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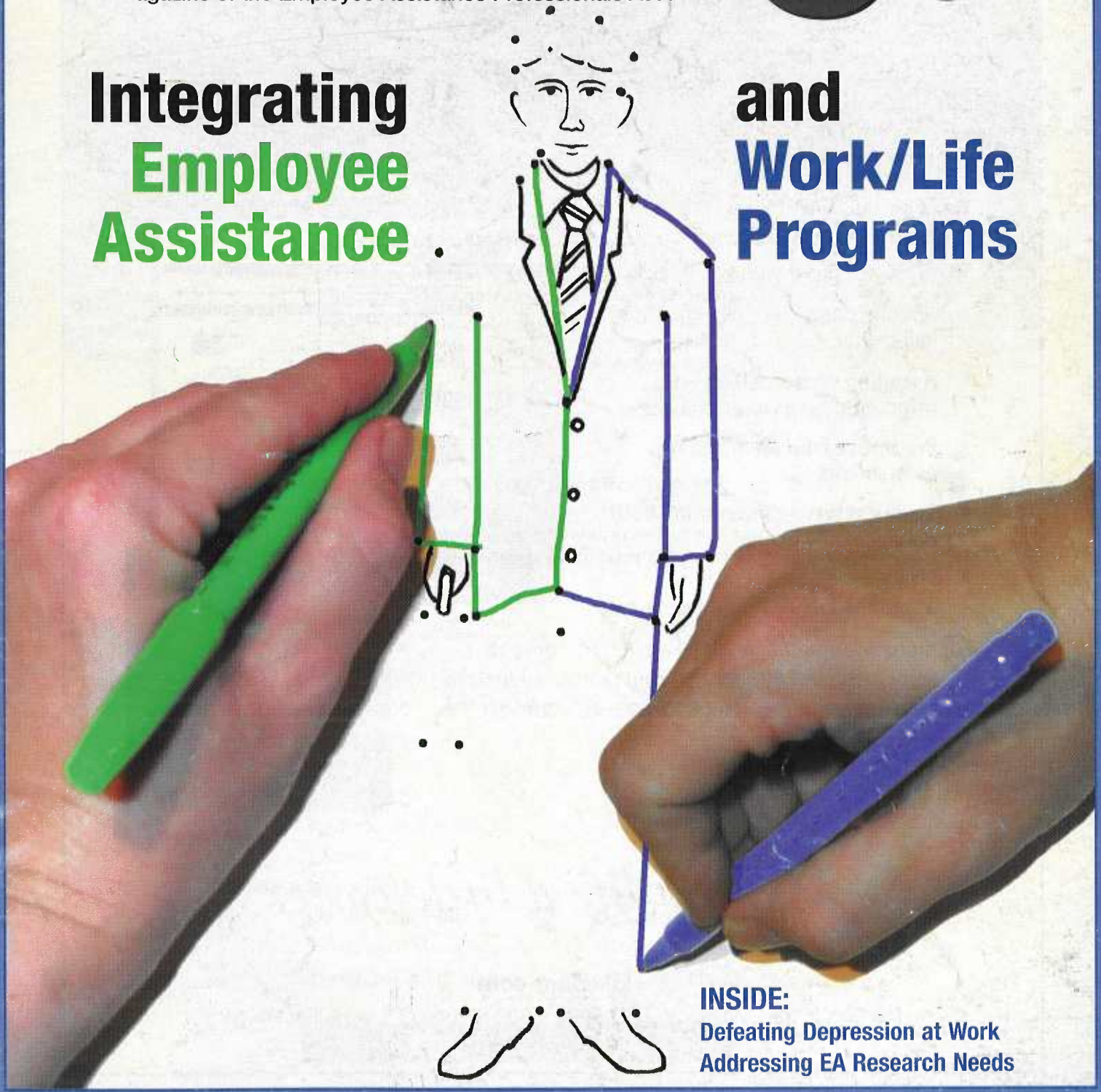
EAP ASSOCIATION

Exchange

The Magazine of the Employee Assistance Professionals Association

Integrating Employee Assistance and Work/Life Programs



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The Next Integration Challenge

by **John Maynard, Ph.D., CEAP**

At last year's EAPA Annual Conference, the *Exchange* Advisory Committee laid out the theme topics for the issues to be printed in 2000. Three of the themes address developments that are greatly affecting EAPs: the changing corporate culture, the rise of the Internet, and new addiction treatments. The three remaining themes involve integration.

In recent years, the integration of EAPs with managed behavioral health care services has received much attention. The May/June issue further explored the opportunities and challenges offered by the ongoing changes in managed care and in the relationship between the health care system and EAPs.

In the July/August issue, we examined how EAPs integrate with, and become part of, companies' behavioral risk management functions. The integration of EAPs and behavioral risk management really is a return to our roots—a re-emphasis on the impact of employee behavior on the functioning of the organization. Behavioral risk management may be a new term, but it describes what EAPs have been doing since the beginning.

This issue focuses on a third important arena of integration: EAPs and work/life initiatives. As with behavioral risk management, EAPs from the beginning have addressed the impact of "life" concerns on work (and vice versa). But over the last few years, while many EAPs were focusing on behavioral health issues, internal work/life coordinators and external work/life vendors developed and demonstrated the value to employers of significant new services and strategies that they defined as work/life.

As a result of this process, the scope of EAPs has been redefined and narrowed in the eyes of many employers and benefits consultants. EAPs now are viewed primarily as mental health programs, while non-behavioral health concerns are seen as the province of work/life. The challenge facing our profession is to encourage employers to take a broader view—to recognize that EAPs and work/life programs, by integrating their service delivery systems, can help employees resolve any kind of concern that interferes with productivity.

This issue of the *Exchange* takes such a view. It reflects on the lessons that can be drawn from the differences and similarities between EAPs and work/life programs, and presents examples of how they can work together to meet the needs of employees and employers alike. It also discusses the remarkable improvement in one employer's child care program as a reminder that the focus of employee assistance and work/life prorams should be on the quality of the services they deliver, not on who delivers them or the manner of delivery.

By the time you read these articles, many of you will have made plans to attend the 2000 EAPA Annual Conference in New York. I encourage all of you who are interested in work/life issues to attend a workshop on Saturday, Nov. 18, from 3:00 to 4:30 p.m. Jim O'Hair and Sandra Turner, the co-chairs of a task force appointed by EAPA President Greg DeLapp to examine the relationship between EAPs and work/life programs, will present their findings and recommendations at the workshop. The following day, the results of an outcome measurement study of an integrated employee assistance and work/life program will be discussed at a workshop beginning at 8:15 a.m.

I hope the workshops at the conference and the articles in this issue provide you with the resources you need to compete in today's fast-paced, ever-changing business environment.

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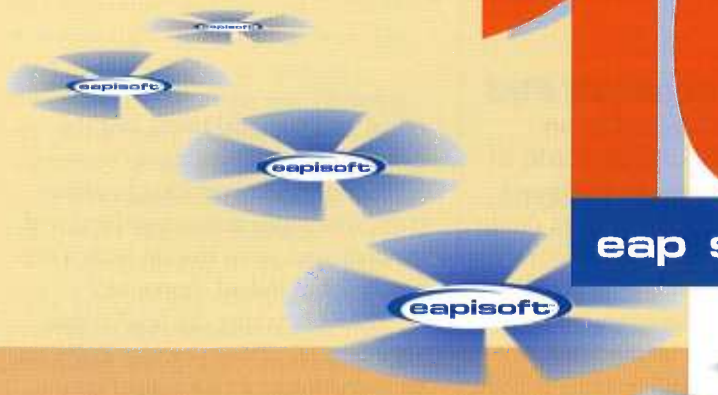

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President's Message

Enhancing the Value of Employee Assistance

by **Gregory P. DeLapp, CEAP**

In my conversations with EAPA members, the talk sometimes turns to how things have changed in the employee assistance field and especially in EA service delivery. We discuss the use of telephones, computers, the Internet, and much, much more. We also talk about how things have changed in one particular area of service: work/life programs.

A decade ago, if a call to employee assistance described family care responsibilities, a referral was indicated. The research needed to make the referral was time-consuming and likely sandwiched between job performance referrals and drug- and alcohol-related employee situations. The EA professional often was asked by the employer to recommend the need for the caregiving employee to receive time off or work out a hybrid arrangement, as neither the short-term disability plan nor using earned vacation was an appropriate response. Some employees, with no apparent resolution at hand, would resign.

The call a decade ago may have been logged by the EAP either by design or default, since no other entity was in place to handle such requests. Today, the range of responses and the level of dedicated expertise available are different—dramatically different. EA providers are challenged as to the scope of their services, the need to form business relationships with their counterparts in the work/life arena, and the inevitable question of "Who's on first?" There is a need to know, understand, and work FMLA.

Work/life programs have been marketed for years as stand-alone services and/or as adjuncts to EA services. It is not uncommon for an employer or labor organization to combine the two entities to expand the scope of services and avoid duplication of effort. Increasingly, long-standing EA programs are evolving—both conceptually and practically—into employee and family assistance programs. The work/life arena is being embraced by many within EAPA looking to expand their range of services and marketability, while many in the work/life field are evolving to include basic EA functions in order to compete with a full repertoire of services.

What is not happening is a meaningful dialogue between the entities serving members of both professions. That, too, is changing. Inroads have been made with the Alliance of Work/Life Professionals (AWLP), the leading association in the work/life field.

EAPA and AWLP affiliation and cooperation are subjects of keen interest. Rumors of a merger or acquisition and accusations of "selling out" are rampant, but simply not true. EAPA members are best served by understanding the range of services each entity can deliver to its members, rather than spreading false talk about a loss of identity and the end of the EAP Core Technology. We survive and grow by affiliating and cooperating with other entities offering services in the workplace, not by isolating ourselves.

We enhance the value of employee assistance when we deliver a combination of products, services, and information. The demands of the workplace, the complications of private life, and the range of organizational and personal needs beg the question of coordinating services—of affiliating and cooperating to cross-train, develop seamless products and services, and go to market with a segmented, but linked, response.

EAPA is taking the lead in this area. Several of our peers in EAPA are participating in a task force I convened to look at the similarities and differences between EA and work/life services, the relationship between EAPA and AWLP, and the education and training needs of EAPA members with respect to work/life programs. Their recommendations will be aired at the 2000 EAPA Annual Conference in New York City, and the task force's co-chairs, Sandra Turner and Jim O'Hair, will advise the EAPA Board of Directors as to next steps.

Opening Doors

Speaking of New York, the 2000 Annual Conference is shaping up very nicely. Room bookings are solid and registration is climbing. I urge all EAPA members to go to New York and use the opportunity to learn, exchange, network, and challenge your beliefs, approaches, and techniques.

The mission of EAPA is clear: to promote the highest standards of practice and continuing development of EA professionals and programs. We have a field and an association built on a rich history of inclusion, acceptance, and growth through others. We get there from the collective experience of our peers and related professionals. So, don't shut doors while in New York—find ways to open them.

And while you're there, be sure to

say hello to EAPA's new chief executive officer. At this writing, we are on the verge on hiring the new CEO for EAPA, and he or she will be in New York for the conference.

The new CEO will lead an association staff that has been working very hard on your behalf while experiencing a leadership and staffing transition (in a very tight budget year, too). The EAPA staff continues to work to implement the strategic plan, develop and coordinate the 2000 Annual Conference in New York, and respond to the thousands of calls, faxes, letters, and e-mails received monthly.

There is no end to the challenges facing EAPA in providing service to its members. Our members are all over the United States and Canada and are a growing presence in countries around the globe. The EAPA Board of Directors is aware of the need to provide timely, professional, cutting-edge resources and services to all of these members, and is committed to improving customer service.

See you in New York!

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

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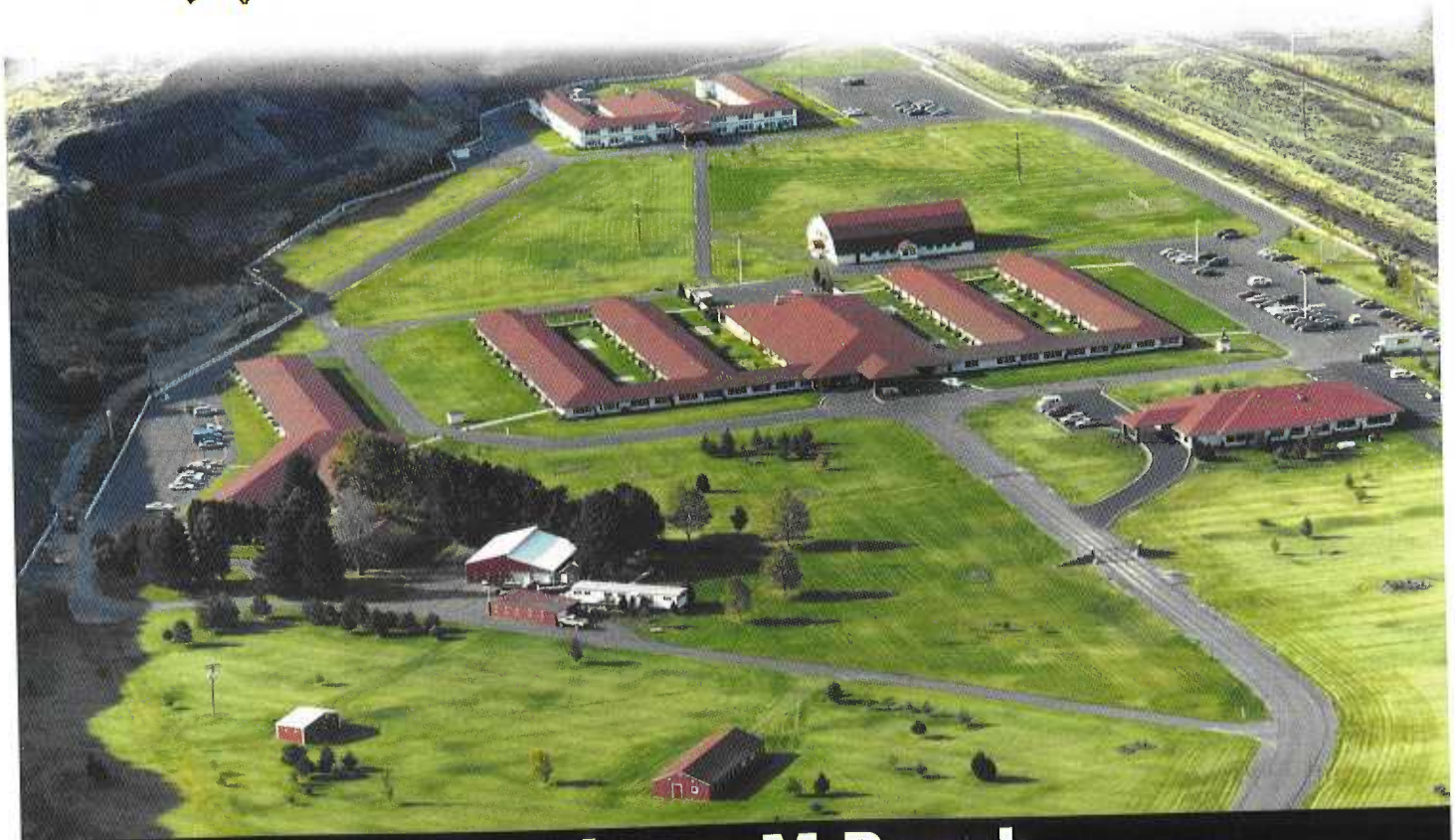

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Insulting Juxtaposition

I'm writing about a couple of sentences written by Nancy Persily on page 21 of the May-June *EAPA Exchange*. They are, "In the short term, the managed behavioral health care companies probably will try to make better use of employee assistance programs to manage health care and costs. This would be in keeping with their overall strategy of using the least educated and specialized providers to deliver care, such as by sending alcohol abusers to Alcoholics Anonymous and other support groups."

I am annoyed each time I read that. I suspect I am better educated and specialized in my area of expertise than many physicians with medical degrees. (I also believe that Alcoholics Anonymous is a lot more effective than most psychiatrists in helping people become and stay sober.)

The juxtaposition of EAPs and "least educated and specialized" is insulting. Ms. Persily would, I believe, have been more correct if she had said that using EAPs is "in keeping with their strategy of shifting costs"—in this case, shifting the costs of assessment, referral, and case management to the EAP. EAPs are paid for by the employer, not the managed care company.

I sometimes wonder how "uneducated" today's EAP practitioners are. How many new CEAPs do not have some kind of graduate degree? My hunch is that EAPA is gradually becoming an organization of licensed mental health professionals, especially as the earlier, "grandparented" professionals (who were educated by their life experiences) retire. Of course, organized labor does not want to acknowledge this, yet I have seen Labor fund the graduate education of their EA professionals.

I'd be interested to know if anyone else is perturbed by the implications of these sentences. Also, I wonder if the *Exchange* editor was bothered by the belittling.

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No Incentive to Test

In the May-June edition of the *Exchange,* Tamara Cagney's article ("Will Recovering Employees Be Excluded?") reminded me of yet another inequity thwarting efforts to treat and rehabilitate employees with substance abuse problems that may affect their work performance.

In Nevada, and apparently in the majority of other states, workmen's compensation benefits for injuries sustained on the job are denied to workers who test positive for alcohol or drugs in post-accident tests. This exemption creates a potential conflict in organizations whose substance abuse policies recommend or require post-accident testing for employees involved in accidents while on the job. For management, a post-accident policy implies some responsibility to test while allowing the organization to avoid paying compensation benefits in cases where workers test positive; for workers and labor unions, the policy is perceived unfavorably.

Apparently, the situation is becoming even more contentious in states that require employers to test all workers who are injured on the job and request benefits. This appears to be motivated by an effort to reduce workers' compensation costs and is meant to "send a message" to substance users and abusers that they will be denied benefits if they continue to use and abuse while on the job. For a substance user/abuser/addict, long-term consequences have virtually no meaning as an incentive to receive treatment for their habit.

I contacted Nevada's Workers' Compensation Department and was told that an employee injured on the job who tests positive for drugs and/or alcohol could challenge the benefits exemption in court by showing that the accident was not directly related to the alcohol or drug use. If the challenge were successful, the worker would be allowed benefits, but the drug/alcohol condition would not be treated since it would not be considered materially relevant to the accident. In addition, I learned that most construction companies do not require either pre-employment or "reasonable cause" testing for alcohol or drugs. Thus, there is no incentive for employers to test employees until they are involved in an accident, at which point testing appears to be motivated by an incentive to reduce workers' compensation costs.

Apparently, the captain of the

continued on page 44

Blueprint for the Information Economy

A 12-Step Business Plan to Defeat Depression

by Bill Wilkerson

In 1965, Gordon Moore (later a co-founder of Intel) made a remarkable observation as he was analyzing data on advances in memory chip performance. Each new chip, he realized, could store and process roughly twice as much information as its predecessor. Since each new chip typically was released within 18-24 months of the previous chip, he reasoned that computing power would continue to rise exponentially over relatively brief periods of time.

This discovery, now known as Moore's Law, has proved a boon for businesses but a bane for their employees. The rapid increase in the number of transistors on chips has helped fuel unprecedented economic growth while also intensifying both the pace and pressure of work. As the computer chip continues to grow even more powerful and information and time are compressed even further, the mental health of employees will become ever more critical to the financial health of their employers.

In recognition of the link between mental health and workplace productivity, the World Federation for Mental Health (WFMH) has adopted "Mental Health and Work" as the theme for World Mental Health Day for 2000 and 2001. The choice of "Mental Health and Work" as the theme for the next two years is intended to highlight the role of work in enhancing the economic and social integration of people with mental health problems. WFMH hopes to bring business and health leaders together to attack mental illness globally and develop strategies to blunt the mental health impact of the transition to an information- and knowledge-based world economy.

Investing in the Mind

The need for business leaders to play an active and prominent role in the prevention and detection of mental illness is evidenced by the economic burden of depression on the workplace. In Canada, for example, mental health claims are the fastest-growing category of disability costs, and psychiatric claims (primarily for depression) are rising at the fastest rate of all, overtaking cardiovascular disease*. Since 1994, the industry average of disability costs as a percentage of payroll has grown dramatically, by 100 percent in the cases of short- and long-term disability and 40 percent in workers' compensation charges to business.

Why the rise in disability claims, particularly those stemming from depression? The answer may lie partly in the growing imbalance between the number of hours worked and the resulting productivity. Canadians are working longer—in 1998, the number of hours worked increased by six times the growth in labor productivity—but not more productively, the result of many years of corporate downsizing and restructuring.

Canada's finance minister, Paul Martin, says Canadian firms have not invested sufficiently in high technology and that the country's economic culture "has got to be turned to innovation." But in the information economy, industrial innovation is, by definition, an investment in the human mind. It is our minds, not our arms and legs, that will do the heavy lifting in the global information economy. And there is sufficient anecdotal and statistical evidence to show that when the mind is stressed and becomes depressed, corporate results are compromised accordingly.

The Business and Economic Roundtable on Mental Health is calling upon corporate leaders, primarily CEOs, to develop and implement plans to reduce the effects of depression. The Roundtable will distribute the following recommendations to business associations and corporations and provide assistance to help organizations customize them to their own specifications. No one size fits all in this area of concern.

Step 1: Brief the CEO. We urge corporate leaders to require a comprehensive briefing for the chief executive officer on the impact of depression at work. This will have two profoundly important effects:

- It will galvanize the organization's executives and managers to "get on top" of depression as a business issue; and
- It will empower the CEO and his/her leadership team to set detection and financial targets associated with reducing the effects of depression inside the organization.

Step 2: Target depression financially. The Roundtable urges business leaders to establish an annual target to reduce the effects of depression at work through early detec-

Bill Wilkerson is co-founder and president of the Business and Economic Roundtable on Mental Health and is senior counsel at GPC Canada.

tion, as well as effective treatment and dollar targets for savings realized from the process. More specifically, we recommend a 35 per cent annual improvement in the detection and treatment rates of the disease among current employees, compared to the sorrowful current rate estimated at 6.25 per cent of the labor force, taking into account detection, diagnosis, and proper treatment combined.

We call upon industry sectors (through national associations) to create a sector-specific information base upon which to set these targets and create a test consortium of willing corporations to attack depression in these terms. Further, we urge businesses to plan the costs and returns on investments in distressed human capital over more than one annual fiscal year.

Step 3: Investigate the mental health service capacity of corporate health and EAP plans. We urge business leaders to—

- Establish EAP and supplementary health benefits plans as vehicles to target and reduce the effects of depression at work. This capacity does not currently exist, but it is needed if the depression epidemic is to be stalled and eventually resolved.
- Probe the reasons for current low rates of employee utilization of EAPs when the prevalence of depression at work is so high. Employee trust issues are involved.
- Set EAP utilization targets in the 20-25 percent range (compared to the current 7-10 percent) to force-feed the search for solutions to the low detection rates of depression at work. The objective is not to generate new demand, but to meet existing need.
- Challenge conventional wisdom built into most existing group health plans about what foretells the presence of mental anxiety and depression in the labor force. Organizational health can contribute positively and negatively to employee health.
- Probe how the company's benefit and prescription drug plans specifically will help achieve a 35 per cent improvement in the detection of depression within the company's labor force. Prescription drug use is a barometer of mental health problems but is seldom used as such.
- Examine patterns in employee utilization of prescription drugs and establish annual cost-reduction targets of 5 to 7 percent without limiting employee access to group health plans. This will necessitate strategies to detect and diagnose employee mental health problems early due to the relevance of drugs in treating these conditions if the savings in drug costs, as noted earlier, are to be realized.
- Institute a depression return-on-investment strategy that demonstrates health improvements among employees over time.

Step 4: Create a healthy work climate. We urge business leaders to make employee and organizational health "twin priorities" among senior managers of the company. A key step in this process is to identify and reform management practices that produce harmful stress and contribute to depression at work. In fact, absenteeism and disability rates can be predicted by the prevalence of—

- Distrust at work.
- Displays of disrespect among peers and job superiors.
- Lack of employee understanding about the company's strategic direction and the day-to-day priorities of one's own boss. Senior and less senior employees can drown emotionally in this kind of ambiguity. It clouds what is expected of them in the midst of such confusion.
- Autocratic management styles, repetitive tasks, and/or too much or too little to do.

The bottom line for business leaders is that stress-related disorders (including depression) stem from more than an individual's state of health or emotional predisposition. Work climates contribute significantly to depression, and healthy work climates are necessary to sustain individual health at work.

Step 5: Free employees from e-mail/voice mail enslavement and isolation. In the two years since the advent of the Roundtable, perhaps no single issue has resonated so forcefully across such a wide range of people in all ranks of business than the growing frustration with electronic and voice mail. Technology itself is not the villain; the way it is used by people is the villain. We have allowed technology to replace personal contact with electronic contact, thereby eliminating tone of voice, body language, facial expression, and attentive, two-way listening—all of which are proven, critical elements of communication and understanding between and among people.

E-mail and voice mail contribute to the creation of the 24-hour workday, inhibiting efficiency and almost becoming a technological "leash" to which employees are tied whenever they leave the office for a short time or overnight. In addition, there is evidence that overuse of computers and specifically the Internet produces symptoms akin to those observed among persons addicted to alcohol, drugs, or gambling.

In this context, therefore, the Roundtable urges business leaders to evaluate the effects of e-mail and voice-mail utilization on the efficiency and quality of life in their organizations, with the goal of guiding its usage in healthier and more effective ways. We further recommend that businesses consider new protocols governing the use of e-mails, such as the following:

- Making maximum use of existing technology filters at workstations, giving employees some measure of control (although this will not stem the flood);
- Introducing "restricted delivery" periods for e-mails limited to urgent and necessary business matters; and
- Prohibiting e-mail deliveries in off-hours (this is no different than not calling someone at home at night unless it is absolutely necessary).

Step 6: Devise strategies to return employees with mental disabilities to work. Work must be seen as part of the recovery process in depression cases, but aggressive return-to-work strategies—such as those employed in recovery from soft tissue injuries—are not necessarily replicable for mental health concerns. Most of those returning from depres-

World Mental Health Day

World Mental Health Day, which will be observed this year on Oct. 10, was established in 1992 to promote awareness of mental health issues, challenge negative stereotypes of mental illness, and provide a voice for people to discuss their experiences. The success of World Mental Health Day is evidenced by the fact that it is now celebrated in more than 100 countries across the globe.

To increase awareness of World Mental Health Day and the impact of mental illness on the workplace, the World Federation for Mental Health has developed a planning kit that contains information, materials, and ideas for sponsoring public education projects and garnering media attention. The kit can be downloaded from the WFMH Web site at www.wfmh.org. The kit includes information about EAPs and is organized as follows:

- Overview of World Federation for Mental Health
- Mental health and work
  - Workplace stress
  - Global concerns: child labor and gender issues
  - Workplace stigma
- Taking action
- Involving public leaders and publicizing your event
- Reference information
- Supplementary materials

Questions about the kit or World Mental Health Day can be referred to WFMH by phone at (703) 838-7543, by fax at (703) 519-7648, or by e-mail at wfmh@erols.com.

sion-induced disability must re-enter the workplace on a gradual basis, as studies show that a person recovering from depression may exhibit a willingness and ability to return to work before the depression itself is sufficiently wrestled to the ground. Returning to work too soon, therefore, can hasten a relapse.

On the other hand, productive activity is important to the recovery process. Disability management programs must be equipped to recognize and sustain this delicate balance. Business leaders will serve their companies well to ensure this capability is in place.

Step 7: Recognize the link between depression and physical disease. One of the Roundtable's objectives is to inform business leaders of the physical and biological dimensions of depression. Depression has physical properties, reflecting a biochemical event in the brain, and compromises the body's immune system. We encourage business leaders to summon their human resource executives and health professional staff to report on the known and suspected connections between depression and physical disorders, including cardiovascular disease. Consider the following:

- Depression increases fivefold the odds of a second fatal heart attack inside six months of the first.
- A high level of depression increases the risk of a first stroke in men by 56 percent and in women by 85 percent.
- Anxiety disorders-next to depression, the most prolific mental health disorder-are often so concrete that the person experiencing them will go to the hospital emergency room feeling severe pain. Panic disorders may mimic a heart attack, and are often misdiagnosed accordingly.

The physical properties of mental disorders are important to recognize as a basis for understanding the dynamics of such problems and shaping return-to-work strategies for disabled cardiac or depressed employees with these complications in mind.

Step 8: Target emotional work hazards. We recommend that business create an inventory of what might be described as emotional health hazards at work and specifically target office politics which, studies show, can have a corrosive effect on employee well-being. Specifically, executives should determine—

- What motivates employees to want to come to work and, conversely, what keeps them away. Lateness and, eventually, absenteeism are predictors of mental distress or disengagement. These matters can be probed empathetically and used as a means to signal emotional issues which may, if left untended, require professional attention.
- Whether chronic customer service problems can be traced to emotional distress among employees. Studies show that employees who enjoy their work will create customer satisfaction. Meanwhile, job/attitude problems are sometimes a clue to underlying health issues, especially when they materialize in otherwise effective employees.

Business leaders also should be sensitive to evidence of—

- A culture that tolerates constant interruptions from one person to the next and by supervisors among their subordinates;
- Managers who waste employee time by way of unclear instructions or confused priorities; and
- Employees who keep taking on more and more work. Their desire not to say no, to be a team player, to believe the work must get done—all positive features of behavior in many instances—can undermine their resilience and mental health.

Step 9: Enact work/life policies. The number of employees who must work and care for their children or elderly parents, or both, has grown markedly. Estimates put the number in the realm of 62 percent of employees, while more than half of married couples both work and more than one-fourth of all working parents to care for an aging relative.

Corporations in Canada and the United States are turning to work/life balance issues as an investment in the future of the company. Therefore, we urge business leaders to enact life/work balance policies (many do) as a mental health support initiative. Work/life balance strategies provably—

- Reduce disability-related absences from work;

- Help attract and retain talented people;
- Contribute to both revenue and profitability;
- Relieve employee stress; and
- Create a bond between employer and employee.

Step 10: **Introduce a "rule out rule."** A person suffering from depression may exhibit behaviors that mimic bad or negative attitudes. Failing to draw a distinction between illness and attitude (for want of a better phrase) can cost the person his or her job and the company an otherwise valuable asset in which it has a significant investment.

We recommend a new concept called the "rule out rule" to unmask the effects of depression in cases where it mimics plain work failure. When an employee is performing badly, especially where this contradicts past performance, introduce the "rule out rule" to rule out (or, as the case may be, rule in) health problems as the source of performance deterioration.

This process will be defined and published by the Roundtable in detail, but generally it involves the following:

- Training supervisors, managers, and executives to ask questions of employees that respect their privacy while helping them consider a health consultation before performance issues are reviewed in more conventional terms;
- Creating mechanisms for referrals to internal professional staff or external health professionals in order to screen the individual for symptoms of depression, anxiety, or other conditions;
- Deferring the performance review process until this health review is complete;
- Preserving the confidentiality of the matter at all costs; and
- Putting in place a process to receive the health review report from the employee (orally or otherwise, as he/she may wish) and, should a health concern emerge, accommodating that concern by way of work schedule and other arrangements.

Step 11: **Introduce models of health-based productivity measures.** Depression infiltrates product quality and customer relationships. We urge business to consider opportunities to introduce models of health-based productivity measures as an instrument for success in the information economy—the economy of mental performance. Such models would embrace the following:

- A health index to indicate the status of the company's organizational health. Where standard measures indicate the company is productive on the basis of unit output per cost, the health index would track organizational health. A blended productivity rate would then be developed to assess the company's health in quantitative production and quality of life.
- A shift from pure volume/quantitative measures to employee-based qualitative measures.

Business leaders must establish clearly that stress is an explicit, correctable, avoidable depressant on productivity. Stress that creates disease is not an unavoidable cost of doing business—it is an unacceptable cost of doing business.

Step 12: **Defeat stress and depression.** We urge business leaders to—

- Set a standard for reducing disability rates year-to-year over the next five years by 15-25 percent. By targeting mental health issues, you will achieve this objective.
- Establish a health mission for the company supported by specific steps to reduce the prevalence of depression at work to 7 percent (down from 10) and support the achievement of early detection and treatment rate improvements to 35 percent a year (up from 6.5 percent).
- Establish a two-year plan to remedy the top sources of stress, including the creation of benchmarks to guide this process.
- Establish internal communications as a major health-based productivity weapon. Isolation breeds depression.
- Tackle stress-related problems affecting employee performance on a three-year cycle. Employee performance predicts company performance three years in advance, according to Bank of Montreal studies.
- Target burnout, a key priority in the transformation from an industrial economy to an information economy. Burnout is a product of extended pressure. E

* Source: Manulife Financial Group.

Leading Sources of Workplace Stress

(With apologies to David Letterman)

10. The treadmill syndrome—too much to do at once, requiring a 24-hour workday.
9. Random interruptions.
8. Doubt-employees aren't sure what's happening or where things are heading.
7. Mistrust and office politics.
6. Unclear company policies and directions.
5. Career and job ambiguity—things happen without employees knowing why.
4. Inconsistent performance management processes, such as employees getting raises but no reviews or getting positive evaluations but being laid off afterward.
3. Being unappreciated.
2. Lack of two-way communication, both up and down.
1. Having too much or too little to do, causing feelings of having no control or of not contributing.

Source: Business and Economic Roundtable on Mental Health, 2000.

Focus on the Future

The Final Day of the 2000 EAPA Annual Conference

by Bernard Beidel, CEAP, and Helene King, CEAP

The 2000 EAPA Annual Conference in New York will feature a formidable lineup of renowned keynote speakers and highly qualified workshop presenters who will address a variety of topics that affect our profession and our Association. Some of the issues they discuss and the strategies and solutions they propose may stir some controversy, but they also will prompt us to think about the roots of our field, the current state of our profession, and the future direction of employee assistance programming and service delivery.

It is with the future in mind that we will end the conference on the morning of Nov. 21. Longtime EAPA member John Maynard and professional storysmith Susan Marie Frontczak will join us during the closing breakfast to help each of us reflect on the need to take care of ourselves so that we may better take care of others as EA professionals. Their presentation will be accompanied by an important announcement about the work of EAPA's Peer Assistance Committee in helping our members in this critical task of self-care.

While the success of our future work as EA professionals is based partly on our ability to take care of ourselves in the present, several other issues are important to our future as well. The Conference Program Planning Committee blocked out some brief time slots prior to the closing breakfast so attendees could focus on a few of these critical issues—time slots that we are calling "future forums."

The purpose of these informal sessions is to give conference participants an opportunity to meet in a relaxed setting with other interested individuals to discuss issues that will affect the future of our profession and Association. Each of the four forums has a general focus, but the format is designed to provide an opportunity for open discussion of specific issues related to the focus.

Forum #1 will be facilitated by Dotty Blum and Doug McKibbon, the program planning chairs for the 2001 EAPA Annual Conference in Vancouver, Canada. They will present an overview of the theme for next year's conference and allow prospective presenters an opportunity to discuss the abstract submission process and the professional development interests of the EAPA membership.

In forum #2, Sheila Macdonald, EAPA's staff director of legislation and public policy, will join with members of the EAPA Legislative and Public Policy Committee to look at the critical public policy issues facing EA professionals in the near and distant future. The results of the November elections may have both immediate and long-term implications for a number of policy and legislative issues that directly and indirectly affect the EA field, so this could prove to be a very timely discussion.

Linda Sturdivant, who will be presiding over her first conference as EAPA's president, will meet with attendees in forum #3 to discuss her specific goals for the future of our Association and her vision of how EAPA's members can help her, the Executive Committee, and the Board of Directors meet those goals. This forum will provide each participant with an opportunity to explore his or her level of involvement in our Association and in the future of our profession.

Richard Hopkins, the international regional director on EAPA's Board of Directors, will facilitate the fourth forum, which will allow participants to identify the many international, national, and cultural issues facing the global expansion of EAPs. Attendees will have the opportunity to discuss EAPs from a variety of perspectives—perspectives of vital importance to our Association and its members as we witness the evolution of the global economy and the continuing emergence of an internationally mobile work force.

We hope that these "future forums," in conjunction with the closing breakfast, enable each attendee to leave the conference with a focus on the future—the future of our field, of our profession, and of our Association—and a renewed commitment to his or her individual role on all levels. So plan to rise early on Nov. 21 and join us from 7:30 to 8:30 a.m. at a "future forum." The forums will run concurrently, so pick your topic of interest and join us for some lively and interesting discussion. E

Bern Beidel and Helene King are co-chairs of the Conference Program Planning Committee for EAPA's 29th Annual Conference, to be held Nov. 18-21 in New York.

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Research on Employee Assistance A Vision of the Future

by Mark Attridge, M.A., Ph.D.

If an industry or profession is to establish credibility with its customers and the public, it must set standards of quality for its members to meet. These standards, in turn, must be underpinned by research data that support the development of benchmarks for measuring and comparing quantitative and qualitative levels of performance. Further, there should be conceptual models and reliable data to show how the delivery of quality services results in measurable business value for the customer.

How does this measurement approach apply to the employee assistance field? As an industry, EAPs historically have been somewhat hesitant to share and publish research data, perhaps because they don't want to compete with each other. To the extent research has been conducted on EAPs, most of it has focused on descriptive analyses of how to deliver various kinds of employee assistance services and on the level of client satisfaction.

There has been some research on direct clinical and personal outcomes from the use of EAP services, such as changes in health status and/or emotional functioning and improvements in specific clinical factors. Only a few high-quality studies have been conducted that examine the indirect outcomes employees often experience after using EAPs (i.e., changes in workplace performance and more appropriate use of mental and physical health care services). Rarer still is the study that measures the financial value or return on investment of these indirect outcomes from EAPs.

To complement the existing data on EAP services, the EA field needs to shift its research focus toward assessing workplace outcomes and other indirect factors important to purchasers of EA services. For our field to stay viable, employers must recognize that providing EA services is a cost-effective method of "investing" in their most important asset—their people (this has been called the "human capital" approach to managing employee benefits).

The payoff on the EA investment comes from reducing both direct costs (such as health care benefits costs) and indirect costs (lost productivity, absenteeism, return-to-work issues, and turnover). For example, when an employee contacts an EAP for a psychological problem and then improves in that area, the employee also probably improves in other areas as well. These other areas may not have been the primary reason for the initial contact, but they probably are the primary reason that the employer purchased EA services in the first place. Research studies that provide this kind of analysis have been conducted, but most EAPA members may not know how to find them or how to assign business value to the findings.

Mark Attridge is chair of the EAPA Research Committee and is a principal in the Research and Analysis Group at Optum, an employee assistance, work/life, and health information company in Golden Valley, Minn.

Valuable Forum

To help encourage and facilitate the collection and dissemination of research within the employee assistance field, the EAPA Research Committee will host four sessions at the 2000 Annual Conference in New York. These sessions will provide EAPA members plenty of opportunity to share information about their own research projects or express their research interests and needs. Several time slots are available so members can select a session that doesn't conflict with other activities.

The EAPA Research Committee can serve as a valuable forum for EA professionals to share information about the work they're doing or the data they're collecting. The committee also can play several important roles within the Association. One role is to pull together the different kinds of questions people are asking on their client satisfaction and outcome surveys and show the typical results they're getting—for example, a satisfaction rate of 95 percent, or 70 percent of people saying they feel less stressed after using the EAP, or 50 percent of clients saying they reduced their absences.

Right now there really aren't any standardized measures or statements that one company can compare against another. That makes it difficult for a company to determine whether its EAP is as good as other EAPs—or, more to the point, whether its EAP is as good as it should be (at least in terms of quality of service and client outcomes). Every EAP has outcomes, but the problem is that they're difficult to compare.

The Research Committee could gather this information and also provide a critical perspective on survey methodology data collection practices and how to phrase survey questions properly. This would necessitate EAPA members sharing their survey tools, but it would allow the committee to develop a list

Goals of EAPA Research Committee

1. **Increase awareness and use of existing research literature on EAPs**
   - (a) Provide ongoing expert consultation to EAPA leadership as needed
   - (b) Present research findings to members (conduct sessions at annual conference; write articles for *EAPA Exchange*)
   - (c) Disseminate EAP research to the public (consult with media, write editorials for newspapers, write papers to post on EAPA Web site)
2. **Promote new research on EAPs**
   - (a) Provide editorial leadership and review for research articles
   - (b) Provide editorial support to EAPA conference presenters
   - (c) Develop new research projects and initiate partnerships with EAP purchasers, educational institutions, and other organizations
   - (d) Develop future researchers (involve students in EA field)
3. **Provide consultation to other EAPA committees**
   - (a) Consult on all surveys and other data analysis/statistical projects at EAPA
   - (b) Consult with Resource Center Advisory Committee on updating research materials for sale
   - (c) Consult with Conference Committee to help improve quality of presentations
4. **Conduct new, original research studies on behalf of EAPA**

of, say, the 10 best questions to ask clients in terms of research validity and extracting information about the kinds of outcomes that EAPs should be affecting. If we could gather this information, the Research Committee could develop an outcomes survey toolkit. This product would identify the questions that EA professionals in our industry typically ask, the responses they typically receive, and the methodology they use to collect data.

Another area where the Research Committee can make a contribution is to conduct new studies of returns on investment (ROIs) or summarize existing studies and present the data in a manner that will enable EA professionals to demonstrate the value of their services to purchasers of EAP services. This was the top-rated request from the Needs Assessment Survey that EAPA conducted last year—a tool that would help EA professionals defend themselves when employers say, "I'm not sure it's worth it to keep our EAP." Although EAPA currently has available a packet of reprinted articles on cost-benefit analyses of EAPs and provides a pamphlet on the value and impact of EAPs, both of these resources need to be updated.

Indeed, there's a lot of this kind of information out there, but it needs to be packaged effectively so that EAPs can use it to make the business case. For example, what if a resource tool or worksheet were available that summarized basic research findings in a return-on-investment estimation model that could then be adjusted to use data specific to the EA provider and purchaser? With this resource, EAPs could customize general research findings to help demonstrate their value to their customers. The Research Committee could help craft a standard analytical framework for measuring business value and then work with EAPs to collect normative utilization and outcome data to use in the model.

Another area that the Research Committee can explore is EAP delivery models. For example, the committee could prepare white papers that provide analyses of how to measure utilization rates, the factors that drive usage of EAPs, the advantages and disadvantages of phone versus in-person services, the differences between internal and external EAPs, and so on.

Important Steps

Part of the problem in collecting good research data and developing performance measures is that EA professionals in small EAPs don't have full-time research staff to conduct studies. I think that's the Achilles heel of our industry. Unless you work in a large company that outsources EAP work to other companies, you generally don't have the research staff to conduct these kinds of studies.

As a result, EAPs tend to measure their performance by relying on client satisfaction surveys and anecdotal evidence. Structured items on follow-up surveys are the norm for most EAPs; less common are pre- and post-surveys that assess change over time, from before use of the EAP to after use. Both of these survey formats are designed from the perspective of the individual user of the EAP—the employee—and there's a fair amount of research showing that clients generally are satisfied with their EAP and the problems they call about generally improve after using EA services.

Unfortunately, there have been very few studies that go beyond collecting reports from clients to actually partnering with a purchaser and collecting company records on absenteeism, productivity, turnover, or other factors. Consequently, there are a lot of good data from clients saying they feel better, but not much has been published showing fewer absences or greater productivity as a result.

The Research Committee hopes to augment the information in this particular area as well as promote overall research within the EA field. The conference sessions constitute an important step in this direction, as does the *EAPA Exchange*. In recent years, research articles have been published in a special *Research Supplement* to the magazine, but the Research Committee hopes that in 2001 an entire issue of the *Exchange* will be devoted to research on EAPs.

What research topics do you want to read about? Do you want to contribute to or collaborate on an article to this special issue? Are you interested in sharing the results of your own research or collecting new data, or would you like to help further the research objectives of the EA profession?

If any of these questions pique your interest, please attend one of the Research Committee open house sessions at the 2000 EAPA Annual Conference. The Research Committee also is looking for new members. If you would like to volunteer your time and energy, please contact me by phone at (612) 797-2719 or by e-mail at mattridg@uhc.com. E

Substance Abuse: A Collaborative Approach to Prevention and Early Intervention

by Deborah M. Galvin, Ph.D., and Clair E. Mason, M.Ed.

In 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services issued a report showing that 70 percent of people who abuse drugs work full-time, as do 80 percent of people who abuse alcohol. These findings underscore the key role that employee assistance programs (EAPs), health promotion and wellness service providers, employers, and health care organizations can play in helping employees live healthy and productive lives.

Three years ago, the Center for Substance Abuse Prevention (CSAP) of SAMHSA launched an initiative to examine and promote workplace efforts to prevent substance abuse. This initiative, the Workplace Managed Care (WMC) Substance Abuse Prevention and Early Intervention Program, is evaluating the integrative efforts of workplaces and health care organizations in providing substance abuse prevention and early intervention strategies and activities for employees and their families (covered lives). These efforts frequently combine resources from external and internal EAPs, human resources offices, private security, management, labor unions, and health care organizations.

Scope of the Problem

The WMC program began by recognizing the scope of the substance abuse problem in the United States and its effects on the workplace. Studies such as SAMHSA's 1998 National Household Survey on Drug Abuse have found that—

- An estimated 6.6 million people employed full-time in the United States are heavy alcohol users.
- About 8 percent of full-time workers and 9 percent of part-time workers report current illicit drug use.
- Each year, 500 million workdays are lost because of alcoholism.
- Illicit drug users are twice as likely as non-drug users to have unexcused absences from work and three times more likely to be fired.
- The overall economic cost to society from substance abuse in 1995 was an estimated $276 billion.
- Employers are affected by other consequences associated with substance abuse, including increased turnover, accidents, injuries, and medical costs.

Research indicates that substance abuse prevention and early intervention programs can help employers mitigate these and other effects of drug abuse on the workplace. For example, a 1991 study by the risk and insurance management firm of Marsh and McLennan showed that the Gillette Company reduced its inpatient substance abuse treatment costs by 75 percent after establishing an EAP. Goetzel, Juday, and Ozminkowski of the Medstat Group reviewed findings across 21 return-on-investment (ROI) studies of corporate health and productivity programs and found that all of the programs reported a positive ROI, ranging from $1.49 to $13 per dollar spent on the program.

The early findings of the WMC Program indicate that prevention can be a common goal among workplace managers, health care providers, unions, EA professionals, and employees and their families.

But despite the known benefits of substance abuse prevention strategies, many employers want detailed information about their impact on productivity and return on investment. The WMC Program is designed to help meet these needs.

The WMC Program is of particular interest because changes in health care coverage over the past decade have resulted in fewer financial resources for substance abuse treatment and mental health benefits. For example, the Hay Group reported an 11.5 percent decrease in the value of employer-provided benefits between 1988 and 1998, while substance

Deborah M. Galvin, Ph.D., is workplace managed care program manager in the Division of Workplace Programs at the Center for Substance Abuse Prevention (CSAP) in Rockville, Md. Clair E. Mason, M.Ed., is a project analyst at the CDM Group, Inc. in Chevy Chase, Md. *The Workplace Managed Care Substance Abuse Prevention and Early Intervention Program is funded by CSAP, a division of the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.*

abuse benefits declined by 74.5 percent in the same period. Given these developments in the health care system, the need for prevention and early intervention programs to reduce the demand for substance abuse treatment is even more evident.

The WMC Program

Prior to the launch of the WMC Program, anecdotal evidence suggested that a number of employers were collaborating with their health care providers, EAPs, health/wellness programs, and various internal/external components to provide healthier work environments, including substance abuse prevention initiatives. By collaborating across these entities, employers sought to reduce redundancy and costs while increasing efficiency and employee satisfaction. However, the results of these projects were not being documented and evaluated in a manner conducive to sharing information with other workplaces.

The WMC Program provides assistance to these ongoing programs by helping them (a) evaluate the workplace safety, productivity, retention, and economic impacts of substance abuse and its co-occurring effects and (b) identify and disseminate best practices and cost-related data. The program supports nine WMC studies, which provide interventions in 46 states. Additionally, the WMC Program supports secondary analyses of a variety of databases with workplace-related data, collaborates with national organizations to gain a firmer understanding of other WMC-related activities across the United States, and conducts field research to identify other available findings, policies, and practices.

The WMC Program also is interested in bridging the gap between research and practice and is working to provide better mechanisms to disseminate findings through multimedia approaches, publications, reports, faxes, fact sheets, and a Web site (http://wmcare.samhsa.gov). The Web site provides users with an on-line reference library of more than 400 citations, e-briefings (short multimedia audio presentations of how-to information, practices, and findings), resource papers, and how-to manuals, as well as links for practitioners and researchers. This Web site currently is being integrated into a larger Workplace Resource Center being developed within SAMHSA/CSAP.

The nine grantees participating in the program include universities, manufacturing and transportation firms, and health care organizations, each employing approximately 2,000 to 40,000 people. Each grantee, in partnership with health care organizations, unions, EAPs, and others, has implemented substance abuse prevention/early intervention services for its employees, and some also have extended these services to employees' families. The sites are conducting research to evaluate the efficacy of these efforts.

The WMC Program has developed several publications, including guides to conducting cost analyses and gathering data and a glossary of terms, to assist the nine grantees and others providing services and research in this area. These publications can be found on the program's Web site.

Innovations in Prevention

The nine grantees participating in the WMC Program have developed and implemented a variety of intervention tools and materials, including the following:

- Family outreach and parenting programs that emphasize how to speak to your children about drugs;
- Health risk appraisals/assessments;
- Interactive Web pages with alcohol assessments, prevention materials, and intervention recommendations;
- Health promotion and alcohol education and management programs;
- Peer-to-peer support programs;
- Enhanced drug-testing programs in combination with prevention/early intervention efforts; and
- Wellness videos with substance abuse prevention components.

Each WMC Program study is conducting retrospective and prospective analyses of prevention and intervention efforts using data gleaned from a wide range of sources, including primary and behavioral health care claims, human resources data, EAP data, OSHA data, and employee surveys. Employers, health care organizations, EAPs, and independent research organizations are working collaboratively to design, implement, and assess these prevention efforts. Additionally, a steering committee composed of representatives from each grantee, CSAP, and the Research Triangle Institute has identified core measures and will be analyzing these data across sites over the course of the study.

Following are some tentative early findings based on retrospective analyses and initial employee surveys:

- In a 12-year retrospective study of a transportation company, employee injury rates appeared to decline when a peer-to-peer substance abuse prevention program and a coordinated, random drug-testing program were introduced.
- In an experimental assessment of a substance abuse prevention program in an insurance company, workers who received substance abuse prevention materials as part of a workplace health promotion program reduced their use of alcohol and other drugs to relieve stress and significantly increased their perceptions of risks related to substance abuse.
- A follow-up analysis of medical claims indicated that participants in health promotion programs were more likely to seek subsequent treatment for behavioral health problems than a matched sample of workers who did not participate in the programs.
- A university's health outreach intervention showed early indications that proactive wellness counseling led to decreases in alcohol and tobacco risks.
- In an alcohol management study in a university setting, alcohol consumption fell by about 14 percent over the course of the program and during a nine-month follow-up period.

These early findings indicate that prevention can be a common goal among workplace managers, health care providers, unions, EA professionals, and employees and their families. As a participant in a WMC Program focus group commented, "In terms of lessons learned ... the place where the bottom line comes together for unions and management is in prevention and early intervention ... capturing the people before they need intensive services."

Integrated Systems

WMC Program focus groups have suggested that the partnership between health care organizations and employers can lead to more effectively- and efficiently-delivered substance abuse prevention and early intervention services. As one participant commented, "What works very effectively with employers is partnering with the health care system. Employers need more staff to run drug-free workplace programs, and the managed care companies don't have [the] necessary expertise related to individual corporate cultures. By partnering, they achieve well-integrated systems that are more productive."

Over the next year, the WMC Program will complete the process of collecting and analyzing its findings, and the cross-site evaluation team will synthesize findings across the sites. On the basis of a preliminary review of findings, the results are expected to reinforce and build on existing evidence that prevention works.

The ultimate goal of the WMC Program is to strengthen the ability of workplaces and health care organizations to reduce substance abuse and support healthier lifestyles for employees and their families. The program and its results should help employee assistance professionals and associated colleagues answer the often-heard question, "What's the bottom line?" ■

GRIEF is Everyone's Business

When an employee becomes seriously ill, dies, or suffers the loss of a loved one, the impact on productivity and morale can be dramatic—and much more widespread than you think.

Grieving employees may find it difficult to function at previous levels. Co-workers want to help, but aren't sure what to do. Managers are sympathetic, but feel pressure to continue meeting deadlines and getting the work done.

The truth is, everyone needs help working through grief.

Now, help is at hand. EAPA is proud to announce the availability of *Grief at Work,* a manual and slide set designed to help employers and employees foster a supportive work environment. Developed by the American Hospice Foundation with assistance from EAPA, *Grief at Work* focuses on how loss and grief affect the day-to-day functioning and productivity of a workplace. Topics include the following:

Corporate policies • Conceptual grief models • Helping the bereaved return to work
Workplace crisis planning • Dealing with death at the worksite
The roles of supervisors, human resource managers, and employee assistance professionals

The 100-page manual includes an appendix that provides a detailed outline for a six-week seminar for grieving employees. The slides (provided on an IBM-compatible diskette) enable EA professionals to conduct training sessions on grief in the workplace.

To order *Grief at Work,* call the EAPA Resource Center at (703) 387-1000 ext. 306, e-mail your order to rescen@eap-association.org, or fax this form to (703) 522-4585.

Quantity		Unit Price*	Total Price
	Manual	@ $39.95	
	Slide set	@ $29.95	
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The Integration of EAPs and Work/Life Programs

"Ozzie and Harriet have become demographic dinosaurs."

Futurework: Trends and Challenges for Work in the 21st Century
U.S. Department of Labor, 1999

As the 2000 U.S. election cycle continues to heat up, so, too, does the talk of senior citizens, children, and traffic. On the presidential campaign trail, George Bush and Al Gore woo voters with vows to "save" Social Security and Medicare and lower the cost of prescription medicines. Candidates for state office trade competing plans to strengthen public schools and expand child care programs. Local politicians, meanwhile, speak of "managing" or "slowing" development to avoid overcrowding and the road congestion it creates.

Caught in the middle of these promises are workers who must care for the young and elderly and endure long commutes to and from the workplace. Caught, too, are employers that find they must provide a growing range of services and alternative work arrangements—and provide them efficiently and effectively—to attract and retain talented employees. Many employers are questioning whether they should integrate their employee assistance and work/life programs to better meet workers' personal needs and the financial needs of the companies they serve.

Such questioning will continue long after the November elections. Already, three in four women with children are in the workplace, as are two in three single mothers with children under 18. Roughly 20 percent of U.S. households provided informal care to a friend or relative over 50 in 1996, and the Families and Work Institute projects that two in five U.S. workers will provide some form of elder care by 2002. And traffic congestion, once confined to large cities, is beginning to afflict small cities as well, more than quadrupling the amount of time commuters spend stalled in their automobiles compared to 1982.

Will integrating EAPs and work/life programs help employers address these and other concerns? The following articles discuss the barriers to and benefits of integration, and remind EA professionals that how *well* EAPs provide services is more important than *how* they provide them or even who provides them.

EAPs and Work/Life Programs
Solutions to the Whole Puzzle

by Sandra Turner, MSW, CEAP, and Sally Davis, CEAP

For many years, EAPs and work/life programs each enjoyed success in the workplace as resources to solve the myriad puzzles of human existence that presented themselves in the forms of lateness, absenteeism, errors, accidents, and lowered productivity. EAPs were the first on the scene, helping with the eminently visible problem of addictions and then assisting in later years with relationship issues and mental health concerns. Paralleling the development of EAPs was the emergence of workplace policies, programs, and services that focused on the retention of women, minorities, and workers facing challenges in daily living. These so-called "work/life" challenges included assistance with child/elder care, adoption, legal/financial problems, consumer affairs, and so on.

In recent years, recruitment and retention of workers have become focuses for work/life programs. Employers increasingly have begun to market their work/life programs as benefits to help attract good workers, and have called upon work/life staff to help adapt their workplace cultures to the expectations of younger employees who want more balance in their lives as well as exciting careers and a good paycheck. Work/life programs have responded by offering flexible work arrangements, job sharing, telecommuting, and other non-traditional employment solutions.

Because they share a common goal—addressing issues that hinder or prevent employees from being productive—EAPs and work/life programs would seem to be naturally aligned, like a hand in a glove. But this has not been the case, for at least two reasons. First, these programs often were established in different departments and thus reported to different managers. In short, they held separate "turf" in the workplace. Second, their staff members typically have come from different educational and experiential backgrounds, and their misunderstanding, distrust, and jealousy of each other (not to mention fear of job security) have led to conflict instead of collaboration.

Recently, however, some examples of collaboration between EAPs and work/life programs have emerged in the workplace, driven primarily by companies and unions that want efficient, cost-effective solutions to employees' personal problems. The rise of these collaborative efforts is prompting questions from employee assistance and work/life professionals alike, namely: How do these integrated services work? What outcomes do they achieve? And how are they distinct from their separate, predecessor programs?

Following are three examples of program collaborations:

Case 1: Everything is Gone

It was the couple's worst nightmare. In what seemed like only an instant, their house burned to the ground! Fortunately, no one was hurt, but this family of four escaped with just the clothes on their backs.

Although the fire died out within hours, concerns arose that lingered in the couple's minds for weeks and even months. How would their young children respond to this trauma? How would the family begin the process of rebuilding? To whom could they turn for advice and counsel on these matters?

Working together, the employee assistance and work/life programs were able to offer the employee and his family help they didn't even realize they needed.

A co-worker encouraged the father to contact his employer's EAP and work/life program for help. He did, and found their services to be a source of great comfort. The assistance he received included guidance in handling the insurance adjuster, architect, and contractor in addition to confronting the unique

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issues involved in rebuilding after a fire. In addition, the entire family was offered counseling to cope with the trauma, and written materials were given to the couple to augment the counseling with practical advice for supporting their children.

Even co-workers received attention from the EA and work/life programs, as a critical incident stress debriefing was conducted with the husband's fellow employees. By helping the workers deal with their feelings about the tragedy and discussing ways they could support the family, the debriefing reduced their anxiety and energized them to reach out to the family in a variety of practical, emotional, and spiritual ways.

The bottom line for this employee was that the company treated him like family, looking out for him in a time of great need. Working together, the EA and work/life programs were able to offer him assistance he didn't even realize he needed! He certainly didn't know or care about the distinct areas of expertise, staffing, or responsibilities of one program versus the other. All he knew is that the attention given his family addressed the "whole" of their experience.

This case illustrates the combined power of EAPs and work/life programs. Alone, neither service could have provided the full array of personal, emotional, legal, financial, and practical advice and support offered to this family. Without the expertise and input of both programs, the critical incident debriefing for the co-workers would not have been as rich or as complete, and those who attended the debriefing likely would have emerged from the session with fewer ideas and less confidence about their ability to reach out to the family.

The groundwork for this comprehensive and seamless response to tragedy had been laid long before the family's home burst into flames. The EAP assumed responsibility for the clinical areas of intervention, while the work/life program provided insurance, contracting, and construction advice, developed a telecommuting arrangement, arranged for back-up child care services, and implemented the company's leave policies. The employer, meanwhile, didn't care which program provided which service; it just wanted the best job done for this family.

The EAP at this company had been in place since the mid-1970s and had earned the respect of management and employees alike. In the 1990s, several work/life vendors had approached the company with services that did not sound as if they were covered by the EAP, including child/elder care resources, consultation about adoption policies, parental leave following childbirth or adoption, health and wellness programs, and so on. The company contracted for these services and appointed an internal program coordinator.

The EAP and work/life program operated parallel to each other in the company at that time, each reporting to a different department director. Each program was at the same organizational level within the company. After four years of this arrangement, the vice president of human resources asked the two programs to discuss collaboration, consolidation, or the acquisition of one by the other. Why, he wondered, should employees have to call two different numbers for services that seemed so aligned with one another? And how did employees know when to call which program anyway?

This was a blinding flash of the obvious, but it took a directive from top management to induce the two programs to collaborate wholeheartedly with one another. After several months of open, honest discussion and debate between the program coordinators, the decision was made to recommend a "Work/Life Balance Department" and a combined EAP-work/life resource and referral program to deliver the services that make work/life balance policies come alive. The recommendation was accepted by management, and implementation occurred quickly.

Continuous innovation through ongoing dialogue among EAP and work/life balance staff, in concert with the entire workforce, has moved these services to a central, influential position within the company. The services are not static; they are always changing and growing to meet the challenges of recruiting, retaining, and maintaining the very best workforce of the 21st century.

Case 2: Motorcycle Accident

Joe's troubles began years ago when he was severely injured in a motorcycle accident. Upon returning to work, Joe was referred to the EAP for help in coping with his injuries. He made a successful transition back to full-time employment and worked for a few years before he began experiencing seizures.

While the EAP worked on the clinical issues stemming from the accident, the work/life program tackled the job of searching for an alternative work arrangement that would benefit both Joe and his employer.

The seizures started as occasional episodes when he would "zone out" during meetings, then progressed to more noticeable events and eventually to full seizures. Joe attempted to resolve the problem through medication and then surgery, which proved unsuccessful. He returned to the EAP for assistance in deciding whether to stay in the workplace and for help resolving his feelings of dependence on others and his resentment at being labeled unproductive.

Addressing these emotions and providing advice regarding a possible life-changing decision necessitated the combined efforts of the EAP and work/life program. Like the family whose house burned down, Joe presented a wide variety of needs that neither program alone could have offered.

While the EAP worked with Joe on the clinical issues stemming from the accident and the changes it had wrought in his life, the work/life program tackled the job of searching for an alternative work arrangement that would benefit everyone. That arrangement turned out to be telecommuting and a reduced work schedule, thereby allowing Joe to work from

home (he is a computer technician), continue his regular appointments with a physician on his own time, and eliminate his fear of suffering seizures in the workplace. The EAP then worked with Joe's managers and co-workers to implement the arrangement and ensure that it met everyone's needs, and performed a mini-CISD for employees who had been affected by Joe's illness and/or would be dealing with him in the future. The work/life program made regular checks on Joe's progress at home, helping him with various living arrangements and the minutiae of everyday life.

Working together, the EAP and work/life program helped Joe stay productive, assisted the workforce in stretching the boundaries of acceptable work definitions, and demonstrated to all employees the value of accommodating workers with special needs. The EAP itself had a history of stretching boundaries—it started in the early 1980s as an alcohol and drug rehabilitation referral service, then expanded into a larger, broad-brush program dealing with all aspects of employee concerns within the core functions outlined by the Employee Assistance Professionals Association (EAPA). As work/life issues such as dependent care became a predominant request in the EAP, it expanded its focus yet again.

Case 3: Integrated Program Model

A third example of an evolving employee assistance program involves an employer whose director of diversity left that post in the spring of 1999, creating a vacancy to be filled. The EAP manager was asked to cover that position until a decision could be made on where the diversity program would be housed. What emerged was an umbrella program titled "Workforce Enhancement" that includes employee assistance, diversity, work/life, and wellness initiatives.

Each service area has distinct responsibilities, but each can cross over at any time to assist the others. This type of program is considered "one-stop shopping" by managers and employees—they can choose the services that best meet their needs, and have the option of selecting additional services if required. So far, this umbrella program has worked well both with employees, who gain an abundance of services they may not have expected, and with managers, who have reported satisfaction at being able to gather information for the whole employee.

As the employee assistance profession evolves, there will be many such hybrid programs that develop a range of services to suit particular worksites and employee populations. A 1998 survey sponsored by William M. Mercer and Bright Horizons Family Solutions found that 13 percent of the more than 420 responding employers offered an integrated EAP—what the survey called "life cycle resource and referral services."

Employee assistance professionals are recognizing that work/life issues are becoming as much a focus at work as mental health and recovery issues were when EAPs were launched. In fact, many EA professionals already are engaged in addressing work/life issues. Such concern for tailored services is explained by the intense competition among employers for the best and brightest employees. In a competitive labor market, added value may influence employee decisions about joining or staying with a company.

EAPs traditionally have been aligned with the business goal of restoring productivity and efficiency after personal or family problems have interfered with employees' lives. Work/life programs meet this same goal with a variety of services that provide personal assistance, such as child or elder care, academic financial aid, career counseling, convenience services, health and wellness consultation, or even pet care. Rick Wald, a principal and national practice leader for Mercer's work/life consulting practice in Minneapolis, thinks the percentage of employers offering integrated EAP and work/life programs will grow dramatically each year.

There are many examples of integration among the EAPA membership in the corporate, union, governmental, and nonprofit sectors. The cases cited in this article occur with certain frequency among all employers. Are you prepared to handle the whole picture? E

Life Cycle Resource and Referral Services

EAP Services	Work/life Services
Chemical dependency	Academic and financial aid referrals
Critical incident stress management	Adoption issues
Drug-free workplace programming	Child care, parenting, and special needs
Emotional problems	Consultation regarding work/life balance policies
Family concerns	Elder care
Management coaching and consultation	Federal tax controversy assistance
Marriage/relationship counseling	Financial and credit problems
Other addictions	Legal advice
Stress reduction	Organization of personal/family documents
Violence management	Personal care: health and wellness, convenience services, and pet care
	Prenatal care
	Pre-retirement lifestyle planning

EAPs and Work/Family Programs

Different Paths, Same Purpose?

by Patricia A. Herlihy, Ph.D., R.N.

At the 1995 EAPA Annual Conference in Seattle, Wash., I participated in a panel discussion titled "EAP and Work/Family: A Natural Partnering." Suffering from jet lag and feeling slightly disorganized after learning that our third panelist had the flu, I began my presentation with a Freudian slip about the "garbage" that EAPs bring to the table. I paused at my mistake, and the audience began to giggle and then broke out in genuine laughter.

Having worked in mental health and, in particular, substance abuse for most of my clinical career, I understand only too well the notion of stigma. People have always been uncomfortable with the dark side of the human race and prefer to distance themselves from anything remotely associated with deviance. Therefore, a program such as an EAP that deals with personal "problems" can provoke uncomfortable reactions, while work/family programs, which are marketed as dealing with "life events" such as child care and elder care, tend to evoke a much warmer response. This article will explore the differences and similarities between the two programs, discuss their relationship to one another, and offer some thoughts about what the future holds.

History buffs will remember that occupational alcoholism programs (OAPs) arose from workforce needs during World War II. A shortage of male workers prompted some corporations to recruit workers from the Bowery area of New York, resulting in the hiring of numerous alcoholics. Corporate medical directors postulated that it might be more cost- and time-effective to rehabilitate these problem drinkers than to have a revolving-door employment policy. This led to the emergence of occupational alcoholism programs, which later evolved into employee assistance programs in the early 1970s.

Work/family programs, meanwhile, trace their development to the Great Society, when the federal government sponsored the formation of county-based "child care coordinating councils." These programs were designed to coordinate child care resources for preschool children so that Head Start centers would be in close proximity to targeted children. The "4-Cs," as these programs were known, were the foundation of the child care resource and referral programs that emerged in the late 1970s and early 1980s as more and more women joined the workforce. These resource and referral programs grew and became increasingly popular in the 1980s as they expanded their services to include elder care and other services.

Workplace changes are driving a general movement toward the integration of employee services across the board.

Thus, while both EAPs and work/family programs were developed to address issues "outside of work," they grew up in separate and distinct branches of the workplace. EAPs frequently were housed in the corporate medical department, while work/family programs generally came under the aegis of the human resources department.

In the early 1990s, a few radical souls began to suggest that the two programs collaborate to deliver their services. This idea met with considerable resistance from both the employee assistance and work/family fields. In response, Boston University's Center for Work and Family conducted a national survey of EAPs and work/family programs in 1994 to assess the relationship between the two service providers. Respondents were asked the following question:

If there is a separation between EA and work/family initiatives in your company, which of the following reasons most accurately describes the rationale for that policy?
a) Different historical origins
b) Different foci
c) Confidentiality needs
d) Turf issues
e) Stigma of EAP

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While the quantitative data showed that EAPs and work/family programs overwhelmingly (81 percent) had developed as different and distinct initiatives, the qualitative responses clearly revealed that the stigma associated with EAPs was the leading reason for keeping them apart. One respondent captured the essence of this dilemma by commenting that EAPs are viewed as the "last resort," whereas work/family programs are "more a first line of defense." (Herlihy, 1997)

Overall, there seemed to be a sense of uneasiness within each program at the possibility of joining forces with the other. Three of four respondents claimed no interest whatsoever in working together, opting instead for a separation of services.

Know What Works

Do EAPs and work/life programs still view each other in the same light today? More specifically, what effect (if any) have the evolution of work/life programs and other changes in the work environment had on EAPs and the employee assistance field? Without question, the workplace has changed dramatically since the Boston University survey: Mergers, acquisitions, globalization, and the tightening of the labor market have affected all employee services; employee retention has become a key issue for employers (AON, 1999); and an aging workforce (40 percent of the adult population is 50 or older) is giving rise to new and very different needs (AARP, 2000). These changes are driving a general movement toward the integration of employee services across the board.

In the early 1990s, while the work/family field was mushrooming and gaining national recognition, EAPs were in the fight of their lives with the managed mental health care market. Over the course of the last 10 years, EAPs have learned to capitalize on the notion of integrated behavioral health care and now appear to be looking for additional ways to leverage their services. An example of this is seen at ComPsych, the fourth-largest EAP vendor in the country. Dave Levine, the firm's senior vice president, describes the process as "looking further upstream"—an old quality management concept that focuses the business on picturing the end result and designing comprehensive programs to get there. One way that his company has made the transition from a traditional EAP is by changing the name of their service to Guidance Resources, which embraces a myriad of topics, including work/life issues.

Working Solutions, an EAP vendor that was one of the pioneers of the "one-stop shopping" approach, calls its employee assistance program "Living Solutions" in an attempt to neutralize the stigma surrounding mental health issues. The firm's Web page, "Human Concerns in the Workplace," includes an extensive list of services, including child/family resource and referral, adult/elder resource and referral, chronic medical support services, legal and financial assistance, integrated disability solutions, and, of course, an employee assistance program.

Many Web sites devoted to EAPs and work/life programs are very engaging and informative, and each gives a hint of its corporate culture and main focus. For example, Magellan Health Services, the leading managed mental health care organization in the country and largest EAP provider, emphasize its specialty in the mental health and substance abuse areas. Other vendors use a softer stroke, focusing on life solutions in general. The key for vendors is always to know what forum works for a specific organization and its particular employees.

Another factor in today's marketplace is technology, with dot-com companies revolutionizing the workplace in dizzying fashion. Lifecare.com, which offers both Web-based and telephonic services, and Epotec, which provides Web-based services, are two examples of companies that are capitalizing on the Internet to provide solutions to EAPs for use with their customers. Arguments can be made on both sides of the issue of whether on-line services are effective, but Bruce Davidson, Lifecare.com's manager of work/life consulting and EAP relations, sums up the options quite well. He postulates that today's employees want access to educational information and resources in ways that fit both their workstyles and lifestyles. Some will prefer to search for information and resources on the Web; some will use the Web as an initial step, then speak with a specialist; some will want a listening ear on the other end of the phone; and some will absolutely need a face-to-face meeting with a professional. Dale Masi of the University of Maryland-Baltimore recently conducted research regarding telephone consultation versus face-to-face consultation, and her study is a wonderful first step in measuring the effectiveness of different vehicles of service and options for the future.

Clearly, the signposts are indicating that the marketplace is leaning toward some form of collaboration or integration, but it is important for these services to remain flexible to meet the needs of our ever-changing workforce.

Powerful Partners

What steps should EAPs and work/family programs take next? For the moment, both the employee assistance and work/family fields seem to be flourishing. EAP enrollment is reported to be up 6.8 percent since last year (Oss, 2000), which translates into more than 62 million covered employees. Work/family issues, meanwhile, continue to be discussed on the front pages of newspapers, even more so as the presidential campaign continues. But some specific examples of what happens when