

EAP ASSOCIATION

Exchange

The Magazine of the Employee Assistance Professionals Association

Acquisitions, Mergers, and Organizational Change

The Deciding Factor During Corporate Change

Lessons Learned Through an EAP

The Union of the 21st Century

INSIDE: 1999 EAPA MEMBER NEEDS ASSESSMENT SURVEY RESULTS



1999 Public Policy Conference Highlights

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Front Desk

This month's issue was coordinated by EAPA Exchange Advisory Committee Member Tamara Cagney, CEAP.

Mergers, Acquisitions, and Change

EAPs, like all other areas of the corporate world, are feeling the impact of mergers, acquisitions, and change as companies search for "synergy." Mergers and acquisitions in telecommunications and in large health care systems are the rule rather than the exception. Local, regional, and national EAPs are being consolidated during these mergers. Committees on best practices in employee assistance are becoming more common as these new companies strain to develop their new corporate EAP identities.

Providing EAP services from within an organization that is itself reorganizing calls for special effort. The challenges include:

- determining how to deliver services in recently merged companies (we, like everyone else, are watching to see who is left standing);
- combining diverse internal EAPs with varying philosophies and diverse employee populations;
- and, most importantly, retaining the EAP vision during all of these changes.

In this issue of the *EAPA Exchange*, we:

- explore the transition in EAP service delivery over the last 20 years;
- describe the challenge of providing effective EAP services to employees whose companies are undergoing vast organizational change;
- explain why proactive planning and creative thinking have ensured that the EAP vision will live on in the workplace.

Among the "don't miss" items in this issue are

- the results of the 1999 Needs Assessment Survey of EAPA members (see pages 16 through 19);
- information on the new Quality Award for EAP Excellence, sponsored by EAPA and the *EAP Digest* (see page 34);
- a new opportunity for EAPA chapters to present an award to a local employer that has shown leadership in supporting employees with depression (see page 42).
- information about EAPA's ground-breaking *Tech-Know Expo* to be held October 20 in conjunction with the annual conference in Florida (see page 36.)

Have a wonderful summer!

Sincerely,



Tamara Cagney
Member
EAPA Exchange Advisory Committee

EAPA ASSOCIATION Exchange

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President's Page

EAPA Is on the Move!

by Gregory P. DeLapp, CEAP



GREGORY DELAPP, CEAP
EAPA President

In these past few months, I have been encouraged by the number of EAPA members who have stepped forward with ideas, comments, and offers of their energy and support. I am also pleased to know that so many people have been reading this column, which has included challenges to get involved, a push for you to advocate for your profession and professional association, and a constant call for all of us to find the common ground where we can communicate.

I have had the recent good fortune to meet and converse with fellow members from the Wisconsin Chapters, the Long Island Chapter, and a group from the New York City Chapter. Once again, I continue to be impressed by the feedback about our positive direction and genuine enthusiasm about ways to advocate for the EA profession and EAPs. The attempts to find a common ground have also been uplifting. My compliments to all.

While the level of activity is brisk, a good deal of effort is underway toward developing an aggressive and proactive strategic plan for the Association. As we move closer to the plan development stage, I will be asking for your opinions and your support. Your Board of Directors and the EAPA staff are working hard on your behalf. We need to take that hard work and make EAPA fly!

EAPA activities, while exciting, are tempered with the reality of what we do as professionals. Working with employers, organizations, individuals, and families caught up in the many issues related to downsizing and organizational changes are but a few of the examples of reality. Reality is where our profession resides, and we certain-

ly have a role in preparing for and responding to downsizing (or as our peers in the United Kingdom would say – “redundancy services”). As you read through the excellent articles in this issue, take note of the variety of roles filled by EA professionals in response to downsizing. We need to focus on the employee assistance roles and responses as well as on services that support individuals and the orga-

As human resource issues continue to emerge through an ever-changing workplace, positioning the employee assistance function for flexibility and utility are key survival strategies.

nization going through downsizing, and less on whether downsizing is/is not the right approach.

As a veteran of a downsized environment, I caution you to render compassionate professional services, but avoid becoming involved in the negativity of the process itself. There are few examples more telling of the flexibility of EA than to simultaneously work with the organization and remaining employees (survivors), while providing service to the former employees and their families. These are just some of the ways to further demonstrate the value and utility of employee assistance.

EAPs have maintained a historically defined role, while positioning themselves to address issues that do not neatly fit elsewhere in an organiza-

tion. As human resource issues continue to emerge through an ever-changing workplace, positioning the employee assistance function for flexibility and utility are key survival strategies. And, it can be done in the context of our core functions.

EAPs meet organization and individual needs, and EA professionals need to be prepared to respond to those ever-changing needs. Your Association is active in developing ways to better equip EA professionals to respond. Your support has been appreciated as we move toward a strategic plan to position EAPs for broader acceptance, EA professionals for personal and professional growth, and the Association to be the vehicle for these changes. Keep your seat belt on ... lots of movement straight ahead! ☺

Gregory Delapp can be reached at gdelapp@cartech.com.

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Annual Conference Will Be a Month Earlier This Year!

by Sylvia Straub, Chief Operating Officer



SYLVIA STRAUB
Chief Operating Officer

We're gearing up a little early here at the headquarters office for the 28th annual EAPA conference in Lake Buena Vista, Florida, October 21 - 24, and what a conference it will be! The ambiance of Walt Disney World Resort® combined with a program agenda full of exciting, innovative events will surely make this a conference long remembered.

The EAPA Annual Conference will be held at the Coronado Springs Resort inside the Walt Disney World Resort complex. This resort will be barely two years old when we arrive on the scene in October. The resort's conference facility is beautifully laid out and meetings and events will be easy to find. The sleeping rooms are large and colorful (Mickey Mouse's image is found even on the soap!) and at \$117 single or double, a real bargain. There's a food court with a variety of cuisines, lots of outdoor terraces for evening gatherings, even an archeological dig for the kids (of all ages). An entire family of whatever size can use the excellent health club facilities for the duration of their stay for \$35. And, EAPA's contract with the resort will allow attendees to get the same rate three nights prior to and three nights following the conference.

Now for the program. Get ready and hold on to your hats! On October 19, two days prior to the conference, we're planning a Golf Tournament; stay tuned for details. On October 20, the day before the conference starts, there's going to be a "Tech-Know Expo," which will feature exhibits and mini-seminars on technological topics, such as building your own Web site. This is

also the day on which EAPA committees meet and chapter officers attend leadership development activities.

This year's conference has three theme days: Day One is "EAPA Partnering With.... (other groups and professions)"; Day Two will be "A Day with Labor"; and Day Three's theme is "A Day in the Life....(of an EA professional)." The conference ends on Day Four, Sunday, on a high note with brunch and a delightfully funny keynote speaker, Loretta LaRoche, who is well known to PBS audiences. When EAPA staff viewed her demo tape, they couldn't stop laughing.

EAPA's International Training Institute will offer three courses scheduled during the conference itself. A half-day training course on Day One entitled "In the Courtroom" will deal with issues, such as what to do when an EA professional receives a subpoena or court order and how to serve effectively as an expert witness. A full-day training course entitled "Train the Trainer: Sharpening Your Skills" will be held on Day Two; Dr. Louis Phillips is returning to present this advanced-sequel to last year's highly rated training course. On Day Three, EAPA will offer its members a course explaining how to make your money work for you.

EAPA's Annual Conference Program Planning Committee, under the leadership of Chair Sally Davis, has done a wonderful job of putting together an innovative and provocative program. Other members of the Committee are Bern Beidel, Tamara Cagney, Jon Christensen, Tom Cole, Joe Gisondo, Helene King, Gary Maltbia, Jan Paul, Susan Phelps,

Phyllis Phipps, and Linda Sturdivant. Phyllis and Susan are our Host Chapter co-chairs, and they and their committee members are already gearing up to give attendees a warm Florida welcome.

EAPA Continues to Form Alliances

Our Needs Assessment Survey on pages 16-19 indicates that "Professional Credibility and Visibility" are high on the list of benefits members receive from EAPA. A major component of credibility and visibility is recognition by other groups. In my last column, I mentioned several groups as well as joint projects we are working on. Here are two new projects and an update on several groups with which EAPA has been working for some time:

- The American Psychiatric Association has invited EAPA to meet to discuss ways our two groups can work together.
- EAPA is working with the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) on activities for the September 1999 "National Alcohol and Drug Addiction Recovery Month." EAPA is a planning partner and cosponsor with CSAT of National Recovery Month and will provide materials and event information to EAPA chapters so that they may participate in their regions.
- EAPA continues to participate with 20 other nonprofit organizations and associations in meetings related to the National Campaign

on Clinical Depression and National Depression Screening Day.

- EAPA also continues to serve as a member of the Workplace Task Force of the "Lasts Acts Campaign," sponsored by the Robert Wood Johnson Foundation. The campaign is dedicated to helping those who are facing end-of-life decisions for themselves or their loved ones. As a member of the Workplace Task Force, EAPA is working with related associations to get companies to adopt benefits that will support employees who have caregiving and/or end-of-life decision-making responsibilities.
- The Council of Human Resource Management Associations is a group of chief staff officers (CSO) who meet twice yearly. At our March meeting, I was gratified to learn that one large organization had added an EAP; another association CSO spoke in glowing terms of its EAP; and two of the organizations have invited EAPA

to speak at their conferences.

- EAPA's Legislative and Public Policy Director Sheila Macdonald was invited by the Cincinnati Chapter of the American Bar Association and the U.S. Chamber of Commerce to speak at their April meeting on the role of EAPs in drug-free workplace programs in Cincinnati, Ohio.

Clearly these groups recognize EAPA's importance and influence in the

workplace. Information about opportunities for chapters to work with some of these groups will be described in future issues of the *Chapter Officers Newsletter*.

Finally, I would like to thank the EAPA Virginia Chapter for the opportunity to speak to chapter members on March 17. The members' enthusiasm for the Association's initiatives in developing technological capabilities, forging alliances, and offering training opportunities, and the warm welcome will be long remembered. Happy Summer! ☺

EAP ASSOCIATION Exchange

1999 EDITORIAL CALENDAR

July/August

Policy Violations and Grievances: How to Handle Workplace Offenders

September/October

Public Policy Issues for EAPs (Annual Conference Issue)

November/December

A Look at EAPs within Managed Care Organizations

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Employee Response During Organizational Change

The Deciding Factor

by William Kent, Ph.D.

These days it is difficult to open a newspaper, go to a social gathering, or have a conversation at the coffee machine without having the topic of organizational change come up. Mergers, acquisitions, downsizing, and re-engineering efforts are just a few of the major organizational changes that are impacting employees and their families. Companies engage in mergers and/or acquisitions for many reasons. They allow the company to accomplish certain strategic goals. The merger/acquisitions may offer the company more compatible product lines, access to markets, economies of scale/savings, or technology they currently do not have. This article focuses on the impact of mergers and acquisitions on the work force of companies going through these processes.

In 1990, the consulting-research group W.T. Grimm & Company reported that there were 2,074 potential mergers and acquisitions in the United States with a value of \$108 billion. In 1998, there were 198 deals involving American companies; the value of these activities was more than \$1 billion. The pace in 1999 does not seem to be slowing and involves more and more international mergers.

The Historical View

Business literature is full of case studies describing how successful (or not) companies have been with a major change process. As we read of these experiences and the perceptions of what went well and what people should do differently the next time, a few themes have

begun to unfold. These themes are not new or complex and have been apparent for many years. J.R. Boland's study, which appeared in *Personnel Magazine* almost 30 years ago, provided interesting insights as to what issues and factors a senior management team should consider when contemplating a merger. In that study, 50 chief executive officers of organizations undergoing or contemplating a merger were interviewed and asked to rate the importance of 26 factors in their due diligence of the companies they were considering for a possible merger and/or acquisition. Before the merger, the chief executive officers (CEOs) had ranked 3 of the top 12 factors as being important employee issues. After the merger, the same CEOs rated 7 of the top 12 factors as important employee concerns.

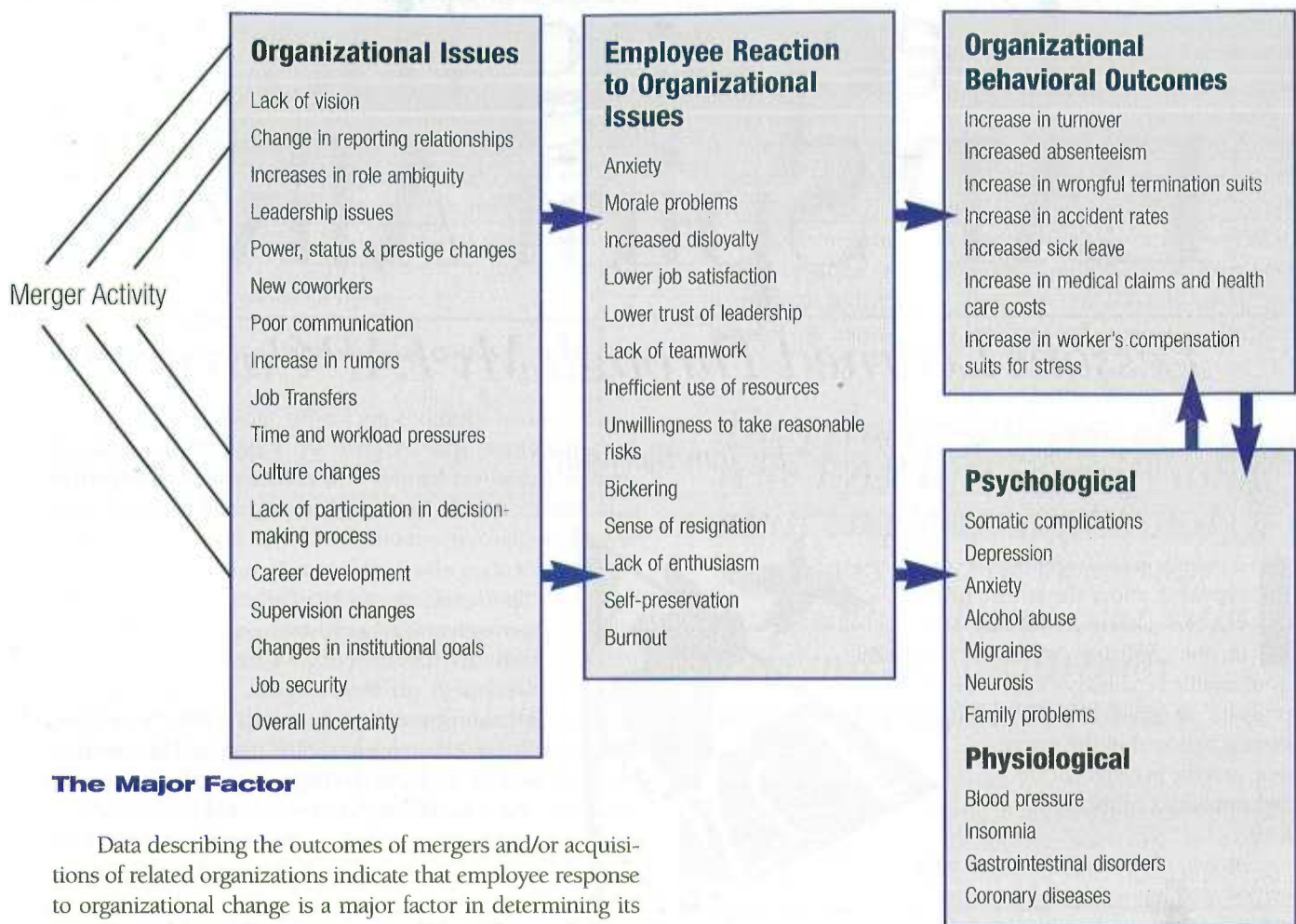
The research regarding merger success rates indicates that few companies achieved the objectives and financial goals they wanted to accomplish. In their 1988 study, Gilkey and McCann found that almost two thirds of all mergers did not meet the success criteria that had been established before the merger. In February 1998, Mark L. Sirower, in an article in *The Wall Street Journal*, presented results from his study of 100 large acquisitions made between 1994 and 1997. His research concluded that roughly two thirds of the deals met with negative Wall Street market reactions and, for the most part, were still underperforming a year later. The current and past research indicates that the trend for unsuccessful mergers and acquisitions is expected to continue at the current rate if approaches to mergers are not modified.

Action Plan for Companies Undergoing Change

Any action plan for responding to the difficulties common in a merger and/or acquisition should include:

1. Communicate, Communicate, Communicate! (You simply can't communicate too much.)
2. Provide a forum for issues and concerns to be aired with individuals, small groups, and/or large groups. Leaders must "walk the talk."
3. Develop effective feedback loops and monitoring systems for employee reactions to changes in their departments and at all levels of the organization. Informal leaders in the employee groups are essential contacts.
4. Offer transition management training, such as the work of Dr. William Bridges. It is simple, clear, and based on years of experience.
5. Do not underestimate the power or impact of changes inherent in the merger/acquisition process on the success of the outcomes. If you think you have covered everything in your plan, show it to employees and see what they think. If possible, have all levels of the organization represented in the development of the action plan.

Merger > Stress > Illness Model



The Major Factor

Data describing the outcomes of mergers and/or acquisitions of related organizations indicate that employee response to organizational change is a major factor in determining its success or failure. For many years, EA professionals have emphasized the need for organizations to take a proactive approach to stressful work environment issues. Many times during the work day EA professionals will interact with employees who are not responding well to organizational changes and stress. Many of today's EA professionals and the employees they assist know that a large change with multi-level consequences will increase the level of stress throughout the entire organization.

For example, the stress of merger activity manifests itself in many ways. The physiological responses of employees may include fatigue, over- and/or under-eating, use of drugs and/or alcohol, high blood pressure, and sleeplessness. The impact of job stress on job performance, absenteeism, and healthcare costs is well-documented. During a merger, these are common occurrences related to the structural changes that may come about from the merger and/or acquisition process. These occurrences have been studied and identified by the research of John C. Bruckman and Scott C. Peters in 1987; J.M. Ivancevich, M.T. Schweiger, and E.P. Richards in 1985; and my own research, shown in Figure 1, supports the idea that organizational issues, such as changes in reporting relationships, role ambiguity, new staff, poor communication regarding the present or future vision for the organization, changes in

company culture and procedures, job security, and overall uncertainty will increase employee anxiety and stress.

As the employee attempts to cope with the discomfort, he or she may exhibit negative behavior. (Many of these symptoms have already been identified in the literature on stress and burnout.) Employees experiencing stress or burnout tend to be highly self-oriented and less supportive of the organizational good. Their behavior can ultimately mean that the company loses key personnel, managers, technical capacity, and other crucial linkages needed for accomplishing important tasks. Such changes can mean more than simple disruption to a company in today's competitive marketplace. The organization will experience the impact of its changes in the form of morale problems, less trust in leadership, unwillingness to take risks, lack of teamwork, lack of enthusiasm, and anxiety. There may also be an increase in wrongful termination suits, increased sick leave, and medical claims.

In addition, the organization may experience more subtle responses, such as less employee tolerance for ambiguity, an increase in conflicts related to needs for self-preservation, and irritability within the workplace environment.

continued on page 13

Keeping the EAP Spirit Alive

Lessons Learned Through My EAP Career

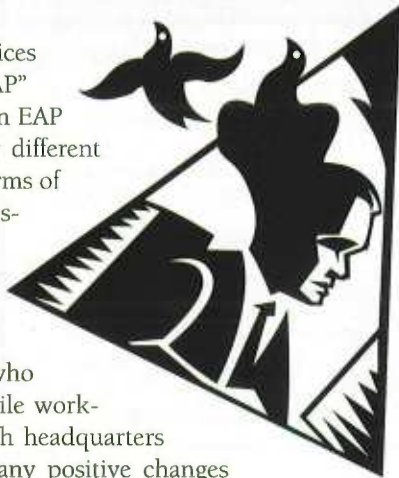
by Tom Bjornson

In today's business world, services provided under the name "EAP" can vary widely. As a result, an EAP in one company can be very different from another company's EAP in terms of program approach, the EA professional's role within the organization, and the benefits, impact, and outcomes of using the EAP.

As one of the early pioneers who helped develop the EAP field, while working at a large utility company with headquarters in San Francisco, I have seen many positive changes occur during the past 27 years. The growth and continuing development of employee assistance has been spectacular. EAPs now routinely use licensed professional clinicians. EAPs interface on a regular basis with medical services available to the employees. Standard EAP services now include legal and financial consultations, dependent care referrals, wellness seminars, critical incident stress debriefings, and the list could go on. These new services have become popular aspects of having an EAP. They have substantially enhanced and broadened the scope of EAP as a problem-solving resource for individual employees, family members, and employer organizations. These new services have also changed the EAP's emphasis and focus.

Early EAP Treatment Issues

In the early days, EAPs were primarily concerned with substance abuse. At that time, substance abuse treatment was a specific exclusion in most company health plans. Most EA professionals routinely faced the dilemma of trying to help individuals who could not afford to pay for their own substance abuse treatment. Jim Kemper, president of Kemper Insurance Company, was the first to introduce a fully paid alcohol treatment benefit as part



of a regular commercially insured health plan. There was no increase in premium for this new coverage because the company believed that increased costs would be offset by decreased medical/surgical claims expenses. Alcoholism was to be treated like "any other illness." Kemper coverage required hospitalization in an acute facility with 24-hour nursing care, and allowed an *unlimited* stay.

Slowly, other carriers started to follow Kemper's lead. Part of this demand was driven by EA professionals, including myself, who were successfully convincing their companies to acquire substance abuse and/or other behavioral health benefits coverage. We needed such resources desperately to help resolve problems that were being unearthed by our programs.

Once coverage became available, other problems, usually those concerning costs, appeared. There were few substance abuse treatment alternatives besides acute hospitals. Inpatient coverage was plentiful, but coverage for outpatient benefits and subacute residential treatment programs was rare. This led to enormous benefit expenditures. In addition, too many patients were going through multiple courses of treatment with no involvement of an EAP or behavioral health case management. As a result, it was very common to see individuals (particularly adolescents) whose claims totaled \$40,000 to \$50,000 or more in one year, without an outcome of recovery.

At that time, inpatient chemical dependency and psychiatric facilities were becoming extraordinarily profitable. These groups exploited the new unmanaged behavioral health benefits, which, in turn, led to huge increases in claims costs. Total chemical dependency and mental health claims expenses ranged from 1%-2% to as much as 20%-25% of the total health plan expenditures. Employers and

unions expressed concerns about the cost of treating these problems, and rightfully so. By the 1980s, these expenses had become a significant problem that needed to be addressed.

Unfortunately, many people in the EAP industry contributed to this increase in costs. In those days, many corporate EA professionals did whatever they thought was best for the individual, without regard for cost. I can't tell you how many times I heard, "It doesn't cost anything because it's covered by the health plan." The real problem in the 1980s was that these benefits were unmanaged, and providers took advantage of them.

The Entrance of Managed Care

Rapidly escalating benefit expenditures had become a hot issue in the 1980s. As a result, large venture-backed behavioral healthcare firms were formed and began to dominate benefits management functions. Much money was being wasted under the old indemnity approach, and it was very easy to see that if a managed care company insured "this risk," there was money to be made by limiting utilization. Employers perceived these managed care firms as the best-equipped entity to handle this specialized function because they were able to create the perception that they had the necessary clinical protocols and required expertise in place. At that time, EAPs had a reputation for overspending, lacked the specific methods required for clinical documentation, did not possess a well-defined role in terms of benefits management, and did not have the necessary financial wherewithal to meet their commitments. For these reasons, EAPs lost the opportunity to provide or become more involved in benefit management functions.

In my opinion, the results achieved through EAP-type managed care are far superior to managed care as it is practiced today. The EAP case management system works to *proactively* encourage individuals to seek help using the least intrusive level of care that has a chance of being successful. The EAP case manager stays involved to ensure that the plan is working and adjusts the level of care, if necessary. Both the EAP case manager and the client are clear that the goal of this process is to help, and the client does not perceive the EAP as a barrier to treatment.

As EAPs grew in popularity among employers, some managed care firms began offering what they called an "EAP." They used their pre-existing work force to provide intakes and case management, allowing them to offer extremely competitive rates for their so-called EAP. They then applied managed care philosophies to EAP treatment and did not promote program use or integrate the EAP into the day-to-day management practices, resulting in market confusion regarding the definition of EAPs—a confusion that continues today.

The primary purpose of a true EAP is to identify and assist employees and family members who have serious personal problems that either currently or predictably affect

work performance. An EAP is concerned with the cost of *not* treating these problems, while managed care is concerned with the costs of *actually treating* these problems. This difference in approach and focus accounts for much of the conflict and philosophical disagreements that exist today between behavioral health managed care and EAPs.

In 1986, I raised venture capital to develop my own company more quickly and move more aggressively into the health benefits arena. The venture capital investors brought in new management with backgrounds in HMOs. Then I began to experience major philosophical differences with these individuals. They favored severely restricting benefits to increase our profits, and operations became

The primary purpose of a true EAP is to identify and assist employees and family members who have serious personal problems that either currently or predictably affect work performance.

extraordinarily bureaucratic. It became impossible to operate the company from an EAP vantage point. By 1989, I had become so disappointed with what the company was doing that I abandoned the monster I had helped to create. In 1990, I founded an EAP company that continues to evolve.

I am no longer in the managed care business. I do not see it as a viable long-term business strategy because, in my opinion, it is not designed to help people.

Where Is the EAP Field Going?

The relationship between EAP services and behavioral health benefits has gone through many changes. From an EAP perspective, today's behavioral health benefits coverage has been greatly reduced, restricted, and eliminated. Even "carve-out" programs, which are meant to supplement HMOs, can be illusory and difficult to access.

In the process of integrating health plan coverage to help support required treatment for EAP cases, the EAP has inadvertently become viewed as being merely an extension of the benefit plan, rather than the other way around. A friend and colleague from the behavioral health managed care industry recently expressed surprise that EAPs still existed. He figured that they "would have been eliminated once behavioral health managed care had become established." The two were redundant services in his mind. Although this individual was someone whom I know to be very experienced and intelligent, he clearly did not under-

stand or appreciate the concept of employee assistance. This is true of many individuals who work in today's managed care industry. I consider this a major problem, one that should be addressed by EAPA. EAPs need to more clearly define and establish themselves as a "value proposition" to their client organizations in ways that separate them from mainstream managed care.

Today, employee benefits consultants and corporate benefits managers dominate the EAP selection process. Worksite aspects of employee assistance are seldom considered and there is little understanding of what an EAP is really supposed to do, or what services need to be included. The workplace problem-solving quality and expertise of the EAP service providers rarely enters into the decision-making process.

Focusing on health benefits has created another problem. EAPs do not fit easily into a regulatory niche. To pro-

Ideally, the future will bring better cooperation and coordination of services and efforts between internal and external EAPs, maximizing the advantages of each.

vide a more extended counseling visit benefit (that is, more than three visits), the EAP is being defined by some as an insurance-type risk. Classic EAP is really more of a labor-management consulting and workplace problem-solving service than a health benefit. We need to provide extended benefit plans (with, for example, 8-10 visits) without the hassle of state HMO and insurance regulatory issues. Without these changes, EAPs will have a difficult time emerging from managed care's shadow and influence. This is another area where EAPA should take the lead.

EAPs are about creating user-friendly systems for identifying and solving "human factor" workplace problems. My former employer used its EAP as a significant management tool, but the EAP also received much support from labor. Unions quickly recognized the inherent value and fairness involved in dealing with members. Of the 950 individuals referred to the EAP for work performance problems, 87 were eventually terminated. A total of three grievances were filed, and all of these were settled first-step. These employees were given the chance to correct their personal problems through the EAP, but had failed to do so. They were afforded due process and reasonable accommodation and had essentially fired themselves. In the final analysis, both the unions and employees came to the conclusion that dismissal had been a just outcome. It has been my experience that the EAP needs to be integrated into the day-to-day operations of the organi-

zation. Otherwise, it is underperforming in terms of its potential. Today, EAPs, particularly external EAPs, need to reassert themselves into the disciplinary process, and as a routine tool for management and labor to address the "cause" of human factor issues.

Conclusion

The EAP field is in transition. There is an opportunity for us to develop innovative new programs that meet the needs of today's employers and employees, while incorporating valuable lessons from our past. In my opinion, these new programs need to focus on risk management and organizational interventions, while also offering a wide array of problem-solving services. EAPA needs to provide leadership in defining what an EAP is. EAPs must get out from under the shadow of managed care and more clearly define their value for client organizations. EAP practices need to be more consistent. EA professionals need to do a better job of documenting these practices. Ideally, the future will bring better cooperation and coordination of services and efforts between internal and external EAPs, maximizing the advantages of each. Unless we address these matters, EAPs will become less relevant and a tremendous opportunity to do something useful for the world of work will have been wasted. ☺



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Employee Response During Organizational Change

continued from page 9

Some companies may see increases in workers' compensation and/or disability claims as well.


The EAP Factor

The employee assistance and the human resources department leaders within these organizations can provide a valuable and important service. By developing strategies to minimize the stressors and other characteristics seen over and over again when companies merge or acquire another organization, the company can increase its capability to respond to the challenges inherent in the process. If one accepts the principle that the success or failure of mergers is heavily impacted by the employees' response to that change, then it is essential for companies to offer leadership in the form of organizational transition management and employee assistance.

Part of a company's action plan should include a system for monitoring employee responses so that senior management can continue to modify their merger strategies. The EAP can play an important role in providing real-time feedback regarding work force responses and problems. Some leaders and managers can be oblivious to the human side of the process and may not be aware of the performance issues associated with the merger until too much damage has been done. Research performed by Buono and Bowditch indicates that there may be a "time horizon" of up to two years before the full impact of the merger activity can be assessed.

Two large and complex mergers are occurring at the time this article goes to press. Citibank and The Travelers have merged and are realizing how much work is needed after the legal work is completed. The merger between Daimler and Chrysler is also worth watching and the "time horizon" factor could be an interesting case study of the near future. The dates of the research mentioned in this article show how long these problems have existed, have been known, and have continued to have an impact on employees and organizational bottom lines. As these merging organizations attempt to reap the benefits of their strategy by achieving economies of scale, reduced costs, and the integration of employee cultures, the difficulties inherent in the merger process also deserve a structured and carefully planned response. The response needs to begin before the acquisition and/or merger process begins and should continue long after the legal aspects of the deal are completed. Each company needs to have its own plan of action, and these plans will require resources they may not currently have. Employees and organizational cultures are uniquely different. The complexity of the companies and speed in which the deals are completed could lead to possible pitfalls for everyone involved.

The good news is that much literature exists regarding the experience and predictable consequences of organizational change that is not managed. Much like many other issues in the EAP world, stress-related behaviors from

mergers can be managed successfully. Thoughtful planning about how employees will be affected by the merger and/or acquisition can be quite valuable, not only to the employee but also to the financial success of the merger strategy. 

References are available from the author.



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A UNION FOR THE 21ST CENTURY

by Reginald Newell

In the past 15 years, union membership in the United States has dropped from 20 percent of the work force to just under 14 percent. If this trend continues, some skeptics predict that in the first decade of the new millennium, only a small percentage of employees will remain represented by unions. While there are many causes for this decline, the increase in *merger-mania* among U.S. corporations and the resulting downsizing, along with the rapid growth of multinational corporations, are two major contributors.

One response to these changing circumstances among U.S. unions has been an increase in the tendency to merge smaller unions into larger ones. Economic difficulties are compelling small unions, with their potential for growth cutoff, to become part of larger ones. Larger unions, meanwhile, are seeking quick gains to offset declining membership. Unions in the United States may have no other choices if they want to survive. Such mergers will also give many unions the energy and resources to resist unreasonable management demands and recruit new workers.

The advantages of mergers have not been lost on the larger unions. In 1995, three of the largest U.S. industrial unions—the United Steelworkers of America (USWA), the International Association of Machinists and Aerospace Workers (IAM&AW) and the United Automobile, Aerospace and Agricultural Implement Workers (UAW) agreed to enter merger talks after a decade of severe membership losses.

The joining of the three unions will occur in stages, with a target date for completion by the year 2000. In the intervening years, each union has agreed to make the changes necessary to facilitate the creation of the new union, including consolidating and streamlining departments and functions, writing a new Constitution and by-laws, and developing a uniform dues structure. UAW President Yokich noted that, "Unifying our three great unions—each with its own proud history, tradition, and structures—into a new union for the 21st century is no easy task. It is, however, one that must be undertaken."

When this merger is completed, it will create a "super union" of nearly 2 million members with a strike fund of \$1 billion. The merger will affect almost 70 percent of EAPA's labor members. Further, it is quite possible that the merger will afford EAPs the opportunity to extend to a new, larger membership. Because of these considerations, the merger is worth examining in some detail.

The IAM&AW has a long and celebrated history, evolving from a railroad union in the 1880s in the southern United States to a significant force in aerospace and transportation in the post-World War II period, and from a trades-based organization to a leading, diversified progressive force in the trade union movement throughout North America. Both the UAW and the USW played important roles in developing the modern trade union movement, leading important strikes in the 1930s that built the foundation for industrial trade unionism in the post-World War II era. In addition, the Steelworkers union itself became a meeting place for diverse union traditions through mergers beginning in the 1960s, with a number of smaller unions. Combined, the unions represent significant numbers of workers in the automotive, auto parts, aerospace, steel, mining, chemicals, transportation, and consumer goods industries.

The three unions are a natural match. They currently bargain with many of the same industrial and non-industrial employers. Each union has many members in the skilled trades as well as in the production work force. Each has diversified extensively into the service, technical, office, and professional sectors of the American and Canadian economy. Their aggregate experience in collective bargaining, contract enforcement, organizing, and fighting for a progressive political agenda will be second to none.

The new union will be the largest in North America and will provide an unparalleled opportunity for the three organizations to adjust to today's political environment and to respond effectively and positively to domestic and international pressures on working people. The new organization will be better able to expand the benefits of union representation to workers, both in the unions' areas of tra-



Contrary to those who believe that unions have outlived their usefulness, these three unions, in particular, share the deep conviction that in a globalized economy, dominated by the mobility of capital, organized labor has a more compelling role than ever.

ditional strength (manufacturing and transportation) and in the growing service, white-collar, and government sectors.

This new organization also brings together unions that have played an important role in building social democracy. The three share the belief that real progress for working people requires strong unions and a strong commitment to social democracy. The unions' individual commitment to political action will be strengthened and deepened in the new organization. As USWA President George Becker best put it, "In today's hostile political environment, we have to be able to deal politically in a very strong and cohesive manner."

The three international unions agreed to unification in the belief that a single organization would be best able to protect their membership in the new global economic arena. For the past 20+ years, these unions have watched corporate America merge, downsize, and go global in the search for low-cost labor. The unification is an adaptation to this environment and reflects the basic trade union principle that there is strength in numbers. The American labor movement cannot be effective in the global economy if it is splintered into 79 organizations with anywhere from a few thousand to couple of million members.

Together, the three unions will consolidate technical resources, innovative tactics, and efficient operations that will create a new, "high-performance" union. Further, it will bring new energy to the AFL-CIO and its Canadian counterpart—the CLC—in their efforts to forge greater international trade union cooperation and development of stronger ties with international trade union coordinating bodies. As American firms expand their operations overseas in the never-ending search for cheap labor, the labor movement must, itself, become international. Ties with trade unions abroad will accelerate with the merger arranging, perhaps, coordination of trade union activities on an international scale.

The merger of the three unions has energized the labor movement. Based on the media attention it received, the merger was one the of the biggest labor stories in many

years. Because of the potential economic and political ramifications, some have called it the most significant event in the labor movement since the mass organizing drives of the 1930s. Others call it the long-awaited creation of a "metal-workers" union in the tradition of western Europe.

Throughout their history, America's labor unions have, time and again, responded to the need to adapt to new economic and political circumstances. This merger is a reflection of the fact that it is time to change again. Contrary to those who believe that unions have outlived their usefulness, these three unions, in particular, share the deep conviction that in a globalized economy, dominated by the mobility of capital, organized labor has a more compelling role than ever.

Left solely to their own devices, multinational corporations and the governments subservient to them can neither be trusted nor expected to look out for the well-being of their workers or the welfare of the societies in which they operate. Without the countervailing power that only organized workers can achieve, the economic freedom and political democracy that are the foundation of the good life for American and Canadian workers are in serious peril.

At the announcement of the merger, then IAM President George Kourpias put it very clearly when he said, "Like the concept of trade unionism itself, our unification efforts are the product of necessity—the necessity to serve our members and potential members from the greatest possible position of strength, the necessity to stand tall and strong against the growing forces that would eliminate unions from the society in which we live and work." ©



Reggie Newell is former director of research for the International Association of Machinists and Aerospace Workers.

EAPA Members Speak Out Loud and Clear



In November 1998, newly elected EAPA President Greg DeLapp took a look at both the current and future issues facing the employee assistance profession. He felt that EAPA needed a clear understanding of its members' needs in order to evaluate where we are today and where we should be tomorrow. As a key element in this project, President DeLapp and the Board of Directors commissioned a Needs Assessment Survey, which was sent in December 1998 to more than 6,000 EAPA members actively working in the employee assistance field. Canadian and international members will be surveyed in the near future.

The survey was designed to evaluate the effectiveness of current EAPA services and products and to determine what new services and products EAPA members want to help them address their professional development needs. As of March 15, 1999, EAPA had received 1,647 completed responses, representing a response rate of almost 28 percent, a major success by any standard. This article is based on a preliminary examination of the results of this survey. The data contained in the survey will be extremely useful in EAPA's future strategic planning.

General Overview

Members in 48 of the 50 states, plus the District of Columbia, responded to the survey. The top five states with the largest number of respondents were California, New York, Michigan, Illinois, and Ohio. Fifty-four percent of the respondents were female; 46 percent were male. This response level reflects the same gender distribution of EAPA as a whole. The age of respondents ranged from less than twenty-five (1 respondent) to 65 and over (33 respondents). The largest segment of respondents was between 45 and 54 (48.4%). Eighty-nine percent of respondents were individual members, with the balance being associate

members. More than two thirds of the respondents were CEAPs. Almost 93 percent of respondents were Caucasian, 4.5 percent were African American, and 1.6 percent, Hispanic.

Current EAPA Services/ Products

One of the main reasons for conducting the survey was to determine what current services and/or products were considered most important to EAPA members. The results clearly showed that professional concerns were ranked highest. Of the top seven responses, professional credibility/visibility, advocacy and promotion of the profession, and opportunities to network with fellow professionals ranked highest.

Likewise, EAPA wanted to know which of its current publications are most valuable to our members. The two clear winners were the *EAPA Exchange* and the *Membership Resource Directory*.

Table 1
Percentage of Responses to Current EAPA Services/Products

Service/Product	Percent of Responses	
	Very Important	Somewhat Important
Professional credibility/visibility:	68.9%	25.6%
Advocacy and promotion of EA profession:	65.6%	28.3%
Opportunity to share ideas and experience with peers:	62.7%	33.3%
EAPA publications, news, and information releases:	61.5%	35.2%
EAPA's certification program (CEAP):	57.7%	30.5%
Influencing legislation/regulations affecting EA:	54.4%	37.0%
Local EAPA chapter activities/events:	54.2%	35.7%

Table 2 Current EAPA Publications		
Service/Product	Percent of Responses	
	Very Important	Somewhat Important
<i>EAPA Exchange</i> magazine	53.9%	38.9%
<i>Membership Resource Directory</i>	48.5%	38.6%
<i>CEAP Matters</i>	25.2%	37.6%
<i>Employee Assistance Law Desk Book</i>	20.7%	35.8%
Ethics Casebook	17.1%	44.5%
EA Service Providers Guide	16.5%	41.3%
Self-Study Guides for PDHs	14.5%	31.4%

Future Services and Products

In an ever-changing environment, it is vital to know the future needs of our members and what services/products EAPA can provide to help them in their professional role. With this in mind, we asked our members what future services would be most important to them. The results clearly indicate that EAPA members want products and services that will directly and immediately impact their job performance. Program evaluation tools and workplace models were ranked next, followed by consultation and communications.

Table 3 Five Most Desired Future Services			
Future Services/Products	Percent of Responses		
	First Preference	Second Preference	Third Preference
EA program evaluation tools	31.5%	22.0%	17.4%
Model workplace/employment policies and programs	23.3%	21.9%	18.8%
Consultation on EA/legal issues	19.9%	25.6%	23.1%
Newsletter articles for reprint in employer/union newsletters	17.6%	19.7%	23.3%
Consultation on EA practices	13.5%	66.5%	16.5%

Future Data Collection

The EAPA Resource Center often receives requests for data relative to EAPs, in general, and EAPA members, in particular. Often, we must refer these callers to outside sources and/or academic studies. EAPA wanted to see what research areas were most important to our members in helping them with their profession. Among the top four programs, the cost/benefit analysis of EAPs was by far the most desired information, followed by EAP utilization rates, factors impacting utilization rates, and EAP models. Surprisingly, only 28 percent of the respondents expressed an interest in salary surveys.

Table 4 Future Data Collection Projects			
Project	Percent of Responses		
	First Preference	Second Preference	Third Preference
Cost/benefit analyses of EA programs	68.6%	18.5%	12.9%
EA utilization rates, e.g., by industry, geo-area, size of employer	17.0%	46.4%	36.7%
Factors impacting EA utilization (such as health benefits design, convenience, and waiting periods)	16.6%	37.3%	46.1%
EAP models (structure, staffing patterns, reporting, and administrative relationships)	23.4%	37.4%	39.2%
Prevalence of EA programs, e.g., industry, geo-area, number of employees	25.4%	36.8%	37.7%
Comprehensive EA salary surveys	22.0%	37.0%	41.0%

EAPA's Web Site

Aware of the impact of the Internet on communications, EAPA established a Web site in 1997. Since then, EAPA has been adding features to the Web site and intends to expand it substantially in the future. Indeed, the Web may become the primary means of communication between EAPA and those members with access to the Internet. Eighty-three percent of those responding to the "Computer Technology" question in the survey indicated that they had access to the Internet.

Table 5, below, lists the top six current features of EAPA's Web site and the percentage of respondents who thought that they were either very important or somewhat important. As shown, the ability to link to other Web sites in the employee assistance field ranks highest, followed closely by the ability to access current and past issues of the *EAPA Exchange*.

Table 5 Six Highest Ranked Current Web Site Features		
Current Web Site Features	Percent of Responses	
	High Value	Medium Value
EA WWW links	45.8%	34.1%
<i>EAPA Exchange</i> articles and archives	39.1%	40.3%
Conference information	35.6%	42.9%
Certification information	33.2%	39.3%
Code of Ethics	31.2%	39.9%
Contacting EAPA staff	30.8%	34.0%

Since EAPA plans to maximize its use of the Internet, it was important to determine what additional items EAPA members would like to see available to them. The survey proposed 15 enhancements to the current Web site. Table 6 presents the top 10 items ranked in terms of the combined high- and medium-value responses.

Table 6 Top 10 Web Enhancements (Ranked by the combined total of high and medium responses)		
Web Enhancement	Percent of Responses	
	High Value	Medium Value
Specialized EA training	53.7%	33.3%
Bulletin board for posting EA questions to other members	40.2%	44.2%
CEAP Directory	41.9%	41.6%
Legislative/regulatory information	35.8%	46.6%
Renew/apply for membership	38.0%	40.1%
The <i>EAPA Exchange</i>	31.5%	46.2%
<i>Membership Resource Directory</i>	37.7%	39.8%
Legislative newsletter	26.2%	50.5%
Ethics Casebook	28.1%	48.4%
<i>CEAP Matters</i>	24.8%	51.6%

Future Training Needs

As the scope and content of employee assistance increasingly changes, EAPA members face new challenges. The primary element in responding to these dramatic changes is training. It was, therefore, vital to gain an understanding of the areas where our members most wanted training. The survey asked respondents to choose their top 10 out of 40 suggested subject areas. The top 10 responses are shown in Table 7. Of note is the fact that 6 of the top 10 are concerned with new subject areas for EAPs, while the remaining four concerned internal issues of employee assistance, such as how to market and how to evaluate EAPs.

Table 7 Top 10 Responses for Future Training Subjects (Percentage of responses)	
Future Training Needs	Percentage
Conflict resolution	52.6%
Demonstrating the value of EA to your employer/organization	48.6%
Fitness for duty	40.3%
Workplace violence/CISD	40.3%
Crisis management	37.4%
Evaluating EA programs	36.1%
DOT testing rules/SAP procedures	34.0%
Marketing EAPs	33.2%
Drug-free workplace issues/services	32.4%
Legal issues in EA	31.8%

In addition to topics for future training courses, EAPA needed to know how the members wanted this training to be delivered. Table 8 shows the top six delivery systems for a new training program. The impact of the computer and the Internet are unmistakable. Almost half of the respondents indicated that they would like the training to be offered "on-line." The next two choices reflected the traditional arena for EAPA training, that is, the annual conference and local chapters.

Table 8 Top 10 Delivery Systems (Percentage of total responses)	
Delivery System	Percentage
On-line courses	49.3%
EAPA annual conference workshops	47.2%
Chapter workshops	44.7%
EAPA specialized training courses	41.4%
Print publications/manuals	40.4%
Video/audio tapes	39.0%

Other Organizational Memberships

Many EAPA members also belong to other related organizations. These other organizations share both the time and resources of our members and EAPA wanted to see which of the other organizations were most prevalent. Table 9 lists the top four organizations mentioned as well as three others of special importance in the employee assistance field.

Table 9 Top Four Related Organizational Memberships (Percentage of responses)	
Organization	Percentage
National Association of Social Workers (NASW)	46.3%
National Association of Alcoholism and Drug Abuse Counselors (NAADAC)	27.3%
American Psychological Association (APA)	12.1%
Society for Human Resource Management (SHRM)	11.6%
Employee Assistance Society of North America (EASNA)	8.7%
Labor Assistance Professionals (LAP)	7.7%
Employee Assistance Roundtable (EAR)	4.3%

Almost one half of the respondents were also members of the National Association of Social Workers (NASW) while over one fourth were members of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC). Members were also asked whether EAPA was their primary professional association. Of those that answered the question, 61.5 percent responded in the affirmative.

How Are We Doing?

No membership assessment would be complete without an attempt to determine members satisfaction with EAPA, the professional association. With this in mind, members were asked to respond to a series of questions related to member satisfaction.

The first question concerned EAPA's local chapters. Of those responding, almost two thirds said they were either "very satisfied" or "satisfied" with their local chapters. Forty-three percent indicated that they were already acting in a volunteer capacity within the local chapter.

Next, members were asked to rate their level of satisfaction with the EAPA headquarters staff in six areas. As shown in Table 10, our members appear to be well satisfied with the national staff.

Table 10		
Membership Satisfaction with EAPA Headquarters (Ranked by total of "very satisfied" and "somewhat satisfaction")		
Item	Percent of Responses	
	Very Satisfied	Somewhat Satisfied
Courteousness of EAPA staff	64.7%	32.4%
Information Provided	55.7%	37.6%
Overall responsiveness of EAPA staff	53.3%	38.0%
Resolution of inquiry or request	52.9%	37.6%
Voice-mail menu and greeting	34.2%	52.5%
Speed at which inquiry was handled	44.6%	38.6%

In response to another question on membership satisfaction, more than three quarters of the respondents indicated that they were either "very satisfied" or "satisfied" with their membership. Further, 86.6 percent of respondents indicated that they would either definitely renew their membership or would very likely renew. ☺

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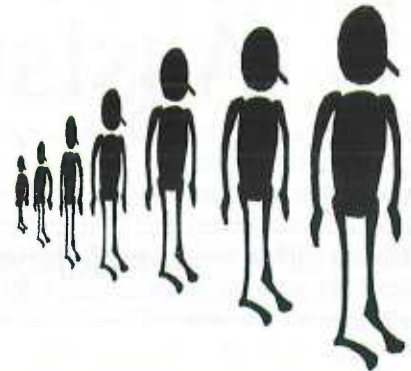
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Occupational Psychiatry and the Employee Assistance Program

PART THREE

by Jeffrey P. Kahn, M.D., and Seth Aidinoff, M.D.

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Differential Diagnosis

Having identified the principal stressors, symptoms, and areas of dysfunction, the next step is to systematically consider the differential diagnosis. The *Diagnostic and Statistical Manual, Fourth Edition*, (DSM-IV; or the primary care version, DSM-IV-PC) of the American Psychiatric Association offers standard psychiatric diagnoses for EAP clinicians. DSM-IV-PC also offers a straightforward diagnostic algorithm for the evaluation of common emotional symptoms. Importantly, emotional disorders have a high level of co-morbidity. For example, an employee who has been demoted may present with a major depression, as well as a long-term history of panic disorder. Most important, an exaggerated stress reaction indicates the likelihood of a diagnosable disorder, even when there is a clearly identifiable workplace stressor.

Indications for Immediate Referral

It is important for all clinicians to recognize conditions that urgently require specialized expertise. The following is a non-comprehensive list of indications for immediate referral to a psychiatrist or other mental health professional. Many of these indications reflect risk of harm to self or others.

Suicidal Ideation: Current or recent thoughts of suicide are indicative of significant psychopathology and require eval-

uation by a psychiatrist or therapist experienced and comfortable with the assessment of suicidal risk.

Violent Threats: Violent behavior and threats of violence require immediate and appropriate evaluation.

Significant Anxiety, Depressive, or Psychotic Symptoms: These symptoms typically require

psychiatric evaluation for diagnosis and possible medication. Anxiety and depression can be overwhelming for an employee, even when the initial complaint is about a more practical concern. Concern should be further heightened when there are suggestions of hopelessness or an inability to function at work, at home, or during the interview. Psychotic symptoms (including paranoia, auditory or visual hallucinations, delusions, bizarre beliefs) are also usually indicative of severe pathology and require immediate appropriate evaluation.

Cognitive Disorganization: Before completing an initial evaluation, the clinician must be comfortable that the employee is organized and functional enough to follow through with basic treatment recommendations. Disorganization or cognitive dysfunction interfering with self-care or ability to follow basic treatment recommendations are indications for referral. In particular, any signs of acute cognitive change that suggest delirium or significant neurologic or psychiatric pathology should indicate immediate evaluation by a neurologist or psychiatrist.

Substance Abuse: Medical and mental health clinicians (EAP clinicians, psychiatrists, psychologists, primary care physicians, social workers) vary widely in their experience and

expertise with substance abuse. General guidelines for indications for immediate referral for acute treatment include either the presence of active symptoms of withdrawal, past history of serious withdrawal phenomena, the desire or indication for structured inpatient or outpatient detoxification or rehabilitation, or the presence of any of the previously described symptoms (suicidal ideation, psychotic symptoms, threats of violence, disorganization, or acute cognitive changes)

Child Abuse: Many states have mandated reporting standards for evidence of child abuse.

Urgent Life Issues or Overwhelming Emotional State: Any situation of immediate or overwhelming crisis requires immediate attention and may require immediate referral. Any situation requiring an employee to make prompt or immediate significant life decisions may also require referral.

Treatment

As outlined previously, stressors and symptoms may appear in the employee as an individual, in the workplace, or in the family and social context. Similarly, treatment may be directed at the individual (for example, medication, psychotherapy), the workplace (modified job requirements or modified workplace), or at the family/social context (family or marital treatment, legal or financial assistance). In most cases, a specifically selected combined therapeutic approach will be most effective. Accurate diagnosis leads to appropriate and effective treatment.

For most of the common psychiatric diagnoses, a combination of psychotherapy and medication is the most effective treatment. Outlined below is a general discussion of some of the general psychotherapeutic issues in the treatment of mental health problems.

Psychotherapeutic Approaches

Whether counseling an employee about performance improvement, the effects of a downsizing, family crises, or treatment of a depression, psychotherapy is an important part of all EAP care. In taking an initial history, the clinician's effectiveness is improved by sensitivity to an employee's expressed and unexpressed concerns. In all of these cases, counseling requires attention to some of the same basic principles:

- treatment alliance and compliance
- education about the problem, treatment, prognosis, and time frame
- practical issues posed by the current problem
- empathic understanding of expressed and unexpressed emotions
- real and perceived conflicts of interest
- real and perceived progress in treatment

Emotional disorders require particular attention to the emotional distress itself. There are a number of ways to do this. For many employees, an appropriate treatment plan

would include a review of practical coping strategies for the disorder. Depending on the stressors and syndromes involved, skills might include breathing or relaxation techniques, exercise, self-care, and changing goals or expectations. EAP treatment of these disorders might also include brief, focused psychotherapy to address stressors, syndromes, work, family, and recovery issues. Much of the time, employees will respond well and return to their usual lives. Care must be taken to avoid assuming poor prognosis, overlooking treatment options, and underestimating risk of suicide or violence. In addition, the employee and clinician emotions that can arise in any treatment can be particularly intense and problematic with some employees.

While these transference and countertransference thoughts and feelings can be essential tools for evaluation, diagnosis, and treatment, they can also contribute to problematic clinical relationships and clouded clinical perspectives. Even though clinicians can never be fully free of their own witting and unwitting emotions, they need to be aware that those feelings are always present. For these and other reasons, formal psychotherapy training is a detailed and lengthy process. It generally involves didactic training in theory and technique, supervised treatment experience, and often personal psychotherapy. In different ways, most of the appropriate psychotherapies offer a better understanding of self and others, as well as education about the mental health problem and its treatment. When referral is indicated, employees will do best with a broadly trained clinician. The various psychotherapy practitioners differ in the range and depth of their training. The most common practitioners are psychiatrists, psychologists, and social workers.

Non-Urgent Referrals

Optimal treatment is sometimes beyond the time constraints of EAP care, or may require additional expertise. In addition to the indications for immediate referral, non-urgent referrals for treatment or consultation should also be considered when dealing with:

- an emotional crisis
- longer term life issues
- interpersonal or personality issues
- concerns about suicide or violence
- inadequate response to treatment
- reconsidered or more definitive diagnosis or treatment planning
- a troublesome employee or the clinician's emotions (interfering with treatment)
- a significant concurrent medical illness
- distressed executives (with heightened confidentiality concerns)
- management consultation issues

Workplace Interventions

Job modification (short or long-term)

Untreated stress disorders may raise questions about interim deficits in interpersonal skills, attentiveness, energy,

judgment, memory, and concentration. The EAP clinician should understand the essential functions of the job to properly assess the need for job restrictions or modified duty. The clinician can then match impairments with essential job functions. Considerations include the nature and time course of the impairment and issues of special provisions for work or treatment. As in all treatment, the clinician must take care to avoid real or perceived conflict of interest. In particular, treatment of emotional symptoms often suffers when a treating clinician is also responsible for determining impairments or entitlements.

Workplace Modification

An employee's mental health complaint may indicate the need for workplace modification. In the simplest case, modification of a physical stressor may be useful. However, the mental health complaint may also indicate the need for organizational restructuring. Examples of restructuring include placement and transfer, changing systems of information exchange or reward determination, and changing chains of command. An organizational psychiatrist, psychologist, or other organizational professional may be asked to provide such an evaluation.

Workplace Interventions (group)

Organizational interventions are appropriate in several situations. It is almost always appropriate for a qualified professional to perform a group intervention in situations of significant workplace trauma (accident, violence, sudden death). In addition, group interventions may be appropriate if the qualified professional sees a cluster of stress reactions, if major organizational change has occurred, or if there is a particular need to prevent problems in a given employee segment.

Family and Social Interventions

There are a wide variety of family or social interventions that may be appropriate in the treatment of emotional disorders.

Marital/Family Treatment

The presence of significant marital or family dysfunction should prompt consideration of marital or family therapy, regardless of any diagnosis. Similarly, marital treatment may be appropriate even when the marital problem is caused by other stressors.

Treatment of Other Family Member

It is not unusual to uncover significant emotional difficulties in another family member when evaluating an employee complaining of an emotional problem. In these cases, evaluation and treatment of the other family member may be indicated.

Other

A wide variety of life difficulties may cause stress to an individual. Support in dealing with these difficulties may allow an employee to resume his or her potential level of functioning. Examples of such support might include an EAP referral to appropriate legal or financial help, or support in making child care or elder care arrangements.

Workplace Prevention of Emotional Disorders

Preventing emotional disorders in the workplace involves the key elements listed below.

Workplace Prevention Of Emotional Disorders

1. Identify potential workplace stressors
2. Educate employees about stress and emotional distress
3. Identify especially distressed workers
4. Offer appropriate treatment

Achieving this goal requires sophisticated coordination between the corporate operating management structure, human resources, and the medical department. Appropriate flow of information, with due attention to legal and confidentiality issues, is the key to early identification of problems, diagnosis, treatment, and relapse prevention.

Effective prevention requires an educated work force, with employees, supervisors, and managers who are aware of typical workplace stressors, symptoms, and avenues for evaluation and treatment. Treatment must be available in a convenient, confidential, supportive environment. Prevention is the key to any effective workplace strategy for dealing with emotional symptoms and disorders in the workplace.

Education programs for both employees and supervisors enhance the early recognition of emotional distress. For example, in recent years we have seen the development of programs that allow employees to complete a brief self-assessment or telephone screening to see if they are depressed. Although the most depressed employees are less likely to participate, the programs do encourage a treatment-friendly atmosphere. Similarly, other programs train managers to recognize the signs of emotional distress in the workplace and how to point employees toward help.

Other workplace education programs may focus on issues of organizational change. Change is stressful for people who lose, change, or keep their jobs. Surprisingly, it is often the most stressful for those who do well during change, while others suffer career or financial hardship. Properly designed programs can reduce distress while improving morale and performance.

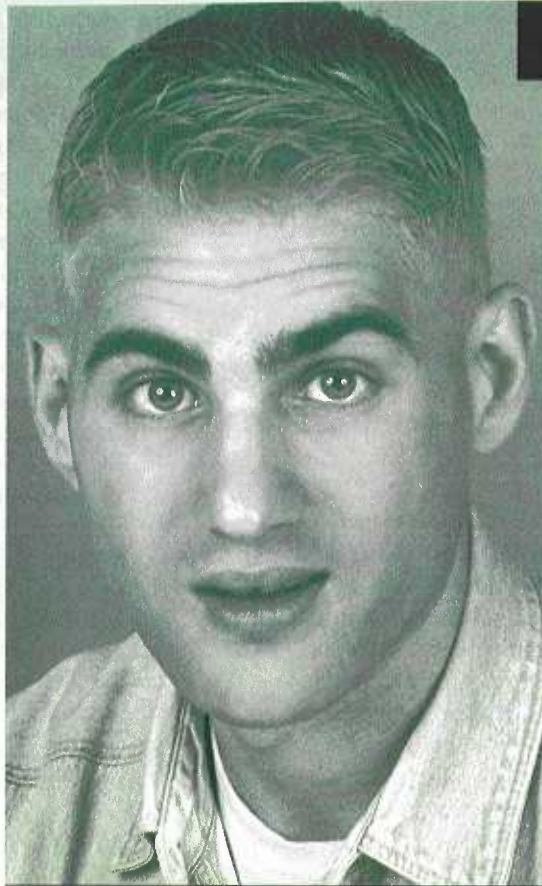
Mental health benefits are in a constant state of flux these days. Benefits packages that allow access to optimal treatment programs are not common. Instead, managed mental health care typically addresses immediate problems at best, without sufficient attention to diagnostic, social, career, and longer term issues. Concerns about confiden-

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tiality can further erode quality of care. Current legislative and judicial activities may help to improve this situation soon. In the meantime, clinicians and employers need to evaluate mental health programs with a keen eye towards these quality-of-care issues.

Independent Medical Evaluation

Beyond treatment itself, there are a number of circumstances where it is important to obtain a formal psychiatric evaluation for an employee. If these examinations are conducted at the company's request, they are called independent medical examinations (IMEs). IMEs are paid for by the employer and typically involve a written or oral report back to the EAP, medical, or human resources department. IMEs are commonly used to evaluate employees who file claims for psychiatric disabilities. An IME is useful to the company in assessing diagnostic accuracy, treatment effectiveness, and degree of disability. When employees return to work from an episode of psychiatric illness, they are sometimes asked to have a return-to-work evaluation. This procedure is especially important for jobs—such as drivers, pilots, and police—where there may be a higher level of concern about residual psychiatric symptoms. In addition, a violence assessment may be requested if an employee has spoken or acted in a way that appears threatening or violent. Finally, companies will often suggest or offer the opportunity for confidential psychiatric second opinions to employees,

either actively working or on leave, who have illness or distress that does not appear to be improving.

The 1997 Equal Employment Opportunity Commission (EEOC) psychiatric guidelines for the 1990 Americans with Disabilities Act (ADA) address issues of reasonable accommodation for psychiatric disability in the workplace. The guidelines were written in such a way that they appear to limit the scope of an IME to determine reasonable accommodation for an established employee. For example, the guidelines discourage questions about psychiatric history and treatment. Whether these guidelines will be applied by the courts remains to be seen at this time.

Since IMEs are usually conducted on behalf of the company, it is very important to clarify confidentiality issues with the employee in advance. Employees should be told, both by the company's representative and by the evaluating psychiatrist, that the IME is not fully confidential, and that information will be reported back to the company. The employee should sign a written release of information that indicates who will have access to the report. Although IMEs are not conducted for clinical purposes, they can often help the employee to obtain improved diagnosis and treatment.

An optimal IME is conducted in much the same way as a clinical psychiatric evaluation. Information is typically obtained from the employee and from medical and employment records supplied by the employer. Treating clinicians can also be a source of important information. A formal IME report includes a summary of relevant clinical infor-

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EAPA Measurements Subcommittee Requests Member Feedback on Proposed Utilization Definitions

by Brenda Blair

Have you ever been frustrated when comparing your EAP statistics to another program? Have you tried to compare benchmarks with other EAPs only to find major inconsistencies in the way you count cases? Have you bid for an EAP contract and lost because the other group seemed to "overcount" their EAP utilization?

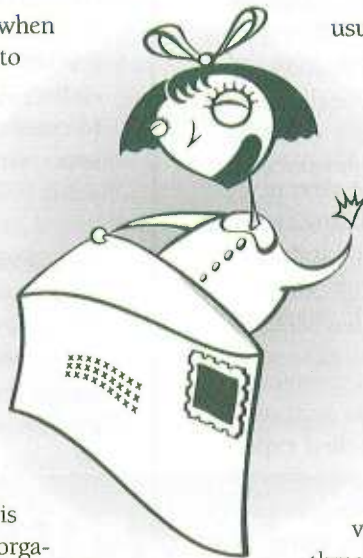
This brief outline summarizes work done by the EAPA Measurements Subcommittee to address these issues. A couple of key points:

- We have only addressed definitions of utilization by individuals. We think it is very important to count services to the organization and to work on other measures, such as problem categories. (We'll be doing more, but we had to start somewhere.)
- The results of our efforts have been approved by the Standards Committee but not yet presented to or approved by the Board. We want to get feedback from EAPA members before presenting the document for approval.
- Our goal is not to dictate a single measure, but rather to define different ways of counting utilization. We hope that you will select one or more of these measures in addition to other useful measures of your own. We want people to say, "When we mean utilization, we're using EAPA definition A1 (or B2 or whatever)." We CAN compare utilization rates if more of us use the same numbers.

Below is a very brief summary of the subcommittee's work. Please contact EAPA's Web site (www.eap-association.com) to receive a copy of the entire document and/or contact Jeff Christie (713-676-8084 OR jeffrey.christie@halliburton.com). We need your comments to make this a tool that will work for all of us.

Types of Activity

The traditional definition of EAP utilization is the number of new EAP cases opened during a given time period,



usually 12 months, divided by the total number of employees eligible for EAP services. However, what constitutes a case? Are an employee and his or her family members counted as one case or several cases? Is a case opened at the point of first telephone contact or at the point of receiving in-person service? When is a case closed? When is a case reopened? If an EAP client comes three different times during the year for three different problems, is that one case or three?

The Subcommittee concluded that utilization of the EAP by individuals cannot be summarized into one number. EAP direct service activities to individuals typically fall into three categories:

1. EAP information-only contact: The participant requests information but receives no assessment.
2. EAP life management contact: The participant receives information about, and possibly referrals for, services that include, but are not limited to, childcare, eldercare, financial, wellness, and other services. A minimal level of assessment is involved.
3. EAP case: A documented record of contact between an EA professional and an eligible user that includes a comprehensive assessment according to *EAPA Standards*, a plan of action, including, but not limited to, advice, information, short-term counseling and/or referral(s) and a follow-up plan.

We had to make some other decisions about how a case is counted:

- Regardless of how the physical record is kept for operational purposes, an EAP case involves services to a family unit.
- An EAP may count the number of individuals served as a separate statistic. For example, a large family may constitute one case but nine individuals served.
- A case may present multiple problems and result in multiple referrals. This should be reflected in program

statistics, but for determining utilization, multiple problems and multiple referrals do NOT constitute multiple cases.

- A family unit is counted once in a reporting year. Someone seeking assistance at three different times of the year is not counted as three different EAP cases, regardless of the problems presented each time. This "repeat business" should be counted in a separate statistic.
- The criteria for opening a new case must be clearly documented and agreed to by all stakeholders in the EAP.
- We developed definitions for a new case, closed case, reopened case, and active case. We propose that in each annual reporting period, an EAP case can be counted only once. The goal is to have a non-duplicative account of active cases as a basis for determining utilization.

Utilization Formulas

Category A: Utilization = activity by employees or employee family units divided by the number of eligible employees

$$U = \frac{\text{activity by employees or employee family units}}{\text{number of eligible employees}}$$

Category B: Utilization = activity by employees and family members counted individually divided by number of covered lives

$$U = \frac{\text{activity by employees and family members counted individually}}{\text{number of covered lives}}$$

Within each Category, the Committee recommends three definitions, one each for EAP Information-Only Contacts, EAP Life Management Contacts, and EAP Cases.

Definition A.1. Utilization = EAP Information-Only Contacts by employee family units divided by number of eligible employees

$$U = \frac{\text{EAP information-only contacts by employee family units}}{\text{number of eligible employees}}$$

Definition A.2 Utilization = EAP Life Management Contacts by employee family units divided by number of eligible employees

$$U = \frac{\text{EAP life management contacts by employee family units}}{\text{number of covered lives}}$$

Definition A.3 Utilization = Active EAP Cases divided by number of eligible employees

$$U = \frac{\text{active EAP cases}}{\text{number of eligible employees}}$$

Definition B.1. Utilization = EAP Information-Only Contacts where employees and family members are counted individually divided by number of covered lives

$$U = \frac{\text{EAP information only contacts}}{\frac{(\text{employees and family counted individually})}{\text{number of covered lives}}}$$

Definition B.2. Utilization = EAP Life Management Contacts where employees and family members are counted individually divided by number of covered lives

$$U = \frac{\text{EAP life management contacts}}{\frac{(\text{employees and family counted individually})}{\text{number of covered lives}}}$$

Definition B.3. Utilization = Active EAP Cases where employees and family members are counted individually divided by number of covered lives

$$U = \frac{\text{active EAP cases (employees and family counted individually)}}{\text{number of covered lives}}$$

The following chart summarizes the six utilization measures proposed above.

	EAP Information Only Contacts (1)	EAP Life Management Contacts (2)	Active EAP Cases (3)
Employees (A)	A1	A2	A3
Covered lives (B)	B1	B2	B3

Recommendations

The EAPA Measurements Subcommittee proposes these definitions as six possible methods for measuring utilization. Each EAP purchaser and vendor would be responsible for identifying which of these and other measures would be used for purposes of program analysis and evaluation. Our objectives in defining these measurements has been to encourage:

- purchasers and providers of EAP services to use more than one indicator of utilization when assessing their programs;
- use of these definitions and formulas when utilization figures are calculated.

Please give us your feedback. Send your comments to Jeff Christie 713-676-8084 or jeffrey.christie@halliburton.com