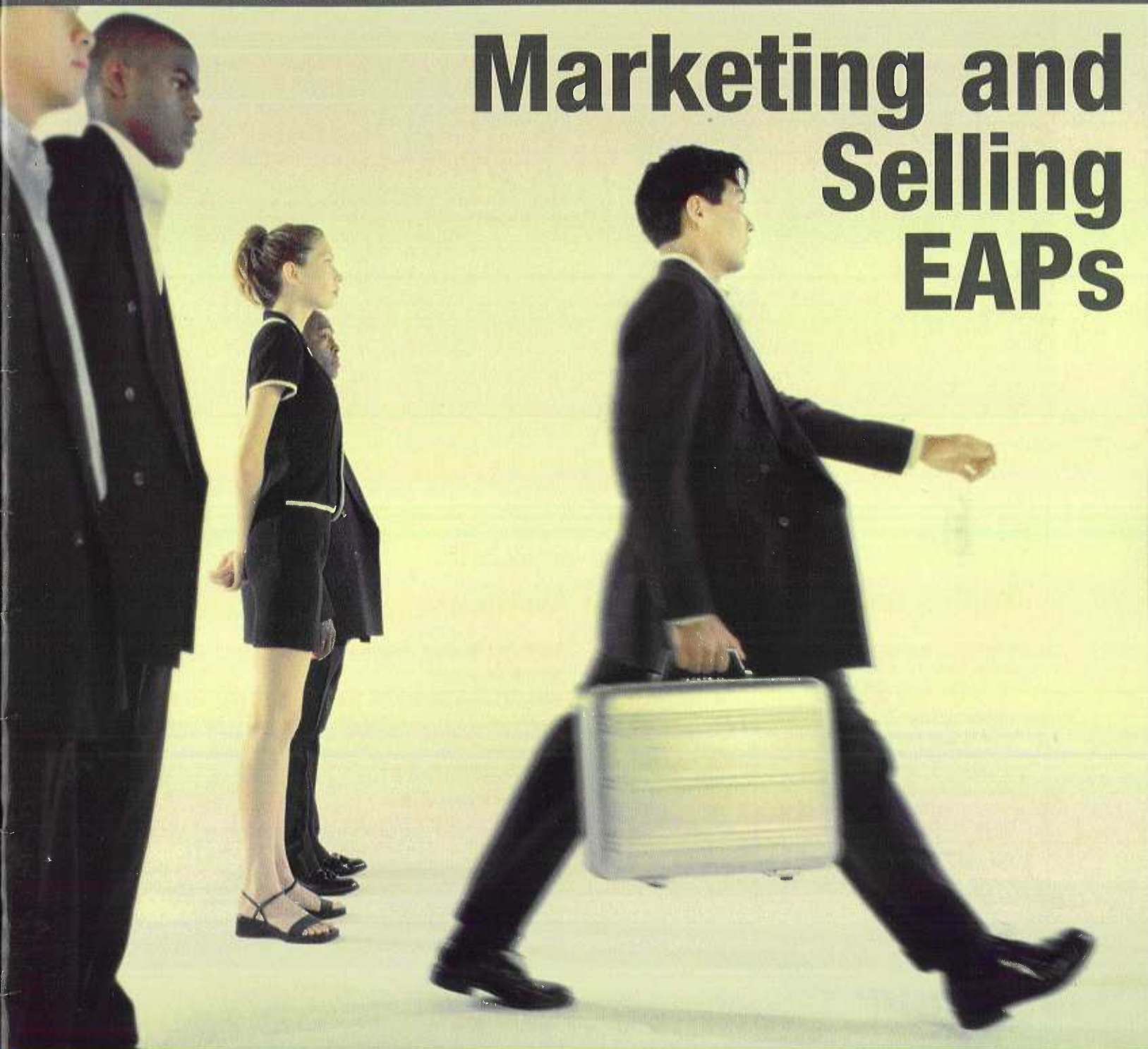


Journal of **Employee Assistance**

The magazine of the Employee Assistance Professionals Association

VOL. 36 NO. 1 • 1ST QUARTER 2006

Marketing and Selling EAPs



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Mid-Life Eating Disorders and the Workplace
Adding Mediation Services to Your EAP
Excerpts from Presentations at the 2005 EAPA Conference



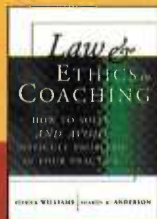
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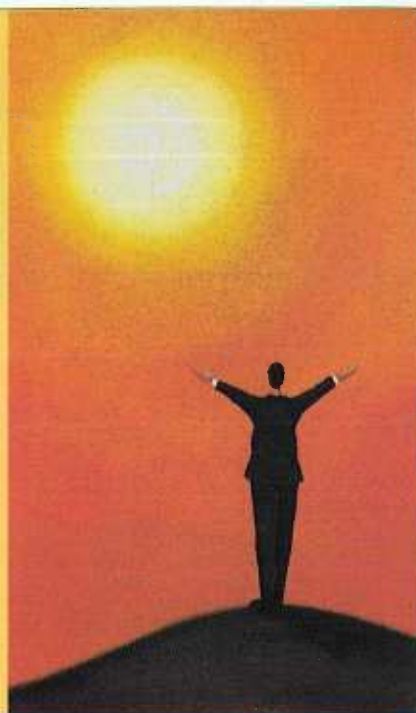
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Competing on Higher Ground

by Maria Hartley, LEAP



Maria Hartley

As I write this column, the most concerted marketing and sales effort of the year is in full swing. The Christmas season is upon us, and the television and radio airwaves and newspapers are full of sales pitches for everything from dolls to sweaters to luxury automobiles.

Though the sheer volume of advertising can be overpowering, at least the advertisements vary in content and purpose. Some tout low prices, others high quality; many appeal to people's sentiments, such as our desire to indulge our children or please a loved one.

Contrast these differing emphases with the marketing and selling of employee assistance programs. Though there may be mention of advantages such as superior quality, responsiveness, or services, EAPs the world over seem to compete primarily on one consideration: price. Over time, this basis for competition has led to a predictable result—a slow but steady pressure to do more for less. Furthermore, our customer base has not been challenged to modify its impression that EAPs are low-cost counseling services for workers who are mentally disturbed and/or dependent on alcohol or drugs.

Marketing efforts that use a variety of approaches to highlight the bottom-line value of EAPs would reduce the pressure on prices and take the industry to a higher ground for competition. For example, our marketing could explain how to differentiate EAP services based on quality and performance, demonstrate to our customers the value and results EAPs can provide, or educate our customers about how EAPs can complement other organizational initiatives such as disability management and work-life balance. Such a focus would also help drive low-quality EAPs out of

the market, which would benefit not only the better EAP providers but also employers, employees and their families.

One roadblock we face is that many of our contacts at work organizations are human resources specialists who see EAPs as part of a benefits package rather than as workforce performance enhancement tools. To become a partner in improving workforce performance and be able to charge for our expertise, we need to talk to the decision makers. But how do we get to them?

Another roadblock is that some EA professionals market their services by speaking about return on investment and measuring the effects of EAP services, but our industry currently lacks uniformity in how we measure and report our services. This confuses our message to customers and fails to convince EAP purchasers of the quality and impact of our programs.

Notwithstanding these and other challenges, some EAP providers are enjoying success in marketing and selling EAPs on the basis of strengths other than low price. This issue of the *Journal* suggests two approaches: tying EA services to the work organization's overall business strategy and incorporating health and productivity management services into an EAP. A third article discusses how EAP providers can break into a market that has long eluded us—small businesses. And thanks to some EAPA members outside the United States, this issue also contains perspectives on marketing and selling EAPs in England and Germany.

In addition to the theme articles, this issue of the *Journal* looks at the growing incidence of mid-life eating disorders and their impact on the workplace and discusses the pros and cons of adding mediation services to an EAP's

repertoire. It also contains excerpts of some of the nearly 50 presentations at the 2005 EAPA Annual Conference. Many colleagues have told me they think the 2005 conference was the most informative they have ever attended.

Speaking of colleagues, I'd like to close by welcoming Mark Cohen to the EAPA Communications Advisory Subcommittee. Mark is the founder and president of BEC Consulting, which he formed in 2002. Prior to that, he served as a partner at Harris, Rothenberg International for 17 years. I am pleased to have Mark on the subcommittee and look forward to working with him. ■

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Mediation: A Possible Asset for EAPs

Though mediation is not always a good fit for workplace disputes, mediation services can provide EAPs with another tool to add to their repertoire of skills.

by Chris Wilburn

About 12 years ago, I got a call from a police officer concerned about problems he was having with his 7-year-old son, who was acting out at school. The officer explained to me that he was divorced from his son's mother. The divorce had been difficult and was still causing tension, and it appeared that the conflict was the source of the son's behavior problems.

After talking with the officer, I obtained his reluctant permission to call his ex-wife to discuss their son's problems. To my surprise, she said she was willing to come to my office and talk with her ex-husband about the issue. I was even more surprised when, out of mutual concern for their son, they agreed to work together to resolve their conflict. Almost immediately thereafter, their son's behavior improved greatly.

It is difficult to overstate how wonderful it feels to work with an employee and help him/her successfully resolve a problem. In this particular case, the successful intervention with the police officer helped get me interested in the issue of mediation.

CONCRETE SOLUTIONS

At that time, the City of Savannah was facing a number of workplace conflicts that also beset many larger organizations. These conflicts typically arose as a

result of miscommunication between two workers but then grew, bringing others into the fray. Over time, the unresolved conflict would cause all sorts of work performance problems.

Though I was often asked by supervisors to address these conflicts, I began to realize that I was not always effective in resolving the underlying disputes and could benefit from learning a new skill. I wondered if there was a way to use formal mediation training to become better equipped to resolve conflict in the workplace. The city's Human Resource Department not only offered to pay for me to be trained but also encouraged several other city employees to register for the training.

I completed the basic 20-hour mediation training and then proceeded to seek certification as a mediator, which required undergoing observed mediations, co-mediations, and supervised mediations. I then applied to the Office of Dispute Resolution under the State Supreme Court to become a mediator.

With my background in therapy I found mediation training to be easy, though the mediation model is a more formal process of getting disputants to come to the table to talk about the problem. This model is good at setting guidelines, motivating the disputants to find resolution, and using techniques like caucusing when the disputants can't reach harmony. Mediation also seeks to find concrete solutions to problems—in fact, at the end of the process, the disputants are expected to put the solution to their problem in writing.

I received a lot of support from the Human Resources Department in seeking to be more proactive toward resolving

conflicts. The department rewrote the city's grievance policy to focus more on conflict resolution—for example, including mediation as a tool for supervisors to resolve conflicts (with the understanding that it would be overseen by the EAP). Human Resources also created a new position, that of employee relations coordinator, to help establish employee focus groups and address issues causing employee conflicts. The employee relations coordinator and the EAP work together to teach managers at all levels better techniques for resolving conflicts.

ISSUES TO CONSIDER

Since these changes were implemented, there have probably been an average of five or six mediation procedures conducted each year. Most of them have helped the disputants resolve their conflict, and I believe many EAPs could benefit by incorporating mediation into their conflict resolution toolbox.

Mediation and dispute resolution is a growing field that has been dominated by attorneys who are in the lucrative position of spending many hours trying to help people resolve conflicts while charging very high fees. Now several other professions whose members do not charge such high prices are entering the mediation field. These new entrants include EA professionals who have chosen to get involved with mediation because of their work with employees in conflict.

Although mediation has its limits and should never be offered without a thorough explanation of its strengths and limitations, I feel it can work well for both internal and external EAPs and



Chris Wilburn is an employee assistance coordinator for the City of Savannah (Ga.) and has been in the EA field for 17 years. He helped establish the South Georgia Chapter of EAPA and served as its president for nine years. He can be reached at Chris_Wilburn@SavannahGa.gov.

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with both large and small companies. To understand how mediation can be effective in your EAP practice, you need to be aware of the following issues:

Certification. Though I have heard of some EA professionals who have taken a course or read a book on mediation, I would not regard anyone as a mediator unless s/he is certified. Mediation training is all well and good, but it is no substitute for certification.

Neutrality. EA professionals sometimes find it difficult to play the role of mediator because a mediator needs to be "neutral." Many times, an EA professional will already have talked with an employee before a problem reaches the point of requiring mediation. EA professionals need to know when to resist trying to be the mediator and instead call upon another source of mediation services. Being certified as a mediator gives an EA professional access to a network with other mediators who can provide backup support. EA professionals need to be sensitive to the need for neutrality and be able to operate as the "gatekeeper" for mediation services for their client organizations.

Authority levels. Mediation does not work well in resolving conflicts between supervisors and employees; rather, it is best suited to conflicts between disputants who are on similar work/power levels.

Role of management. Mediation needs to be driven by management. Once you agree with a supervisor to mediate a conflict, "walk" the supervisor through the process of making the referral to ensure it is based on workplace performance. An example would be for the supervisor to call both employees into his/her office and tell them their conflict is affecting workplace performance and is being referred to the EAP for mediation. You will find that mediation works very well when supervisors motivate the disputants to resolve their conflict. (Two employees may ask to have their conflict mediated but, where possible, the supervisor still needs to be notified of the process.)

Alternate solutions. Always view

mediation as a "last resort" for dealing with employee conflicts and encourage managers and supervisors to use any and all other tools at their disposal to resolve a conflict. When asked by a supervisor to mediate a conflict, discuss the issue to see if there are other approaches the supervisor could take. Keep in mind that mediations are complex and take a lot of time (both yours and the disputants') to conduct properly.

Confidentiality. When the disputants come to the table in a traditional mediation, confidentiality is usually the protocol. In the case of a workplace dispute referred by a supervisor, however, the mediator should consider *not* respecting confidentiality in two areas: First, if a resolution is reached, the agreement needs to be put in writing and sent back to the supervisor to use as a tool to ensure both employees abide by its terms in the future; second, if a disputant refuses to participate in the mediation, the mediator needs to stop the process and inform the supervisor of the employee's actions.

ATTRACTIVE TOOL

Although mediation is not always a "clean fit" for workplace disputes, more and more EA professionals are offering mediation services to their clients. While mediation is certainly an attractive tool to add to your repertoire of business services, I would encourage you to be careful in how you apply mediation skills to your practice. Playing the role of "gatekeeper" for mediation services for your clients may provide you an opportunity to work more closely with management in their attempt to resolve workplace conflict. Networking and contracting with other mediators may provide you not only with service support but also protect you from problems.

Workplace conflict is an issue that EA professionals need to keep on their agendas. Mediation can be a great tool in addressing this issue. As one supervisor told me, "Mediation says to an employee, 'You may not like the people you work with, but you've got to find a way to work with them.'" ■

Mid-life Eating Disorders and the Workplace

More and more women aged 30 and older are presenting with eating disorders, and EAPs can play an important role in minimizing the impact on the workplace.

by Barbara Wingate, M.D., M.S.W.

Why is this lovely 49-year-old woman in front of me throwing up nightly?

As I listen to this well-groomed, well-spoken woman, I am trying to understand what has happened in her life that would lead her to believe and act in ways that define a clear-cut diagnosis of bulimia. Granted, all of us have complex relationships with food and eating and our body images throughout our lives. Food needs, preferences, and eating patterns start at day one; by the time we can speak, we are talking about our bodies in ways that include and exclude satisfaction with how we look and feel. Most of us do not develop eating disorders, however.

Of those who do, about 95 percent are women. Although the public associates eating disorders with teenage girls and women in their twenties, health care providers are starting to tell a different story. According to eating disorder specialist Margo Maine, Ph.D., author of *The Body Myth: The Pressure on Adult Women to be Perfect* (2005), one-third of inpatient center admissions in 2003 were over 30 years of age.



Barbara Wingate is medical director of Mandala Healing Center, a holistic psychiatric practice in Philadelphia. She was medical director at the Renfrew Center, the first freestanding facility in the United States devoted

exclusively to the treatment of eating disorders, from 1991-1993 and served as the consultant at the University of Pennsylvania Medical Center from 1993-1998. She can be reached at (215) 546-3450 or through www.mandalahealingcenter.com.

A NEED FOR RESEARCH

The rise in mid-life eating disorders has significant implications for the workplace and especially for industries and professions that employ large numbers of women. But what are the underlying causes of it? Are we seeing an actual increase in mid-life eating disorders or simply an increase in diagnoses of it?

Holly Grishkat, Ph.D., who runs six inpatient groups for “over 30” women at the Renfrew Center, says that about a third of them have longstanding eating issues, while slightly more had eating disorders at a younger age that went into remission but were later triggered by stress. In my own experience with this population, about half come in asking for help specifically with eating disorders and about half come in for a different reason but eventually describe symptoms severe enough to warrant an additional diagnosis.

Thus far, talk of eating disorders has not been backed up by research. The following information about mid-life eating disorders is largely anecdotal and attempts to explain the increased incidence we are seeing:

Fear of aging. Historically, we have not valued the older woman in American culture. Wisdom and experience do not bestow the same benefits as beauty and youth.

Competition for jobs and mates. There is evidence that jobs often go to the more attractive candidate, and attractiveness is closely related to slimness in our society. Also, because many divorces occur during mid-life years, women seeking new mates feel pressure to “spruce up” their looks by dieting.

Multiple demands and a subse-

quent desire for controls and rewards. The demands of work, children, spouses, personal lives, and (increasingly) aging parents can accumulate quickly and make even the most capable woman feel she is losing control. Micro-focusing on food, weight, and appearance can satisfy the need for control and can lead to food being used as an instant reward for completing tasks—with all the subsequent guilt for not maintaining control.

Hormone and metabolism changes. Women’s metabolism changes during the perimenopausal years (the “bookend” to the onset of puberty), and weight gain is frequently a result. In a society that values slimness and youth, perimenopause and menopause can present a physical and psychological challenge to many women. To prevent weight gain, most women must reduce their intake of calories and exercise more frequently, including training with weights to preclude muscle loss.

Greater awareness of diet, weight, and health. Many illnesses are related to what we eat and what we weigh. As we age, we become more aware of the impact of our eating decisions. Trying to practice healthy eating habits without getting obsessed in an “eating disordered way” is important to good physical and emotional health.

LOOKS CAN DECEIVE

Little research exists to indicate how mid-life eating disorders affect workforce productivity, performance, or morale, but the costs of many co-morbid conditions (e.g., anxiety, depression, and substance abuse) are documented and huge. Additional costs reveal themselves in a variety of ways. Shirley Brown, Ph.D., a

psychologist and former dentist in Philadelphia, says her practice includes many mid-life women with eating disorders whose teeth have required extensive repair from vomiting-induced damage.

The symptoms of mid-life eating disorders are likely to be hidden at work or fit within the "normal spectrum" of dieting and interest in food, weight, and appearance. In most cases, one should expect a range of experiences that are too widespread to be attributable specifically to an eating disorder. The varied diets and exercise regimens that look odd to some do not qualify as symptoms in and of themselves.

Some symptoms, on the other hand, resemble personality traits and behaviors that can affect relationships with co-workers. Most are not attributable to eating disorders alone but are present in a variety of problems and personalities (for instance, self-perfectionism, unrealistic expectations of others, irritability, nervousness and anxiety, lack of focus, and disorganization). The presence of an eating disorder can exacerbate any of these characteristics or behaviors.

No employee assistance professional, let alone a supervisor or manager, can simply look at someone and diagnose an eating disorder. You can estimate that someone is of excessive weight, but you cannot look at an overweight person and assume an underlying binge eating disorder. It is rare to witness dramatic symptoms such as vomiting in public bathrooms, although that is exactly how one of my patients was identified.

Even a very thin person with continued weight loss cannot be diagnosed with an eating disorder. I was involved in a case where a severely thin woman was believed by many to have an eating disorder. She claimed she could not eat without nausea, which is not an uncommon claim by anorexics; in addition, she appeared depressed. She was admitted to a psychiatric unit where I was an attending physician. After the many tests ordered by her gastroenterologist came back with normal results, a repeat set of tests revealed a pancreatic tumor. The lesson: It is important to leave diagnosing to professionals who have time,

tools, and experience.

In the long run, the low self-esteem, obsession with food and appearance, and co-morbid psychiatric illnesses of those with eating disorders play out in a variety of ways that make for a less productive worker and colleague. They often avoid meetings and gatherings (such as birthday or holiday celebrations) where food and eating are involved, meaning they do not contribute to or benefit from the synergy, creativity, and connections that result from such activities.

USE A TEAM APPROACH

The best way an EAP can help is to be familiar with local, regional, and national treatment professionals and facilities. EAPs can also encourage awareness and understanding of eating disorders in general and mid-life eating disorders in particular. Education about eating disorders as part of broader health-related programming will often help prompt an employee to come in for a private discussion.

EAPs known for respecting and protecting confidentiality will be even more valued and utilized, as eating-disordered workers feel shame and embarrassment on several levels. They know, in a way younger patients often deny, that their behavior is costing them a lot.

Treatment for eating disorders is best provided through a team approach, even if a patient starts with a single therapist. I recommend that treatment be provided by an eating disorder specialist who values the team concept and can incorporate that approach into the treatment process at an early stage.

Who should join the team? An eating disorder therapist is the centerpiece. A good internist/family doctor or holistically-oriented OB-GYN is critical to provide a thorough medical evaluation—missing a diagnosis of hypothyroidism, diabetes, metabolic syndrome or hormonal fluctuations and abnormalities is not acceptable and can squander weeks or even months of treatment. A nutritionist is very important as well, preferably one with eating disorder expertise.

A good psychiatric evaluation frequently is necessary. By the end of the

evaluations—depending on the severity of the disorder and the motivation of the employee—the psychiatrist should have developed a treatment plan that reflects the severity of the problem. This plan may start with inpatient treatment at a specialized facility and transition to something as non-intrusive as bi-weekly visits with a nutritionist.

Good treatment always includes a component of cognitive, interpersonal, and behavioral supports and interventions. As a certified Kundalini yoga and meditation teacher, I am increasingly impressed with the need for a variety of body-centered treatments as well as meditation options. These are often offered as "stress management" therapies in many medical centers. These interventions can play an important role in the treatment of eating disorders and many other illnesses.

EDUCATION IS IMPORTANT

The opportunities for EAP to be helpful in addressing eating disorders are abundant. Until further data on the extent of the problem are available, education is important. Helping work organizations provide education about the illness in general and specific resources is an important role.

As is the case with all psychiatric illnesses and many "physical" illnesses, encouraging choices that include specialists is very important. Particularly for eating disordered patients, who often have difficulty creating healthy boundaries, the importance of avoiding intrusive or overly involved monitoring is important. Case management should be minimal unless help is needed to procure care and/or the worker requests additional help. Finding treatment that addresses work performance problems and care that will help ameliorate specific problems should be sufficient unless the worker asks for more.

An EAP knowledgeable about resources and discrete in helping facilitate excellent care can be invaluable to an employer and a blessing to a mid-life worker with an eating disorder. If the worker gets good care, the return to work should fall in place with minimal involvement by the EAP, if any. ■

Excerpts from EAPA's 2005 Annual Conference



Philadelphia, the "City of Brotherly Love," welcomed more than 1,200 employee assistance professionals in mid-October to EAPA's 2005 Annual Conference. With a two-day pre-conference training institute, nearly 50 presentations and keynote addresses, an exhibit hall with nearly 100 booths, and numerous opportunities for networking and socializing, the conference offered something for everyone and demonstrated why EA professionals the world over consider the event an investment in their professional and personal growth.

The conference also offered an opportunity to recognize leaders in the industry at the Awards Luncheon and President's Banquet. The following individuals and chapters were honored at the conference:

EAPA Member of the Year
Robin Smith

EAPA Outstanding Chapter
North Carolina Chapter

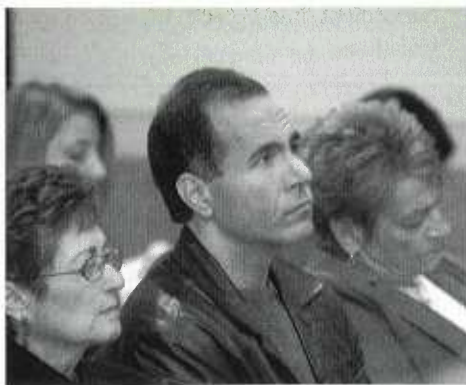
John J. Hennessy Award
John P. Offidani

Ross Von Weigand Award
Patrick Eiding and Rick Dickinson

Professional of the Year
Marilyn Rumsey

Special Recognition
Kristen Hooks

The following pages contain excerpts from conference presentations and provide a small taste of the issues and ideas discussed in Philadelphia. For more information about the conference, visit EAPA's Website at www.eap-association.org.



Compliance, Risk Management, and EAPs: How to Build the Partnership

Marilyn Gaipa, President, Care Solutions



“What I’m starting to see with in organizations is that ethical and compliance and legal issues are coming more to the forefront, and employers are starting to look for ways of managing human beings and their behavior in these regards. So what I’m proposing is that EAPs position themselves under much more of a behavioral risk umbrella. I think EAPs are perfectly suited for getting involved in the behavioral risk management axis of an organization.

If you visit the Website of the National Safety Council, you’ll see they consider three areas in terms of behavioral risk management: legal, economic (which is financial), and behavioral. Behavioral risk management, by definition, seeks to do one thing—avoid risk and prevent exposure to material loss.

Traditionally, I think what we’ve done in workplaces is let situations build to an exorbitant level and then say, ‘Oh my gosh, we’re really in trouble here, we have a problem.’ And then we end up working very hard to prevent damage being done to the organization and to the branding. It costs us an enormous amount of money. The research says that for every \$1 million we spend on prevention within an organization, we’d spend about \$15 million if we didn’t do something about the problem beforehand.

That’s not risk management. Risk management is not about things being chaotic and totally out of control; risk management is about looking at how you can prevent those kinds of things from happening. Obviously, problem prevention is the highest form of risk management in terms of intervening before something happens.

I’m often asked by organizations to look at the amount of claims exposure they have within behavioral health care and within health care in general. The model I’m proposing looks at some of that health care data, but it stays very focused on the workplace and on interventions on the workplace side. It allows you to use health care data to help determine what’s going on with your population, but it keeps you aligned with the world of work.

There’s always a pull between the world of work and the world of health care within organizations, and I think it’s really a bad idea for EAPs to align themselves on the health care side of the equation. I had the experience last year of being involved in a health care policy class in Colorado. I spent six months, one weekend a month, looking at the health care system. It was terrifying. It’s a chaotic system, it’s severely broken, and it’s not going to get fixed any time soon. It’s time for us to take a stand as much as we can to pull away from that and really align ourselves very firmly with the world of work.

One of the things you need to think about when you look at how EAPs interface with the behavioral risk model is that you can choose two ways of getting involved: you can get involved with individuals within the organization and work on individual interventions, or you can work on organizational interven-

tions. We have a lot of experience in individual interventions, but I’m seeing EAPs moving into much more of a consulting role with senior management in different parts of the organization. You can decide, within a behavioral risk management model, how much you want to be involved on this level and what areas you want to be involved with in an organization, depending on whether you have a lot of expertise in a certain area.

The other thing I think you need to do is start moving away from solely a human resources context. If you propose going in and offering behavioral risk management services, they could be with different parts of the organization—with legal, with compliance, with risk management, and with some financial areas, too. And you can define it as a re-engineering process in regard to two key workplace issues, and those are prevention of loss and the cost of managing people. Under the cost of managing people, you could include a lot of things that you’ve been exposed to in the last couple of days at this conference: conflict resolution in the workplace, sexual harassment, loss prevention, and ethical violations.

I’ve had conversations recently with several consultants who work with large human resources organizations, and I’ve asked them what they think are the most pressing issues in terms of human resources. One gentleman said he had met with four human resources directors of Fortune 100 companies over the previous two weeks and had asked them the same thing, and they had all said loss prevention. Theft in the workplace, ethical violations, people feeling like they can come and go whenever they want—these are all big issues.” ■

Re-energizing the Roots of Employee Assistance: Tapping Federal Workplace Substance Abuse Efforts

Elena Carr, U.S. Department of Labor



In the 'drug-free workplace' world, the drug-testing industry has, in many cases, supplanted EAPs as the experts. I'd really like to see EAPs be recognized not only for all the things they do in wellness and critical incident stress and other things, but also as the experts in the workplace on substance abuse and addiction.

A number of years ago at an EAPA conference, I had the privilege to speak about drug-free workplace programs. After the conference, a news reporters from one of the workplace substance abuse newsletters contacted me and wanted to know whether there had been any other presentations at EAPA having to do with substance abuse, chemical dependency, or the like. I was dumbfounded—I searched the entire program and couldn't find any other such presentations. Mine was the only one on substance abuse. That was a little bit discouraging.

I'm very pleased that, at this conference, I'm not the only one presenting on substance abuse. There are some excellent discussions and presentations, not to mention a plenary presentation on the neuroscience of addiction, a nice session yesterday from the labor perspective on their drug-free workplace programs, and a wonderful one on EAPs getting people back on track following drug-testing experiences and other substance abuse problems. So I think we're going in the right direction, and I'd like to see us keep going in that direction.

The focus of my presentation is how to reassert EAPs' expertise in this area. I think in order to do that, one of the things EAPs have to come to peace with is that drug testing is here to stay. It may not be the best thing that ever happened, but I will say that in my experience—and quite frankly, I was not a

believer in drug testing; in fact, I was working with the flight attendants on the union side when the Department of Transportation regulations came down the pike, and I spoke many, many times in terms of why drug testing was not such a good idea and why we really ought to look at other remedies such as EAPs—drug-testing programs have become, by and large, standard procedure in many industries, and I predict they will continue to become more institutionalized as the years go forward.

This is an issue, quite frankly, that the White House is promoting and encouraging. They've been very active in student drug testing, which, again, is not something that I personally understood or really appreciated. But the good news about the student drug-testing initiative is that every student drug-testing program also has a student assistance program. So they can go hand in hand and work together.

That's what I'd like to encourage all of you who have not done so yet to do—to make peace with drug testing. Make sure that EAPs have a central role to play in that activity—not as the drug tester, obviously, but using the EAP Core Technology to assess and refer people to treatment and get them back to work. That's really what it's all about.

Sometimes I think about why EAPs have lost their focus, and then I walk around the exhibit hall at a conference like this and I see EAP services that 20 years ago I just wouldn't have imagined—legal services, elder care, maternity care, critical incident stress, and so

on. There are so many new challenges out there in the workplace today. I think that may be the reason EAPs haven't been focusing as much on substance abuse—maybe we think we've solved that problem and have moved on to others. After all, we had that 'drug war' a while ago.

Unfortunately, we didn't win it; the research continues to show that while we are making some progress on substance abuse and mental health services every year, there's still a continuing problem. We've made some progress in decreasing drug use, particularly the use of marijuana, but the non-medical use of prescription drugs has been showing a continued rise among young adults. And of the 16.4 million current adult users of illicit drugs—defined as someone 18 years or older who admits having used an illicit drug in the past 30 days—12.3 million are employed. That means about 75 percent of drug users are working.

It's not just illicit drugs that are causing problems. Alcohol use continues to be the number-one drug problem that affects the workplace, and quite frankly this is what the EAP Core Technology was all about. Alcohol affects more people and has a greater impact on the workplace than virtually any other condition, and I dare say that includes depression and a whole host of other things. In fact, of the almost 52 million adults who admit to binge drinking, about 80 percent are employed, either full-time or part-time. And of the 16 million adult heavy drinkers, about 80 percent are employed.

So, indeed, alcohol abuse continues to be a problem in the workplace. And I think EAPs have an opportunity in the workplace to intervene early with those users and abusers and reassert their role in this area." ■

Why Don't Supervisors Refer?

Tamara Cagney, MFT, CEAP, Sandia National Laboratories, Los Alamos, California

"There's a rule of thumb in our industry that we should strive to achieve an 80/20 balance—that 80 percent of our referrals should be self-referrals and about 20 percent should be supervisory referrals. How many people here have 20 percent supervisory referrals? [A few hands go up.] How many have 10 percent? [More hands go up.] How many under 10 percent? [Even more hands go up.] I think a lot of organizations are experiencing less than 5 percent supervisory referrals. That's actually much more standard across the country.

There's a general understanding that employee assistance programs that focus just on substance abuse do not reach as many people as comprehensive programs. There are also a lot of concerns that as we become more comprehensive, the focus on addiction is diluted. Certainly it would be much easier for EAPs not to deal with people experiencing alcohol and drug problems, because they tend to be difficult clients. But without supervisory referrals, those difficult clients who do not self-refer would not be reached and clients in denial would not be confronted.

There is also a lot of concern—and I think in some settings it's a very viable concern—that without a focus on supervisory referrals, EAPs would become mental health referral sites inside companies. We would be dealing with employees who are pretty insightful and resource-oriented and who, if the EAP weren't there, would find a way to self-refer someplace else, meaning the EAP would not be a particularly valuable



service. Yes, the EAP would offer easier access to services, but what would it really be providing if it were only of value to someone who already understood he had a problem and knew he needed to see someone and was trying to figure out the easiest way to obtain the service?

The 20 percent figure for supervisory referrals actually represents the highest-value service for the employer, because these employees would not be reached otherwise. These are not insightful, resource-oriented, focused employees; these are employees who could have a significant negative impact on the organization. If any of you were in the quantum physics presentation yesterday, you heard the point that all EAP clients are not created equal—that when we talk about the number of employees we see, we may have one employee who actually has a much more significant impact than the other 10 we see.

Now, there is debate within our field about whether supervisory referrals should be used at all—that they are coercive, that the threat of job loss should not be used to motivate people to change their behavior, and that our employees are adults and should be responsible for their own behavior change. On the other side, people argue

that EAPs and supervisors are ideally situated to say to employees, 'You have choices and you can do whatever you want, but in this setting, this is what we need to see from you, and here are the resources we have available to help you meet these desired goals.'

The use of constructive confrontation is actually not something that our field agrees on. There's a lot of controversy over it—more than some of us might think. Constructive confrontation is a theory of social control whereby behavior is intervened upon to comply with the norms of the group to which the individual belongs. The intervention is meant to act as a socializing force, not as a punitive measure.

The constructive aspects of constructive confrontation are the supervisor trying to express support for the employee, the group's concern for the employee's welfare, and the emphasis that employment can be maintained if the employee can change or improve his performance. The confrontation part, of course, talks about reintegrating expectations of work performance and reminds the employee that he is not fulfilling the expectations of the job. It also establishes some distance between the employee who is not performing and the employees who are performing, which sets the stage for further disciplinary action.

The effectiveness of constructive confrontation is very well documented, and it does work. But one of the things that is not clear is whether it actually helps with early intervention into these problems. That's not showing up in the research." ■

Optimistic Thinking: How to Train Employees

Eduardo Lambardi and Andrea Lardani, LatinA Corporation

“At the starting point of every science, we ask ourselves questions. We wonder things. We try to solve the questions we ask.

Psychology and psychiatry have followed the lead of medicine. In the very beginning, the questions were about illness. Why do people suffer? Why do people get ill? What kind of mental illness can we assess? How can we help people recover from mental illness? How can we help people recover from depression or anxiety?

Over the last 70 years, psychology as a science has grown a lot and developed excellent models and theories and techniques to help people recover from mental illness. Now psychologists want to help people who are not suffering from mental illness. They want to answer the question, “Why are people happy?” Psychologists and psychiatrists and researchers are wondering how to help people become more happy.

In the EAP field, we are faced with the same or similar questions. How can we help people who are suffering from mental illness? How can we help people with drug problems or alcohol problems?

EAPs have ways of helping people that are very, very effective. But at the same time, we are always saying that we help organizations and employees be more productive. In some ways, when we help people recover from, for example, drug abuse or depression, we are helping people return to their old level

of productivity.

Andrea and I think that, in the EAP field, we need to ask ourselves how to use our science and knowledge to help employees be more productive in a different way—by becoming more optimistic. We think positive psychology can help answer this question.

Employees are faced every day with adversity. Much research shows us that optimists resist blows, while pessimists become paralyzed and get depressed; that optimists persist more than pessimists; and that optimists think more about the consequences of their work and are more satisfied with their work. They have lower levels of anxiety and stress, and they produce more than pessimists because of their ability to deal with setbacks.

Some researchers are saying that the effect of being a pessimist, in terms of longevity, is like smoking cigarettes. Pessimists live eight years less than optimists.

These are the reasons we decided to do something about optimism in companies. So we developed a training program. We have an idea that people in business are stressed and are always dealing with less time. EA professionals can offer many things, but we cannot offer things that are too long, for if we do so, experience shows that nobody can follow what you are doing. So we spent a lot of time trying to figure out the key points of each module.

Our training program is divided

into three stages—diagnosis, intervention, and follow-up. Each of these stages has a goal. In diagnosis, our goal is to understand what the client needs to adapt the program to their culture and their language. The second stage is intervention, and the goal is to give information about the theory of optimism in order to know why we think it's important to train them in optimism and show them how to change their habits of thinking. The goal of the follow-up stage is to obtain feedback about results.

Diagnosis takes place one or two weeks before we meet with the participants. We conduct an interview with the manager of the company and obtain information about who we will be working with—engineers, managers, or workers in other positions—the kinds of tasks they perform, and the typical adverse situations they confront. Another thing we do is ask participants to complete an optimism test, which is from Martin Seligman. We want them to complete the test before we meet with them so we can score them and know beforehand their level of optimism. So even before we meet with the participants, we already know their level of optimism.

In the intervention stage, we conduct a workshop where we want participants to share experiences. The workshop lasts three hours, and the number of participants we consider adequate is between 10 and 15. This allows people to share their experiences and work with exercises in groups.” ■

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Tying EAPs to the Big Picture

EAP providers must communicate to key decision-makers the message that their programs can help further the overarching goals of the organization, not just those of individual workers or departments.

by Rod Phillips

As individuals, work organizations, and society itself grow increasingly complex—from the strain of life in a 24/7 culture to increasing demands on businesses to boost profit margins to looming terrorist threats—it is not surprising that employee assistance programs continue to evolve in response. In their infancy, EAPs offered short-term, focused solutions to alcohol abuse and related employee behaviors that affected work performance. Over time, however, EAPs have adapted to meet new challenges, expanding not only in reach (as more organizations make some form of EAP available as part of their standard benefits package) but also in service offerings and delivery modes. EAP innovators have replaced the standardized “one-size-fits-all” model with customized programs and modes of delivery tailored to the specific needs of individual client organizations.

Though these developments have done much to advance the industry as a whole, an ongoing challenge for EAP professionals is to communicate how these innovations fit into a particular company's overarching objectives. While the benefits and insurance fields have become adept at taking an organization-

al approach to client needs and sales, aligning their products and services with the needs of client organizations, the EAP industry continues to struggle to make this connection and too often acquiesces in being categorized as simply another human resources initiative.

If we are to continue to thrive as an industry, EAP providers must stop acquiescing and start innovating. Specifically, we must broaden our horizons by taking three basic steps in our sales and account management strategy: (1) educate and be educated, (2) influence key decision-makers, and (3) customize, customize, customize.

EDUCATE AND BE EDUCATED

Every sale is about building relationships, understanding needs, and devising solutions that adequately address these needs. For those in EAP business development and account management, the relationship is frequently even more complex than this. The key contact, often a human resources representative, may well be focused on his or her own area of interest and expertise rather than the bigger picture. EAP selection, in this situation, can quickly become a matter of choosing a program offering services that meet the needs of one department rather than the complete organization.

The limits of this approach are obvious. From the outset, the objectives for the EAP will be developed solely on the basis of what is perceived to be an employee or departmental need without conscious alignment to organizational goals and objectives. EAP development will be stunted, not only in scope but in demonstrated value to the organization.

This is not to say that EAP decision-

makers are oblivious to strategic objectives; on the contrary, many are champions of their organization's vision and goals. Because the notion of linking the EAP to the organization's corporate strategy is a relatively new one, however, it is vital that EAP providers take the time to conduct research—through conversations with the key contact and with similar clients in similar industries, and through further investigation in the field—to show how an EAP can be focused to dovetail with these overarching objectives.

In aligning your services with a work organization's corporate strategy, ask a lot of questions and listen carefully to the responses. Gather any insights you can on the goals, concerns, problems, and successes of the organization.

If your contact at the organization has difficulty making the organizational link, or if you suspect you are not talking to the key decision-maker, it may be time to seek out an additional contact who can provide a broader perspective. The early stages of building relationships are about empowering the key contact with information and insights so s/he not only understands the EAP advantage, but can skillfully and compellingly deliver the benefits of a strategic EAP to the organization's executive.

INFLUENCE KEY DECISION-MAKERS

Once the prospective EAP provider and key contact have gathered enough information to move forward to the next stage, a meeting with the members of the client's leadership team is crucial. This meeting will help establish a rapport that can actively demonstrate to those in charge of forging the vision and



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goals of the company how an EAP can be effectively positioned to achieve them.

This meeting is also vital because it offers these key stakeholders the opportunity to make what may be perceived as intangible, tangible. While measuring EAP effectiveness is sometimes perceived as an elusive goal, this is the provider's chance to show the executive how an EAP can have a meaningful and lasting impact on the organization by—

- Containing benefits costs;
- Influencing profitability;
- Improving employee retention;
- Boosting productivity;
- Improving the organization's status as an employer of choice; and
- Attracting and retaining the best and brightest employees.

Though these advantages are easily rhymed off during a sales pitch, it is imperative to combine them with meaningful insights based on direct experience. Offering specific examples that are pertinent to the work organization's cause builds a fortified business case and actively demonstrates how EAP products and services connect to the bigger organizational picture.

For example, a company with an older workforce will have concerns related to employee health issues. Services that effectively address matters pertaining to aging—such as nutritional information on the prevention and/or management of diabetes, osteoporosis, and obesity—not only help workers feel supported but also work to reduce rates of absenteeism and presenteeism. This, in turn, boosts productivity and ultimately affects the bottom line.

Organizations in which the employee base consists mainly of younger adults may be similarly uneasy about absenteeism and presenteeism, but the root cause of the problem may center around childcare and work/life balance issues, especially for those who are part of the "sandwich generation" and are struggling to care for young children and ailing parents while working full-time jobs. A focus on services that provide much-needed support and information on work/life issues can help ease employees'

stress, improve their work performance, and have a considerable impact on employee retention.

These targeted, real-world examples of the strategic utilization of an EAP and its corresponding organizational effects can generate an epiphany of sorts among key decision-makers. This approach to marketing an EAP can shine a spotlight on concrete, practical solutions that matter to workers and, thus, to employers.

CUSTOMIZE, CUSTOMIZE, CUSTOMIZE.

Central to the discussion with the prospective client and its leadership team is the need to demonstrate how an EAP can be channeled to meet the pressing needs of specific employee groups within the organization. Essential to the implementation of this step is to not only "talk the talk" of EAP benefits but to walk it as well by providing real-world examples of EAP customization.

A vice president of information technology, for example, will pay greater attention to a presentation that discusses the ways in which an EAP can be customized to provide additional services online. He or she will also likely be interested to know that, in general, those in the high-tech field are often far more apt to utilize online services than other workers. A director of retail sales, on the other hand, may be intrigued to learn more about how seminars that address handling difficult people or resolving conflict can not only boost employees' confidence in dealing with such situations but can also improve customer satisfaction levels overall.

Though every leadership team is different, each comprises individuals who respond positively when their organizational and departmental needs are addressed. By outlining how service delivery options, communications, promotions, and program branding can be customized to meet unique needs at both the organizational and departmental levels, EAP providers will help demonstrate the impact and value of their programs. Incorporating real examples into the presentation will show decision-makers that the EAP provider understands the organization's needs on

several levels and that the EAP offers viable, cost-effective solutions to relevant business issues.

RELEVANT TO THE BIG PICTURE

If the EAP field is to grow and flourish, it must demonstrate that it can further work organizations' overarching objectives. It must move from its traditional position as an isolated human resources initiative to one that understands and responds to the goals and needs of corporate strategists and executives as well as managers and front-line workers. EAPs must speak effectively to the objectives and challenges faced by business leaders across the company.

The challenge facing our industry is to demonstrate to decision-makers that our programs and services are relevant in relation to the "big picture." Only in this way can EAPs earn the position they rightly deserve—as an integral component of a progressive and effective organizational strategy. ■

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Selling EAPs to Small Businesses

EAP providers that take time to understand the challenges facing small businesses and position their services as solutions can break new ground in a market segment that lacks resources to address human capital issues.

by Fred Holloway, MSIR, SPHR

One of the hardest decisions a business owner makes is deciding to hire his or her first employee. Once that decision is made and the employee is hired, the dynamics of the business change. If the changes are positive, revenue increases and, with it, the need to hire more employees. It is this workforce growth that presents new—and, in the case of small businesses, relatively untapped—opportunities for EAP consultants and service providers.

Small businesses represent one of the richest and most viable markets for EAP services. Statistically, small businesses account for more than half of the total employment in the United States, the United Kingdom, Canada, and Australia, as well as 60 to 80 percent of new job creation. Small businesses truly are the engine of economic growth.

Marketing and selling services to owners of small businesses can be challenging, but it can also be quite lucrative. Succeeding requires developing and establishing relationships with the business owners and spending time training and educating them on how your services will help them solve problems and issues they are facing.

COMMON CHARACTERISTICS

To market and sell services to small businesses, it is helpful to understand and appreciate the owner's perspective.

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There are several common characteristics and profiles of small business owners, but when I meet with them a few consistently come to the surface:

Passion and technical competence. The owner of a small business has put everything on the line to create, sell, and/or distribute a product or service. When you walk in the door of a small business, you may be witnessing a life's dream being realized. A manufacturing company, for example, may have sprung from nothing more than an idea and a welding torch and evolved into a multi-million-dollar operation with 50 or more employees. Asking the owner about the product may elicit a response ranging from how the product works to its metal alloy composition, hinge strength, and life expectancy.

Bottom-line savviness. Percentage-wise, owners of small businesses have more to gain or lose from almost every financial decision they make. They may not always be able to tell you their net profit to the penny, but they (or someone they trust) will be able to tell you—either off the top of their head or within an arm's reach of a piece of paper—how much they spend on materials, labor, benefits (if any), and every other expense and how it equates to a sale.

Focus on operations. Owners of small businesses typically are obsessed with getting their product or service out the door to complete the sale as promised, when promised. Oftentimes this means that at "crunch time" almost everyone in the company is helping build, package, and ship the product, regardless of what they were originally hired to do.

Understanding these and other

characteristics can help you build relationships with owners of small businesses, but some of them may be reluctant to partner with service providers because of past disappointments. Walk into the offices of many small businesses that have been operating for awhile and look at their shelves, and you will often find at least one binder holding the remnants of a product or service marketed by a consultant who didn't deliver the promised results. (If you don't see such a binder, ask the owner if he/she has worked with a consultant before.)

Unfortunately, many consultants and service providers deliver products rather than services and this difference is not made clear, or a small business is not fully prepared for the service that is being delivered. As a result, what is considered to be a solution to a problem ends up being a very expensive education in how not to solve a business problem, complete with a souvenir binder.

FERTILE GROUND FOR EAPS

Many owners of small businesses will tell you that one of their biggest challenges is managing the "people side" of their business. Several of the human capital issues facing small employers are similar to those confronting large organizations, but small employers generally lack the internal resources to deal with them. It is not uncommon for small employers to have little or no in-house administrative expertise beyond accounting and payroll, if that.

Large organizations normally have functional departments (such as Human Resources) to coordinate the recruiting and staffing, benefits, organizational development, performance management,

training and development, and employee relations functions for all departments. A small business, on the other hand, typically has no formal human resources function and can't justify the need or expense for one. Human resources functions and their corresponding responsibilities typically are spread between the owners, a few managers, and certain key employees. Many of these responsibilities often fall to the office manager or the controller, who may have little or no knowledge of common human resources policies and procedures.

As an alternative, many small businesses are turning to benefits and human resources consulting firms to help them manage their workforce issues. Knowledgeable consultants at such firms understand that the services that EAP providers offer can complement the mix of solutions available at a fraction of the cost of an additional full-time employee. Small businesses are fertile ground for EAPs because they are much more susceptible to work flow disruptions from losing even a single worker to depression, alcohol abuse, stress-related illness,

and other conditions. Also, because small employers are less likely to be able to afford comprehensive health insurance, they are more in need of services such as EAPs, which specialize in detecting performance and productivity issues and resolving them before they become serious problems.

Successfully marketing EAP services to small businesses requires understanding the problems facing the owner and providing clear solutions to them. Some of the many challenges facing small businesses that can provide opportunities for EAP providers are the following:

- Regulatory compliance;
- Recruiting and staffing;
- Employee retention, recognition, and rewards;
- Substance abuse and prevention;
- Workplace violence, sexual and other harassment, and discrimination;
- Performance management and employee relations;
- Team building;
- Organizational development;
- Supervisory, managerial, and employee training;

- Employee benefits;
- Work-related injury, illness, and disability accommodations;
- Presenteeism, absenteeism, and turnover; and
- Employee health promotion and wellness.

In a large organization, decision makers often understand and appreciate the value of an EAP in addressing these and other problems or, at the very least, understand what an EAP is and what it can offer to employees. In a small business, this may not be the case; in fact, many small employers are not at all familiar with EAPs and the services they provide. Even if they are, their knowledge may be limited to perceiving EA professionals as therapists or counselors rather than as providers of workplace tools that help identify and address productivity issues.

THREE MARKETING TIPS

EAPs would be more attractive to small businesses if they positioned themselves as solution providers in areas such as absence management, work-life balance,

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risk management, or disability management or if they offered wellness tools. As some of these challenges fall outside the range of typical EAP service offerings, EAP providers should consider (1) aligning with human resources consultants to collectively offer a wider range of complementary business solutions or (2) partnering with other vendors to provide many of these services at low cost. Other approaches to marketing EAP services to small businesses include the following:

- Marketing directly to small businesses;
- Affiliating with industry groups or local organizations to offer a certain level of EAP services as a benefit of membership;
- Establishing a relationship with the area Chamber of Commerce; and
- Speaking at association meetings and writing articles for their newsletters.

Of all these approaches, the one that will most likely yield the best results over time is speaking and writing articles. Since owners of small businesses may well be unaware of the solutions an EAP can provide, this approach offers an

opportunity to both educate them and market EA services that address challenges facing small businesses. Most civic and professional organizations hold monthly meetings and are looking for speakers who can provide a 45-minute discussion on a topic of interest.

Affiliating with these organizations can create a way to foster relationships with owners of small businesses and further demonstrate the value of EAP services.

Following are three tips for marketing EAPs to small businesses that are so closely related they could almost be considered three parts to one question:

If it's not adding value, it's an expense. Don't offer benefits; instead, provide solutions. The bottom line is that EAP and human resources services are closely linked to the bottom line, and something that is perceived as a benefit can quickly be considered an expense. You must be able to show a positive return on investment or your services will revert, on a balance sheet, to expenses—and businesses are always looking for ways to cut expenses.

Don't get mad, get data. For years

I defended the myth that it was extremely difficult to measure or quantify the "softer" human resources and management issues in a company. I have since become a data evangelist, convinced that just about anything can be measured and quantified. There are several organizations that conduct studies that quantify issues relating directly to the challenges facing today's business owner. Tying that data to the results an EAP can offer gives the business owner considerable justification for utilizing EAP services.

What's in it for me? This is the question you must be able to answer to *begin* doing business with small employers. If you want to *keep* their business, you must always be ready to answer a related question: "What have you done for me lately?" To be successful as a small business service provider, you must be prepared to answer both questions before they are asked.

Another critical element in developing a relationship with the small business owner is trust. The flashiest brochure and longest list of testimonials will get tossed aside if you cannot establish the level of trust needed to close the deal. Marketing materials have their uses—the owner of a small business needs to be able to understand your products and services—but the quality and character of your words cannot be overestimated. A positive, ongoing interaction is a key element in persuading small business owners that they will indeed receive the value they expect.

The saying "employees are our greatest asset" has become an overstated cliché in today's workplace. If an employer doesn't have the right employees in the right positions doing the right things, they are a potential liability, not an asset. EAPs are in a great position to make a huge difference for the small business segment by marketing and delivering key services that can help employers ensure their workers are performing at their best. While reaching out to these employers can be challenging, the rewards and financial returns from your efforts are potentially unlimited. ■

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Health and Productivity Management: Market Opportunities for EAPs

By integrating with health and wellness and disease management programs, EAPs can offer employers a powerful workforce productivity tool.

by Robert M. Kramer, Ph.D., and Shannon Rickert, M.S.

Ask any employer today to name his or her most significant expense, and the answer inevitably will be, "Salaries and wages." Most important asset? "Our employees." Most pressing concerns? "Employee productivity and health care cost containment."

Employers probably have been seeking effective solutions to maximizing employee productivity since the building of the pyramids. In the United States, workforce productivity became a focus of employers during the industrial age. But productivity has never been a more central area of concern than it is today, with a global economy pressuring U.S. employers to get as much output as possible from each and every worker.

THE SATURATION POINT

Focused efforts by U.S. employers to address workforce productivity issues date back to at least the early 1900s. Henry Ford, founder of the automotive manufacturing company that bears his name, may not have been the first U.S. employer to identify employee productivity as an essential ingredient in a successful business, but he was certainly a pioneer in introducing solutions.

Robert Kramer is head of product management for Ceridian's EAP and health and productivity management products. He has more than 25 years' experience in the employee assistance and wellness industries and has held executive-level marketing and operations positions in major health care organizations, including Aetna and Magellan.

Shannon Rickert is a product manager for Ceridian's EAP products. In addition to her experience at Ceridian, she has worked in substance abuse facilities and child- and family-centered "wrap-around" programs.

Though many questioned his sanity, Ford introduced novel concepts such as paying generous wages to attract and retain good workers. He also set high expectations for his workers, including maintaining sobriety and good health and embodying positive family values.

Ford considered his employees his greatest asset and invested substantially in them, gambling that his commitment to his workers' well-being would pay significant dividends in terms of increased production, revenue, and profits. The results of his decision speak for themselves. But despite Ford's positive return on workforce investment, it would be another 40 to 50 years before a productivity-focused workplace service, the employee assistance program, became formalized.

By the early 1960s, EAPs were becoming hugely popular and had begun spreading throughout the U.S. business community. As the programs matured and the market for them became saturated, growth slowed. Typically, when this happens to a product, it is either replaced or its scope is expanded or refined.

For EAPs, the market solution has been expansion. In the latter half of the 20th century, EAPs expanded their services into managed behavioral health care, thereby shifting their focus partly to health care cost containment. With health care costs rising during much of the 1980s and 1990s, EAPs saw dramatic growth.

In the mid- and late 1990s, employees' lives grew more complex and the demands of balancing work and family became more arduous. Work-life programs emerged in response, and

employers soon recognized the advantage of integrating them with traditional employee assistance services, thus presenting EAPs with another opportunity for significant growth.

Now that integrated EAP/MBH (managed behavioral health) and EAP/work-life products have matured and demand for them has reached the saturation point, the time is ripe to develop and market the next generation of workplace productivity services. Employers are anxious for new solutions to their age-old problem. But what is the next logical direction?

STRONG GROWTH PRODUCT

Over the past two decades, two products have emerged that have enjoyed substantial growth: health and wellness programs and disease management services. These products target productivity by seeking to help employees better manage their health through preventive measures (health and wellness initiatives) and through improved control of chronic illnesses (disease management programs).

Both types of initiatives have demonstrated sufficient return on investment to keep employers interested. A June 2005 survey of 365 companies by the Deloitte Center for Health Solutions revealed that 62 percent of the employers polled had implemented health and wellness programs, while another 33 percent were considering doing so (Snowbeck 2005). These findings reflect employers' growing understanding that healthy employees cost fewer health care dollars and are likely to be happier and more productive in the workplace.

Disease management programs are enjoying similar levels of popularity. According to the *Employee Benefit*

News/Forrester Research 2005 Benefits Strategy and Technology Study, 45 percent of employers currently offer some kind of disease management benefit, while another 22 percent plan to provide such services by 2006 (Holmes 2005). Because the programs aim primarily to reduce complications associated with, and encourage greater self-management of, chronic conditions, employers can reap a substantial return on their investment: Disease management programs have achieved an ROI in the 2:1 range over the last five years (Shutan 2004).

Health and wellness programs vary in their offerings, but all aim to improve employees' well-being and their employers' bottom line. Following are services typically provided by health and wellness programs:

- Proactive health assessments to identify health risks and target them with effective solutions;
- Onsite fitness centers to encourage physical activity; and
- Information and coaching on weight management, smoking cessation, pre- and postnatal care, and stress management.

EAPs considering developing a health and productivity management portfolio may wish to offer services that help employers track indicators of productivity. For example, employers today are particularly concerned about escalating absenteeism, but few organizations are effective at tracking absences. Making matters worse, Family and Medical Leave Act (FMLA) regulations have left employers confused and at risk of fines or litigation for misapplication of the law's provisions.

In response to these concerns, Ceridian recently released an absence tracking and management tool that provides management, coordination, and tracking of all kinds of employee absences, including FMLA, state leave laws, employer-authorized policies, and vacation/paid time off. It allows companies to identify absence drivers and deliver services such as employee assistance, health and wellness, and disease management programs to resolve them.

By incorporating this or a similar product into its toolkit, an EAP can both

validate the other health and productivity services it offers while also providing a strong growth product in and of itself. According to a Watson Wyatt survey, the number of companies using leave administration programs increased from 25 percent in 1996 to 51 percent in 2001 (Starner 2005). In addition, 29 percent of survey participants plan to introduce such programs in the near future (Starner 2005).

A COHERENT, INTEGRATED RESOURCE

From a marketing standpoint, does it make sense to further stretch the boundaries of employee assistance and integrate health and wellness and disease management services with EAP services? Well, employers apparently think so, because they are asking for just that combination of products. I recently spoke with the vice president of benefits of a large employer who lamented that employees have become overwhelmed by all of the benefits options available to them. He described it as "white noise" whereby the many different communications and promotions of helplines and wellness services cancel each other out, diminishing their utilization and, ultimately, their impact.

With employee assistance, work-life, health and wellness, and disease management programs combined into a single product, employees could take advantage of a coherent, integrated resource. With one call, an employee could be connected to the productivity services that best meet his/her needs. Psychosocial, wellness, and disease management coaches could work together to deliver more efficient, effective, and holistic care.

Ceridian has already launched just such a product, which is generating a great deal of interest from its customers and the market as a whole. Ceridian's Health and Productivity Management Program provides a continuum of integrated services designed to improve employee health, reduce absences and health claims, and increase productivity. The program includes the following components:

- **Tracking and administration of employee absences**, including

FMLA, paid time off, and casual absences, and an absence analysis tool that helps employers understand absence drivers and supports interventions to target them;

- **A toll-free "Life Enhancement Line"** that provides access to psychosocial, wellness, disease management, and disability management services;
- **A health risk assessment** that identifies those who can benefit from health enhancement services and offers several intervention options so employers can choose a solution that best meets their needs and interests;
- **Employee group interventions** such as health fairs, health screenings, and healthy lifestyle courses, all of which are delivered onsite;
- **Organizational effectiveness interventions** (such as assessments of organization culture and job functions) that are designed to create an environment that promotes health and wellness;
- **Employee interventions**—including life enhancement coaching, disease management coaching, disability management, and a 24/7 nurse hotline—for employees who self-refer or are identified through health risk analyses; and
- **ROI analyses** to help employers understand the impact of these productivity services. The analyses surface recommendations for program changes, thereby furthering program effectiveness.

To encourage participation in these programs, incentives ranging from reduced insurance co-pays to cash and prize giveaways are offered. Incentives also can be tied to employees' progress, such as achieving improved wellness.

AN OPPORTUNITY TO UPSELL

EAPs considering broadening their reach with a full-fledged health, disease, and productivity management product must first ask themselves whether to develop the new services internally or partner with other organizations. Because many vendors in the health and productivity

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