the treatment of depression.	1	2	3	4	5	6	9
e. Depression causes an increase in the number of workplace injuries/accidents.	1	2	3	4	5	6	9

All individual responses will be kept strictly confidential.

	Strongly Agree				Strongly Disagree		Don't Know
	1	2	3	4	5	6	9
f. Depression causes an increase in medical claims for physical illness.	1	2	3	4	5	6	9
g. Depression does not cause an increase in health benefits claims in the workplace.	1	2	3	4	5	6	9
h. My organization has increased its health benefits for the treatment of depression.	1	2	3	4	5	6	9
i. Depression causes an increase in interpersonal conflict with co-workers.	1	2	3	4	5	6	9
j. Employees with depression are more likely to have a higher absentee rate than those without depression.	1	2	3	4	5	6	9
k. Depression causes reduced productivity in the workplace.	1	2	3	4	5	6	9
l. Compared to five years ago, the number of employees I have seen with depression has increased significantly.	1	2	3	4	5	6	9

3a. When you refer an employee with depressive symptoms, to whom do you refer them? (check all that apply)

- ₁ Primary care doctor
₃ Psychiatrist
₅ Licensed social worker
₇ Not applicable
₂ Licensed counselor
₄ Psychologist
₆ Other, specify _____

b. Is the employee's health benefits package the most important factor in your referral choice? (check one)

- ₁ Yes
₂ No
₃ Don't know

c. If no, what is the most important factor, and why?

4. Of the reasons listed below, rank the top three reasons your clients with clinical depression do not seek treatment.

- 1 They are unaware that they have depression
- 2 They believe they can handle it on their own
- 3 They don't know where to go for treatment
- 4 They are concerned about confidentiality
- 5 They don't have adequate insurance coverage to pay for treatment
- 6 Don't know

- a. # _____ is the most frequent reason.
- b. # _____ is the second most frequent reason.
- c. # _____ is the third most frequent reason.

All individual responses will be kept strictly confidential.

tear along dotted line

5. Has your company sponsored any education programs on clinical depression for employees, supervisors or union representatives? (check all that apply)

- ₁ For employees
- ₂ For supervisors
- ₃ For union representatives
- ₄ None
- ₅ Don't know

6. Have you used or participated in any of the following programs? (check all that apply)

- ₁ Employee Telephone Access Program
- ₂ In Good Company
- ₃ Written articles regarding depression
- ₄ *Business and Health* articles
- ₅ *Exchange* articles
- ₆ Have not used any of these programs

7. What could EAPA do to improve your skills in dealing with depression in the workplace?

8. Please indicate your functional responsibility: (check the one where you spend the most time)

- ₁ Program Administrator/Manager/Coordinator (employed internally by organization offering EAP to its employees)
- ₂ Program Consultant/Manager/Service Provider (employed by business/union external to organization offering EAP to its employees)
- ₃ Consultant Only (program design & development: no direct services to EAP clients)
- ₄ EAP Counselor
- ₇ Marketing Representative
- ₁₀ Community Relations Representative
- ₅ Therapist
- ₈ Industrial Relations Representative
- ₁₁ Personnel/Human Resources Manager
- ₆ Managed Care
- ₉ Other, specify _____

9. What is the total number of benefit eligible employees in your company?

- ₁ Fewer than 500
- ₂ 500 - 1,000
- ₃ 1,001 - 2,500
- ₄ 2,501 - 5,000
- ₅ Over 5,000

10. Indicate your organization's work sector. (check one)

- ₁ Private Sector/For Profit
- ₃ Labor Union/Government Sector
- ₅ Local Government
- ₂ Private Sector/Non-profit
- ₄ Labor Union/Private Sector
- ₆ State Government
- ₇ Federal Government

11. Indicate your organization's type of business or industry. (check one)

- ₁ Aerospace/Defense Ind.
- ₆ Education
- ₁₁ Insurance
- ₁₆ Trade (Retail; Wholesale)
- ₂ Beverage/Food
- ₇ Energy
- ₁₂ Manufacturing
- ₁₇ Transportation
- ₃ Communications
- ₈ Finance
- ₁₃ Military
- ₁₈ Utility
- ₄ Construction
- ₉ Health Care
- ₁₄ Recreation
- ₁₉ Other, specify _____
- ₅ EAP Vendor
- ₁₀ Hotels, Restaurants, Etc.
- ₁₅ Real Estate

If you would like to be included in the drawing for a copy of "In Good Company," please complete the following information. All individual responses will be kept strictly confidential - and only seen by the research company.

Name: _____ Telephone Number: _____

Company: _____ EAPA Membership No.: _____

Mail your survey by June 30 to:

Wirthlin Worldwide, 1998 South Columbia Lane, Orem, UT 84058-8052, Attn: EAPA Survey

How accustomed to change is your culture?
Find out in this article on uncertainty avoidance.

Hofstede's Fourth Dimension

Uncertainty Avoidance

Last in a series of four articles

by Barbara Sumner



As the popular saying goes: "There are only two sure things in life—death and taxes." Americans like to be in control and are reluctant to admit that much in their lives is beyond manipulation. In fact, all societies are forced to deal with insecurity against an uncertain future. Some accept it more easily than others. All have developed ways to cope, though we may find some of those ways bizarre.

Another way to explain this most psychological of the five dimensions is to imagine someone you might know, someone whose favorite phrase is, "What if...," as in "What if it rains?" "You'll need your umbrella."

Cultures that score high on uncertainty avoidance (UA) are worried about umbrellas and raincoats. Whether it rains or not, they are prepared. Conversely, cultures low on UA will remain flexible. If it rains, they may borrow or buy an umbrella. But they don't think about it much because who knows if it will rain!

Uncertainty avoidance is a complex dimension that relates to stress, planning, legislation, tolerance, structure, truth, and citizenship. Regions generally high on UA are Latin America, Latin Europe, the Mediterranean area, Japan, and South Korea. Medium high are Germany, Austria, and Switzerland. Medium to low are the other Asian, African, Anglo-Saxon, and Nordic countries.

Take Great Britain, France, and Germany. Their differences are partly summed up in the following:

- In Great Britain, if it's not forbidden, it's allowed.
- In Germany, if it's not allowed, it's forbidden.
- In France, it's allowed, even if it's forbidden.

Both France and Germany score relatively high on UA; both have a full and complex set of laws to protect citizens from the unknown. The two countries differ on how their laws are implemented, however. In Germany, laws are usually obeyed; in France, laws are for *others* to obey, not for oneself.

Differences in how cultures deal with high UA are sometimes explained by one or more of the other dimensions in combination with UA. In other cases, one has to concede that a culture has inexplicably found a new trick to help them cope.

Astrology is one of those tricks. In the capital city of this country—which is very high on UA—newspaper readers in the capital city could have seen the following three excerpts from different publications, all on the same day:

"The day is entirely unsuitable for undertaking of any sort."

"Fraud, cheating, and crooked deals are only a small fraction of the troubles that threaten to disrupt your plans today."

"It would be best to refrain from sexual relations. Diseases beginning today may last a lifetime."

The quotations are from Moscow newspapers.

Chances are high that before being offered a job in France, your handwriting will be analyzed to provide a clue to your character. In Germany, you could not hope to settle into a career of your choice without the proper academic credentials. The average German university student is around 28 years old when he or she finishes studying. Most politicians on the national level have a doctorate. Even the weathermen on the German news are introduced as "Herr Doktor..., Meteorologist." The German tendency to rely on experts is but one mechanism to deal with uncertainty. Before leaving Germany, I should comment on German structure, procedures, punctuality, and perfectionism. The following story sums it up best:

A 12-year-old boy had never spoken a word in his life. His parents assumed he was unable to speak. Imagine their surprise when one evening at the dinner table, he said: "Please pass the salt." Overcome with emotion, his mother said, "But if you could speak, why have you waited until now to say something?" Her son replied, "Until now, everything was in order."

To date, the most colorful example of uncertainty avoidance I've encountered comes from Japan. The belief is widespread that blood type and character are linked. Politicians' profiles include their blood type. One soft drink company marketed its soda (variations in color and taste) by blood type. Condoms vary in size, color, and pattern according to blood type.

All this is fun to observe, but what about the workplace?

An important difference is the approach to planning. High UA cultures will want to be careful and orderly, using a top-down approach and taking into account questions of philosophy, methodology, rules, and structure before proceeding. The low UA countries' approach is best described by Nike's "Just do it!" Anglos like to "fly by the seat of their pants" while using the trial-and-error method. Working from the bottom up, they will be accused of amateurism or worse. Those with careful planning are, of course, to be accused of fooling around and wasting time.

A second consequence for the workplace relates to re-engineering, change management, restructuring—all fashionable management techniques snapped up rather quickly by low-UA, Anglo-Saxon cultures open to new ideas and change. We shouldn't assume that other cultures are similarly open and flexible.

For the last eight years, following sojourns in Nordic, Anglo-Saxon, and Germanic countries in Europe, I have lived and worked in a country scoring 94 on UA. Of course, change arrives here, too, but it is late, resisted, and thus very slow.

Working internationally is far from easy. Take Murphy's Law: "If something can go wrong, it will"—accurate enough in a monocultural environment—and add the cultural variable. At that point, people working internationally need huge reserves of luck or some finely tuned cultural skills to survive.

I hope and trust that this glimpse of cultural "mapping" achieved by Professor Hofstede will not only help you see some of the intercultural challenges that exist, but also help you realize that a tool for understanding and working with them is available.

This concludes an introduction to four of Hofstede's Dimensions. The fifth dimension—measuring Asian values—is described, along with the first four, in *Cultures and Organizations: Software of the Mind*, by Geert Hofstede, McGraw-Hill, 1991.

Barbara Sumner is a consultant with the Institute for Training in Intercultural Management (ITIM) based in the Netherlands. Her telephone number in Belgium is 322-687-2755.



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The Thrill of Victory and the Agony of Defeat

Mental Health and Chemical Dependency at Owens-Corning, Part II

by Donald B. Levitt, Ph.D., CEAP

Two years ago, I shared with *EAPA Exchange* readers information about what was then a new activity for the EAP at Owens-Corning—disability management of mental health and chemical dependency conditions. At that time, I was very excited and very proud of what we were doing. Now, however, we've gotten rather used to our success with routine cases, and have become more acutely attuned to those cases that are not routine.

But, first, let's review the six "lessons" described in my previous article. I will then present four new lessons we have learned since then.

Lesson Number 1

It's hard to believe, but a few years ago, if an employee contacted the EAP and we found the employee to be severely depressed, for example, we made sure that the employee received proper treatment. But neither we nor the treatment provider focused on returning the employee to work. We were acting as if we did not understand that work is an important part of health and life, and being at work can often help an employee to achieve maximum recovery more promptly and fully.

Lesson Number 2

Some employees were not all that thrilled with us helping them return to work if they were still experiencing some symptoms and discomfort. This created some discomfort for us EA professionals because we had always been seen as employee advocates and there we were advocating for something that the employee did not particularly want. We eventually came to feel

good about advocating for the employee's health and understood that work is an important part of health. In the field of chemical dependency, EA professionals have always advocated for health rather simply for what the employee wanted, but doing this in the mental health arena was a new challenge for us.

Lesson Number 3

Our treatment providers generally insisted that an employee remain off from work until his or her symptoms were fully alleviated, regardless of the employee's ability to do some or all of the job functions. Many treatment providers were reluctant to alienate their patients by suggesting a return to work. Many other treatment providers were unfamiliar with the manufacturing or corporate work environment and assumed that those work environments were harmful to health. They assumed that staying away from work as long as possible was in their patient's best interest. When our treatment providers defined disability in terms of symptoms rather than in terms of functional ability, they inadvertently hindered the employee's return to work and return to full function.

Lesson Number 4

Talk about naive—when we and the treatment providers focused exclusively on symptoms, we missed some of the most important reasons that employees do not return to work: Conflicts with supervisors and co-workers, unresolved work/family issues, and potential financial incentives for staying away from work.

Lesson Number 5

We learned pretty quickly that we and the treatment providers were not going to be very successful if we did not fully engage other important players, such as the employee's supervisor, the human resources representative, and the local company medical department.

Lesson Number 6

EA professionals have always strictly guarded confidentiality, but disability management requires the workplace to have certain information (for example, expected return-to-work date, anticipated work accommodations, compliance or non-compliance with treatment) and requires coordination with the supervisor, human resources department, company medical department, and others. We learned to create a strict distinction between clinical information—which is shared with the clinical team—and workplace-relevant information—which is the only information shared with management and human resources.

Those were some of our early lessons and those lessons have allowed us to help many employees who were struggling with mental health and chemical dependency illnesses to return promptly and successfully to full functioning at work and in life. Over the past couple of years, however, we have found that there are some employees whom we thought we could help return to work successfully but were unable to do so. It is from these cases that we have learned some additional lessons.

Before describing Lessons 7 through 10, I'd like to explain one specific case as an example.

The Production Employee

We had a 44-year-old production employee contact us through self-referral. He reported depression with sleep and appetite disturbance. At that time, he was on modified duty due to a non-occupational neck injury. He was angry at the local disability manager because he saw other employees on modified duty working in an office setting while his work accommodation protected his neck but still required him to be out on the production floor. He requested that we not speak to the local disability manager, but we advised him that this was our standard practice in cases of disability. The disability manager advised us that the employee had a long history of interpersonal difficulties at work.

One week later, the employee was hospitalized after telling his psychiatrist that he "felt like a postal worker" and had carried a loaded gun to work for the past two days. He was given an Axis I diagnosis of major depression with psychotic features, and an Axis II diagnosis of paranoid personality disorder. He was discharged two weeks later. One day, he told his psychiatrist that he wanted to go on long-term disability and he had an attorney. He also indicated a reluctance to continue outpatient treatment due to the cost of the co-payment.

One week later, he was re-hospitalized due to increased homicidal ideation, though the psychiatrist was not sure to what degree this behavior was overly dramatic and manipulative. His wife indicated that he was not taking his medication.

He was discharged one week later. In the meantime, the plant had taken the following precautions:

1. They advised the employee both verbally and in writing that he was not to come to the plant, nor meet with co-workers either on-site or off-site, and that he was to communicate only with the human resources manager, and only by telephone.
2. They deactivated the employee's access card and advised the police of the situation.
3. They advised selected co-workers to call human resources if the employee was seen on-site or to call the police if the employee was seen approaching them off-site.
4. They advised co-workers that the employee would not be approved to return to work until he was considered safe to return.

One week after his second discharge, the employee went to a gas station/convenience store where other employees often gather. A co-worker told the employee that his job had been posted for replacement (which was incorrect information). The employee got angry and sped off without paying for his gas. The plant, police, and family were notified.

During the following four months, the employee continued to show signs of severe depression as well as periodic suicidal and homicidal ideation. After six months of disability, the employee wanted to return to work but was considered too depressed to work and was granted long-term disability. This decision led to an exacerbation of depression, anger, and homicidal ideation. The employee is currently in partial hospitalization.

This case illustrates a number of lessons that we have learned:

Lesson Number 7

When employees have both an Axis I and an Axis II diagnosis, the workplace has often "accommodated" the Axis II diagnosis for a long time. By not stepping up to the inappropriate behavior before the Axis I symptoms appear, the workplace misses the opportunity to both effectively address a workplace problem and also possibly help an employee before an underlying Axis I condition becomes debilitating.

In this case, not only did the workplace not step up to the Axis II behavior earlier, but also the physician and disability manager who were managing the neck injury did not realize that the Axis II irritability may have actually reflected an Axis I clinical condition—thus missing the opportunity for earlier treatment of this condition.

As is often the case when there is an Axis II diagnosis, the employee is ambivalent about returning to work because he or she feels uncomfortable with co-workers and/or management. After a long history of the employee's interpersonal problems, the workplace is not particularly excited about the prospect of the employee returning to work.

This combination of issues is not unusual. We find that the majority (though certainly not all) of our cases who are on disability for more than six weeks have both an Axis I and an Axis II diagnosis.

Lesson Number 8

This employee's non-compliance with medication early after discharge created a major disruption in the case. More intensive

outpatient treatment, where medication could have been monitored, may have helped with compliance.

Lesson Number 9

In this case, I think that we acted prudently with respect to the threat of violence, but we have found that in other cases, this threat of violence has led us to back off from appropriate expectations of the employee.

Lesson Number 10

This case was a failure from both the employee's and the company's point of view, and both the employee and the company will be dealing with this failure for a long time to come.

In summary, while we continue to have considerable success in the area of disability management of clinical mental disorders, we have found that our most challenging cases are those where a clinical mental disorder (Axis I) is accompanied by a personality disorder (Axis II). We have learned that these cases require early intervention before the Axis I disorder becomes debilitating, and we have learned that intensive attention to medication compliance and adequate response to the threat of violence can help us to achieve goals that satisfy both the employee and the company.

Donald B. Levitt is manager of EAP and Wellness at the Owens-Corning Employee Assistance Program in Toledo, Ohio. He can be reached by calling 419-248-6104.

1996 EAPA Exchange Themes

July/August

EAPs and Supervisor Training

September/October

Depression and the Workplace

November/December

Legislative and Public Policy
(25th Anniversary Issue)

To submit an article, call
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for information.

EAPA Member Addresses the American Psychiatric Association

In March 1996, the State Legislative and Public Affairs Joint Institute of the American Psychiatric Association (APA) invited EAPA Past President Sandra Turner, CEAP, to discuss behavioral healthcare benefits and services considered most important by business and industry. More than 300 psychiatrists attended this plenary session, and this was the first time that a corporate representative (and EAPA member) was invited to the dais.

"Psychiatrists are reeling from the impact of managed care, which has changed their professional lives forever," said Turner. "While their ethical concerns about the changes in the mental health delivery system are valid, so, too, is the perspective of employers who are satisfied purchasers of managed care contracts."

According to *Behavioral Healthcare Tomorrow*, "Behavioral healthcare purchasers (employers) are increasingly interested in accurate measurement of the value of the services they are purchasing with behavioral benefits dollars. Consequently, a wide variety of [EAP] behavioral healthcare providers are called upon to demonstrate value through measuring, managing, and improving the outcomes of the services they render. Managed behavioral health providers must rapidly integrate outcomes measurement and management programs." Providers who are unwilling to do so will be replaced by others who are willing. Employers want standardized treatment and outcomes measurements from all of their providers.

Turner says the future focus will not be on behavioral healthcare carve-outs. Instead, employers, providers, and managed care organizations will work together to address the interconnectedness among the physical, emotional, and social/behavioral/performance aspects of health. Employers and healthcare delivery coalitions can reshape healthcare delivery systems. Some examples include the Foundation for Accountability, Buyers Health Care Action Group in

Minneapolis, Pacific Business Group on Health, Cleveland Health Quality Choice, and others.

Turner offered many statistics to support integrated care:

- 75 percent of medical visits to a primary care physician (PCP) involve a psychological concern or distress;
- 50 percent of all patients with mental illness never seek care specifically for mental health (fear of the stigma);
- 80 percent of patients who need mental health services will seek some kind of medical care;
- Early intervention and treatment lowers overall cost; early care = less care, less expense, less downtime;
- Harvard Community Health Plan experienced a 50 percent higher rate of substance abuse treatment with flat per member, per month costs;
- The Holden and Blose medical offset studies ("The Reduction of Health Care Costs Associated with Alcohol Treatment—A 14-Year Longitudinal Study," *Journal of Studies on Alcohol*, Vol. 53, No. 4, 1984, pp. 293-302; "Changes in Health Care Costs and Utilization Associated with Mental Health Treatment," *Hospital and Community Psychiatry*, Vol. 38, No. 10, 1987, pp. 1072-1075) indicated that when those who require mental health treatment receive it, subsequent mental health costs and medical costs are reduced.


Turner reassured the psychiatrists that "EA professionals have no interest in providing ongoing psychotherapy; our role is clearly addressing workplace productivity and its various causes."

Turner told the APA audience that there are many opportunities for employee assistance professionals and psychiatrists to work together in the current, competitive healthcare marketplace. For example, the psychiatrist has a role in the training of PCPs on behavioral healthcare diagnoses, interven-

tion, and referral for specialized care. The EAP can provide protocols for collaboration between the EA professional and PCPs on behalf of troubled members. These protocols will include psychiatrists as consultants to these PCPs for diagnosis, psychotherapy, medication, and hospitalization.

She also indicated that EA professionals often have difficulty reaching the top levels of their respective organizations. Working with EA professionals, psychiatrists can reach these levels of leadership in the organization.

Psychiatrists can develop practice- and policy-relevant research in the psychiatric field. Employers and managed care organizations are eager to apply such research findings.

In closing, Turner said, "There is no question that managed care will continue to grow, but by working together, EA professionals, mental health professionals, psychiatrists, consumers, advocacy groups, and employers can shape the next iteration beyond managed care as we know it today." 

CEAP EXAMINATION DATES 1996

Examination Date

December 7, 1996

Application Date*

October 11, 1996

* The completed exam application must be postmarked no later than the application due date.

For more information, contact:

EAPA, Inc. • Attention: EACC
2101 Wilson Boulevard • Suite 500,
Arlington, Virginia • 22201-3062

Telephone: 703/522-6272

Fax: 703/522-4585

Setting Dynamic Standards for a Dynamic Field

by Tamara Cagney, RN, MFCC, CEAP

A dedicated hard-working group of some of our most overextended EAPA members carved two days out of their schedules to meet in Arlington, Virginia, in March to perform the first update on EAP practice standards. EAPA members owe these 32 members a huge debt of gratitude. When it comes to practice guidelines, "ownership" is the operative word for EAPA. This working group drew distinct lines between research-based guidelines developed in academia and guidelines that have evolved from the everyday, in-the-trenches lessons of EAP practice. They drew a line between having the guidelines reflect the evolving marketplace without having the marketplace set the EAP agenda or define our field.

For each area, we established a work group that included members with labor and management views, and internal and external EA professionals, as well as traditional EAPs and those that are part of integrated delivery systems. The nuts and bolts of the guidelines were established by comparing and contrasting the wide variety of delivery systems now existing in our field.

The first step was for the work group to review the existing standards and then identify areas that were not addressed or were inadequately addressed. Some entirely new sections were added, including The Drug-Free Workplace (and the substance abuse professional [SAP]), confidentiality and regulatory impact on privacy rights, and strategic partnerships, including fully integrated delivery systems. The work groups then presented their product to the full committee.

The fur did fly on some issues. We felt we

were charged with keeping our core technology strong and with reflecting the dynamic evolution of the field without losing the essentials that make EAPs unique—no small task.

The results of this invaluable brainstorming, examining, and compromising is now being compiled. A draft will be distributed to the EAPA Board, the committee chairs, and every chapter president. The document will be open for comments from May through July. The final document will be presented to the full Board in November for approval. We are also planning a workshop to review the new standards at our 25th Anniversary International Conference in Chicago. Look for the draft and send us your feedback. We are also developing a marketing and distribution plan, so please send us your ideas.

For more information, contact Standards Committee Liaison Joni Reed Cooley at 703-522-6272. ☐

Correction to Call for Nominations

The Call for Nominations (page 28, March/April *EAPA Exchange*) erroneously listed the positions of Labor Director and External Director as open for nominees. Please note that nominees are being accepted for the Diversity Director and the Internal Director.

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Seeking Quilters for 25th Anniversary Quilt

Calling EAPA member quilters and their spouses (or significant others) to help create a 25th anniversary quilt for EAPA. We would like to have 25 squares in honor of this special event. Joni Reed Cooley, CEAP, and Tamara Cagney, CEAP, are trying to organize this very un-EAPA-like project. It does assume that we have lives and interests outside of the office!

The designated colors are wine, royal blue, and beige. The patterns that will be used are Cypress and Aunt Addie's Album. We will be using a photo transfer techniques to send each participant an EAPA photo for the middle of their square.

As all quilters know, time is short. If you are up for this creative co-op project, please leave your name, address, phone, and fax numbers with Joni at 703-715-6797 or Tamara at 510-426-9681. We urge you to let your creative juices flow. The quilt will be pieced and quilted in time for our international conference in Chicago and we will then hang it in the headquarters office in Arlington, VA.

The EACC Welcomes These New CEAPs Who Passed the December 1995 Exam

LAST NAME	FIRST NAME	CITY	STATE	LAST NAME	FIRST NAME	CITY	STATE
ADAMS	JOHN B	COLUMBUS	GA	DEWAN	DONNA	WOODSTOCK	NY
ADRAGNA	MICHELE	ROCHESTER	NY	DIELMAN	FREDERICK M	AUSTIN	TX
ALFIERI	CHRISTOPHER	BELLEVUE	WA	DIEZ	LORETTA M	MINNETONKA	MN
ALTMIX	MARGARET	DES MOINES	IA	DIXON	SHEILA	EVANSTON	IL
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ANGLIN	PATRICIA	FEDERAL WAY	WA	DRAKE	REBECCA	CHESTNUT	IL
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ANSON	WENDYN A	HOLLADAY	UT	DUCHARME	PATRICK E	MCFARLAND	WI
ARMENTI	NICHOLAS P	HOPE	NJ	DUDLEY	STEVEN	TOLEDO	OH
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Certification Examination for Employee Assistance Professionals Recertification List-Next Issue!