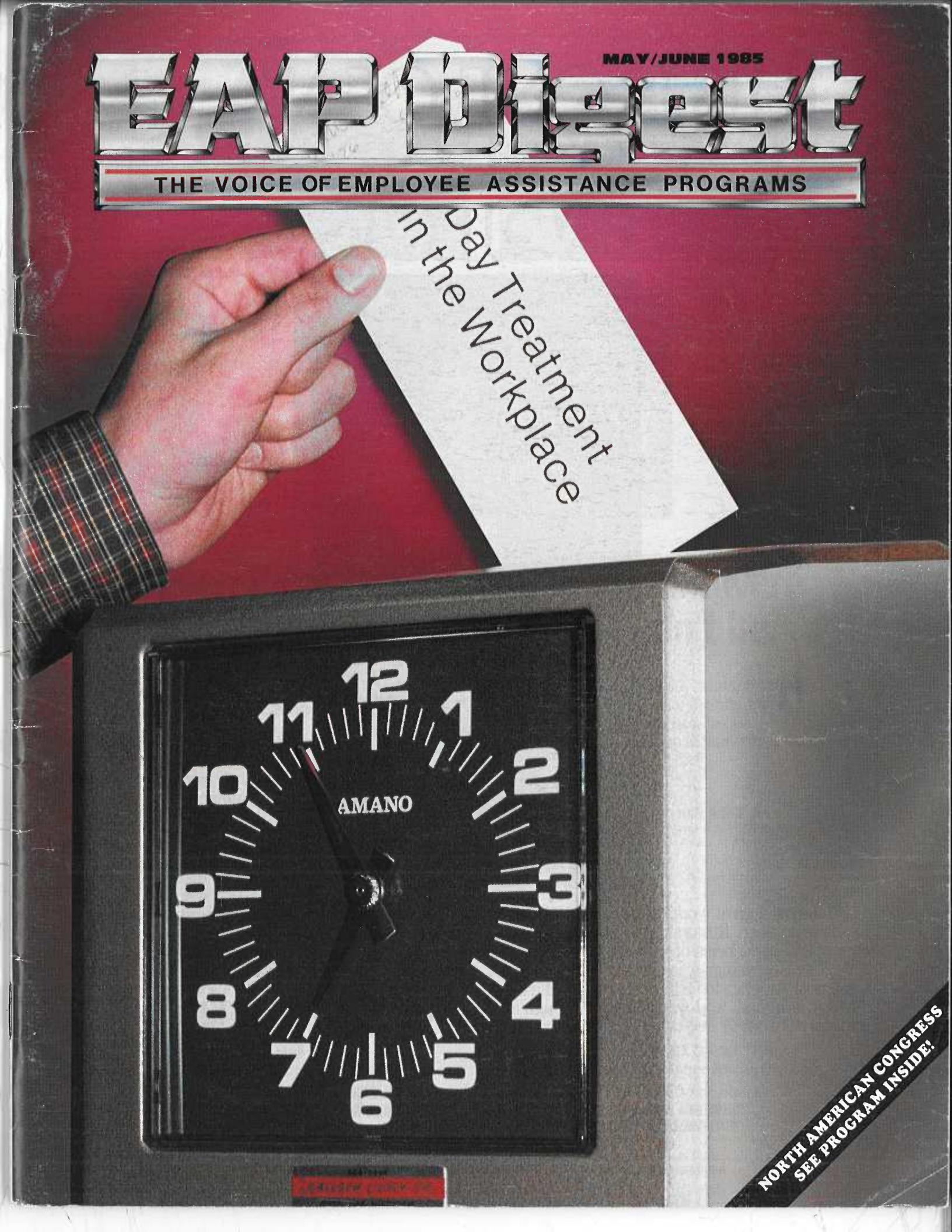
MAY/JUNE 1985

EAP Digest

THE VOICE OF EMPLOYEE ASSISTANCE PROGRAMS



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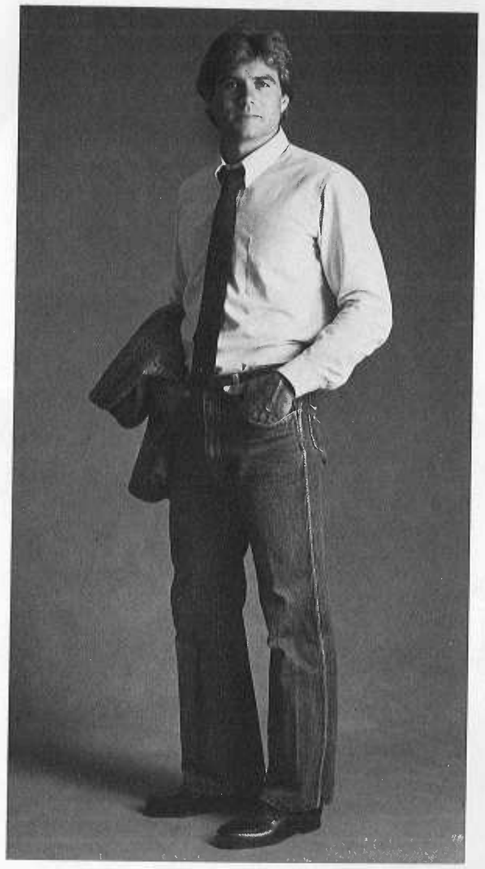

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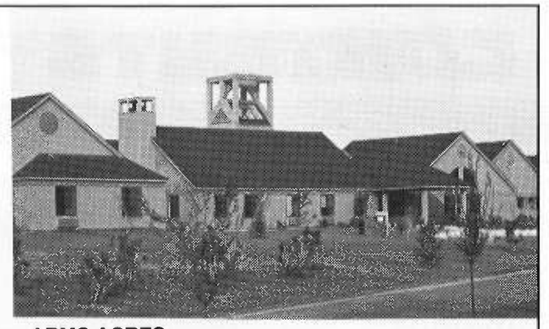
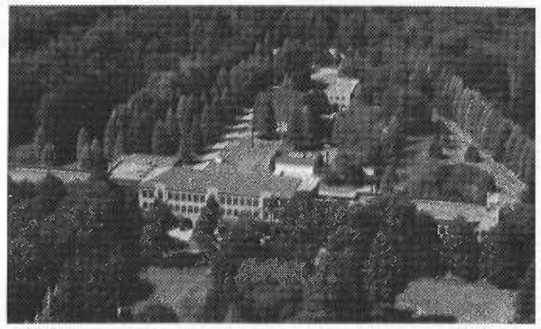


ARMS ACRES



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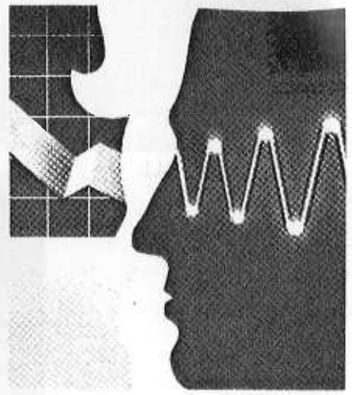
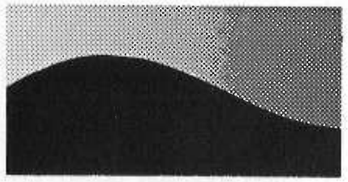
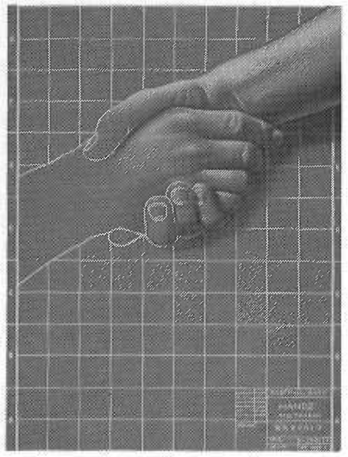
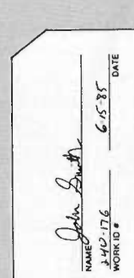






VOLUME 5 NUMBER FOUR
MAY/JUNE 1985

Features



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EAP Digest
THE VOICE OF EMPLOYEE ASSISTANCE PROGRAMS

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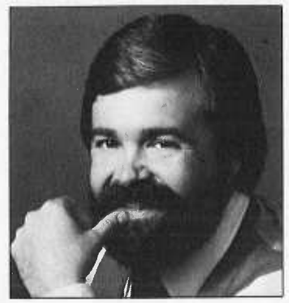
Unsolicited manuscripts, photographs, artwork and materials should include ample postage on a self-addressed, stamped envelope; otherwise, they will not be returned. Editorial correspondence should include the writer's telephone number. Letters to the editor considered for publication may be condensed for space considerations.

In-House



Increasing demands for innovative and cost-effective methods of treating chemically dependent employees pose crucial challenges to both providers and employers. In response to this, employers and providers are developing and implementing a relatively new treatment modality in the chemical dependency field—the day treatment program.

A few progressive companies with employee assistance programs have begun to provide primary care to their employees on-site, in an attempt to contain costs and maintain the quality of care.

More and more business organizations are studying the day treatment alternative. This process will require a cooperative effort by treatment providers and EAPs. Frequently, the task of identifying the needs and designing a program for a specific company are assigned to a person or department that has no prior experience. The results are predictable—recommendations concerning day treatment are often made without adequate consideration of all the possibilities.

There is no substitute for careful planning based on sound information. Employers want to be shown that they have a wide variety of options for the treatment of their chemically dependent employees, and that some of these options are compatible with their own corporate goals and philosophy.

The article by Bradley Googins, "Day Treatment in the Workplace," is written to help the EAP professional evaluate the day treatment alternative. This approach may fit well within your corporate structure, but the search for better and yet cost-containing ways of delivering substance abuse services must be ongoing. In some cases, this will mean the use of community resources; in others, it will mean providing those services within the organization.

Adapting to change is just as important to the EAP professional as it is to the treatment community. Never before in the short history of EAPs and chemical dependency treatment have we had a greater challenge. Never before has the nation depended so much on enhancement of employees' health in the workplace—to help maintain the country as a productive, competitive force in world markets.

How this challenge is met will affect not only the survival of employee assistance programs, but possibly the future of this country. □

George T. Watkins

Publisher

Editorial Guidelines

We want **you** . . . to share your experience in the employee assistance program field or related area . . . to report your on-the-job observations, innovations and techniques, academic programming or research results . . . to be a part of the fastest-growing professional journal for management, labor and health professionals who deal with employee problems.

EAP Digest is seeking timely, concise manuscripts that would be of interest to our 10,000-plus readers. We invite you to follow the guidelines listed below and submit your manuscripts to:

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FULL-LENGTH ARTICLES

Submit the manuscript and one copy, typed on 8½ x 11 nontranslucent white bond. Do not use onionskin or erasable bond. Typing should be double-spaced throughout, with generous margins (at least one inch) on each side and extra space above and below subheads.

Length should not exceed 14 double-spaced typewritten pages (approximately 3,500 words), including tables, graphs and figures. Minimum length is five pages.

Title page should include name, degree, current position, complete address with zip code, and phone number for each author. Authors' names should be accompanied by the highest academic or medical degree held; initials indicating membership in honor or professional societies will not be published. The transmittal letter should designate one author as correspondent.

References should not be listed separately or footnoted. Any essential or relevant references should be incorporated into the text. No footnotes will be used.

Use tables sparingly and type them on separate pages. Include only essential data, and combine tables whenever possible. Figures (graphs, illustrations, line drawings) should be supplied as camera-ready (glossies prepared by a commercial artist or photographer) whenever possible. Figure captions may be attached to the art, to be set in the appropriate type.

Provide photographs where possible (good-quality glossies, not "instant" camera type) or indicate the availability of photos.

Do not submit material that is under consideration by another periodical.

EAP Digest does not provide compensation for articles published.

DEPARTMENTS

Letters to the Editor. Letters should be under 300 words. Those accepted for publication may be edited and/or abridged.

Close-Up. Contributions should focus on a particular program, person or event and should not exceed 700 words.

Calendar. Meetings, workshops and special events should be described in a brief letter or news release and are listed free.

Media. Information on books, films and pamphlets and/or review of same will be considered for publication.

Transitions. Promotions, appointments and other staff changes should be described in a brief letter or news release that includes the employer's location and nature of business, person's degree and job title, most recently held position and other relevant data. Also considered for this column will be information on new EAPs or company mergers and changes.

Labor Speaks. Innovative union programs or items of interest to labor; not to exceed 1,000 words.

Legal. Developments in law relating to EAP issues; not to exceed 1,000 words.

Association News. Professional societies or organizations can provide brief news releases on innovative programs, events, changes in the group or other items of interest. Not to exceed 500 words.

Any general news releases that would be of interest to *EAP Digest* readers will be considered for use as short, filler articles.

In accordance with provisions of the Federal Copyright Act, effective January 1, 1978, it is necessary that authors clearly state the previously informal, or implicit transfer of full copyright in their respective articles to Performance Resource Press, Inc., prior to such work being published in the *EAP Digest.* Copyright forms will be supplied by the publisher after an article is accepted and edited for publication.

In the case of multiple authorship, each author must sign the agreement. Before the article can be published, the signed document must be returned to the *EAP Digest.*

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TO ALL EAP CONSULTANTS

The *EAP Digest* is proud to announce a new section of our magazine—the *EAP Consultants' Directory.*

In upcoming issues you are invited to submit copy that is camera ready or work with our production staff to create an ad about your services. Specific sizes and costs are listed below.

Expand your business with readers who need information about your consulting work or want to develop more services for their existing EAPs.

Act now and place your name in the directory for professionals—only in the *EAP Digest*—The Voice of Employee Assistance Programs.

Size: 1¼" x 2¼" or 2½" x 2¼" only.

Cost: $60 and $120 respectively, per insert, camera ready copy (proportionate size, reproducible black & white). Added charge for production assistance.

For further information or a space reservation, contact: Chip Drotos, advertising manager at (313) 643-9580.

Transitions

TWO APPOINTMENTS AT LIFELINE PROGRAM

Michael Tinken has been named director of community relations and **Lynda Wait** has been named program director for the Lifeline cocaine abuse recovery program of Louis A. Weiss Memorial Hospital in Chicago.

A certified alcoholism counselor, Tinken was an adolescent and family therapist at Ingalls Memorial Hospital. Wait was a psychologist for the Chicago Board of Education. □

SERENITY LODGE NAMES MARTIN AND GRIEDER

New Beginnings at Serenity Lodge has named **Jerry Martin** executive director and **Diane Grieder** director of counseling services. The residential treatment center is part of Recovery Centers of America and is located in Chesapeake, Virginia.

Martin is the former executive director of White Deer Treatment Center in Londell, Missouri. Grieder is a member of the American Bar Association's Commission on Youth Drug and Alcohol Issues and is the former program director of Beacon Hall in Berlin, New Jersey. □

O'CONNELL TO DIRECT MIDWEST CONNECTICUT EAP

Vincent O'Connell, CAC, has been appointed manager of industrial services at the Midwestern Connecticut Council on Alcoholism. Formerly program counselor and supervisor, O'Connell will direct the Midwestern Connecticut EAP, which provides services to 11 companies in the Danbury area. □

BRINSON TO DIRECT ALCOHOLISM PROGRAM

A Vietnam veteran and a spokesman on issues of alcoholism and Vietnam veterans, **Thomas Brinson** is the new director of alcoholism services for the International Center for the Disabled in New York City. The ICD program focuses on intensive outpatient treatment that helps patients remain on the job and in their own homes.

Brinson has 10 years' experience in substance abuse counseling and program development for several hospitals, and he developed and implemented the New York State Standard for Credentialled Alcoholism Counselors. He is a founding member and former vice-president of the National Association of Alcohol and Drug Abuse Counselors. □

HATCHER APPOINTED TO NURSING DIRECTOR POST

Phyllis W. Hatcher is the new director of nursing at Poplar Springs Hospital in Petersburg, Virginia. A staff member of the private psychiatric facility since 1982, Hatcher has worked with Adult and Adolescent Programs and was unit coordinator for the Adolescent Program. She is a graduate of Petersburg General Hospital's School of Nursing. Poplar Springs in part of Hospital Corporation of America. □

CPC HOSPITAL DIVISION ANNOUNCES CHANGES

Headquartered in Santa Ana, California, Community Psychiatric Centers has announced a reorganization of its 22-facility U.S. Hospital Division.

Former senior vice president **Loren B. Shook** has been named executive vice-president of three recently established national divisions. Assigned to senior vice-president in the new Western Division is **Robert Derenthal**.

Other changes: **Ralph Watts** to senior vice-president of the Southern Division; and **Donald Kalicak** to vice president of operations for the Central Division. □

KUCHINSKI JOINS FOUNTAIN CENTERS

Laurel Kuchinski was named outreach coordinator for Fountain Centers, headquartered in Albert Lea, Minnesota. She will handle outreach activities for a number of satellite areas in Iowa, Indiana and Minnesota.

A former counselor at Hazelden Foundation in Center City, she has also worked in the marketing/sales field. She holds a degree in human relations and organizational behavior from the University of San Francisco. □

HUMAN SERVICES CENTER PROMOTES MICHAEL THUSS

Michael A. Thuss, MSW, has been named director of employee assistance programs for Human Services Center in Sacramento, California.

A licensed clinical social worker, Thuss has been on the HSC staff since 1979. He will develop marketing strategies and act as a liaison with public and private employers. □

EAP SERVICES EXPANDED BY CONNECTICUT FIRM

Education and Training Programs, Inc., a Connecticut-based employee assistance consulting firm, has recently been selected by four companies to provide EAP services.

ETP is consulting with U.S. Tobacco's in-house EAP in Greenwich, Connecticut, and is implementing employee assistance programs at Colt Firearms and at Sweet Life Foods in Connecticut, as well as Travelers Insurance in Dallas, Texas. ETP currently serves other Travelers offices, in addition to local and national EAPs for other Connecticut-based employers. □

RESOURCE EAP, INC. NAMES NEW OFFICERS

Resource EAP, Inc., a newly formed corporation in Jacksonville, Florida, has named the following officers: **Robert J. Appleby**, president; **Patricia E. Wright**, vice-president; **David Shay**, vice-president/national accounts; and **Leslie A. Freeman**, secretary/treasurer.

The company was established through a partnership of the Center for Health Promotion in Jacksonville and Waldman/Shay Associates of New York City. □

DR. FRANK A. SEIXAS RECEIVES MEDIPLEX AWARD

The John P. Matthews Award for distinguished service was presented by the Mediplex Group to **Frank A. Seixas, MD**. The award is given to individuals who have contributed lifetime service to the alcoholism field.

Recently retired from the Harvard Medical School faculty, Dr. Seixas was medical director for the National Council on Alcoholism for 10 years, during which time he developed criteria for the diagnosis of alcoholism. He was founder and editor of *Physicians Newsletter* and of *Alcoholism: Clinical and Experimental Research*, as well as a founder of the Research Society on Alcoholism. □

BROOKWOOD APPOINTS CAIN VP/QUALITY ASSURANCE

Formerly director of counseling and treatment at Brookwood Recovery Center-Orlando, **Roger Cain** has been named vice-president of quality assurance for Brookwood Recovery Centers. Based in Birmingham, Alabama, the company operates alcoholism and chemical dependency treatment centers in seven states.

Prior to joining Brookwood in 1978, Cain was director of treatment at Fellowship House in Birmingham. He holds a master's in guidance and counseling from the University of Alabama. □

UHS RECOVERY CENTERS APPOINTS DR. WILLIAMS

Universal Health Services, Inc., has named **Kenneth H. Williams, MD**, as medical director of its Addictive Disease Division. Formerly medical director of Addictive Disease Services for Northwestern Institute of Psychiatry in Pennsylvania, Dr. Williams is a trustee to the General Services Board of Alcoholics Anonymous. He is a lecturer, author and researcher in addiction treatment.

The company, headquartered in King of Prussia, Pennsylvania, operates four residential centers. □

ST. MARY'S AFTERCARE PROGRAM NAMES CRAWFORD

Karen Crawford has been appointed clinical supervisor of outpatient/aftercare services at St. Mary's Rehabilitation Center in Minneapolis. Crawford formerly was head counselor for the program.

Filling the head counselor position is **Charlie Greenman**, who has worked in the field for the past nine years. □

For Women Only

By Barton E. Bernstein and Berna G. Haberman

Not since World War II have so many women willingly entered the work force. Yet, today's woman is different from her 1940's sister. For the most part, she is in the work force permanently. Working to develop her career or to increase the family income, the working woman may be widowed, divorced or in an unhappy or unstable marriage.

While the information in this article is appropriate for all women, its focus is on helping a woman prepare for the possibility of divorce or widowhood. Each EAP professional can share this information in a series of lunchtime seminars, an independent workshop or as part of individual consultation.

Death and divorce head the stress scale and it is common knowledge that job interest, efficiency and attention deteriorate rapidly when an employee is involved in an unhappy marriage, is in the process of divorce litigation or is unprepared for widowhood when it occurs.

This stress begins long before the divorce is filed and may precede the legal conflict by many years.

The troubled employee may experience feelings of anxiety, depression and anger that could be resolved independently or through the help of a mental health professional. The progressive EAP counselor can expand EAP programs to assist women in legal, socioeconomic and mental health areas and thereby serve the dual purpose of reducing employee stress and minimizing the loss of productivity to the company. (See "Employee at Risk: The Single Working Parent" in this month's issue.)

Most states have "no fault" divorces. Either party can at any time file suit for, and eventually obtain, a divorce, and often pick when and where the divorce suit will be filed and concluded.

The realities are:

- If the woman is unhappy in a marriage, the husband may also be unhappy and be preparing for divorce;
- Current family laws do not protect or favor the woman over the man in disputes over custody, child support, alimony or property; and
- Lack of knowledge of the law is no excuse.

With this in mind, every "prepared" woman should consider the following.

Independent Credit

Every working woman must obtain credit in her own name. Credit applications should be signed by the woman only, with the card issued and the bill sent directly to her. This credit cannot be affected by death, divorce or by the husband's notice that he is not responsible for his wife's debts.

Appropriate credit would include one major international credit card, two or three retail establishments and two or three gasoline credit cards. Credit establishes a foundation for future personal and business dealings if minimal purchases are made monthly and bills paid promptly.

Medical

Two employed spouses may have two major medical policies. These policies may cover children in the event of divorce, but they never cover former spouses. Thus, where a husband's major medical insurance policy covers dental, cosmetic, psychiatric, psychological or other medical services not included in the wife's coverage, it is in her best interest to have a complete medical check-up while covered by the dual policies, secure all medical, dental and cosmetic treatment needed and remain in the best physical condition possible.

Cash

Each individual should have an independent bank account appropriate to his/her income. Personal cash in the bank guards against an abrupt withdrawal of family funds. Cash offers flexibility and independence if there is a sudden turn of events. Lawyers, accountants, therapists, appraisers, consultants and other expert professionals all charge for their services; cash ensures that these services may be purchased when and if needed.

Budgeting and Contingency Plans

Two incomes pooled together establish a certain lifestyle. When divorce occurs, the wife's income and lifestyle may change drastically. For example, a wife will usually receive 20 percent to 30 percent of her husband's net income for child support. This, plus her salary, may constitute her total income. If major changes are going to be made, careful planning requires a review of anticipated income and expenses, i.e., a finely tuned budget. Practical alternative financial plans must be developed. Some contingency planning is helpful, desirable, and often essential.

Wardrobe

A court will always allow a divorcing woman to keep her wardrobe. Women contemplating divorce may want to look at the pragmatic question: "Is my current wardrobe sufficient to face the future, without an immediate expenditure? Is my wardrobe appropriate for a single, professional or working woman?" A winter coat that is affordable on dual salaries may not be affordable on a single salary. Some attention should be given to the future working or social wardrobe, an often overlooked expense.

Knowledge of Finances

Family structures and roles assumed by each family member vary considerably from family to family. Individual employees may thus have varying degrees of knowledge of personal family finances: assets, liabilities, net worth, the intricacies of tax returns, investments and financial schedules.

The prepared woman stays informed by seeking out, understanding and copying all relevant family documents—from income tax returns to family balance sheets. Participation in financial priorities and planning is the first step toward independence. Understanding the complexities is the second.

The Therapist and Attorney

Divorce and widowhood are an interdisciplinary problem with mental health as well as legal overtones. The EAP counselor perceives family difficulties and offers initial consultation and advice. This is often the only prelitigation counseling the employee receives. A lawyer must be consulted when the problem is clearly legal and should be consulted at a time when advance planning is still possible. □

Barton E. Bernstein, an attorney in private practice, is a member of the adjunct faculty of the Graduate School of Social Work, Arlington, Texas, and the department of psychiatry, Southwestern Medical School, Dallas, Texas.

Berna G. Haberman, in private practice in Framingham, Massachusetts, is an EAP consultant and a member of the adjunct faculty of Framingham State College and the University of Lowell.

A Medical Center's Training Program

Eastern Maine Medical Center, a 416-bed regional hospital, is Bangor, Maine's largest employer. Its EAP has had a great impact on the community, touching families throughout eastern Maine either directly or indirectly. Now, a chemical dependency training program is making new strides.

By Jim Owen, M.A.T., and Marilyn McInnis, M.Ed.

Responding to the needs of both the staff and the organization, Eastern Maine Medical Center established an employee assistance program in December, 1980. Following the broad brush model, EMMC established policy, hired a program coordinator, systematically trained every supervisor and oriented every hospital employee to the program and the procedures related to it. The initial response to the EAP was positive, and many people, both staff and families, have used the service to good advantage.

Original Focus of the EAP

When the EAP was begun, great care was taken to emphasize the multi-faceted nature of the service, and to de-emphasize the significance of chemical dependency as a special need. The EAP could easily have been seen as another manifestation of the growing, and not always popular, influence of EMMC's chemical dependency program. And EMMC did not want to experience the problems associated with the alcoholism-focused EAPs of the past.

With that in mind, the initial EAP training of the hospital's supervisors did not focus much attention upon chemical dependency. However, during the winter of 1982-83, a series of emergency situations involving chemically dependent employees arose, which indicated that the EAP needed to provide supervisors with more training specifically related to chemical dependency. Facing this fact, the hospital's administrator decided to institute a brief training program for all 160 supervisors. This program would be jointly planned by the EAP coordinator and a consultant from the training arm of the chemical dependency program.

Laying the Groundwork

Preparations for training the supervisors went quickly. The EAP coordinator and the chemical dependency specialist required only a few meetings to establish the time frame, content, and training schedule. The coordinator then focused her attention upon the task of ensuring that supervisors would attend the training. This was accomplished through sharing content outlines with the hospital administrator and then working with him to draft a letter to be sent to all the supervisors, announcing the training program and asking them to attend it.

Once the letter had been sent out, the coordinator personally handled the registrations which were being called in. This enabled her to sense where further encouragement was needed to ensure maximum involvement. This was made easier by the clear message that even top management would be scheduling themselves for one of the two-hour sessions.

In order to find a time for everyone, six sessions were scheduled over the space of four working days, offered at various times in the morning and afternoon. Two additional sessions were offered later to accommodate those who were unable to attend any of the first six. These sessions extended the training period from May into June, 1983.

The coordinator attempted to keep the number of participants in each session to a manageable number, approximately 30. Attendance lists were kept at each session, and were compared with registrations, so that the coordinator could encourage some who had missed their scheduled session to attend one at a later time. The serious intent of the coordinator had much to do with the willingness of the supervisors to make time for the sessions.

The Presentation

The presentation offered at each session was didactic and as non-threatening as possible. Lasting only two hours, the presentation was given primarily by the consultant from the chemical dependency program, but the role of the EAP coordinator was significant. The EAP coordinator introduced the training and included concrete illustrations of how fellow supervisors had been rudely surprised by dramatic chemical-affected performance breakdowns. The coordinator did so without violating the confidentiality of either the employee or the supervisor, and without judging their behavior in the crisis situation. This set a practical, serious and non-threatening tone for the session.

The chemical dependency professional then led a discussion of those characteristics of the hospital environment which make it difficult for supervisors and peers to pick up on the subtle cues which indicate a health professional is in trouble: Health professionals are adept at repressing their feelings in the presence of patients and staff; health professionals emphasize high performance standards, and being busy themselves, trust in the professionalism of their peers; health professionals are preoccupied with patient suffering and tend to deny that they, or a fellow helper, could need help themselves.

Following the discussion, participants were asked to consider their everyday sources of conflict and confusion and to identify some of them within the group. Laughter and a sense of camaraderie emerged as participants identified with each other's similar problems with children, spouses, money, patients, policies, parents and peers.

Using overhead transparencies to structure a mini-lecture, the chemical dependency consultant then reviewed the various ways individuals in our culture respond to stress, one of which is the use of mind-altering chemicals. Emphasizing the importance of not making a diagnosis, the presenter identified early signs and symptoms which indicate that an employee or fellow supervisor is in stress and is not doing well. Having developed this list together, based on their experience with clients, both presenters took turns sharing concrete examples, responding to questions, and clarifying each other's responses to the supervisors' questions.

The consultant then raised the issue of how people tend to respond to stress in others. Noting that this is the particular challenge of supervisors, he reviewed how easily anyone can move from supporting someone in stress, to helping them for a while, and finally, to enabling them to remain dysfunctional almost indefinitely. The consultant used the concept of "tough love" to help clarify how a caring and concerned supervisor can effectively help an employee who is not at his/her best. The essential message was that the concerned supervisor does not diagnose, does not counsel, and does not tolerate poor performance or teamwork that jeopardizes the well-being of his/her work area without

making EAP referrals and following disciplinary procedures.

The final half-hour of the session was devoted to exploring the specific impact of chemical dependency upon the workplace. The chemical dependency specialist quickly reviewed the emotional suffering and social experiences of the chemically dependent person. Stressing the family disease concept, the specialist also reviewed the experience of family members, and indicated that a dysfunctional employee is more likely to be a member of a chemically dependent family.

Both presenters emphasized that this training was simply to clarify for the supervisors one of the most significant sources of overstressed and dysfunctional staff members, and not to serve as a basis for diagnosis. After underlining the treatability of chemical dependency and the value of EAPs in helping identify the illness at an earlier stage, the presenters answered final questions and brought the session to an end.

Results

In all, 132 out of 160 supervisors attended these two-hour sessions. The initial evaluations of the sessions were positive. The supervisors appreciated the sessions' relevance to their actual experience with employees. The EAP coordinator experienced a marked increase in both supervisory referrals and in informal consultations with supervisors regarding unidentified employees. In the six months after the training, monthly referrals for all reasons had tripled in number. Interestingly, self-referrals specifically for chemical problems increased during the same six-month follow-up period, possibly influenced by supervisors.

During the same period following training, there were no chemical-related emergencies on the job. This fact is important, since the training came about because such incidents had occurred. And finally, the number of informal consultations regarding chemical problems had increased from an average of 6.8 per month to 8.8 per month. It would thus appear that the benefits of addressing chemical dependency directly, but gently, far outweigh the risks taken in diverting an otherwise "pristine" broad brush approach to an EAP. □

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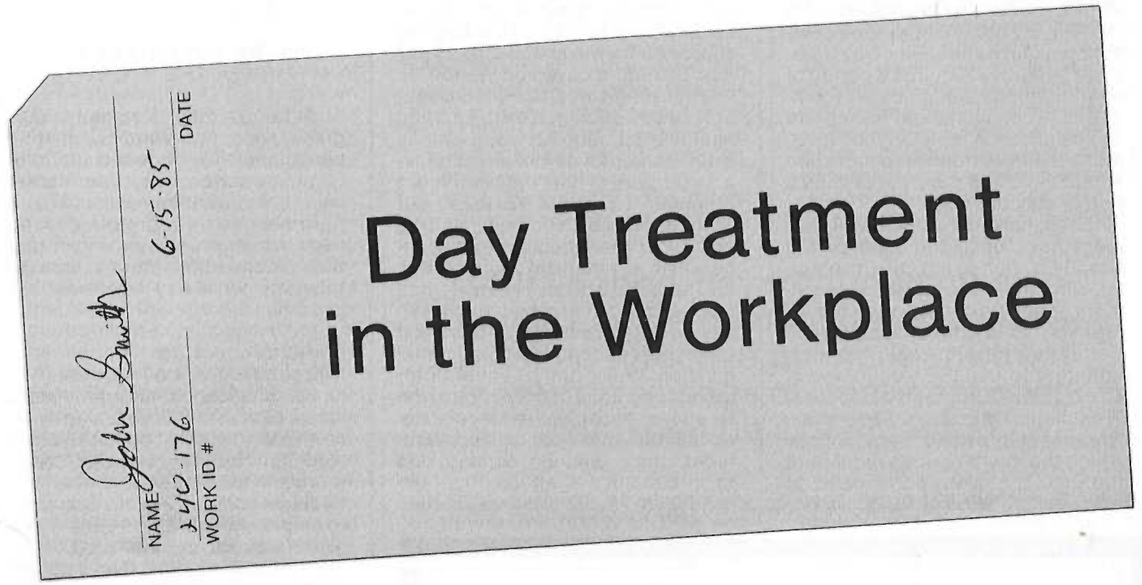

Day Treatment in the Workplace

Treatment of alcoholism has evolved toward two extremes on a continuum, with little variation between these two ends. On one extreme is the self-help movement best represented by Alcoholics Anonymous. Lacking any formal organizational structure, this treatment modality can be characterized as open ended, self-governed by broad principles (AA *12 steps*), and possessing neither staff nor professionals in the usual occupational sense.

At the other end of the continuum is inpatient treatment or hospitalization. This treatment form has realized dramatic growth over the past decade, reflecting an increased acceptance of the disease concept of alcoholism. Today, inpatient treatment is the most widely accepted and expected treatment of choice within the professional alcoholism field, particularly within employee assistance programs.

There is, however, a relatively new treatment, which falls somewhere between the two ends of the current treatment spectrum—the day treatment rehabilitation program. It offers a viable alternative to other types of treatment. A newly developed day treatment program is, in fact, currently in operation at the New England Telephone Company.

WHAT IS DAY TREATMENT?

Day treatment programs have played a minimal role to date in the alcoholism treatment field. Unlike their widespread use in the mental health community, day programs have been virtually ignored in preference to inpatient hospitalization or the self-help movement of AA. Even outpatient treatment has not played a significant role in the alcoholism field, in part due to the universal availability of AA and similar self-help groups along with a widespread avoidance of alcoholism within the health and mental health fields.

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Although the predominance of hospitalization as the treatment of choice suggests the effectiveness of this modality over others, there is, in fact, no demonstrated evidence to this effect. A combination of historical, political and philosophical factors, along with more recent developments in the healthcare financing system, account for the current treatment arrangements. Consequently, day treatment cannot be viewed solely on its own merits but must be examined in the light of these prevailing conditions and realities.

Confounding the situation further is the precise nature and function of day treatment. There are multiple understandings of day treatment, and terms such as partial hospitalization, and social detoxification are used interchangeably. However, a clearer definition and more conceptual clarity can be achieved through a descriptive analysis of the nature and purpose of day treatment.

Day treatment, as it is currently operationalized in the few existing programs, is an intensive modality consisting of a prescribed treat-

ment regime covering six to 10 hours a day and lasting from two to four weeks. It differs from an outpatient modality by reason of its time commitment and its intensity. Day treatment generally requires a period of time in which clients absent themselves from work and other life events to concentrate on their treatment. It differs from hospitalization in that the client does not occupy a bed or stay the night.

Some advocates of day treatment have used the term *partial hospitalization* to indicate its parallel with the hospitalization treatment schedule. One researcher, G. Frankel, used partial hospitalization in referring to day programs, adhering to the 1981 definition of The National Drug and Alcoholism Treatment Utilization Survey as, "treatment provided by a unit, in which the client resides outside of the unit. The client participates in an alcohol abuse treatment program with or without medication according to a minimal attendance schedule as defined by the funding source (usually 5 or more hours per day, 5 or more days per week)."

Referring to partial hospitalization, which is common in the mental health treatment network, seems inappropriate for day treatment since a large part of the day treatment rationale is to move treatment out of the more costly medical setting and avoid the labeling process inherent in any medical environment.

The term *social treatment* has also been used interchangeably with day treatment, most likely borrowed from the concept of social detoxification. While day treatment programs draw upon concepts and even treatment activities from social detoxification and hospitalized treatment, their unique purpose and characteristics sufficiently differentiate them from these other modalities.

THE ADVANTAGES TELL THE STORY

Although day treatment programs are too new and few in number to allow for generalizations or dogmatic statements, there is a set of observed advantages which create the rationale for a preferred treatment. Although untested empirically, these factors constitute salient arguments for a day treatment approach.

Marked reduction in treatment costs

Hospitalization for any illness is an expensive event. By taking treatment out of the hospital, the day treatment program can offer treatment at a lower cost. John F. C. McLachlan and Rodeen L. Stein, for example, found day treatment in 1982 was 65 percent less costly per successful patient than inpatient treatment ($901.26 vs. $2,544.65). Frankel cited the day program of the Industrial Rehabilitation Center in Kansas City, a labor organization, as achieving significant over-all cost reductions ($180,960 vs. $414,960).

If, indeed, day treatment of alcoholics can be demonstrated to be at least as effective as inpatient treatment, the savings of treatment costs alone can be significant. Other articles reporting on controlled studies comparing treatment outcomes between alcoholism day treatment and hospitalization noted few differences between the two treatment modalities. Thus, the burden of proof falls upon the more costly hospitalization treatment.

Approximation of normal environment

A major controversy over inpatient versus day programs focuses on the environment as an essential therapeutic ingredient. The case for inpatient treatment has long held that removing the alcoholic from his or her environment for a substantial period of time is essential in breaking alcoholic behavior and providing a period of respite in which the occasion or opportunity to drink will not interfere with the recovery process.

Day treatment takes the opposite position—that the alcoholic needs to rehabilitate in the context of everyday living, rather than in an unnatural environment. Lasting sobriety should take place in a live setting, not unnaturally sheltered from the normal stresses and temptations of environmental realities. One of the treatment tenets that has been cited for day programs is that the client must remain in touch with the natural social environment during treatment.

The day treatment model purposely uses the interaction of the normal environment in the therapeutic process. What goes on after program hours becomes important grist for the therapeutic mill. Temptations to nip, cravings, reactions of friends, interactions with families are brought back into the day program. By incorporating these dynamics into treatment, such deficits of inpatient programs as post treatment shock and readjustment to the natural environment are minimized.

Maintaining patient involvement with family

Although there is little empirical evidence on the importance of social supports in alcoholism treatment, there is ample anecdotal evidence indicating the critical nature of support systems in predicting treatment success. Day treatment offers the opportunity for patient involvement with family (or significant others) on two dimensions. First, the structure of the program and the proximity of the program to the home allows families to be incorporated into the treatment process more readily than inpatient programs, which are often geographically nestled in the Brooks, Havens and Manors of distant pastoral settings. Secondly, and more importantly, the family is involved with treatment since the patient returns home at night and over weekends. Thus, the issues of treatment are intertwined with family activities, feelings and reactions.

Although there is often a tendency to see family treatment as a major component of alcoholism treatment, the reality of time and the complexity of alcoholic family dynamics often work against any significant family involvement. The day program has structural advantages which set the stage for both family support and treatment.

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Flexibility for parents

While the therapeutic rationale for inpatient vs. day programs can be argued, the pragmatic realities preclude an extended hospital stay for many people. For example, day programs are more realistic for parents, particularly mothers, who are unable to leave their children for three or four weeks. This has become true especially for single parents who have no spouse to manage child care and for dual career parents whose work and family responsibilities won't allow extended periods of time away from the home.

Day programs offer a flexibility which will ensure parental contact with children on a daily basis and require only limited child care arrangements. Because of the significant rise in the number of single parents and dual career couples, this becomes an increasingly important treatment consideration for occupational programs.

Appropriateness for early cases

As alcoholism becomes less stigmatized and the illness concept becomes more accepted, an increasing number of individuals come into treatment at an earlier stage of substance abuse. It is widely reported in EAPs, although not documented, that significantly more self-referrals are appearing in caseloads. Many of those self-referrals are early-

stage alcoholics whose alcoholism is quite different from the chronic stages of late-term alcoholics; their denial has not yet solidified into an inpenetrable barrier.

Day treatment programs are much more appropriate vehicles for these early stage cases where intensive treatment is needed, but hospitalization is not necessary. For those alcoholics who are neither physically ill nor emotionally unstable, hospitalization may be unnecessary or harmful.

United Technology, for example, found in reviewing its EAP admission data that its client characteristics were changing. Clients were younger and less physically impaired, living in more stable environments and increasingly self-referred, "motivated by their own perceptions of problems on the job or at home."

All these factors point to a client who is coming into treatment better motivated, possessing more social supports and at an earlier stage of alcoholism; this promises a positive treatment prognosis and conditions more suitable for treatment in a non-hospitalized setting.

Promotion of long-term maintenance

Recidivism and relapse are a common phenomenon with the alcoholic; any measures to reduce the frequency of their occurrence constitute a positive treatment outcome. The structure of the day treatment program seems much more conducive to ongoing treatment and lasting sobriety. Researchers G. B. Collins, E. W. Watson and G. L. Zrimes concluded in 1980 that the day program creates an expectation of long-term maintenance therapy to follow treatment. In fact, a primary rationale for instituting the day treatment model rests on the provision of longer lasting motivation. While this has not been demonstrated through controlled studies, it would seem that nightly AA meetings, coupled with the interaction between treatment and living situations, would create a firmer base upon which to build long-term sobriety.

WHY IS THERE RESISTANCE?

These perceived advantages of the day treatment model lie in stark contrast to the reality of the current treatment system. That fewer than a handful of day programs have been initiated speaks to the dominance of hospitalization as the preferred treatment.

Resistance to adopting day treatment models can be traced to several influences:

- Current health care financing is not conducive to day treatment programs. Hospitals offer the structured and standardized professionalism compatible with conventional reimbursement.
- Hospital settings offer a better form of social control. By admitting the alcoholic to the three to four-week hospital setting, families and supervisors gain a temporary respite from the admittedly difficult behavior leading up to the admission.
- Perceived treatment issues, such as the need to isolate the alcoholic from existing environments for a significant time period, argue for inpatient care.
- Vested interests influence the alcoholism treatment field. The field is not unlike Detroit's automobile industry, which resisted building smaller cars despite the realities of shifting consumer preferences and the rising costs of fuel, since the shift meant smaller profit margins. Alcoholism treatment is now a large scale enterprise; day treatment would mean not only empty hospital beds (a disaster for capitalization costs) and a halt to expansion, but a significantly lower profit margin.

Nevertheless, despite these barriers, several corporations have begun to adopt a day treatment modality, hoping to realize the program benefits previously discussed.

A DAY TREATMENT PROGRAM THAT'S WORKING

The Substance Abuse Day Program of the New England Telephone Company was initiated in December, 1983, as part of the employee assistance program. Its establishment concluded a year of cost/benefit studies and projections, development of the treatment program and an extensive renovation of space contiguous to the medical department. The Boston company is one of the first corporations to offer an on-premises substance abuse day program to its employees.

The program is organizationally and programatically a component of the New England Telephone Company Employee Assistance Program which was established more than 17 years ago. The motivation for the program arose from several sources. It was an attempt to increase the ability of the EAP to respond to alcoholic employees who either did not need hospitalization or whose life circumstances made hospitalization impractical. It also sought to reduce current hospitalization costs for substance abuse, which were running over $1 million a year.

The company's EAP includes a broad social service and general counseling component, a Substance Abuse Rehabilitation Unit and the SADP. One of the unique features of the SADP is that its relationships with these components provide continuity of care. For example, all candidates for the program are screened and given intake interviews by the counselors from the Substance Abuse Rehabilitation Unit. These same counselors provide an extensive aftercare program. Consequently, the SADP can ensure that alcoholic employees will have continuous treatment over an 18-month period, within the same treatment program.

PROGRAM GOALS AND OBJECTIVES

The major purpose of the SADP is to provide a viable treatment alternative for those chemically dependent employees and their dependents for whom immediate AA involvement and counseling are not sufficient to effect recovery, and for whom hospitalization is not deemed necessary or advisable. The day program provides an intense treatment mix of individual and group counseling, information about substance abuse and chemical dependency, and a careful construction of an aftercare treatment plan.

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According to the major program objectives, the client should:

- achieve a stable and reasonably contented initial sobriety;
- overcome denial in its various forms and begin to see the facts of chemical dependency, its various manifestations, symptoms and psychosocial consequences;
- recognize aspects of self and situations which serve as triggers to the use of chemicals;
- develop a realistic and accurate body of knowledge about chemical dependency to effectively counter popular myths, stereotypes, and social stigmas;
- learn alternative coping mechanisms;
- begin the process of learning how to examine, recognize and give appropriate expression to one's feelings;
- gain a realistic understanding of the impact of chemical dependency on the family;
- achieve a reintegration of self with home and work situations;
- gain a thorough familiarity with

the concepts and activities of Alcoholics Anonymous, Al-Anon, and Alateen, and accept these programs as part of a continuing recovery program for self and family;
- accept an active, continuing role in aftercare with the Substance Abuse Rehabilitation Unit following discharge from the day program.

PRE-PROGRAM SCREENING

Participants are chosen for the SADP from those employees and their dependents who are either referred to the EAP or voluntarily seek assistance. Appropriateness for the program is determined during an initial screening interview. Criteria include:
- the ability to abstain from drugs while in the program;
- employee's chemical dependency is not complicated by severe mental disorders or depression;
- adequate level of family or significant other support, and their willingness to participate in the SADP;
- proximity of work and home location to SADP;
- no medical contra indication (a complete medical examination is given by the medical department of the company);
- detoxification, if required, is already accomplished (arrangements are made with a local hospital for three-day detoxification).

Each prospective client also signs a release form to allow program staff to determine that a significant level of family support is present and to contact an AA member in his/her home community to assist the client in attending AA meetings.

Program requirements include mandatory AA meetings each evening; adherence to program schedule; reporting at 8:30 a.m. each day; and a promise not to take alcohol or other non-prescribed drugs.

A maximum of seven clients are chosen for each two-week period. Because the treatment takes place primarily within a group setting, this ensures that the group is able to bond and deal successfully with the group dynamics of intimacy and trust.

THE PROGRAM

The SADP's two weeks of intensive rehabilitation include a half-day on Saturday. The program runs from 8:30 a.m. to 4:00 p.m. each week day, with mandatory attendance at an AA meeting each night. This same group will continue together in aftercare for 18 months, reinforcing the continuity of care.

The two weeks consist of closely structured activities which progress through stages as the weeks unfold. The first several days focus on denial, leading to a process of letting go. For many, these first days entail their first recognition and admission of addiction. The final several days focus on aftercare treatment plans and issues related to living and working soberly.

Throughout the two weeks, a blend of information, attitude and feelings clarification, staff and peer confrontation are utilized to assist the employee/client in gaining both an understanding of chemical abuse and an insight into themselves, their chemical addiction, and necessary steps for recovery.

A typical day begins with readings and reflections from *Twenty-Four Hours a Day*. Discussion focuses on the previous night's AA meeting and activities, and reflections and discussions from home-life experiences the previous evening. Drawing upon this material brings out the unique dimension of day treatment, which places the struggle for sobriety within the context of significant others and the client's immediate environment.

The treatment is able to utilize life events and treatment issues simultaneously since the client is engaged in both. This is a marked departure from hospitalization, where isolation from life environments is purposely mandated to achieve a therapeutic milieu. In day treatment programs, a difficult family situation triggered by the alcoholic's new recovery behaviors is brought into treatment the following day.

This group experience is complemented with didactic sessions in which basic information is provided about alcohol, drugs and chemical dependency. Films and outside lecturers are used to assist this process.

Sometimes during the day, SADP counselors meet with individual members to explore more personal issues and assist them on items not appropriate within the group context.

The combination of group meetings, educational activities and individual counseling is intertwined throughout the two weeks in a purposeful way, progressing from issues of denial in the first few days, and building toward the transition to aftercare over the last several days. During the second week, each participant undergoes an extensive self-evaluation within the group by means of an interactive group process. This is followed by a peer evaluation process where group members rate each other on 25 items. This assists each person in the group to gain further insight into his/her defenses, and acts as a vehicle for mirroring positive attitudes.

Families are brought into the program on the Saturday between the two weeks. For many, this is the first time they have dealt with chemical abuse outside the family. Both educational and affective components are built into the day, with the major purpose being to initiate family activities geared toward re-

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