

the ALMACAN[®]

Published monthly by Association of Labor-Management Administrators and Consultants on Alcoholism  An International Association of Professionals in Employee Assistance Programs

Is a mutually supportive relationship with the benefits management team important to the EAP field?



You bet your bottom dollar!!!

BETHANY CENTER

Bethany Center is a residential treatment program for men and women whose use of alcohol or other drugs is depriving them of the ability to lead productive and rewarding lives. A carefully planned and individualized treatment focus provides group therapy, individual counseling, family therapy, education, twelve-step programs, psychiatric and medical care, nutrition and fitness programs and continuing care.

The focal point of Bethany Center is a stately mansion restored to its original condition. Tree-lined walks, warmly decorated counseling and lounge areas, modern living and dining rooms, and a fitness center complex provide an environment that complements a structured therapeutic program.

Bethany Center
RD5 Box 170
Honesdale, Pa. 18431
1 800 544 1861

A RESIDENTIAL TREATMENT PROGRAM FOR CHEMICAL DEPENDENCY

EAPs and Benefits Policy Making

When you think about it, the relationship between benefits and EAP personnel is, for the EAP field, one of the most vital issues of the day. In general, one could say that benefits directors and labor relations professionals who negotiate for benefits have been given a mandate to cut health care expenses, and they are going about their business as expeditiously as possible.

Remember the 1970s, when the construction industry had a bout with hyperinflation? For every month that a commercial construction project was delayed, it added perhaps \$40,000, \$50,000 or more to the final cost of construction, depending on the size of the project. All companies are dealing with the same types of inflationary pressures with health care, and the ambitious ones are not waiting around to see if the costs stabilize.

As we all know, companies are turning to managed mental health care in force. This new industry is claiming to do many of the same functions as EAPs, such as early intervention, appropriate treatment and intensive follow-up. We as EAP professionals often don't get the credit that we deserve. After all, we—at least those of us with a longtime commitment to the EAP field—developed and nurtured a workplace model which, when properly executed, makes dramatic savings in terms of health-care

dollars and human resources. We know the workplace and the health care industry and understand how the two interrelate.

Benefits directors, whether they realize it or not, now have a powerful role in the future direction that the EAP field takes. EAP professionals cannot afford to be complacent due to past accomplishments. Whether we are internal program managers or external providers, we need to market ourselves to benefits directors and do it in a way that demonstrates humility, an understanding of the big benefits picture and concern for the betterment of the work organization.

Will the EAP professional be a part of the process and accounted for in subsequent policy, or will s/he be the person left standing on the front porch with flowers after having arrived late for the date?



Claire Fleming

Claire Fleming, Chairperson
Advisory Committee to
THE ALMACAN

ALMACA's BOARD OF DIRECTORS AND STAFF

EXECUTIVE OFFICERS

Tom Pasco, President
Tamara Cagney
Vice President—Operations
Don Magruder
Vice President—Administration
Marcia Nagle, Secretary
Bob Challenger, Treasurer

REGIONAL BOARD MEMBERS

Boyd Sturdevant
Central Region Representative
Kevin Parker
Eastern Region Representative
Midgie Brawley
Southern Region Representative
Roger Wapner
Western Region Representative
William G. Durkin
International Region Representative
Morris Golden
Canadian Region Representative

COMMITTEE CHAIRPERSONS

Claire Fleming, Advisory to
THE ALMACAN
Jane Ollendorff, Annual Meeting
Site Selection
Jim Roth, Bylaws
Jack Dolan, Consultants
Jesse Bernstein, Development
Daniel J. Molloy, Education and Training
Gary Atkins, Ethics
Sally Lipscomb, Insurance
Thomas Murgitroyde, Labor
Riley Regan, Legislative and Public Policy
William O'Donnell, Membership
Mary S. Bernstein, Program Managers
Andrea Foote, Research
Bradley Googins, Special Projects
Debra Reynolds, Standards
John Schwarzlose, Treatment
Joanne Pilat, Women's Issues

STAFF

Thomas J. Delaney, Jr.
Executive Director
Judith Evans, Associate Director
Rudy M. Yandrick, Editor

PUBLISHED BY:

The Association of Labor-Management
Administrators and Consultants on
Alcoholism, Inc.
4601 N. Fairfax Drive
Suite 1001
Arlington, VA 22203
Telephone (703) 522-6272

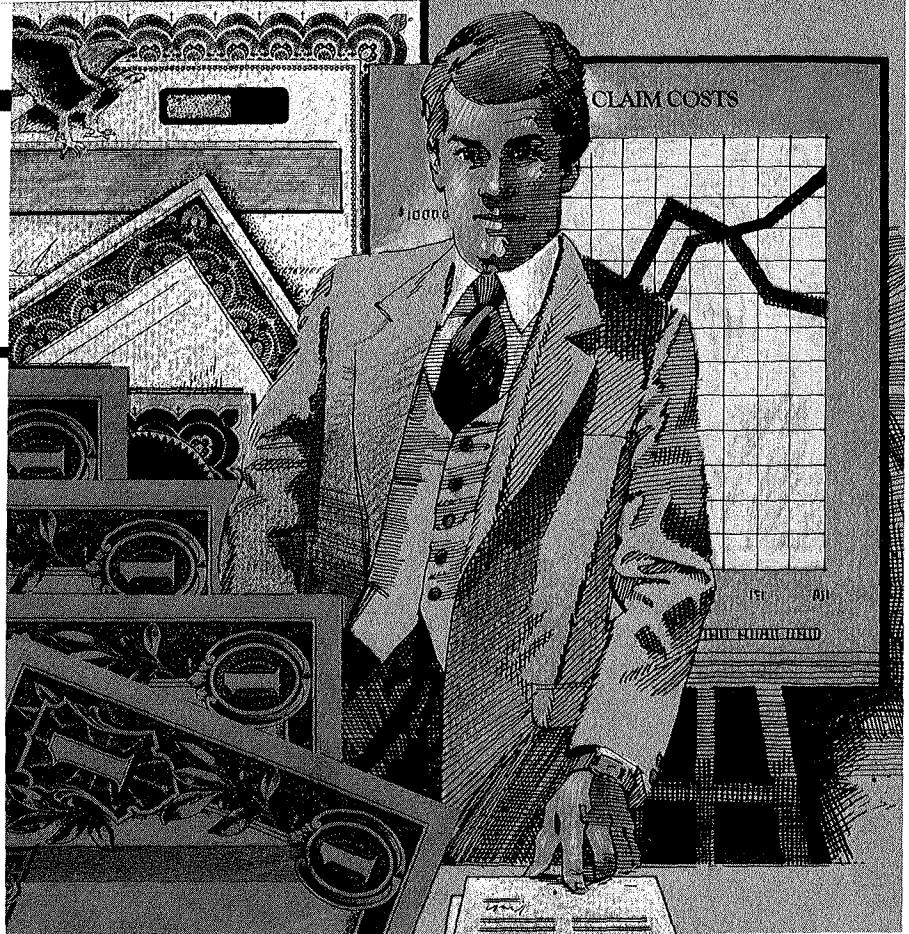
© 1989 by Association of Labor-Management
Administrators and Consultants on Alcohol-
ism, Inc. Reproduction without written per-
mission is expressly prohibited.
Publication of signed articles does not consti-
tute endorsement of personal views of authors.

TABLE OF CONTENTS

COVER STORY

19 Defining the Relationship Between EAPs and Benefits Departments
by Tom Tison, CLU

26 An Interview With Champion International Corporation's Sarah Mullady



UPDATE ON CERTIFICATION

8 The Certified Employee Assistance Professional Plan Becomes Policy

10 The EACC Welcomes a New Chairperson and Four New Commissioners

OTHER FEATURES

14 Chemically Dependent and Adult COA Women in Recovery, Part 2
by Patricia A. Pape, ACSW, SCAC

28 Financial Therapy as an Aid to Recovery
by Fred E. Waddell, Ph.D.

DEPARTMENTS

3 Editorial Comment

5 From the Executive Director

11 Public Policy

32 Film Reviews

34 ALMACA & EAP InfoTracks

41 Conferences and Workshops

42 Index of Advertisers

Also of interest:

41 Regional Conference listings

FROM THE EXECUTIVE DIRECTOR

Thomas J. Delaney

by Thomas J. Delaney, CEAP
ALMACA Executive Director

The Drug-Free Workplace (DFWP) provisions of the Anti-Drug Abuse Act of 1988 provide the EAP field with one of its best opportunities in years to progress toward our goal of covering every working person with EAP services. Over the last few months, ALMACA has attempted to provide you with the best information on the DFWP provisions, particularly through articles in recent issues of *THE ALMACAN* and through a publications package which is available from the National Office. We will continue our coverage as the new law's implementation continues.

The regulations which spell out how the Act is being implemented were published in the January 31 *Federal Register*. Final comments from the Office of Management and Budget are due after the close of the "Comment Period" on April 3. The regulations are very clearly written compared to some regulations, but still are very cumbersome to the layperson. In the final analysis, the government has made a definite statement that it wants its contractors and grantees to have as a goal the elimination of drug problems from the workplace.

The best way for an employer to meet that goal is through a well-designed, comprehensive EAP which is supported and maintained day-by-day and year-by-year, just like any other critical organizational function. The first part of the regulations require a mechanism to report incidents of employees convicted of on-the-work-site, drug-related crimes. There will be a miniscule number of these. The bill authors, however, did not set out to go after this small group of people, but to use the reporting mechanism as a way of signaling that a particular work site may not be successful in moving toward eliminating drug problems. In other words, incidents of reportable employee convictions will trigger a look at a contractor or grantee to determine if it is carrying out the intent of the law.

This is where the EAP comes in. Although informing employees of the existence of an EAP—if one exists—is only one requirement, all of the other requirements add up to the EAP function. My recommendation to employers is that the best way to meet the DFWP requirements is to get the advice of EAP experts and install an EAP.

BENEFITS

This issue of *THE ALMACAN* features several articles on "benefits." Although EAP administrators have always needed to have a working relationship with benefits administrators, the need has become more critical due to health care cost inflation. Labor and management EAPs have always been devoted to reducing the illness-related costs for employees and employers. A basic EAP premise is that sick employees are high users of health care benefits and that their use (and associated costs) will dramatically drop when employees return to health. While this is true for almost all categories of "troubled employees," it is particularly so for those with drug addiction and alcoholism problems.

So, when the benefits people start looking for better ways to control and reduce health care costs, an EAP

"In the final analysis, the government has made a definite statement that it wants its contractors and grantees to have as a goal the elimination of drug problems from the workplace."

should be at the top of the list. However, it is up to us to help them achieve this realization. The concern about health care costs is providing another great opportunity to advocate EAPs, just as is being presented by DFWP.

EAPs are a "benefit" to management and labor because they help employees get well, which leads to fewer grievances, better job satisfaction, reduced health care costs, improved job performance and a host of other beneficial results. The EAP field has carried this message forth for years. This has led to some confusion in that some people have mixed the generic term "benefit" with the technical and legal terms "fringe benefit" and "employee benefit." EAP, in terms of the way it is

PROMOTION OF EAPs CAMPAIGN

One of the long-term projects that ALMACA has initiated is the Promotion of EAPs Campaign. By design, it will be carried forth by ALMACA chapters. Through "LEAP Into the Future" fund-raising revenues, six chapters will be allotted up to \$2,000 each to promote EAPs in their local communities.

The Greater Detroit Chapter has initially been selected to participate in the project, and it will serve two functions. First, the chapter plans to use advertising to interest labor and management organizations in EAPs,

as well as establish a resource team to provide initial consultations. Second, together with ALMACA National staff, a coterie of chapter members will evaluate proposals submitted by other chapters.

A request for proposals has been mailed to all chapter presidents. The deadline for chapters to submit proposals to the National Office is May 30. Persons having questions pertaining to the Promotion of EAPs project should contact Scott Rothermel, ALMACA Technical Resource Specialist, at (703) 522-6272.



pace health services

Outpatient Detox • Rehab • Aftercare

Medically supervised alcoholism and chemical dependency treatment for functional, motivated residents of the metropolitan New York area.

- 3 month, 6 month and Open-ended Treatment Programs
- Codependent, COA and Family Treatment Programs
- Combined Alcoholism and Cocaine Abuse Treatment Program
- Relapse Prevention Program

Aftercare and Support Services coordinated with Inpatient Facilities, Private Practitioners and Employee Assistance Programs.

(212) 949-4070

Nicholas A. Pace, M.D.
Medical Director

Co-Founder, Alcoholism Council
of Greater New York

369 Lexington Avenue
(E. 41st Street)
New York, New York 10017

MANAGEMENT TRAINING FOR
EMPLOYEE ASSISTANCE PROGRAMS

THE DRYDEN FILE II

© MCMLXXXVIII Motivision, Ltd.

UPDATED WITH NEW FACES, NEW
SETTINGS AND A NEW ENDING.

24 Minutes

Available on 16mm Color Film
and Video Tape (all formats).

| | |
|---------------------------|-----------------------|
| Previews \$25 U.S. | Motivision, Ltd. |
| Deductible Upon Purchase | 2 Beechwood Road |
| Purchase Price \$495 U.S. | Hartsdale, N.Y. 10530 |
| Plus Shipping | Call (914) 684-0110 |

ALSO ASK FOR A COURTESY PREVIEW OF
"EAP-AT YOUR SERVICE!" TO ENCOURAGE
SELF-REFERRALS. LENGTH: 8 MINUTES.

defined by the Core Technology and CEAP knowledge base and competencies, is not considered a "fringe benefit." It is a service that management and labor makes available to employees so that their workers and members can better perform.

Apparently, some companies are considering an EAP a fringe benefit so that dependents and retirees can take advantage of the program. This is not unlike an occasional assignment that an employee might do outside of his or her normal job duties. The occasional duty does not change the job title or classification. If the extra duties become a significant part of the job, the title changes. If the EAP staff devotes a major part of its efforts to non-employees then, by definition, it is not providing employee assistance services. A retiree is not an employee, so it is illogical to say that an EAP is a fringe benefit because it serves retirees. That additional service might be called a "retiree assistance service." Moreover, the basic means of identifying referral

to the EAP—job performance—is not available for retirees.

The health care management phenomenon is yet another opportunity for our field to promote itself. EAP is health care management. A critical EAP task is to refer an employee (or collaterals, if their problems seem to be causing the employee problem) to the community agency. The EAP has to be the bridge between treatment and the work site. It is the advocate for the employer and employee. It looks for cost-efficient, effective treatment that employees can have available. It advocates and searches for adequate means to pay for the services that the employee needs and searches for services that the employee can afford. All of this is health care management, and EAPs have been doing it since long before the term was invented.

There are numerous other opportunities for EAP growth. Many government regulators have issued regulations for addressing drug abuse in the agencies which they regulate. These

THANKS FROM THE EACC

The Employee Assistance Certification Commission (EACC) would like to extend its thanks to some individuals who either provided technical assistance or extended courtesies to EACC members recently.

On January 18-19, the EACC held an item review session in Cleveland, OH. Commissioners Brenda Blair (Chairperson), CEAP, Sandra Turner, CEAP and Sallyann Henry, Ph.D., president of Professional Testing Corporation were on hand. The volunteers who attended included:

- **Ann George, CEAP**, EAP Coordinator, Ohio Bell, Cleveland, OH.
- **Kenneth Burgess, CEAP**, EAP Corporate Coordinator, Alcoa, Pittsburgh, PA.
- **John Lear, CEAP**, President, Lear & Associates, Inc., Columbus, OH.

The EACC thanks the volunteers for their time and expertise. The item review sessions are held once a year at various sites throughout the country. CEAPs who would like to submit questions for possible inclusion on the CEAP exam should send them to: Madeleine Tramm, Ph.D., CEAP, President, In Perspective, Inc., Box 100, Columbia University Station, New York, NY 10025.

The EACC also thanks ALMACA's Houston (TX) Chapter for hosting its meeting on February 16-18. Pat Patrick, Bill Hill and John Highet took the commissioners to the Tumbleweed restaurant for some down home cooking and dancing. This is the first time that a chapter has hosted a Commission meeting and the EACC appreciates the thoughtful gesture.

include the Federal Aviation Administration, Federal Highway Administration, Nuclear Regulatory Commission and the Coast Guard. The provisions of the 1986 Drug Act which required universities to combat drug abuse among faculty, staff and officers still apply. The relatively low unemployment (I can't see how anyone can say that one out of 20 Americans looking for a job is as good as we can hope for) means that labor and management need to assure that workers are healthy. The aging of America may mean less alcoholism and drug abuse in the work force, but there are many new issues that trouble employees, e.g. the "sandwich generation."

The workplace still needs to accommodate the different needs of minority and women workers. All of these issues, and more, are ready-made for EAPs, but the EAP cannot help unless it is a component of the work organization. □

ADDITIONAL INFORMATION

In the January 1989 issue, an article was run entitled "Ohio's First Lady Praises EAPs." The article included remarks made by Dagmar Celeste, wife of Ohio governor Richard Celeste, during her keynote address at the Ohio Department of Industrial Relations EAP conference. The sponsor of the event was The Industrial Commission of Ohio, Division of Safety and Hygiene. The conference participants represented numerous people from Ohio businesses and labor organizations which, since 1982, have received assistance from the Division of Safety and Hygiene's EAP consultants in implementing EAPs. One hundred people attended, and the topics discussed included women, family issues and EAPs.

Hampton Hospital and employee assistance professionals.

At Hampton, our job isn't done until we bring employees back to work. That's why treatment for depression and substance abuse includes an individualized discharge and follow-up program. In fact, we begin preparing for discharge right after a comprehensive diagnostic evaluation.


Throughout treatment, our full-time doctors work closely with employee assistance professionals — providing weekly progress reports and a back-to-work summary. Together they develop recommendations for the discharge. The counselor helps implement the program and gets the employee back on the job.

The next time you have an employee who needs help — an employee you need on the job — call us.

At Hampton, we bring people back to work.

Call 609/267-7000 or 800/345-7345
(outside NJ only)

Who brings employees back to work?



HAMPTON
A private psychiatric hospital

Conveniently located within one half-hour of Philadelphia.
JCAHO accredited. Covered by most major insurance plans.
CHAMPUS approved.

UPDATE ON CERTIFICATION

The Certified Employee Assistance Professional Recertification Plan Becomes Policy

On March 9, ALMACA's Executive Committee approved the proposed recertification plan of the Employee Assistance Certification Commission. Based on the feedback that the EACC received from CEAPs, the foundation of the recertification plan was built on these considerations: the plan should be flexible enough to accommodate the busy professional lives of CEAPs; the plan should provide quality control in order to demonstrate the value of the certificate; the recertification process should be consistent with the initial examination and test-exemption process. The following is an explanation of the recertification plan.

Additionally, questions and concerns about recertification that have been raised by ALMACA's chapters will be addressed by EACC chairperson Dan Lanier in the May issue of THE ALMACAN.

TWO METHODS OF RECERTIFICATION

A CEAP can choose to be recertified by taking the certification examination that is in effect when the certification expires or be recertified by a professional development process. Both methods focus on the six "content areas" of employee assistance programming. These areas, developed through a questionnaire to EAP practitioners in 1985, comprise the field that is uniquely ours: (1) Work Organizations, (2) Human Resources Management, (3) EAP Policy and Administration, (4) EAP Direct Services, (5) Chemical Dependency and Addictions, and (6) Personal and Psychological Problems.

These are the same content areas that were used for the initial examination and test-exemption process. The same content areas continue to be used in constructing new examinations. Content areas (3) and (4), which address knowledge *unique* to our profession, are weighted at 30% each. Content areas (1), (2), (5) and (6), which address knowledge we *share* with other professions, are weighted at 10% each.

RECERTIFICATION BY EXAMINATION

The CEAP who chooses to recertify by

examination must write and pass either the examination given at the expiration date of his or her certification, or the examination prior to that. For example, if your certification expires in the Fall of 1992, you would take either the Spring 1992 examination or the Fall 1992 examination.

RECERTIFICATION BY PROFESSIONAL DEVELOPMENT

Recertification by professional development requires the CEAP to accumulate *Professional Development Hours* (PDHs) during the five-year certification period. PDHs are hours spent in training which addresses knowledge and skills in the six content areas noted above. Providers of EAP training will have the responsibility to demonstrate the quality and relevance of the training they propose to give. In most cases, the provider of training will have to first obtain endorsement of the proposed training from an ALMACA chapter or five CEAPs. Then the training provider can apply to the EACC for PDHs to be granted for the proposed training.

Many CEAPs will have other credentials that utilize a similar recertification process whereby the certifying body approves training offerings. Commonly, this is done by continuing education units (CEUs), often using the

formula of one CEU for every 10 contact hours in a training environment. We have chosen the term "Professional Development Hour" to signify an individual's attention to the training *in and of itself*, rather than just recognition of an individual's presence in the training environment. Also, in a very real sense, we are developing a *profession* and not simply continuing people's education, since few of us were originally "educated" about EAP work.

While we have a system which emphasizes our own international professional needs, there is nothing to stop a training provider from applying for CEUs for another profession *in addition to* PDHs for our own profession, as part of the same training. For example, a two-day seminar on codependency could be granted two CEUs for certified alcoholism counseling seeking recertification, as well as 10 PDHs for CEAP recertification.

EARNING PDHs

Those CEAPs who are certified in 1989 and choose to recertify by professional development will be required to earn 100 PDHs before the expiration of their certifications in 1994. Sixty of these PDHs must be earned in content areas (3) and/or (4)—EAP Policy & Administration and EAP Direct Services. This

requirement is consistent with the weighting of the examination and focuses on the importance of maintaining knowledge in those areas unique to EAP work. The remaining 40 PDHs can be earned in any of the other four content areas. This flexibility allows individual CEAPs to concentrate their professional development in areas they consider important to their own practices.

Of those 100 PDHs, at least 90 must be pre-approved by the EACC. However, up to 10 PDHs may be earned by the CEAP if s/he submits to the EACC details of training already attended. The training must fall into one of the six content areas. This provision allows CEAPs to take advantage of training that is relevant, even if the training provider did not apply to the EACC for PDHs for the training.

Those who were certified in 1987 and 1988 will only have to earn a portion of the 100 PDHs because the recertification plan was not in effect in the early part of the certification period.

PRORATION REQUIREMENTS

The same principles govern the prorated PDH requirements. CEAPs certified in 1987—who are scheduled for recertification in 1992—will be required to earn 50 PDHs. Thirty of these must be earned in content areas (3) and/or (4), and the remaining 20 can be earned in any of the other four content areas. The CEAP can submit for EACC approval details of up to five hours of training already taken. At least 45 PDHs will have to be pre-approved by the EACC.

CEAPs certified in 1988—who are scheduled for recertification in 1993—will be required to earn 70 PDHs. Forty-two of these must be earned in content areas (3) and (4), and the remaining 28 can be earned in any of the other four content areas. The CEAP can submit for EACC approval details of up to seven hours of training already taken. At least 45 PDHs will have to be pre-approved by the EACC.

It is important to note that those who were originally certified through the test-exemption process will need to recertify in the same way as those who were originally certified through examination: that is, either by reexamination or by the accumulation of the

appropriate number of PDHs.

The EACC has been mindful of the fact that some CEAPs will not have easy access to training because of geographical isolation, handicap or other reasons. Self-study kits are being developed to give such CEAPs another way to earn PDHs.

We hope that many training opportunities will be available from a variety of providers. One ALMACA chapter reported to the EACC that it is planning a two-hour training session, facilitated by local experts, after each of its monthly chapter business meetings. By applying for PDHs for these sessions, and weighting the offerings so that 60% of the PDHs fall into content areas (3) or (4), the chapter can offer CEAPs enough PDHs to meet recertification requirements, even if they miss two meetings per year. A university near the chapter has also expressed interest in organizing a week-long EAP seminar of EACC-approved training—another source of PDHs.

START-UP DATES AND APPLICATIONS FOR PDHs

Beginning on May 15, 1989, the EACC will accept applications from training providers who wish to have PDHs granted for their training. *The first actual training must take place on or after July 1, 1989.*

We expect our recertification plan to prompt many new ideas about professional development and generate additional high-quality training in our field. We welcome applications from private sponsors of training, ALMACA chapters and regions, national conferences, universities, colleges, EAPs providing internal training and anyone else who can provide quality training that relates to the six content areas of EAP practice.

Any person or group interested in having training approved for PDHs can write to the EACC at ALMACA National for the appropriate forms and information.

There are small fees to be paid by providers of training. These fees pay for EACC processing of applications for PDHs. By planning their training well in advance, training providers can list multiple training sessions on

the same applications, thus minimizing the fee still further. While providers of training are free to charge CEAPs fees for the actual training, the EACC will not allow providers to make additional charges for the PDHs.

FEES FOR RECERTIFICATION

CEAPs will be billed annually at the rate of \$60 instead of a lump-sum payment every five years. *There will be no further fees when recertification by examination or professional development is conferred.* This "installment plan" will provide a cash flow that will help the EACC to administer and record PDHs and maintain the viability of the examinations given. This way, we hope to avoid costly borrowing. The same \$60 annual certification maintenance fee will apply to all CEAPs, whether or not they are members of ALMACA.

Each CEAP will be billed annually in either the Spring or Fall, consistent with the time of year when s/he was originally certified. The billing will provide the CEAP with an up-to-date record of PDHs earned and the content areas into which they fall. The recording of PDHs by the EACC will occur only if the CEAP has paid the annual certification maintenance fees. All fees must be kept up-to-date in order for recertification to be conferred.

RECERTIFICATION GUIDE

The EACC's *Recertification Guide* is in preparation and will reach all CEAPs soon. It will describe the recertification plan in greater detail than has been presented here. The EACC is optimistic that the recertification process will spur the development of relevant training. ALMACA chapters and other organizations are being given flexibility to determine local training needs and fulfill them utilizing qualified local trainers. Related to this, a manual for providers of training is also in preparation. Questions related to either guide should be directed to the EACC, c/o ALMACA, 4601 N. Fairfax Drive, Suite 1001, Arlington, VA 22203.

The EACC believes that its recertification plan reflects the volition of the ALMACA membership that EAP professionalism be a dynamic process that keeps pace with changes in the field.

EACC Announces New Appointments

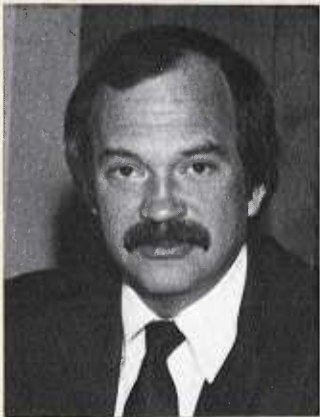
The Employee Assistance Certification Commission (EACC) has announced four new appointments to the EACC and has named a new chairman. Their names and affiliations follow.

EACC CHAIRPERSON

Daniel Lanier, Jr., DSW, CEAP
 Co-Director, EAP
 United Auto Workers-General Motors
 Human Resource Center
 Auburn Hills, Michigan



NEW APPOINTMENTS



Richard L. Burt, CEAP
 EAP Manager
 Miller Brewing Company
 Wauwatosa, Wisconsin



Muriel C. Gray, Ph.D., CEAP
 EAP Healthcare Institute, and
 Assistant Professor,
 University of Maryland
 Tacoma Park, Maryland



Daniel J. Molloy, CEAP
 Director, Pension & Welfare
 Plan
 National Maritime Union
 New York, New York



Anne M. Thureson, CEAP
 EAP Representative
 United Airlines
 Seattle, Washington

CONTINUING EACC COMMISSIONERS

Jesse Bernstein, CEAP
 President
 Employee Assistance Associates
 Ann Arbor, Michigan

Christopher K. Bitten, CEAP
 EAP Advisor
 Canada Employment and Immigration
 Vancouver, British Columbia, Canada

George Cobbs, CEAP
 Coordinator
 ILWU-PMA Benefit Plan
 San Francisco, California

Richard C. Groepper, Ph.D., CEAP
 Director of EAP Services
 Crawford & Company
 Atlanta, Georgia

Donald A. Phillips, CEAP
 President
 COPE, Inc.
 Washington, DC

Betty Reddy, CEAP
 Specialist, Occupational
 Substance Abuse
 Parkside Hospital
 Park Ridge, Illinois

Debra Reynolds, CEAP
 Manager of EAP
 Continental Airlines
 Houston, Texas

Paul M. Roman, Ph.D., CEAP
 Institute of Behavioral Research
 University of Georgia
 Athens, Georgia

Madeleine L. Tramm, Ph.D., CEAP
 President
 In Perspective, Inc.
 New York, New York

Sandra P. Turner, ACSW, CEAP
 President
 Sandra Turner & Associates
 Cleveland, Ohio

Thomas J. Delaney, Jr., CEAP
ex-officio member
 Executive Director
 ALMACA
 Arlington, Virginia

Cranston Raises Issue of VA Cutbacks

During the 100th Session, Congress voted to make the Veterans Administration a cabinet-level agency of the federal government. John Derwinski, a former U.S. representative from Illinois, has been confirmed and sworn in by the Senate as the first secretary for the new department.

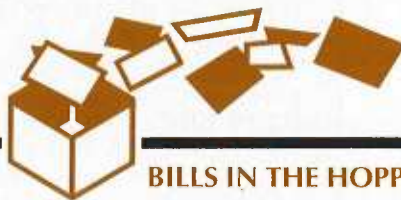
An important issue to EAP constituencies was raised, however, during a Senate Veterans Affairs Committee hearing on the VA budget, which Derwinski testified at on March 6. The committee chairperson, Senator Alan Cranston, inquired about action taken by the Veterans Administration to cut back on alcoholism and drug services at VA hospitals.

During the hearings, Senator Cranston expressed disappointment in reports of alcoholism and drug programs being discontinued, especially during the current national drug abuse crisis. He asked Derwinski to reconsider the VA's actions, who replied that he would.

For reference, Tom Delaney first raised concerns about this issue in his February "From the Executive Director" column, page 6. When ALMACA initially learned last November about VA plans to discontinue inpatient alcohol and drug services, the National Office immediately established and maintained contact with Senator Cranston's office about this development. ALMACA also initiated a national phone survey of state alcohol and drug abuse directors to learn about facility closings or spending cutbacks. Our research showed that the closures were limited to the New England area.

Shortly before presstime, ALMACA learned that any future cutbacks in VA medical center substance abuse treatment programs must have the approval of the Secretary of the Department of Veterans Affairs.

In related business, Senator Cranston has also expressed his interest in a line-item appropriation for VA alcoholism and drug services as part of any future appropriation bill to be considered in Congress over the coming year. □



BILLS IN THE HOPPER

FEDERAL LEGISLATION

SUBJECT: EAP MONTH

H.J. RES. 223

SPONSOR: Rep. Louis Slaughter (D-NY)

INTRODUCED: March 23

HIGHLIGHTS: The resolution would establish November 1989 as "National Employee Assistance Programs Recognition Month." The resolution is similar to one introduced by Rep. Slaughter in 1988 during the 100th Congress. It is built on the ALMACA definition of EAP. With this year's resolution, more time is available to garner the necessary cosponsors for the resolution.

STATUS: Signatures are being sought in the House of Representatives. [A resolution is different from legislation bearing the "H.R." prefix in that a resolution requires signatures from a majority of members of both legislative bodies. Once 218 signatures are obtained in the House, it will be introduced in the Senate, where 51 will be necessary. The signature of President Bush would not be necessary for enactment of a resolution.]

SUBJECT: HMOs

S. 99

SPONSOR: Sen. Daniel Inouye (D-HI)

INTRODUCED: January 25

HIGHLIGHTS: This bill would amend the Public Health Service Act to specify that health maintenance organizations

may provide the services of clinical social workers.

STATUS: Referred to the Committee on Labor and Human Resources. The Committee has requested executive comment from the Department of Health and Human Services.

SUBJECT: CHILD CARE

Most child-care bills are referred to either the House Education and Labor Committee or Senate Labor and Human Resources Committee. A bill's realistic chances for passage often depend on the original sponsor's committee assignment. For your reference, a listing of the members of these committees is published on page 13.

H.R. 3, THE CHILD DEVELOPMENT AND EDUCATION ACT OF 1989

SPONSOR: Augustus Hawkins (D-CA)

INTRODUCED: January 3, 1989

HIGHLIGHTS: This bill would authorize \$2.5 billion for fiscal year 1990 (FY90) to: expand Head Start programs to include child care services for Head Start recipients as well as Head Start services for children from families with incomes higher than the existing Head Start income eligibility criteria, if their parents work or are in training; provide grants for states and local education agencies to establish or expand before- and after-school care for school-age children; and provide matching federal grants to states for child care services

New "Drug Czar" Named

Elsewhere in Washington, former Secretary of Education for the Reagan administration, William Bennett, was sworn in by President Bush on March 13 as director of the federal government's new Office of National Drug Control Policy.



palm is a nonprofit corporation who's main activity is sponsoring workshops on the issues of chemical dependency at the workplace.

palm is not a membership organization. Participants include representatives from labor, management and the health care field. Each chapter is administered by representatives from the local community under the supervision of the national PALM Board of Directors.

palm workshops are designed to provide practical information, not theory. They offer actual application of techniques that have proven effective in dealing with chemical dependency at the workplace.

palm workshops are held monthly at locations throughout the country. For information about your nearest chapter, please call or write to our national office.

**PROBLEMS OF ALCOHOLISM
IN LABOR AND
MANAGEMENT, INC.**

DBA: PALM
2130 West Ninth Street
Room 103
Los Angeles, CA 90006
Telephone (213) 738-PALM

Joy W. Ellis, Executive Director
Douglas K. Maguire, President

through eligible providers or local governments for low and moderate income children under age three, whose parents work or are in training.
STATUS: Referred to Education and Labor Committee; hearings held on February 9 and March 6.

H.R. 30, The Act for Better Child Care

SPONSOR: Dale Kildee (MI),
59 cosponsors

INTRODUCED: January 3

HIGHLIGHTS: Known as the ABC bill, H.R. 30 would authorize \$2.5 billion for FY90 and such sums as necessary for FY91-94 for a variety of activities, including a federal matching grant program under which states could receive grants to help them provide child care services. *States would be required to use 3% of their funds on activities which encourage businesses to help support or provide child-care services.* An ABC bill was introduced in the 100th Congress but never received consideration on the floor of the House or Senate due in part to concerns about church-provided child care. H.R. 30 could not be used for sectarian purposes. [In the October 1988 issue of *THE ALMACAN*, Diana DePugh of the Amalgamated Clothing

and Textile Workers union expressed her union's support for the ABC bill of the last Congressional session.]

STATUS: Referred to the House Education and Labor Committee. On February 8, executive comment was requested from the Department of Health and Human Services. On February 9 and March 6, committee hearings were held.

S. 5, the Senate version of H.R. 30

SPONSOR: Sen. Christopher Dodd (D-CT), 39 cosponsors

INTRODUCED: January 25

HIGHLIGHTS: Similar to H.R. 30 but, among the several differences, S. 5 would authorize \$100 million for state grants to help establish child care liability risk retention groups for sharing liability risks among groups of licensed child care providers.

STATUS: Approved by the Committee on Labor and Human Resources. The bill will be reported to the full Senate.

NOTE: There were 23 other bills related to the care of children and/or the elderly as of the end of February. However, none appeared to have the significance of the aforementioned bills.

STATE LEGISLATION— MARYLAND

*SUBJECT: CERTIFICATION OF
HUMAN SERVICES
PROFESSIONALS*

HOUSE OF DELEGATES NO. 406

PRIME SPONSOR: Dels. William McCaffrey (Chair, Health Occupations Workgroup), Astle, Felling and LaMotte
INTRODUCED: January 20

HIGHLIGHTS: The bill would provide for the certification of marital and family therapists and professional counselors, and create the Board of Human Services Professionals, provider for certain procedures governing certification of professional counselors who were certified by the Board of Examiners of Professional Counselors, and for other purposes.

STATUS: Passed the House of Delegates on March 7, referred to Senate.

SUBJECT: TAX CREDITS FOR EAPs

A bill was introduced in the Maryland House of Delegates on January 25 which would have allowed tax credits for certain businesses utilizing EAPs. On March 6, it received an unfavorable report from the Ways and Means Committee, i.e. was killed.

CONGRESSIONAL COMMITTEE MEMBERS

Senate Committee on Labor and Human Resources

DEMOCRATIC MEMBERS

Edward Kennedy (MA)—Chairman
 Claiborne Pell (RI)
 Howard M. Metzenbaum (OH)
 Spark Matsunaga (HI)
 Christopher Dodd (CT)
 Paul Simon (IL)

Tom Harkin (IA)
 Brock Adams (WA)
 Barbara Mikulski (MD)

REPUBLICAN MEMBERS

Orrin Hatch (UT)—Ranking Member
 Nancy Landon Kassenbaum (KS)

James Jeffords (VT)
 Dan Coats (IN)
 Strom Thurmond (SC)
 Dave Durenberger (MN)
 Thad Cochran (MS)

House Committee on Education and Labor

DEMOCRATIC MEMBERS

Augustus Hawkins (CA)—
 Chairman
 William Ford (MI)
 Joseph Gaydos (PA)
 William Clay (MO)
 George Miller (CA)
 Austin Murphy (PA)
 Dale Kildee (MI)
 Pat Williams (MT)

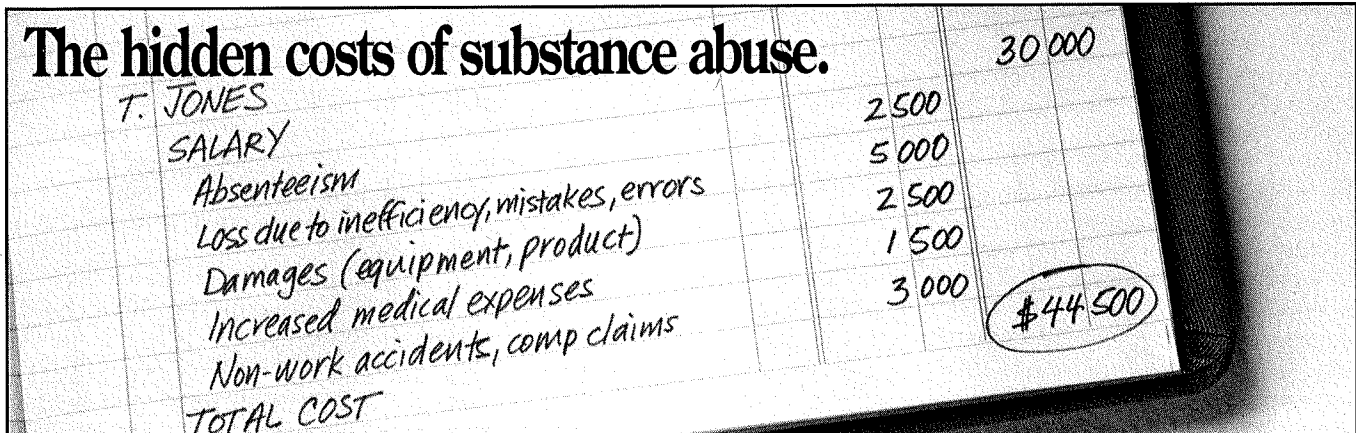
Matthew Martinez (CA)
 Major Owens (NY)
 Charles Hayes (IL)
 Carl Perkins (KY)
 Thomas Sawyer (OH)
 Donald Payne (NJ)
 Nita Lowey (NY)
 Glenn Poshard (IL)
 Jolene Unsoeld (WA)
 Nick Rahall II (WV)

Jaime Fuster (Puerto Rico)
 Peter Visclosky (IN)
 Jim Jontz (IN)
 Kweisi Mfume (MD)

REPUBLICAN MEMBERS

Bill Goodling (PA)—
 Ranking Member
 E. Thomas Coleman (MO)
 Thomas Petri (WI)

Marge Roukema (NJ)
 Steve Gunderson (WI)
 Steve Bartlett (TX)
 Tom Tauke (IA)
 Dick Armye (TX)
 Harris Fawell (IL)
 Paul Henry (MI)
 Fred Grandy (IA)
 Cass Ballenger (NC)
 Peter Smith (VT)



Koala can help you recover them.

Every employee with an alcohol or drug related problem costs you 25% of his salary each year in hidden expenses: absenteeism, mistakes, extra medical premiums and more. Koala offers a network of centers providing effective treatment - covered by most insurance - for alcohol and drug abuse.

Flexible pricing We can help you return troubled employees to full productivity. And our flexibility in program and pricing alternatives gives you a variety of options. We can show you, in your own specific situation, how providing treatment is not only a help for the employee and his family; it's a sound business decision as well.

A Koala National Accounts Representative will be pleased to give you all the details in your own office. For further information, please contact Jack Freckman, Director of National Accounts, at 1-800-433-3009. In Tennessee call 615-665-1144.

Rated one of America's best treatment centers as published in *Forbes* magazine.



Koala Centers are located in Arkansas, Florida, Indiana, Kentucky, Michigan, Missouri, North Carolina, Ohio, Pennsylvania and Tennessee.

Chemically Dependent and Adult COA Women in Recovery

PART 2

by Patricia A. Pape, ACSW and SCAC

Part 1 of this article was presented in the March issue. Ms. Pape introduced a two-year treatment model for chemically dependent, adult COA women in recovery. Part 2 describes components of the treatment model, which is broken down by first year and second year of treatment.

This material is excerpted from a presentation Ms. Pape made during the Alcohol and Drug Problems Association's conference in Charlotte, North Carolina on September 27, 1988.

FIRST YEAR OF TREATMENT

In year one the focus is on the addiction and the main goal is total abstinence from all mood-altering chemicals. All other issues are looked at in the context of sobriety. To that end, we offer the following opportunities, with the core of treatment being the *Women's Sobriety Group* for the woman. Upon entering a group she signs a contract agreeing to a minimum stay of 12 weeks, total abstinence from all mood-altering chemicals, attendance at three closed AA/NA meetings per week, obtainment of an AA/NA sponsor of the same sex with over two years of sobriety by the sixth week, and finally, if she cannot maintain abstinence in our outpatient program, she will go to an inpatient treatment program.

Her entire family is expected to attend our 12-week *Family Education Group*, where they will learn about the disease of chemical dependency and its effects on the family. If necessary, an intervention is planned for other family members who may also be chemically dependent.

Family involvement is absolutely

crucial! We contract with families for brief treatment (6-12 sessions) to begin the process of family recovery. We also offer multiple family therapy, spouses groups, co-dependency groups, ACOA groups, adolescent COA groups, and COA groups for young children.

A major goal in working with families is to get them to focus on themselves (not the alcoholic!) and to become willing to be vulnerable with other members of the family. Helping them to identify and express their feelings appropriately is very important. Also, it is imperative that they begin to learn how to ask for what they need and want in a direct manner. By the end of the sixth session, the goal is to have each family member linked to their own self-help group (often there are Alanon, Alateen and Alatot meetings in the same location on the same night, which helps). It is important to talk about the losses the family has felt—both the losses during drinking (i.e., emotional unavailability) and the losses in sobriety (i.e., mom is more assertive now, takes care of her needs too, is enforcing the rules—sometimes a real negative for kids at first) and to talk about the feelings related to these changes.

I'd like to address some of the major issues, themes, needs and goals of the *Women's Sobriety Group* and present some of the exercises that have produced good results—both in group and as homework to be done between group sessions.

As mentioned before, the overall focus in group is on addiction and the goal of abstinence. The therapist (which I am assuming is female) will

often serve as a role model—whether she wants to or not—and her attitudes about what it means to be a woman are important. The first 12 months of recovery are crucial in building a solid foundation for ongoing sobriety. Understanding the disease concept of alcoholism and coming to very specific concepts of one's acceptance of having this disease are vital. Most women can intellectually accept the "disease concept"—"for everyone else but me"—but the gut feeling of powerlessness over their addiction is more difficult to internalize. Much of early counseling is cognitive and behavioral and deals with the real world. These women need to learn to manage people, places, things, and feelings in order to reduce the risk of relapse. They need to learn both internal and external cues that are indicative of possible relapse. Women need permission to put themselves and their sobriety first—as AA says, "it is a selfish program!" But this is contrary to most women's socialization from childhood: to put others' needs first. Part of this process involves education about the most common relapse symptoms—each woman receives a copy of these—and then she is encouraged to talk about which relapse symptoms are mostly commonly experienced by her and what she can do to prevent relapse. We use a worksheet relating relapse symptoms to the woman's behavior. She is asked to figure out what specific behavioral changes she needs to make in order to avoid relapse. And finally, this is focused back onto which of the 12 steps of the AA/NA program she can use to carry out the needed change.

One of the major problems involves