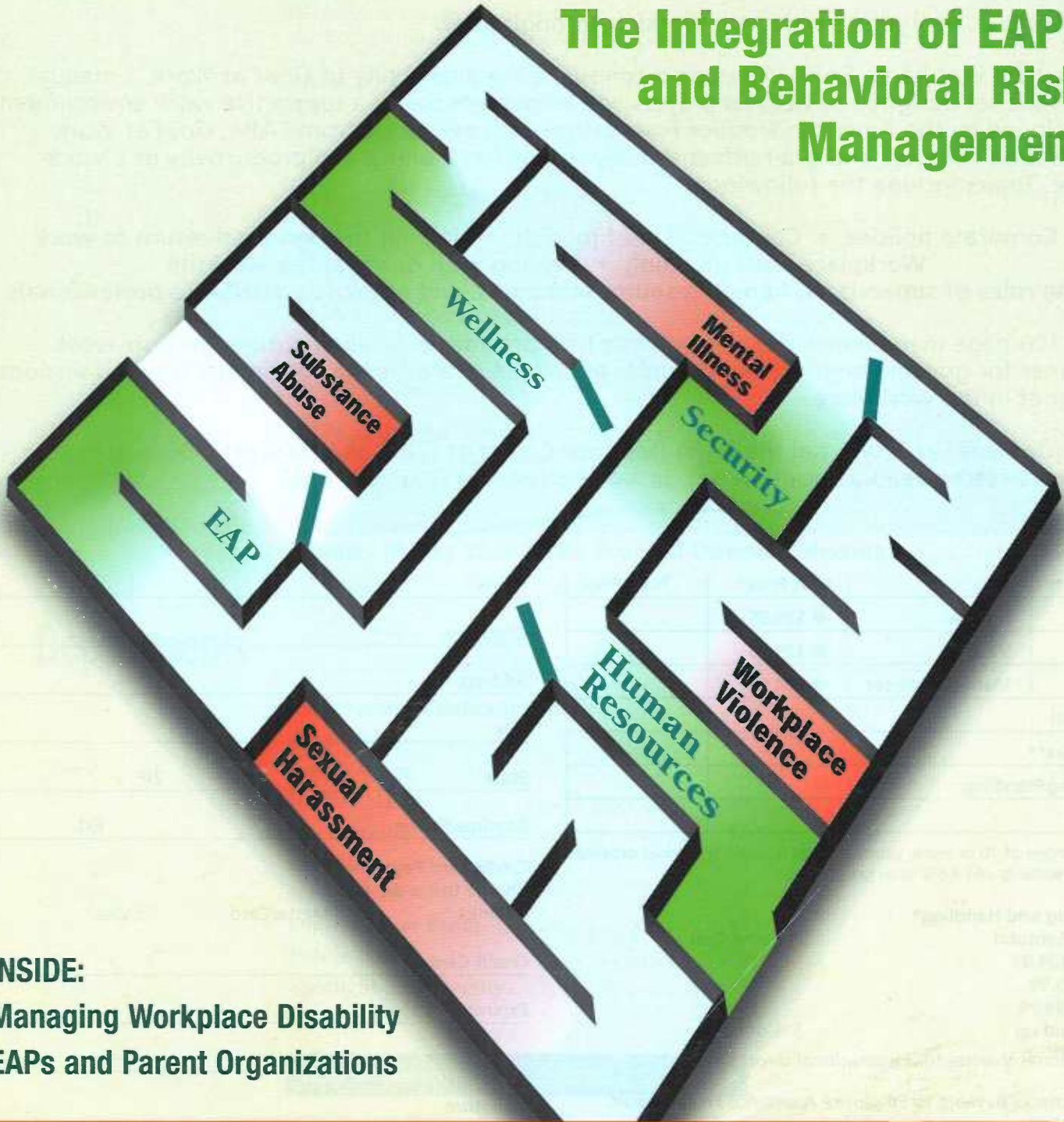


EAP ASSOCIATION

Exchange

The Magazine of the Employee Assistance Professionals Association

The Integration of EAPs and Behavioral Risk Management



INSIDE:
Managing Workplace Disability
EAPs and Parent Organizations

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.

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- Workplace crisis planning • Dealing with death at the worksite
- The roles of supervisors, human resource managers, and employee assistance professionals

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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.

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Teaming Up Against Behavioral Problems

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

Last year, the September/October issue of the *EAPA Exchange* carried three articles about the EA profession's response to the fatal shootings at Columbine High School outside Denver, Colo. One of the articles described the many valuable services that local EA professionals provided to school and hospital staff and students' parents in the wake of the shootings, then drew a provocative parallel between the classroom and the workplace.

"Since the experience of Columbine," Laurel Peterson wrote, "I have often pondered my initial assumption that an incident in a school would not have any effect on an EAP client organization across town."

Although we can and should expect adult workers to act more rationally and responsibly than high school students, we would do well to heed some of the lessons educators have learned about behavioral risk management. The tragedy at Columbine reinforced what surveys of teachers and principals have long shown—that discipline is the leading concern facing America's public schools. These survey findings are prompting schools to seek new ways to promote positive educational environments, such as implementing school-wide behavioral risk management systems.

Under these systems, all school staff—from principals and teachers to bus drivers and cafeteria workers—are taught to identify and prevent problem behaviors as well as to encourage and help maintain appropriate behaviors. Staff are expected to act as a team, develop action plans delineating individual responsibilities, monitor

the outcomes of support activities, and offer instruction and support to students who need assistance with social or behavioral skills.

Similar systems are slowly becoming more popular in workplaces as the concept of behavioral risk management (BRM) begins to take hold. While BRM is not new to EA professionals—EAPA formed a Behavioral Risk Management Committee nearly four years ago and sponsored a presentation on BRM at its 1997 Annual Conference—its advantages still are not well understood by employers, who tend to think of risk management in terms of guardrails and safety glasses rather than employee behaviors.

This issue of the *Exchange* discusses some of the legal and practical considerations of BRM—the "fit" between employer and employee, the boundary between organizational and personal consultations, and the difference between managing behaviors and managing feelings. We also provide a look at a targeted behavioral risk management system that has been in place at a regional health system in North Carolina for more than two years, and offer a British perspective on the integration of EAPs into health management.

These articles set the stage for a survey of best practices in BRM that will be conducted soon by the Behavioral Risk Management Committee. The survey findings should provide us with valuable insights into the future direction of employee assistance and new mechanisms of service delivery.

One more thing: As you enjoy the rest of your summer (or winter, if

you're "down under") and make plans to attend EAPAs Annual Conference in New York in November, please consider joining the *Exchange* Advisory Committee. As a member of the committee, you contribute directly to the continuing education of EA professionals around the world. If you're interested, please contact me for more information, or ask your regional director to nominate you. Thanks!

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A Quick-Fix Solution?

Donna Ford's article, "EAPs Can Set the Tone for Using On-line Technology," in the March/April 2000 *EAPA Exchange*, prompts this letter.

I share her concerns regarding issues of privacy and confidentiality with on-line counseling, but as an EAP and a psychologist I am concerned even more about her statements to the effect that a counselor/therapist might "learn more" about a client through a computer than through face-to-face counseling. I'd like to explore the notion of, and

factors related to, Internet counseling.

Ms. Ford referred to personal experiences as the basis for her position, and I'll do the same. When I began counseling, I believed that the client-patient relationship was the exclusive domain of the participants. I kept copious notes on my clients for defining clinical problems and recording treatment progress. I felt comfortable that this documentation was protected from the scrutiny of anyone other than myself and the client.

Subsequent legal decisions (circa 1970) destroyed the sanctity of the

clinician-client relationship by allowing for this documentation to be subjected to legal testimony and cross-examination at the discretion of the court and/or the client. Unaware of the potential impact on my clinical practice of keeping copious notes, I was unprepared for the case that changed my clinical practice forever. I received a subpoena for the records of one of my clients. Refusing to comply, I was threatened with contempt charges.

Reluctantly, I submitted to a grueling two-hour deposition that I can only describe as demeaning, embarrassing, and humiliating, as attorneys for both parties used my clinical notes for their own selfish ends. After the session, I asked the court stenographer if she felt as uncomfortable with these proceedings as I did. She stated without hesitation that she "hated" to record this type of deposition.

I swore that I would never go through a similar ordeal again and that I would use a legal axiom—"If there is no documentation, it didn't happen"—to avoid it. Since that experience, I have advised each of my clients at our first meeting that I do not keep notes (although I might jot down a few coded reminders) of our sessions. From time to time I have received calls from clients' attorneys requesting clinical records, but when I tell them I do not keep notes they hang up and do not call back. My approach works—and the clinical relationship and confidentiality are protected.

By now you probably have guessed why I avoid any computer

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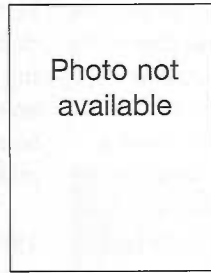


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* Denotes candidates for Regional Directors

EAPA Members to Choose New Association Leaders

Pictured at left are the candidates for open positions on the EAPA Board of Directors. The entire voting membership elects the president-elect, vice president, secretary, treasurer, diversity director, and internal EA programs director; regional directors are elected by voting members from the region in which they reside.

Ballots were mailed in July to all individual, retired, and emeritus EAPA members in good standing. Ballots must be signed by the voting member and postmarked no later than Sept. 10 to be accepted for counting. Results of the election will be announced on Sept. 24. The elected board members will assume office at the 2000 Annual Conference in New York in November.

Board members normally meet twice per year, at the EAPA Annual Conference and in the spring. Board members participate in at least two conference calls annually, act as liaisons to Association committees and to their directorates, and serve on task forces at the president's request.

All Board members except the international director must be CEAPs, voting members in good standing for at least four years immediately preceding nomination, and willing and able to attend scheduled meetings of the Board and Association.



EAPA Mission Statement

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

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Effective Early Intervention of Psychiatric Disability in the Workplace

by Thomas J. O'Connor, M.Ed., CRC

The employee assistance (EA) community is being challenged to respond to a very demanding disability management (DM) marketplace. As the costs to self-insured buyers escalate, EA professionals must continuously demonstrate their value in cost savings. EA professionals must orient their programs to produce outcomes that contribute to preventing and managing disability.

One such outcome is the demonstrated ability of managers to respond properly to employees with emergent disability-related and/or performance problems. Despite the best intentions and policies of human resource management (HRM), a supervisor's initial response to such problems likely will be shaped by personal beliefs and comfort level rather than professional judgment. Yet the manager's response may well determine if an employee will receive a timely intervention or the employer will be rewarded with a costly headache.

This problem is most acute in the case of an employee who demonstrates psychiatric symptoms. Impairment-related behavior can fully engage a manager's prejudices and emotional discomfort and can trigger a survival mentality. Many supervisors, unfortunately, are not able to differentiate psychiatric behavior from mere personality traits, a shortcoming that heightens the risks for both employer and employee.

A Disability Management View

Before we more closely examine the problems confronting the manager of an employee who is exhibiting psychiatric symptoms and clarify how the EAP can better serve him/her, it is useful to profile such a worker. Generally speaking, this employee is privately managing a mental illness (e.g., depression or bipolar disorder) that is now becoming more and more publicly evident, or is showing the first outward signs of poor coping (at best) or an emerging clinical profile (at worst).

The DM professional evaluates employees somewhat differently from an EA professional and considers this worker to be—

- Likely to use short-term disability (STD) and long-term disability (LTD) benefits;
- Linked directly to lost productivity and time management costs;
- More likely than an employee with a physical impairment

to file a grievance over perceived unresponsiveness or discrimination by the employer;

- More likely than an employee with a physical impairment to be incapable of performing his or her job functions when symptoms or stressors elevate;
- Likely to have difficulty managing professional relationships and sustaining cognitive ability in performing job duties; and
- Reticent to disclose a pre-existing illness in the workplace unless under duress.

These characteristics are exacerbated when the employee receives inappropriate attention or accommodation from peers or, especially, from supervisors. Disability management specialists know that the cost of disability in the workplace is related directly to how well managers understand and respond to disability-related performance problems, yet few managers are held accountable for their impact on these costs.

Coping with Mental Illness

Why do managers find it difficult to identify and/or manage disability-related behavior? There are a number of reasons, most of them related more to a lack of knowledge and communication skills than to HRM policy. Most managers truly care about *their* employee, and some even believe they can manage the employee's "problem" without support. Unfortunately, caring sometimes translates into parenting and an eventual breakdown of appropriate professional boundaries, thereby undermining HRM's ability to help sustain the employee's professional identity while dealing with his or her disability.

A more disruptive scenario involves impairment-related behavior that is volatile—actions that may be threatening or explosive. Employees who exhibit these symptoms are more likely to be fast-tracked through HRM or employee relations for reasons of insubordination or noncompliance with policy, and are rarely provided an opportunity to explore EA or DM resources to address their behaviors. This type of employee generally creates a toxic work culture that harms morale and productivity, and ultimately this behavior is very difficult to address without effective intervention by all parties.

No one expects managers to be fully versed about psychi-

atric illness in the workplace. But companies that purchase occupational health, EA, specialized DM, and other mental health-related services do expect information and coaching to be available to managers. Early intervention protocols for disability rarely require supervisors to engage employees and file reports with HRM. During the initial stages of potential disability-related behavior, this reporting may mean the difference between effective and ineffective (and costly) outcomes.

The Role of EAPs

Without question, improving DM outcomes requires HRM to determine the level of managers' awareness of psychiatric disability and their previous experience with this problem. EA professionals must, therefore, understand psychiatric disability as well as clinical symptom identification and management.

This is a critical distinction, for two reasons. First, progressive disability management requires an understanding of how medical symptoms affect the performance of a job within a specific work culture. Second, effective intervention requires planning for possible disability-related events and includes potential resources such as rehabilitation, return-to-work, or job coaching services that the EAP may not be able to deliver (for reasons of cost or availability).

EA professionals can develop a *managerial compliance* initiative that includes conducting an assessment with HRM to determine company needs and problems related to early detection of clinical behavior. Any such assessment should address the following questions:

- What is your early intervention policy?
- How do you involve managers in the decision-making process?
- Do you have stated expectations for managers who observe psychiatric behavior?
- What types of training, support, and incentives do you offer managers for early reporting of disability-related performance problems?

EAPs can assist HRM with developing behavioral performance expectations for managers and creating incentives to reinforce compliance. EAPs also can offer training to managers to provide them with basic knowledge of the warning signs that might indicate impairment-related problems and to help allay fears and discomfort in confronting these events. Finally, EAPs can provide ongoing coaching to managers to promote reporting and early HRM intervention.

Conclusion

Managing disability requires understanding the effects of clinical symptoms or impairment on role functioning in a specific environment. Thus, the EA professional must have a thorough understanding of how workplace culture affects performance and the ways in which disability manifests itself in an employee.

Managing disability also means identifying employees at high risk of incurring above-average health costs and knowing how to do so quickly. The EA professional can best meet this need by helping HRM develop competent response behaviors among supervisors.

Companies assessing mental health and psychiatric disability look to a variety of players to help hold down costs: risk managers, benefits consultants, disability insurers, cost containment companies, and DM specialists. In the disability management arena, some players historically have been part of the cost of managing disability, while others have been part of the cost containment effort.

Employee assistance has been considered part of the cost of employee management and is challenged in today's marketplace to provide a return on the customer's investment. This dynamic has contributed significantly to EAPs evolving to meet both employee-based clinical needs and employer-based cost concerns. This is evidenced by the recent emergence of a behavioral risk management model of EAP service, which attempts to merge the disciplines of mental health/behavioral disability management, risk management, and employee assistance.

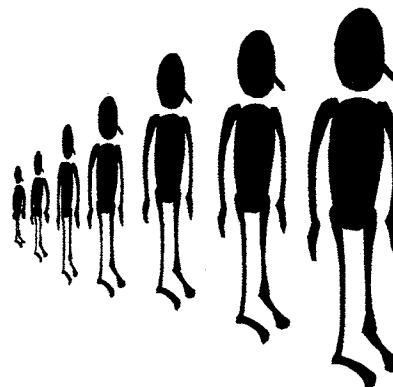
As employers continue to demand more from EAPs while allowing short-sighted qualifiers of service driven by price, they likely will understand the value of disability- and risk-oriented services as being both high in quality and providing a return on investment.

Thomas O'Connor is director of PRS Disability Management, which has specialized for more than 30 years in returning professionals with mental health disabilities to work and reducing disability-related costs in the workplace. PRS can be reached at (703) 533-0153 or at www.psychdismgmt.com.

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Inform, Excite, A PREVIEW OF THE EAPA 2000 ANNUAL CONFERENCE Inspire, & Entertain

by Bernard Beidel, CEAP, and Helene King, CEAP

Over the past few years, EAPA Annual Conference attendees have been treated to a variety of keynote speakers who have not only inspired listeners with their messages but also entertained them with their presentations.

In 1995, for example, Brian O'Malley described the challenges of scaling Mt. Everest and the emotional disappointment of not completing the climb. The following year, in Chicago, Gerald Coffee relayed the ordeal of his POW experience in Vietnam and the critical role it has played in redefining the meaning and direction of his life. And in 1998, Edwin Nichols challenged us to walk with him as he guided us through the development of our personal prejudices and biases to an understanding and appreciation of our critical role in valuing and maximizing our personal and professional differences.

Each of these keynote speakers shared a distinctive message—of hope, gratitude, commitment, or physical, emotional, or spiritual triumph—with conference attendees. These messages helped set the tone for the conference and left a lasting impression on those in the audience.

The EAPA 2000 Annual Conference, to be held Nov. 18-21 in New York, will continue this tradition. In addition to offering a diverse array of workshop topics and presenters with a truly international flavor, the conference will feature a group of speakers who promise to inform, excite, inspire, and entertain attendees.

Robert Kriegel, Ph.D., kicks off the conference on Saturday, Nov. 18, with a keynote address that will challenge each of us to bring bold and innovative thinking to our perspectives on the employee assistance profession. The titles of his two books, *Sacred Cows Make the Best Burgers* and *If It Ain't Broke . . . BREAK IT!*, offer an insight into his style of thinking and his radical approach to human performance—not simply to adapt to change, stay competitive, and meet the needs of customers, but to set the course, reinvent the rules of the game, and help customers redefine their needs. Dr. Kriegel will encourage us to examine our own personal and professional “sacred cows” and question the rules we follow and the roles we play in determining the direction of our careers, our association, and our profession.

On Sunday, the EAPA Women's Committee will present a morning workshop that explores an issue with increasing implications for the workplace and employee assistance providers. The workshop, “Menopause and Aging: For Women. . . and the Men Who Love Them and Work with Them,” will feature presentations by Marie Lugano, founder and president of the American Menopause Foundation, and Lala Ashenberg Straussner, professor of social work at New York University, on the myths, challenges, and workplace implications of menopause.

The President's Awards Banquet on Monday will provide a can't-miss opportunity to hear C. Everett Koop, M.D., discuss advances in the treatment of mental disorders and offer his insights into the future direction of mental health research. Dr. Koop's background as a pediatric surgeon and former surgeon general of the United States, coupled with his international health policy experience and his role as a health care advocate, guarantee conference attendees a thought-provoking glimpse into the world of health care and health policy.

The conference concludes Tuesday morning with the closing breakfast, which this year will feature a presentation by one of EAPA's own. John Maynard, Ph.D., a longtime ALMACA/EAPA member, will team with nationally-recognized storyteller Susan Marie Frontczak to deliver a practical message about taking care of others by taking care of ourselves. This session, the second self-care presentation at an EAPA conference, will close the conference on a personal note and provide attendees with “food for thought” as they begin their journeys home. It also will coincide with an exciting announcement by EAPA's Peer Assistance Committee on their work to provide a vehicle for our members to “take care of ourselves.”

The quality and prestige of these speakers are matched only by the value and variety of their messages. We hope you are looking forward to hearing them as much as we are looking forward to presenting them to you.

See you in New York!

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.

On Our Own Terms

PBS Special Offers EAPs Opportunity to Bring Death, Dying to Life

by Stuart Hales

Nearly one of every three U.S. workers is caring for an elderly parent or relative, spending an average of 41 hours per week—the equivalent of working a second job—providing physical, emotional, financial, and medical support. As the United States continues to age, the percentage of adults providing elder care is expected to grow rapidly, rising to 54 percent by the year 2010.

The implications of this trend for businesses are staggering. Based on a 1996 survey by the American Association of Retired Persons and the National Alliance for Caregiving, the Metropolitan Life Insurance Company estimated the economic impact of caregiving—in the form of absenteeism, workday interruptions, replacing employees who quit or take early retirement, and other factors—at more than \$11 billion annually.

Notwithstanding the cost of caregiving to the business community, death and dying are still taboo subjects in the vast majority of workplaces. Although most employers provide basic benefits—family leave, bereavement leave, or employee assistance programs—for workers providing care or coping with the loss of a loved one, fewer than one in 10 offer a comprehensive program for workers struggling with the demands of elder care or feelings of grief in the aftermath of a death.

To help stimulate public discussion of end-of-life issues, award-winning journalist Bill Moyers and his wife, Judith Davidson Moyers, will host a four-part television series titled “On Our Own Terms: Moyers on Dying.” The series, based on two years of research, will air Sept. 10-13 on PBS from 9:00 to 10:30 p.m. Eastern time. The programs will address the following issues:

Sept. 10: Living With Dying. The premier of “On Our Own Terms” will explore America’s search for new ways of thinking about death. It will focus on patients and caregivers who are finding ways to overcome the fear and denial that dominate mainstream U.S. culture and initiate conversations that help us live with dying.

Sept. 11: A Different Kind of Care. The second program in the series will report on the evolution of palliative care, otherwise known as comfort care. Leaders in this movement emphasize pain management and the need for doctors to address a patient’s psychological, emotional, and spiritual well-



Bill Moyers, left, talks to Jim and Susie Witcher in the third episode of “On Our Own Terms.” Jim has ALS, also known as Lou Gehrig’s disease; Susie is his sole caretaker. “On Our Own Terms” airs Sept. 10-13 from 9:00-10:30 p.m. on PBS.

being as well as his or her physical condition.

Sept. 12: A Death of One’s Own. Dying well, to many people, means having control over choices to be made as we die. We fear that we may die in pain, or that too much—or not enough—will be done to keep us alive. This program will look at the issues surrounding efforts to control the circumstances of our death and the implications of those efforts for families, communities, and institutions.

Sept. 13: A Time to Change. The final program will follow doctors and nurses who offer palliative care to the poor

and the uninsured. By working with terminally ill patients who otherwise might fall through the cracks of the health care system, these individuals are creating models for change.

EAPA encourages its members to use the broadcast of "On Our Own Terms" to help initiate a dialog about end-of-life issues among employees and employers.

The broadcast of "On Our Own Terms" can provide employee assistance professionals with an opportunity to educate employers about how caregiving, grieving, and other end-of-life issues can affect employee morale and productivity. It also can help stimulate employers to provide benefits for grief counseling and bereavement and to grant employees time off when a loved one dies or is in need of special care.

Employers may be more receptive to these ideas than you think. The Last Acts Campaign, a national initiative to engage health professionals and the public in efforts to improve care at the end of life, conducted a survey in 1999 which found that two-thirds of employee benefits managers at 170 companies were interested in end-of-life issues affecting the workplace.

Because of the growing impact of elder care responsibilities and end-of-life issues on the workplace, EAPA encourages its members to use the broadcast of "On Our Own Terms" to help initiate a dialog about end-of-life issues among employees and employers. EAPs can promote the broadcast by posting notices on workplace bulletin boards or in lunchrooms. During and after the broadcast, they can arrange brown-bag lunches to discuss the issues raised by "On Our Own Terms." The following questions can be used to help stimulate discussion:

- Has anyone close to you died? What did the experience teach you?
- What do you hope your death will be like? What do you imagine it will be like?
- How do your beliefs influence your perspective on dying? Do you believe there are any positive aspects of the dying process, either for the dying person or his or her loved ones?
- What might make the idea of dying more bearable? Have you talked with your loved ones about what your wishes might be?

Additional information about "On Our Own Terms" is available on the Web at www.pbs.org/onourown/terms. Visitors to the site will find several resources, including articles on aspects of end-of-life care and a guide to financial planning for end-of-life care. More information about end-of-life care is available from the Last Acts Campaign at www.lastacts.org.

Stuart Hales is communications director at EAPA and editor of the EAPA Exchange.

EAP Counselor

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Supporting Employees Who Face End-of-Life Situations

To help employers establish a culture of support and sensitivity for employees who encounter an end-of-life situation, and to help employees plan for such a possibility, the Last Acts Campaign urges employee assistance professionals to encourage employers to take the following steps:

Education

Companies can provide information to employees to help them prepare for end-of-life situations or handle such situations when they occur. Educational topics could cover the kinds of decisions that are involved, the information needed to make the decisions, and sample documents. Topics also may include how to arrange home health care, how to plan for future health care situations that may arise, or where to turn for assistance in caregiving. This education can be provided through—

- Written materials;
- Educational seminars held at the workplace (e.g., “lunch and learns”); and
- Exhibits at fairs or special events (e.g., health fairs, elder care fairs, and employee benefits fairs).

Company Benefits

Some companies already offer special benefits for end-of-life situations, and some have other benefits (e.g., leaves of absence, flextime, special leave, and leave pooling) that can be adapted for use by employees facing end-of-life decisions. These benefits can be explained to employees through—

- Personnel manuals, company Intranets, and newsletters (i.e., written communications); and
- Employee orientations or benefits meetings.

Support During Critical Periods

Companies can arrange for support to be available to employees who have a terminal illness or who face the impending death of a loved one. Employees may seek support with practical matters, such as making arrangements; social matters, such as communicating with family members or health care providers; and matters of their own emotional well-being. This support can be provided through—

- Referrals to bereavement professionals, doctors, employee assistance professionals, and other resources;
- Referrals to specialists in matters related to end of life, such as case management, home health care, hospice, pain management, financial reimbursement, and burial; and

- Referrals to counselors, support groups, or other sources of support and advice.

Legal and Financial Assistance

Many legal and financial challenges arise from end-of-life situations: paying for health-related services, assigning power of attorney, preparing advance directives, drawing up a will, and so on. Employers can arrange for outside organizations to help employees address these challenges by providing—

- Assistance in obtaining and preparing documents such as advance directives and wills;
- Referrals to legal or financial specialists; and
- Written information or lists of publicly available information.

Grief Support

Employers can offer programs to ensure that help is available for employees and their families for managing the grief that is inevitable when they face or experience the loss of a loved one. Such programs could include—

- Referrals for individual or family counseling sessions;
- Referrals to support groups for people with similar problems; and
- Informational materials such as booklets, videos, and tapes.

When a colleague dies, the employer can play a role in helping co-workers cope. Group or individual discussions are helpful in cases when co-workers feel emotional trauma, and educational materials can help co-workers know what to say.

The Role of Management

Management plays a key role in implementing end-of-life support activities. Managers, especially direct supervisors, work closest to those affected and often are the first to learn of end-of-life situations. Management will need to know what benefits and resources are available to employees, how to access these resources, and how to respond to employees who ask for help. They may need to facilitate leave time, a special schedule, or the temporary redistribution of responsibilities. Employers will want their managers to handle the situations sensitively, consistently, and confidentially. This can be accomplished by providing—

- Training on this topic (such training could be included in related management training sessions);
- Educational materials; and
- Expert consultation in special circumstances.

EAPs, Parent Organizations, and Financial Challenges

by David A. Sharar and Brian Allen

Many mid-sized and regional external EAP providers (\$200,000 to \$3 million in revenues) are based within hospitals, health care systems, community behavioral health agencies, and provider-sponsored integrated delivery systems, collectively known as parent organizations. These parent organizations frequently view their EAPs as integral to the goal of developing a "one-stop-shopping" behavioral health care system. As parent organizations take inventory of their strengths and weaknesses and consider new market opportunities, they often turn to their EAPs to: (1) serve as the foundation for managed behavioral health care functions; (2) strengthen or enhance positive relationships with employers and the general marketplace; and (3) coordinate behavioral health care within the organization by marketing and integrating with ancillary product lines, such as occupational medicine, wellness, outpatient counseling services, centralized intake, and so on.

Numerous factors have put pressure on EAPs to adapt to their parent organization's vision and service delivery system and help them meet new market demands. Solid, reputable EAPs are in a position to further the parent organization's goals by using the EAP platform as a stepping stone to new business development, managed care contracting, and direct employer contracting. This approach commonly is viewed by parent organizations as an opportunity to exercise greater influence in their own market and by EAPs as an opportunity to demonstrate their value to parent organizations. To this end, EAPs within parent organizations increasingly are managing the behavioral health benefit of employers and participating in a new wave of service integration, all the while attempting to maintain the traditional functions of EA programming.

Although our field is in the midst of an intense debate over whether we can preserve the core functions of EAPs, adopt the principles of managed care, and integrate with other products, it is clear that purchasers (and parent organizations, to some degree) have embraced integration and managed care concepts. The historic focus on helping chemically- or mentally-impaired employees receive treatment and return to full workplace functioning has become just one component of a broad array of complex managed care models, reimbursement mechanisms, marketing vehicles, and hybrid delivery systems.

Financial Pressures on EAPs

The transition from a freestanding EAP providing the essential elements (the Core Technology) of the employee assistance profession to a hybrid or integrated EAP/behavioral health delivery system has affected EAPs' operating margins. Maintaining a high-quality EAP while attempting to fund and integrate a managed behavioral health care (MBHC) component is a strain for the average EAP's budget. Consider the following influences that are putting a financial strain on EAPs:

- EAPs are becoming an inadequate and inappropriate benefit replacement for employers offering few or no outpatient behavioral health benefits.
- EAPs seem to be serving a disproportionate number of low-wage, multiple-problem clients with little or no behavioral health benefit coverage.
- EAPs with minimal or unrealistic sources of start-up capital are struggling to incorporate managed care infrastructures that can cost hundreds of thousands of dollars.
- EAPs frequently compete with national vendors that market behavioral health care as a loss leader and are able to undercut prices in a market where cost is king.
- EAPs are being pressured to diversify their menu of services and offer a wider range of human risk management and work/life activities without significantly raising prices.
- EAPs typically pay their fair share of overhead expenses to the parent organization and are expected to maintain an operating margin despite predatory pricing strategies and downward pressure on the rates for EAP services.
- EAPs are being asked to develop new Web technologies that will, in theory, decrease the cost of delivering services provided short-term start-up investments requiring significant intellectual and financial capital are made.

Pricing, Capitation, and Profit Margins

Although there are wide variations in per-employee, per-year (PEPY) rates for EAP services, the market is very competitive and PEPY rates generally have not increased over the past several years. Most EAPs engage in competition-based pricing, meaning they determine the rates their competitors likely will charge before they set their own rates (Burke, 1999). In other words, most EAPs sell a commodity to a purchaser at a price

that is based on assumptions about, or data that show, what their competitors will charge for that same commodity.

Cost-based pricing, in contrast to competition-based pricing, requires analyzing direct and indirect service costs to define real costs per unit of service (e.g., counseling, training, 24-hour intake, etc.). Unfortunately, the logic of cost-based pricing is set aside in most EAPs' proposals and deals. Although some EAPs can sell quality over cost, many employers select their EAP (and their employee benefits vendors in general) primarily on the basis of cost. This has resulted in EAPs providing fewer standard services and offering more optional services as part of their basic PEPY fees.

Based upon data reported by Burke (1999) and M & R Actuaries (2000), the following are approximate PEPY price ranges for external EAPs, although rates vary within regions and from region to region:

1-3 sessions	\$19.00 - \$23.00
1-5 sessions	\$23.00 - \$25.00
1-8 sessions	\$25.00 - \$30.00
Integrated EA/MBHC Plan (includes 1-5 or more sessions)	\$64.00 - \$156.00
Gatekeeping	\$2.50 - \$5.00 additional
Work/Life	\$0.60 - \$1.00 additional

Many EAPs have experience (albeit limited) in prepaid, capitated, at-risk arrangements under direct contracts with employers. Most EAPs are financed on a capitated basis, with each client organization paying a specific PEPY sum. Capitation requires the EAP to assume a legal obligation to consider the potential depletion of that payment when providing EAP services to employees seeking help. If the EAP fails to exercise prudent judgment, the capitation rate will be insufficient to fund all of the services the EAP agreed to provide. When a deficit occurs, the EAP must turn to its parent organization to "reinsure" its financial loss.

While not an empirical statement, it probably is reasonable to assert that most EAPs within parent organizations have operating expenses that equal or exceed revenues. Consider the following case example: The EAP receives a contract to provide a one- to eight-session model EAP for an employer with 5,000 employees. The negotiated rate, which was competitively bid, is \$25.00 per employee, per year, or \$125,000 annually. Since the employer has a marginal outpatient behavioral benefit with high co-pays, the EAP administrator conservatively estimates that utilization will be approximately 8 percent, or 80 users per 1,000 employees (400 total cases).

To complicate matters, the EAP administrator convinced the client organization's benefits manager that at least half of all EAP clients would have their presenting problem(s) addressed within the eight-session model, thereby precluding a referral to the client organization's medical plan. Because of this, the estimated number of units (or sessions) per case is 5.0, or 2,000 units of service on an annual basis. The EAP administrator also recently calculated the program's unit cost to deliver an EAP session at \$45.00, which includes both direct and indirect costs using a blended staff/contracted network model. This means the EAP expects to spend \$90,000 of the \$125,000 total pre-

mium on in-person assessment services.

The EAP administrator also expects that a half-time-equivalent professional staff person will be needed to handle the additional telephone intakes and generally service the new contract, at a cost of at least \$20,000. The remaining \$15,000 will need to cover other program expenses, including promotional materials and activities, toll-free telephone access and intake, supervisory training and consultation, wellness workshops, data management and reporting, critical incident services, and indirect overhead/administrative expenses.

This combination of expenses places the EAP in the likely position of losing money on the contract and having to rely (once again) on the parent organization to subsidize its deficit.

EAPs would be wise not to "oversell" their ability to be profitable cost centers for parent organizations, and a parent would be wise not to expect its EAP to make a noticeable dent in the bottom line.

The Cost of Infrastructure

While the ability of EAPs to contribute marginal (if any) profits is questionable and outpatient EAP services are far less intense and demanding than full-risk, comprehensive behavioral health care (e.g., inpatient treatment, psychiatry, intensive outpatient, etc.), parent organizations often view their EAP as the best vehicle to assume and manage at-risk contracts or administrative (non-risk) managed care contracts. This is particularly true for EAPs that have been entrepreneurial when it comes to business development and customer retention.

EAPs that are embedded within a parent's integrated behavioral health care system commonly take on a sort of "administrative service organization" (ASO) function in the transition to managed behavioral health care. The purpose of the ASO is to create a common or centralized infrastructure that can serve as the parent's risk-bearing or managed care-contracting vehicle. This infrastructure typically includes the operational components listed in the table at right.

As a rule of thumb, the parent organization will need to capitalize anywhere from \$200,000 to more than \$1 million to launch a sophisticated ASO infrastructure with adequate financial reserves (Smith, 1997). EAP/MBC programs and parent organization executives need to have realistic expectations concerning the short- and long-term financial viability of creating their own MBC vehicle. The prospect of waiting several years to achieve a potential profit margin of 1 percent to 3 percent (if the EAP/MBC vehicle is successful) can be difficult to defend within the organization.

Very few risk-based MBHC contracts are as profitable as

they seem to appear on paper. An EAP/MBHC working under a parent organization or an integrated delivery system cannot achieve the kinds of profit margins that once were common for behavioral health care programs operating in the fee-for-service days. Given the landscape of MBHC and health care in general, parent organizations need to view their EAP/MBHC as a way to maintain local control and ensure the maintenance (if not availability) of behavioral health care services in their community or region.

Operational Components of MBHC Infrastructure

- Toll-free single point of access or centralized triage and referral
- Contracted provider network with full continuum of comprehensive care
- Mechanism for provider network to verify credentials
- Utilization management for both in-house and non-affiliated providers
- Claiming and provider payment process
- Information and data retrieval system with hardware and software resources
- Client or member services with formal complaint/grievance resolution process
- Written protocols and procedures for both clinical and administrative operations
- Implementation of a marketing plan and strategy
- Financial management with accounting system
- Provider compensation and payment arrangement plan
- Quality improvement work plan process

Information Systems: The "Black Hole"

One of the most significant mistakes that EAP/MBHC programs and their parent organizations make is to grossly underestimate the investment required to develop and maintain an information system (IS). Employers and purchasers expect to receive statistical information on the utilization and performance of their behavioral health care plan, and EAP administrators must be prepared to deliver accurate data on numerous clinical and financial variables.

Mid-sized EAPs with parents that offer an MBHC plan will compete for contracts with large national vendors or HMOs that have expensive and mature computer information systems. The EAP's ability to compete successfully in this mar-

ket lies in its ability to deploy and maintain a workable IS.

EAPs no longer can afford to relegate information tracking and systems to a secondary, part-time function. Manual forms of documentation and tabulation are simply inadequate and unreasonably time-consuming for an EAP/MBHC plan with any volume of business and level of sophistication. Emerging EAP/MBHC entities will compete on the basis of information and must be able to gather and report great quantities of financial, clinical, and administrative data.

A solid information system is the engine that will drive the EAP's ability to be the platform for the parent's desire to integrate and manage behavioral health care services. The IS must be able to quickly capture and manipulate critical data elements, and IS administrators must be included as integral partners in the EAP/MBHC's strategic planning process and budget.

Continued Turbulence

The next few years will be a time of continued turbulence for mid-sized EAPs struggling to define their role both with the parent organization and in the marketplace of employers and purchasers. Success in expanding and integrating your EAP within the parent organization will depend upon a wide range of factors, but we believe that careful financial planning and analysis, realistic expectations about margins and profits, and an over-investment in information systems and infrastructure are three of the most critical factors.

On the other hand, the parent organization will need to assess the potential impact of EAP services on the "mother ship" in terms of overall business development strategy. Value-added services sometimes are difficult to quantify, but there is general agreement that EAPs can help the parent organization redirect market share. In a health care environment where services are costly to deliver and margins are low or non-existent, parent organizations need to exercise caution in assessing opportunities and drawbacks. EAPs would be wise not to "oversell" their ability to be profitable cost centers for parent organizations, and a parent would be wise not to expect its EAP to make a noticeable dent in the bottom line.

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The Integration of EAPs and Behavioral Risk Management

“We have met the enemy, and he is us.”

From the comic strip *Pogo*, by Walt Kelly.

Ask a corporate executive to name the greatest risks facing his or her organization, and until recently the answer probably would have related to the company's products or property. Fires, floods, accidents, defective workmanship—these were considered the primary threats to a company's bottom line, and managing them was critical to the organization's success.

Ask that same question today, however, and the answer probably will relate to the company's employees and their actions, such as workers threatening or assaulting co-workers or sexually harassing them. A recent study by Pinkerton, the largest security services firm in the United States, found that most of the 10 leading security concerns facing U.S. businesses are behavioral in nature (see “News Briefs,” page 34), and many—including substance abuse and unethical business conduct—pertain specifically to employees.

Managing behavioral risk is a complex task, one for which employee assistance professionals are well suited. But a comprehensive behavioral risk management program requires participation by several other corporate functions as well, including human resources, safety, security, administration, and occupational health. Working together, these functions can identify behavioral risks, assess their likely impact, develop strategies for reducing or eliminating risks, and follow up to ensure that employees who present risks receive the support they need.

As the world's economy continues to shift from a manufacturing base to one that relies more heavily on acquiring and using information, the value of employees—and the emphasis on identifying, hiring, and retaining them—will continue to increase. This, in turn, will heighten the need to manage behavioral risks that can affect an employer's reputation and bottom line. The following articles offer perspectives on the role that EAPs can play in this process.

The “Terms of Engagement” Between Employers and Employees



by Tim Havens, M.D.



The choice of the words “behavioral risk management” as a starting point for this article is crucial, because it highlights the difference between behavior and feelings. Employers cannot tell people how to think or feel; our thoughts and feelings are our own. Employers may want their employees to love the company, and that may well be a desirable goal. But loving the company is not something that any employer can truly require. What an employer can require is behavior that is appropriate to the workplace and will get work done effectively.

All too often employers talk about behavior in the workplace, but they confuse it with how people think and feel about the company. The result is that many employers try to advise managers about what they must do to get their employees to think and feel a certain way, rather than advise them about behaviors that are relevant to the workplace.

One of the problems I’ve noticed in this regard, particularly among senior executives, is a reluctance to accept help to correct inappropriate behaviors. A myriad of factors come into play here, not the least of which is a pervading belief that to be seen publicly as having a behavioral problem is a form of humiliation and/or a question of one’s judgment.

One such case I encountered involved a manager who had some underlying emotional difficulty for which you would hope a person would receive treatment. The emotional trouble was not the leading indicator; the leading indicator was the mean and sadistic way he treated his subordinates. The result was that good people—people who were seen as being valuable to the organization—were seeking to transfer out of his part of the organization or leave the company altogether. The treatment issue finally came to the attention of the Human Resources Department through exit interviews.

When the problem became obvious to HR, an investigation concluded that this manager was in an emotional crisis. The initial thought was that, because I was involved with the organization through some coaching that I was giving to the chief executive, I would meet with the manager and see if I could get him pointed in the proper direction.

My conversation with the manager clarified the assessment about his emotional state of mind and his disinterest in obtaining help for himself. He did not acknowledge either his

inappropriate behavior or its impact on the organization.

My task then became one of advising the firm on how they might approach this problem. I talked with the manager’s boss, and he told me that he also had tried to talk to the manager on a personal level and had met with total resistance.

I explained that the focus of his next conversation with the manager should be on the specific impact of his behavior on his work. “You have to be very explicit,” I insisted. “Explain to him what he did, when he did it, and why his behavior is unacceptable.”

The manager did that, then said to him, “Look, the reason I think you’re behaving this way is because of your emotional issues, and I feel that if you get help, it’s going to make a difference. But let’s be clear: Even if you choose not to get help, at the end of the day, this behavior must change.”

The focus on the manager’s behavior and its link to his aspirations—he was a very ambitious person—made him realize that despite his value as an employee, the organization could not continue to tolerate his behavior. So it was out of his self-interest in his career that he went to the EAP and got the treatment and help he needed.

My experience with this and other cases has been that there can be a wide range of personalities and temperaments for a particular job. What is absolutely crucial is that there not be any personality issue or behavior that would interfere with getting the job done. To the extent EAPs can help identify these issues and behaviors, they can help organizations improve their performance and productivity.

Ensuring a Good Fit

In this particular instance, my intervention with the employee was rebutted; the real intervention was with his supervisor. Both the supervisor and the company reacted in a compassionate way—they wanted to respond to the manager’s problems and get him help.

This is not an isolated response. As employers place a greater premium on an educated workforce, corporate interest in employee health generally and in EAPs specifically is coming back stronger than ever. Organizations are recognizing that it is in their best interest to take care of valuable people, not only because it is more difficult today to replace qualified

employees with someone of the same degree of capability and talent, but also because it increases the competitive posture of the company to be an employer that takes care of its workforce.

But behavioral risk management is more than simply providing an EAP and demonstrating an interest in employee health. Savvy employers—and savvy employees—recognize that there is a “fit” between an individual and an organization that has to do with the control a person has over his or her private life. Fit is not about wrong and right; it is about the needs of the organization and the needs of the individual. Fit varies with the organization and the business it conducts, and it is very powerful.

To demonstrate the importance of the fit between employers and employees, I sometimes conduct an exercise with managers in which I ask them, “How many of you would be willing to say that your company doesn’t deserve to know anything about your private life?” Several people will raise their hands. Then I’ll ask, “How many of you would say that if you reach a certain level within the organization, how you conduct yourself within the community is seen as a projection and reflection of the company and therefore something to be taken into consideration when hiring certain executives?” Again, some people will raise their hands, but a certain number will say they don’t like that logic.

Then I’ll ask, “How many of you feel that it is entirely appropriate for the company to run an FBI background check on you?” And fewer people will raise their hands. And I’ll tell them all that regardless of whether they believe in the accuracy

of background checks, that’s what a person has to go through to get a top-secret clearance.

The lesson here is that the more organizations are clear about what they expect—what I call the “terms of engagement”—and the more individuals are clear about what they need, the better the opportunity for a successful relationship. EA professionals wishing to manage behavioral risks within an organization would do well to consider what each individual needs as well as the way each person values his or her job. All of us have had experiences with individuals who have the intellectual ability to perform a job, but do not value the job and therefore do not perform effectively.

Awkward Issue

Just as EAPs must understand what organizations expect of their employees, they must ensure that organizations understand what to expect of their EAPs. Because EA professionals typically have some professional training in psychology, social work, or psychiatry, supervisors and senior executives who rely on them for organizational advice often will want to confide in them on individual matters as well.

Such a request can be an awkward issue for an EA professional, because the relationship in an organizational consultation is different than the relationship in a consultation that is more psychologically or behaviorally oriented. In a treatment relationship, the prescribed boundary is that the provider treats the individual; in an organizational relationship, the provider has contact throughout the organization.

Typically, the way I handle these situations with senior executives is to approach it in a manner similar to giving advice about how to manage an employee. “You’re not just paying a person to do work, you’re also paying a person to exercise good judgment,” I tell them. “An employer risks sending mixed messages to employees by not making a distinction between organizational work and personal counseling.” By articulating the problem in such a manner, EA professionals can help organizations use their EAPs more effectively.

Tim Havens is a psychiatrist and a lecturer in psychiatry at Harvard Medical School, where he directs a program titled “On Leadership.” In addition to his practice, he consults to corporations, partnerships, family businesses, and health care organizations on the topics of leadership development, executive coaching, the design and implementation of organizational change and restructuring, and building effective management teams. He lives in Brookline, Mass.

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Behavioral Risks in the Workplace: A Legal Perspective

by Mary Murck, M.Ed., CEAP, and Pamela Harris, J.D.

Following is a fictional case study. The authors will illustrate the behavioral risks and legal concerns of the case and discuss how EA professionals can influence and help mitigate the risks.

Case Study

Mark, a 40-year-old accountant, has been working at his firm for six years. Recently he presented to his employer, Balance Sheet Inc., a notice from his psychiatrist stating that he needs to take a leave of absence due to major depressive disorder. He has experienced such symptoms as crying, irritability, insomnia, loss of appetite, and low energy. Immediately prior to requesting leave he wrote an inappropriate letter to an important client and had an “ugly” clash with another client.

Mark has been on leave for three months. Now, Balance Sheet has received a medical evaluation by a psychiatrist of its choice showing significant improvement in Mark's depression and indicating that Mark can return to work with no need for accommodation as long as he takes his prescribed medications. However, the evaluation also shows lifelong personality problems, some of which may have affected his work. In the opinion of the psychiatrist, Mark's personality problems are unlikely to improve, but with motivation might be temporarily minimized.

Mark's work history has been difficult, with numerous troublesome incidents over time, including purposefully insulting co-workers, confronting clients and “getting in their face,” and irritating his supervisor and other managers at work. These previous work problems are not well documented.

Balance Sheet would prefer that Mark not return to work at all. May the firm terminate his employment?

The EA Perspective

by Mary Murck

First and foremost, what appears to be an easy answer—firing Mark—would not be advisable. The challenges Mark poses are numerous, but they are not insurmountable provided good behavioral risk management strategies are utilized.

The better choice would be for a coordinated group—

including representatives from Human Resources and the EAP as well as the disability coordinator and Mark's manager—to work together to develop and implement a plan that will minimize the behavioral risks presented by his return to work. These risks include legal liability, employee morale, company credibility, loss of customers, and other problems a company can face when an employee acts out inappropriately.

Each member of the group should have a stake in the outcome, and be clear about what is appropriate and legal for the organization to do to manage the risks of Mark's return. They will all need to depend a great deal upon the EA professional, and may need legal counsel as they formulate their plan.

The best outcome, of course, would be for Mark's return and subsequent performance to be of great benefit to the organization. This is not an impossible goal, but there is a lot to consider. Mark's performance could decline, or his behavior could alienate clients or co-workers. The workplace should accommodate him, but he must be held to appropriate standards.

Mark's manager needs to have some better tools and skills at his disposal. This may take some coaching (in EA, it often comes under the heading of “management consultation”). The EA professional, as a coach, needs to direct the manager to take positive steps to document all work performance issues that affect Mark's job.

Another consideration is Mark's work group. His co-workers will naturally be curious about what happened to him, but unless Mark specifically grants permission, his manager cannot divulge his whereabouts (the manager may already have said Mark was on leave). The manager, with guidance from the EA professional and the Human Resources Department, needs to help Mark decide what to tell his co-workers.

The EA professional can work with the manager to help him/her communicate with and motivate Mark. The manager is likely to need this type of support. The EA professional also can serve as a consultant to the manager and the Human Resources Department to help solve behavioral issues with Mark and his work group. Finally, the EA professional can help teach Mark appropriate behaviors, conduct follow-up visits with him to discuss medication monitoring, and refer him

back to his psychiatrist if problems occur.

If these strategies don't improve the work situation, the employer—using proper documentation and disciplinary steps, including termination if necessary—can hold Mark to performance standards that do not put the company at risk. If the strategies do work, Balance Sheet Inc. has a productive employee in the workforce again.

The Legal Perspective

by Pamela Harris

Human Resources and the EA professional will be in the front lines of the company's effort to manage the practical and legal risks associated with this situation. Not only must they analyze the practical implications, including the impact on internal relationships and day-to-day management, but they also must understand (with the assistance of counsel) the potential risks presented by the intersection of several legal protections available to Mark. Although Mark seems interested in returning to work, there is no guarantee that he has not already sought legal advice regarding his rights or that he might not do so with little provocation in the future.

Mark's legal protections arise from federal and state discrimination laws as well as from the commitments already made to him by the company and its managers, verbally and in writing. Although each kind of protection is complex in and of itself, it is the overlap of the various protections that may be the most difficult to manage. Protections arising from federal law, and thus applicable in every state, include the following:

Mark's potential status as a person with a "disability" as defined by the Americans with Disabilities Act of 1990 (ADA). The ADA protects employees and job applicants from disability discrimination in the workplace. Under the ADA, a person with a disability has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such a condition, or is perceived as having such a condition.

Mark's condition may meet the definition, or it may not. According to the regulations defining the reach of the ADA, a mental impairment includes any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities. It does not include common personality traits, such as poor judgment or a quick temper, unless they are symptoms of a psychological disorder. Also, even if the condition qualifies, it must substantially limit one or more major life activities to afford legal protection, and whether such a limitation is present must be analyzed with the mitigating effect of Mark's medication.

If Mark's condition meets the definition of a "disability," the company's obligations are as follows:

- Not to discriminate against him on the basis of the condition;
- To make "reasonable accommodations" (job modifications) to enable him to perform the essential functions of his position; and
- To protect the confidentiality of his medical information,

except as required to manage accommodations or benefits requests.

The ADA imposes no obligation on the company to excuse employee misconduct on the basis of disability even if the misconduct arises from the disability, and the company may hold Mark to the same performance standards to which it would hold any employee in his position.

Mark's leave of absence, which may be protected by the Family and Medical Leave Act of 1993 (FMLA). In general, the FMLA requires employers with 50 or more employees to provide to each employee 12 weeks of leave in each 12-month period to care for a "serious health condition." Employees with at least one year of service may qualify for FMLA coverage, and no employee using this protection may be subjected to any negative consequence as a result. Mark's condition meets the definition of a "serious health condition," so if his length of service is adequate, he is entitled to these protections.

Mark also is protected by the FMLA and the ADA, as well as the laws in most states, from any retaliation as the result of asserting his legal rights. Finally, Mark may require that the company provide him with employee benefits, such as disability insurance, in accordance with the company's representations. He may not be subjected to retaliation for doing so.

Applying Legal Protections

The company's safest approach to dealing with Mark is as follows:

- (1) Return Mark to work on the assumption that his condition meets the definition of "disability" and make the necessary efforts that flow from it. Most importantly, this means entering into a dialog with Mark with respect to accommodations, if they are requested. These steps would protect the company against the obvious discrimination and retaliation claims, which could easily be asserted at federal agencies as well as in a formal legal complaint.
- (2) Manage Mark's performance, including professional behavior, in accordance with normal standards for his position. Provide straightforward evaluations if his performance does not measure up.
- (3) Maintain the required confidentiality of Mark's medical information.
- (4) Educate Mark's manager with regard to his legal status and jointly determine the appropriate process.

Mary Murck is principal consultant in her own behavioral risk management practice, WORKinetics, and serves as safety director for the Minnesota Department of Labor & Industry. She has worked in insurance risk management and loss control as well as in employee assistance management and has 16 years of consulting experience. She chairs EAPA's Behavioral Risk Management Committee.

Pamela Harris is a partner with the firm of Rider, Bennett, Egan & Arundel, LLP in Minneapolis, Minn. She has been practicing law since 1978, focusing in the area of employment law and especially disability discrimination law. She devotes a substantial portion of her practice to assisting public and private employers in preventing legal problems. She is a member of EAPA's Behavioral Risk Management Committee.

Threat Assessment: Addressing the Risk of Workplace Violence

by Linda Bratswell, LPC, CEAP, LEAP

In the early 1990s, employee assistance journals and conferences began highlighting the problem of workplace violence and urging EA professionals to work with risk managers and human resources and security personnel to develop policies to address the issue. Driving this trend were statistics compiled by the National Institute for Occupational Safety and Health (NIOSH) showing that homicide was the cause of a disturbingly high proportion of traumatic workplace deaths. Among men, NIOSH found that 12 percent of workplace fatalities were caused by criminal assault, while 42 percent of women who died in the workplace were homicide victims.

At the time, most companies relied solely on their security departments to prevent or reduce the risk of workplace violence. Many employers, such as the Cape Fear Valley Health System in Fayetteville, N.C., had no clear, concise policy that covered this growing problem. The system maintained policies on employee behavior and sexual harassment, but had not developed any language specifically addressing the issue of workplace violence.

As the need for a policy and process to define and prevent workplace violence rose in priority, health system officials determined that the EAP was the most appropriate department to address the issue. EAP staff responded by researching the workplace violence policies of other regional health systems of equal size, attending workshops on workplace violence, and reviewing a 1996 directive from the Occupational Safety and Health Administration titled "Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers." EAP staff also consulted the health system's personnel, risk management, and safety departments for advice on preventing and managing workplace violence.

In addition to formulating a policy on workplace violence, the health system also needed to devise a process for implementing it. The EAP director was asked to develop responsibilities, processes, and procedures for a committee that would meet each time a threat arose, assess the risk of violence, and suggest interventions or other appropriate responses. This committee, the Threat Assessment Team, began its work on May 1, 1998.

The team's goals in assessing incidents are to ensure safe-

ty while respecting and guaranteeing employees' rights, protect other employees and patients, and safeguard health system property. Representatives from the personnel, risk management, safety, security, and EAP offices are active members of the team; other team members are added as necessary. Team members are expected to evaluate reports and plan interventions, establish coordination with security agencies and communication links (both internally and externally), plan for post-incident debriefings, and provide post-incident recommendations.

Assessing the Threat

Under the policy, any employee can report threats of violence to his/her manager or a member of the Threat Assessment Team. New employees are informed of the policy and reporting procedure during orientation.

When an incident is reported, the Threat Assessment Team is called together to meet. Prior to the meeting, the Risk Management Department determines whether corporate counsel or law enforcement personnel (or both) need to be contacted. The Personnel Department may conduct a criminal background check and gather personnel records to the extent permissible by law. EAP staff review their files, and key managers are notified of the meeting as necessary.

These and other preparations have enabled the team to make efficient use of meeting time (on several occasions, however, the team has had to assemble within 10 minutes because the threat was imminent, leaving no time to perform up-front work). The meetings themselves are tightly structured and allow 30 minutes for review of the threat, discussion, and suggestions/interventions. The tight structure has contributed to economy and efficiency of teamwork without compromising quality of care: In all cases handled, no further violence has occurred. Since the team has met more than 30 times in its first two years, team members have appreciated the brevity of the design.

The structure of team meetings is as follows:

1. The manager bringing the concern (or any other member of the team) presents the case.
2. Each team member presents background information that is relevant and permissible (e.g., EAP and medical data are not disclosed unless the information is relevant and there

is a duty to warn).

3. Members discuss the case and ask questions.
4. Members suggest specific actions.
5. Members develop a specific plan of action.
6. Members decide which actions should be delayed for external consultation.
7. Members assign responsibility for action steps, including consultation, and develop deadlines for completing steps.

After determining what (if any) actions to take, the team implements them according to the following procedures:

1. Determine how to secure the workplace in the event a threat is carried out.
2. Decide whether the offending employee should be interviewed, sent home, directed to undergo a fitness-for-duty evaluation, detained by police, disciplined, suspended, or terminated. If the team perceives no real threat, members decide how to address the concerns of the manager or supervisor.
3. Determine if a duty to warn exists and how to carry it out. If a potential victim is identified, he or she is referred for EAP services and meets with security personnel.
4. Decide whether co-workers will need special explanations or interventions.
5. Determine who will be informed of the threat and establish boundaries for disseminating information.
6. Decide who will obtain consultation (i.e., legal advice or management approval) and how the team will be informed of how this affects the action plan.
7. Formulate a follow-up plan, including scheduling another meeting to review action steps taken and their impact.
8. Document official acts or steps taken.

For each violent incident, actions and recommendations are documented in a manner that protects the identity of the employee and facilitates an audit when assessing outcomes. Minutes of meetings are hand-delivered to core team members only.

Wide Range of Cases

The Cape Fear Valley Health System's policy defines workplace violence as "any inappropriate behavior taking place in the workplace that involves a substantial risk of physical or emotional harm, fatal or non-fatal injury, or threat of injury. Aggressive behavior in the workplace includes, but is not limited to, abusive language, assault, battery, harassment, intimidation, and threats."

Because this definition goes beyond a stereotypical definition (i.e., physical injury), the Threat Assessment Team has dealt with a wide range of issues. Following is a list of the types of cases handled:

- An ex-boyfriend made frequent, threatening calls to the workplace.
- A former employee attacked a current employee in the lobby of a hospital.

- A convicted criminal stalked an employee.
- Hospital equipment was sabotaged.
- Patients made death threats against staff.
- A love triangle among three employees became threatening.
- Two ex-employees made threats against a hospital.
- The boyfriend of an employee inserted himself in a hostile manner into disciplinary procedures involving his girlfriend.
- A substance abuse client claimed a gang of drug dealers was looking for him and would threaten a clinic.
- An employee was discovered carrying a concealed weapon several times.
- Family members in denial about their mother's condition threatened her physician and nurses if she did not recover.
- An employee was unable to come to work because her husband had threatened to kill her.
- A former psychiatric patient called a current patient in the psychiatric unit and threatened to come back, help her escape, and kill the staff.
- An employee was mugged in the parking lot.

The majority of cases involved threats by outsiders against health system employees, employee threats against co-workers, love triangles, and domestic violence threats. Following is a grid that lists the types of threats confronted by the team and the number of related safety recommendations:

Recommendation	Outside threat	Domestic violence	Love triangle	Threat against co-worker
Change employee parking	5	2	1	1
Change travel route inside hospital system	2	0	0	0
Involve Social Work Department	1	0	0	0
Provide security escort	4	3	0	0
Distribute photo of perpetrator	4	4	0	0
Vary employee work schedule	0	1	0	0
Inform co-workers of possible threat	1	1	0	1
Encourage victim to file report with police	2	3	1	0
Involve police	3	1	0	1
Change computer password of employee	1	0	0	0
Debrief a department	1	0	0	1
Increase security in an area	5	1	0	2
Request fitness-for-duty evaluation	0	0	0	1
Referral to EAP	1	2	2	1
Formal counseling of employee by management	2	0	5	2
Involuntary commitment of perpetrator	0	0	0	1
Contact treatment providers	1	0	0	0
Require UDA	0	0	0	1
Change lock on employee's house	1	0	0	0
Review environment for safety concerns	1	1	0	0

Lessons Learned

A surprising by-product of the team's efforts is increased morale within the health system. Employees who have been involved with the team and its processes have commented that they feel the health system cares about them and treats them with respect. When the team handled an incident at a hospital that recently had been purchased by the system, staff reported that it was the "most positive" experience they had had with the larger system—the team responded quickly and the interventions put in place kept everyone safe.

But even after two years, some employees still don't know about the Threat Assessment Team and thus may suffer in silence from threats and intimidation. We've learned that we need to continuously publicize the workplace violence policy so that employees who observe incidents don't hesitate to notify their supervisor or a team member. Two strategies that have been put in place to make the team more visible are to discuss the Violence Protection Policy at all employee orientation ses-

sions and present a report to managers each year about the team's activities.

Integral to the success of the policy and the team is the support of health system leaders. On several occasions the team has made invaluable use of management's connections with the community, especially law enforcement agencies. Health system executives have supported the team without reservation, and without their commitment the program would not have enjoyed its success to date.

In a hospital setting, where life and death are everyday issues, the safety needs of patients, family members, and employees must be balanced against rights of confidentiality and privacy. Closing doors to protect employees and patients is not a viable option. The Threat Assessment Team considers all of these factors as we make our recommendations.

Linda Braswell is director of EAP services for the Cape Fear Valley Health System and author of Quest for Respect: A Healing Guide for Survivors of Rape.

At right is an example of a workplace violence incident handled by the Threat Assessment Team of the Cape Fear Valley Health System:

Date: 9/9/98

Time: 2:15 p.m.

Members present:

Security
Risk Management
Employee Health
Personnel
Radiology
Administration
Employee Assistance

Topic: Death threats made against four employees by another employee

Discussion: The radiology supervisor reported that she received a phone call on the morning of Sept. 9 from an employee threatening to kill four other employees, saying they were prejudiced and were "trying to take over." The previous evening, while working the second shift, the employee had gotten very angry with a co-worker who questioned him about his whereabouts. He angrily replied that he was on a lunch break and that he had informed the co-worker he was leaving. The co-worker said he hadn't heard him. The co-worker described the employee's behavior as "explosive."

The radiology supervisor noted that the employee's behavior had deteriorated over the last several months. Co-workers reported that he had been extremely angry over the past several months and had been heard to say that the hospital should not worry about disgruntled postal workers but rather disgruntled technologists. Because of the immediacy of risk, the employee assistance representative stated that the employee had been a client and had been in treatment for chemical dependency, with little success.

Since the Threat Assessment Team met at 2:15 p.m. and the employee was due to report to work at 2:45 p.m., a solution was needed urgently. The team agreed to secure the threatened employees and get help for the employee. The following strategies were recommended:

1. Ask the Security Department to detain the employee.
 2. Remove the threatened employees from their department workstations and move them to a safe place.
 3. Perform a psychological evaluation to determine whether or not the employee meets criteria for admission to the hospital.
 4. Inform the threatened employees of the actions being taken to ensure their safety.
- The meeting ended at 2:40 p.m.

Outcome: A follow-up meeting revealed the employee needed hospitalization, which was provided. Both goals of the team were met.

The Integration of EAPs Into Health Management: A U.K. Perspective

by Peter Marno

Few people go through life without health problems, yet employers frequently hire, train, promote, and post workers with little reference to their health, especially their mental health. Often, good health management is not practiced because it is seen as too intrusive and personal, yet the employer will be blamed if a promotion or posting fails because of health reasons—and those near to the individual may well say they saw it coming.

While serving as manager of a private psychiatric hospital, I often heard patients' work colleagues and next of kin say, "I saw this admission happening three months ago." As most of the admissions were behavioral in nature, I believe it follows that most (if not all) of them could have been prevented.

Employee assistance programs, like health insurance and occupational health (OH) programs, are health management tools. An EAP is not a "gift" to staff but a cost-effective means to an end. Reduced sickness and absenteeism, improved productivity, lower turnover, a happier work environment, and reduced risk of litigation are reasons for having EAPs and integrating them with other health management initiatives.

Integration means that the EAP should work with, and be considered alongside, other policies and programs of human resource and OH management. Individual performance, change management, corporate performance, and critical incident management will all benefit from an integrated health services and products arrangement.

Integration is often talked about but rarely understood or achieved. Instead, departments and functions continue to operate territorially and look after their own areas—to do otherwise would be job-threatening!

For an integrated approach to work, all departments need to have a culture whereby they demonstrate they are "looking after an asset." Each department also needs to fully understand the scope and value of the other departments, and communication needs to be open and regular.

For example, there is no reason why an EA professional cannot discuss other internal resources with an employee, such as directing him or her to OH for advice about a physical problem. By the same token, individuals can contact their EAP at the suggestion of the OH department for a performance-related referral.

Employees will benefit from regarding their EAP as a developmental resource, in much the same way as they regard continuous learning or training. Maintaining confidentiality is a given except in safety-critical instances, at which time the communication ideally will be with the OH department, which will not only consider the case on its merits but will be able to translate it into "employability" terms.

EAPs often deal with legal, financial, and, more recently, elder care and child care issues as well as mental health issues. The value of providing support for non-mental health issues is twofold: minimizing the amount of working time an individual might spend trying to resolve an issue by bringing

professional resources to bear, and allowing individuals to contact an EAP and present a non-threatening or less-threatening situation rather than admitting to a mental health issue.

What information would prevent most problems from becoming serious and time-consuming, and where can it be found? I will split that information into two parts: individual/family and corporate.

Individual/family

Self-referral. While denial is often common, it is possible that an individual might have some insight and understanding that professional help might be needed. Publicity/pamphlets and training/induction will be of value.

Family referral. An individual's family and friends often will notice a problem. Why shouldn't they speak to a suitable person to see if "emotional first aid" can prevent a breakdown or job loss? Good employers will have open channels of communication. Again, publicity/pamphlets and training/induction will be of value.

Corporate

Appraisals. Appraisals of performance should be compared with previous appraisals to identify changes.

Accidents. Accidents should be logged and causes noted, particularly causes such as tiredness or loss of concentration.

General health. The number of bouts and duration of sickness should be recorded.

Sick leave. A survey by CBI, a U.K. employers' organization, showed that only 7 percent of respondents reported long-term absence caused by serious illness to be the major cause of absence. However, my research shows that 6 percent of the absent population accounts for 54 percent of all days of absence.

Customer comments. Customer surveys might well reveal a "human" problem not detected by the employer.

Performance. Changes in appearance, willingness to work, ability to meet deadlines or achieve goals, behaviour, or interpersonal relationships may suggest a problem.

These sources of information indicate that much evidence is readily available. The evidence will only be valued, however, when viewed as a whole. Someone who has an accident may not have a problem, but someone who has had an accident, is not performing to expectations, and recently has been taking sick leave may have one. Pieces of a jigsaw are just that, but a whole jigsaw is a picture!

The challenge for employers is to examine the data and act accordingly. The consequences of not doing something could be, at the least, a loss of employees, reduced morale, litigation, reduced sales, and higher costs.

Peter Marno is client director at Working Partners Ltd., which specializes in providing innovative, integrated, cost-effective health services and products for companies in the United Kingdom.

Board of Directors Meeting

May 6-7, 2000

Vancouver, British Columbia

Present

Greg DeLapp, President
Jim Printup, Secretary
Don Jorgensen, Treasurer
George Cobbs, Vice President
Linda Sturdivant, President-elect
Don Magruder, Immediate Past President
Phil Hess, External Programs Director
Sally Davis, Internal EA Programs Directors
Jack Dempsey, Labor Director
Rickie Banning, Diversity Director
Richard Hopkins, International Reg. Director
Dave Coles, Southwestern Regional Director
Wayne Whalen, Canadian Regional Director
Karen Hagen, North Central Regional Director
Bernie McCann, Mid-Atlantic Regional Director
Dave Worster, Eastern Regional Director
Tom Cole, Midwest Regional Director
Judy Braun, Western Regional Director
Barbara Murdock, Southern Regional Director
Mike Webb, Pacific Regional Director

Ex-Officio

Steve Haight, EACC Chair
Kenton Pattie, Interim COO

Parliamentarian

Colette Collier Trohan

Staff

George Figliozzi, Board Assistant

At the president's invitation, the parliamentarian, Colette Collier Trohan, presented a governance review workshop prior to the beginning of the meeting and introduced standing rules for meeting.

Item 1

Call to Order and Approval of Agenda

The meeting of the EAPA Board of Directors was called to order at 9:52 a.m. Pacific Time by President Greg DeLapp. Secretary Jim Printup was present, assisted by George Figliozzi. The agenda was approved as amended.

Item 2

Approval of Minutes of September 27, 1999, October 22-23, 1999, February 3, 2000, and March 22, 2000 Meetings

The minutes were approved as presented.

Item 3

Officers' Reports

Officers' reports were received.

Item 4

Operations/Administration

Upon discussion and amendment, the following strategic plan was adopted:

EAPA STRATEGIC PLAN

(Adopted May 6, 2000)

(1) Help Members Worldwide Be More Effective in Their Jobs

- A. Continually develop resource materials, education and training initiatives to include:
 1. An EAPA-owned basic course on employee assistance
 2. Basic and advanced practitioner courses
 3. Training programs for CEAP examination preparation
 4. Instructional curricula coordinated with universities and other institutions
 5. Methodologies and live, multimedia, computer-based, and interactive technologies appropriate to adult learners
 6. Create, compile, and revise resource materials
- B. Provide services through the EAPA Web site to include:
 1. List serves to enable a member-to-member exchange of ideas on EA practice and other issues
 2. On-line information and financial transactions between members and the Association
 3. Links to information on relevant legislative and public policy issues
 4. Monitoring of relevant legislative and regulatory initiatives
 5. Enhanced chapter-to-chapter links

(2) Demonstrate the Value and Utility of Employee Assistance

- A. Develop and implement initiatives to educate purchasers and users about the value and utility of EA programming
- B. Initiate research efforts to include:
 1. Utilization data collected from members
 2. Cost/benefit studies
 3. An annual survey of prevalent workplace problems
 4. Summaries of data and research from universities, businesses, labor unions, and other sources
 5. A list of research topics and research funding mechanisms

(3) Strengthen the Voice of EAPA Through Increased Memberships and Affiliations

- A. Develop and implement marketing plans to:
 1. Increase membership
 2. Enhance awareness and appreciation of employee assistance
 3. Increase use of EAPA services and products by members, related professionals, media, and the general public
- B. Position EAPA as the umbrella association for professionals providing employee assistance and related workplace programs
- C. Establish strategic alliances and partnerships with employers, insurance carriers, labor unions, state, local, and federal governments, colleges and universities, researchers, and related EA, HR, work/life, and other trade groups and associations. Guidelines for any formal alliances and/or partnerships shall be subject to board approval.

(4) Increase Organizational Effectiveness

- A. Align EAPA Board and committee structures using best practices of professional governance
- B. Establish and maintain membership categories that accurately reflect the EA field and its members
- C. Review and codify Association policies and procedures
- D. Determine the feasibility of purchasing a headquarters building
- E. Maintain financial stability

Motion: To amend the Bylaws, Article IV, Section 3g by striking out [approved by Executive Committee without salary information, beginning with Year 2000] and inserting [full disclosure of the COO's (or new title) salary and benefits package to Executive Committee and Board].

Action: The motion carried.

Motion: To change [COO] to [CEO] and clarify lines of authority.

- A. Amend Article IV, Section 3g by striking out [Chief Operating Officer] and inserting [Chief Executive Officer] and striking out [COO] and inserting [CEO] wherever it appears in this section and elsewhere in the bylaws, and numbering the paragraphs as follows:
 - B. (Paragraph 1): Strike out [and directly responsible to]
 - C. (Paragraph 2): Strike out current paragraph and insert as follows:
 - D. (Paragraph 5): Strike out [beginning with Year 2000]
 - E. (Paragraph 5): Strike out [Executive Committee] and insert [President]

Action: The motion carried.

Item 5

Finance

Motion: To adopt the FY 2001 budget as brought forth by the Finance Committee.

Action: The budget was adopted as presented.

Motion: To transfer funds from EAPA's Short-Term Fund (i.e., EAPA's Reserve Fund money market account) to bring EAPA's investment in the Long-Term Fund with Legg Mason to \$500,000.

Action: The motion carried.

Motion: To amend EAPA's investment policy, Long-Term Fund Section, under Objectives: by striking out [10%] and inserting [10.6%].

Action: The motion carried.

Motion: To open an account at Legg Mason to manage EAPA's Short-Term Fund and to close EAPA's current Short-Term Fund (EAPA's Reserve Fund money market account).

Action: The motion carried.

Item 6

Policy/Governance

Motion: To amend the Bylaws as follows: combine Articles X, XI, and XII, and establish fiscal years in the Bylaws.

1. Article X: Strike out [Books and Records] and insert [Administration]
2. Article X: Insert Section 1: [Books and Records]
3. Article X: Strike out [The Office of Secretary is] and insert [The Secretary shall be]
4. Article XI: Strike out entire Article
5. Article XII: Strike out entire Article
6. Article X: Add new Section 2: [Fiscal Year]
7. Article X: Add new Section 3: [Seal]

Action: The motion carried.

Motion: To amend the Bylaws as follows:

Article V, Section 9(a): Resignation, Removal and Replacement of

Officers and Directors: Strike out [Succession Rule] and insert [Vacancies]

Article V, Section 9(b): Insert [The Board of Directors is authorized to. . .]

Article V, Section 9(c): Strike out entire section and replace as follows:

a. Vacancies

In case of a vacancy, the Board of Directors is authorized to fill elected positions for the remainder of the term, except that, in the case of a vacancy in the office of President, the Vice President shall become President for the remainder of the term.

b. Resignations

The Board of Directors is authorized to accept the resignation of any officer or director.

c. Removal

An officer or director may be removed for cause, provided that:

- (1) The cause shall be stated at a meeting at which the accused has been notified of same;
- (2) The accused has been given the opportunity to speak on his/her own behalf;
- (3) There is a three-fourths vote of the entire Board in the affirmative for removal.

If an officer or director is removed from office, the resulting vacancy shall be filled according to the provisions of section

(a) above.

Action: The motion carried.

Motion: To amend the Bylaws as follows:

Article V, Section 3: Strike out all current references to terms of office and insert new language under Article V, Section 5 as follows:

Article V, Section 5. Elections and Terms of Office

a. (No changes proposed.)

b. All terms of office shall be for a period of two years or until a successor is elected and assumes office.

c. The President-Elect, Vice President, Secretary, and Treasurer shall be elected biennially in even-numbered years.

d. Directors shall be elected biennially as follows:

- (1) Eastern, Midwest, Southern, Western, and International Directors shall be elected in even-numbered years.
- (2) Canadian, Mid-Atlantic, North Central, Pacific, and Southwest Regional Directors shall be elected in odd-numbered years.
- (3) The Diversity and Internal Programs/Services Directors shall be elected in even-numbered years.
- (4) The External Providers and Labor Directors shall be elected in odd-numbered years.

[Other sections shall be re-lettered as necessary.]

Action: The motion carried.

Motion: To amend the Bylaws as follows:

Article V, Section 7: Strike out [the approval of at least a majority of a quorum] and insert [a majority vote.]

1. A majority of the Board of Directors constitutes a quorum sufficient to transact any business coming before the Board.

Unless otherwise required by law or these Bylaws, a majority vote shall be sufficient for approval of any action.

Article VI, Section 2f(2): Strike out [a majority of a quorum] and insert [a majority vote].

2. When a quorum is present, a majority vote is sufficient to take or authorize. . .

Action: The motion carried.

Motion: To amend the Bylaws, Article III, Section 1e(1) and Article III, Section 1k(1) by striking out the number [9] and inserting the number [7].

Action: The motion carried.

Motion: To amend the Bylaws as follows:

Article IV, Section 3l: Strike out [Ensures that a Parliamentarian is present at all official Association meetings.]

Article IV, Section 3g: Insert the following:

The CEO shall also be responsible, in consultation with the President, that a professional Parliamentarian is present at all in-person Board and Association meetings, and others as necessary as determined by the President.

Action: The motion carried.

Motion: To amend the EAPA Annual Conference Planning Manual by striking out [Program Planning Committee] and inserting [Education and Training Committee] in all places where it appears (if the name of the Education and Training Committee is changed through another motion, the new name is to be inserted) and that the Education and Training Committee assume responsibility for the content of the EAPA annual conferences beginning in 2001, Vancouver.

Amendment: Strike out [assumes responsibility for] and insert [collaborate with the conference planning committee.]

Action: The motion and amendment were referred to the Education and Training Committee.

Motion: To add five business days to the time frame for the delivery of Executive Committee and Board meeting minutes to Board members. The current and recommended standards are listed in the table below:

	Current Policy	Recommended Policy
Executive Committee	5 days	10 days
Board of Directors	10 days	15 days

(All days are business days unless otherwise noted.)

Action: The motion carried.

Motion: Whereas the fastest-growing new member growth is from the International Region, and whereas EAPA should present the most modern Association image in line with current global business trends, and whereas the use of the word "international" will more fully repre-

sent the interests of EAPA members outside the United States; now, therefore, be it resolved that the name of this association shall be changed to "Employee Assistance Professionals Association International, Inc.," and that the EAPA Board of Directors shall be empowered to amend the EAPA Bylaws, Articles of Incorporation, and any other necessary documents to reflect this change, and that the EAPA Board of Directors shall present this resolution to the membership at the next meeting of EAPA for their approval.

Action: The motion was referred to the Interim CEO to research the costs associated with the change and report to the Board by letter prior to the next Board meeting or teleconference.

Motion: To amend the 1999 edition of "EAPA Standards and Professional Guidelines for Employee Assistance Professionals" by adding the attached document titled "Utilization Report Definitions."

Action: The motion carried.

Motion: To review by February 1, 2001, the new standards (with special attention to the business self-referral issue) and prepare recommendations to the Board. Develop for Board consideration changes to the existing glossary. Review and revise, as necessary, the work of the Subcommittee on Measurements and make recommendations to the Board by March 31.

Action: The motion carried.

Motion: To amend the Bylaws, Article VI, Section 1a and Article VI, Section 1l by striking out [Education and Training] and inserting [Professional Education.]

Action: The motion carried.

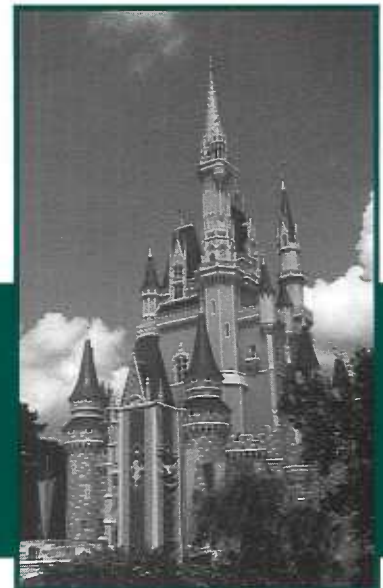
Motion: To amend the Bylaws, Article VI, Section 1f to add before [Regional directors] the words [Except for the Professional Education Committee, . . .] and after [appropriate] the sentences [The Professional Education Committee (PEC) members shall

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be appointed by the chair and shall consist of a representative from higher education, labor, and each of the five EAPA districts; the immediate past international director; the immediate past PEC chair; and the annual conference Host Committee chair. The Employee Assistance Certification Commission (EACC) will be asked to appoint a commissioner to serve as liaison to the PEC.]

Action: The motion was referred to the Governance Structure Review Task Force.

Appointment: The President indicated a new task force would be formed to review committee structure and report back to the Board at the November Board meeting. The Secretary (chair), Labor Director, Southern Regional Director, Western Regional Director, and Eastern Regional Director were appointed.

Motion: That the following mission statement and goals of the Professional Education Committee be formally approved by the EAPA Board of Directors:

Mission Statement: The mission of the Professional Education Committee (PEC) of EAPA is to set the standards for the design and provision of the highest-quality EA professional education. The PEC will develop a comprehensive professional education plan that reaches all levels of the EA field by utilizing adult education principles and a variety of education methodologies and technologies.

Goals:

1. Establish guidelines and processes for ensuring quality educational products.
2. Develop a comprehensive professional education plan for EAPA utilizing the results of an in-depth professional education needs assessment survey and ongoing course evaluation tools.
3. Assure high visibility and accessibility of EAPA professional education products.

Action: Following amendment, the motion carried.

Motion: To amend the Bylaws as follows:

Article IV, Section 3c(3): Strike out [Personnel Committee]
Article IV, Section 3f(4): Strike out [Serves on the Personnel Committee]

Action: The motion carried.

Motion: That the Professional Education Committee and Resource Center Advisory Committee chairs be authorized to open conversations with Rick Buckley toward negotiating with appropriate staff an agreement for EAPA to assume ownership of the Buckley Productions SAP training materials and for Buckley Productions to update the materials to include the proposed Part 40 additions to the Department of Transportation SAP regulations.

Substitute: To substitute for the motion the following: [That the Professional Education Committee and Resource Advisory Committee chairs be authorized to open conversations with SAP training materials vendors toward exploring with appropriate staff an agreement for EAPA to assume ownership of SAP training materials and for a vendor to update the materials to include the new Part 40 of the DOT SAP regulations.]

Action: The motion and proposed substitute were referred to the Interim CEO for recommendations. The Interim CEO is to report back to the Board within the month.

Motion: That the Professional Education Committee and Resource Center Advisory Committee chairs be authorized to begin conversations with Jim Wrich toward exploration with appropriate EAPA staff for EAPA to assume ownership of his book, Employee Assistance Programs, at no cost to the Association and of the rights to update and republish it.

Action: Following amendment, the motion carried.

Item 7

Chapters and Membership

Motion: To amend the Bylaws as follows:

Article III, Section 5: Strike out [by the Association for conviction of a felony, or other established policy of the EAPA Board of Directors] and insert [by the Board of Directors for conviction of a felony or for other cause, upon a two-thirds vote of the EAPA Board of Directors, except that a two-thirds vote of the voting members of the Board of Directors shall be required to expel from membership in the Association or the Board.]

Action: The motion carried.

Motion: To amend the Bylaws as follows:

Article IX, Section 4a: Strike out [as its bylaws] and insert [or its designee]

Article IX, Section 7: Strike out [Chapters are un-incorporated entities created under the EAPA Bylaws.]

Action: The motion carried.

Item 8

Programs and Services

Report: EACC Chair Steve Haught presented a brief outline of the EACC Strategic Plan.

Motion: To adopt the Peer Assistance Task Force Report as proposed.

Action: The motion carried.

Appointment: The President indicated a task force would be formed to review the nominations process, the Board structure, and reorganization issues and report back to the Board at the November Board meeting. The Immediate Past President was asked to chair the task force and the Vice President, Midwest Regional Director, Southwest Regional Director, International Regional Director, and North Central Regional Director were appointed to serve on the task force.

Item 9

Other

Motion: That the Board recognize the important role all sponsors play in the development of the Association and that it charge the Exchange Advisory Committee to develop guidelines for implementing ways in which the Association can regularly recognize their contribution.

Action: The motion carried.

Announcement: The Parliamentarian indicated that it was the Secretary's responsibility to oversee the election according to the Bylaws, regardless of whether he is also a candidate. The Secretary indicated he would oversee the election this year.

Announcement: The Vice President informed the Board of the decision of the Site Selection Committee to hold the upcoming annual conferences in 2000 in New York, 2001 in Vancouver, 2002 in Detroit, 2003 in New Orleans, 2004 in Las Vegas, and 2005 in Philadelphia.

Item 10:

Adjournment

The meeting adjourned at 11:43 a.m. Pacific Time on Sunday, May 7, 2000.

EAPA Members Lobby Congress on Key Industry Issues

Understanding and preventing workplace violence, protecting employee assistance records from third parties and the courts, improving clients' access to appropriate treatment, and gaining insurance parity for mental health and substance abuse treatment are fundamental to the continued success and utilization of employee assistance programs. So it's only natural they formed the basis of EAPA's Ninth Annual Public Policy Conference, held June 10-13 in Arlington, Va.

Nearly 50 EAPA members attended the conference, which opened with a day-long training session titled "The Changing Nature of Workplace Violence" that addressed conflict resolution, crisis management, fitness-for-duty evaluations, and other topics related to workplace violence. Other highlights of the conference included a keynote address by former EAPA

vice president John Hooks titled "Public Policy and the EAP Future" and a plenary session on HMO issues in the states.

Much of the second and third days of the conference was devoted to panel discussions of various topics, such as confidentiality of EA records and grants for drug-free workplace programs. Following the panel discussions, conference attendees formed small groups to share ideas about lobbying legislators on these issues.

The conference closed with a breakfast presentation by U.S. Rep. Mark Souder, R-Ind., a primary sponsor of the Drug-Free Workplace Act of 1998 and a key participant in the effort to win reauthorization of the act on Capitol Hill (for excerpts of his remarks, see pages 30-31). After the presentation, attendees visited the offices of their congressional representatives in the House and Senate.



At top, EAPA President Greg DeLapp, left, Legislative Director Sheila Macdonald, U.S. Rep. Mark Souder, and EAPA member Nancy Murphy get acquainted; above, Sheila Macdonald welcomes EAPA members Herman Bose and John Lobe to Capitol Hill as Interim CEO Kenton Pattie converses with Dotty Blum; at left, conference attendees gather for a group photo on the lawn of the Rayburn House Office Bldg.