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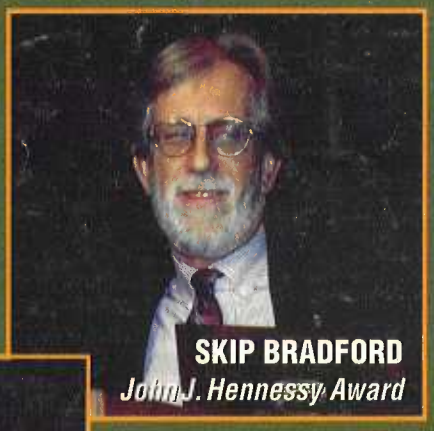

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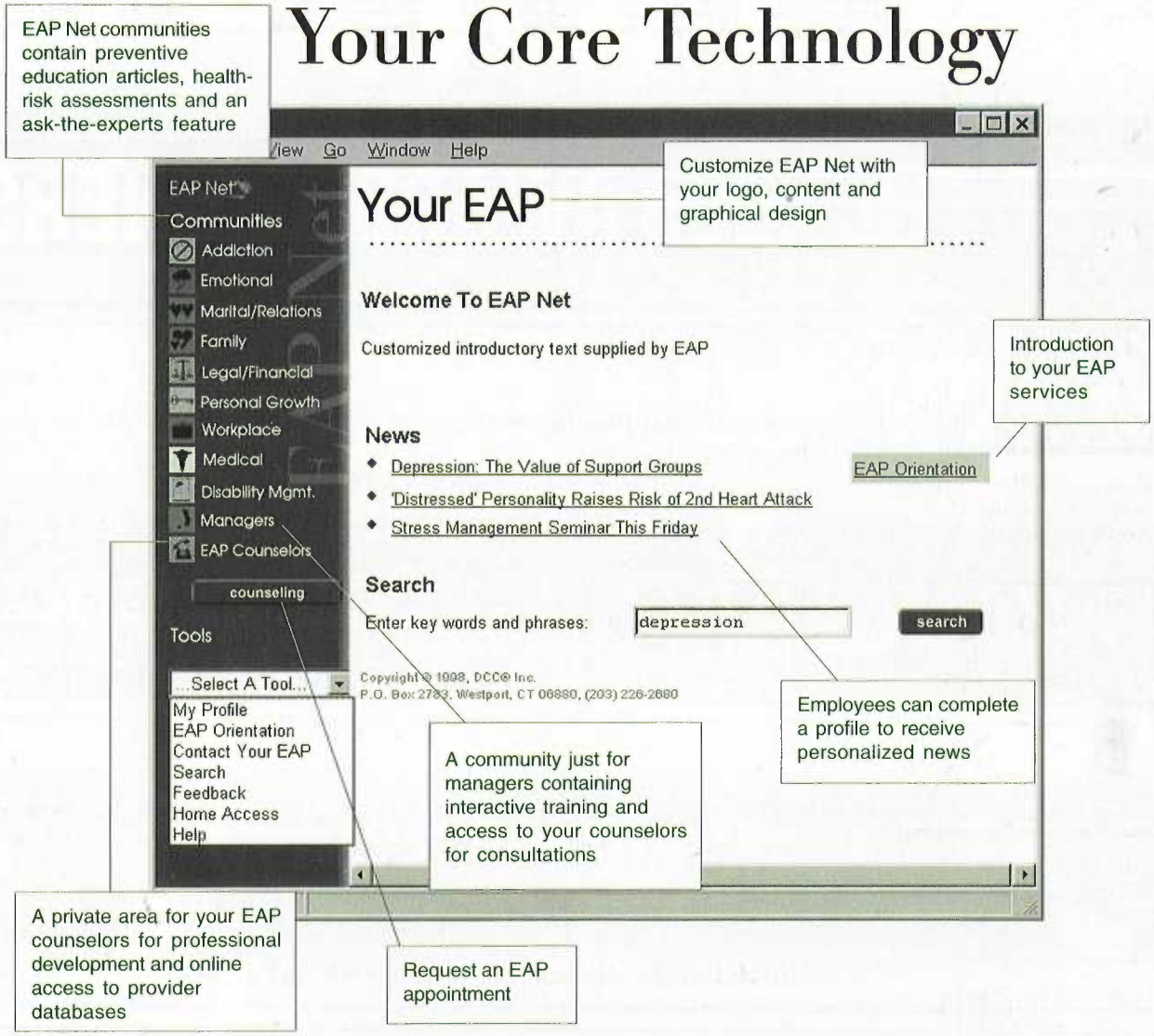

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President's Page

We're Up and Running

by Gregory P. DeLapp, CEAP

GREGORY DELAPP, CEAP
EAPA President

The past several months have been an interesting mix of excitement, challenge, pure fatigue, and humility. I see the pattern continuing for the next two years!

I entered the role of EAPA president full of excitement, ideas, and limitless goals. Reality has had a way of tempering all that. The challenges are immense, and because we belong to an Association with such diverse voices, I marvel as we search for a roof large enough to cover all our interests. The rush of pre-conference activities, constructing the formal and informal mechanisms of running a two-year EAPA administration, the wonderful conference in Las Vegas, chairing my first Board meeting, and the huge number of issues begged on by all of the above...left me very, very tired.

We have all been there: fatigue, over-committed, juggling immediate responses to daily demands with the patience and thought needed to be strategic. Did I mention there is a family life in there, too? Leaves one with an overwhelming sense of humility. I am excited, challenged, fatigued, but truly humbled by the role of president of EAPA.

Not to worry—I am up for the challenge. And, we are going to move this Association forward! We are going to do that by getting excited about what we are, who we are, and how we get better at what we do; by meeting and exceeding the challenges before us; and by using the professional development, technological, and educational tools available to us. We are going to move forward based on our core capabilities and future utility as EA professionals.

EAPA and its 7,200+ members have a lot to offer the employees, employers, unions, and communities where we practice our profession. We have a tremendous amount to offer each other as well. We do our best when we drop the walls, the old tapes, and the single-issue interests that have fueled our incredible ability to challenge each other (our eighth point of core technology, perhaps!).

We must tackle our issues with a commitment to an open, non-threatening, and constructive search for solutions.

As your new president, and working with the new Board of Directors, and the EAPA staff, I am committed to identifying opportunities, finding solutions, learning from what others have to offer, and moving forward in promoting EAPA and the EAP profession. I have a lot to learn, and am counting on learning it from my peers in EAPA. I need your interests, energy, and opinions to get there. Feel free to give them at any time!

In future issues of the *EAPA Exchange*, I will delineate process, policies, strategic intent, and road maps as to how we can keep moving forward. I will highlight the efforts of our members. I will continually ask for your interests, energy, and opinions. I am going to insist that we tackle the issues–tough as they may be–with a commitment to an open, non-threatening, and constructive search for solutions. You should expect no less.

There are many EAPA members who serve on the Board, chair and serve on committees, lead chapters, and demonstrate their interest and commitment to moving forward. Join us! We welcome your participation.

Finally, and with genuine humility, I am grateful for the unique opportunity to serve as president of EAPA. I thank Carpenter Technology Corporation (my employer of 17 years), the members of EAPA, and my family for allowing me to be in a position to serve. Let's go!

Gregory Delapp can be reached at gdelapp@cartech.com.

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SYLVIA STRAUB
Chief Operating Officer

From the COO

Please Tell Us What You Need

by Sylvia Straub, Chief Operating Officer

At the end of December, U.S.-based EAPA members received a Needs Assessment Survey as well as a conference program for the 1999 Legislative and Public Policy Conference. Please, please help EAPA to serve you better by returning the Needs Assessment Survey. It takes only a few minutes, and you can use the postage-paid envelope enclosed to return it to us. If you did not receive a copy of the survey and conference program, please contact EAPA headquarters by e-mail (eapamain @aol.com), fax (703/522-4585) or phone (703/522-6272).

The survey results will be used by the Board to determine how EAPA should deploy its resources to better serve members. International and Canadian members will be surveyed separately in the coming months. The importance of having your responses to the survey questions cannot be overestimated. Associations exist to serve their members, and to do so, they need to hear from members. And, don't forget. By returning the survey, you are automatically entered in a drawing for one of two free registrations to the EAPA annual conference in Orlando or one of four $50 certificates to use in purchasing materials from EAPA's Resource Center.

Preceding the conference will be a day-long training course on drug-free workplace issues. Included in the training are legislative updates, training materials for supervisors and employees, and new ideas and opportunities for expanding your market to small- and medium-sized businesses. The training workshop takes place February 27 at the Holiday Inn on the Hill in Washington, DC.

Thanks for Noticing

"Thank you for noticing." I've used those words a lot during the last few months when talking with members. What you are noticing is our effort to improve customer service. Staff members have also received letters, e-mail messages, and calls from members to thank them for going the extra mile to respond to a request. We heard good words from members frequently at the annual conference in Las Vegas (someone said to me that he had "never seen a group of people work so hard."), and the conference evaluations indicated that 93.3 percent of the respondents gave staff services at the conference an "excellent" rating. We are pleased and encouraged, and we want to do even better in the future.

More than a year ago, I made a pledge to you in this column–that we would respond to your requests by phone, fax, or e-mail within 48 hours, and if we didn't, you could and should contact me directly (703/522-6272, ext. 316). At that time, I explained that we were short-staffed at EAPA headquarters, and we still are. Because of EAPA's past financial crisis, we reduced the number of staff considerably. Although we are in stronger financial health, we are adding staff cautiously and in a measured way. I am very proud of EAPA's staff, and of their willingness to go the extra mile for our members.

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Nominations for EAPA Board of Directors

The following positions on the EAPA Board of Directors are now open for nominations: Labor Director; External EA Providers Director; and Regional Directors for the Canadian, Mid-Atlantic, North Central, Pacific, and Southwest Regions. The nominations period is open from January 1 through April 30, 1999. Elected candidates will serve from 1999 to 2001. The elected officers will assume office at the EAPA Annual Conference in Orlando, Florida, in October 1999. All candidates must be voting members of EAPA. Elected officers may not serve in a position for more than two consecutive terms.

The process for nominating members to elected positions in EAPA **has changed.** Nominations shall be submitted in writing by two voting members to the Nominations Committee. Nominations must be postmarked by **April 30, 1999** and mailed to the Nominations Committee, EAPA, 2101 Wilson Blvd., Suite 500, Arlington, Virginia 22201-3062 OR faxed to George Figliozzi, Board Assistant, at 703-522-4585 by close of business on April 30, 1999. For more information, contact George at 703-522-6272, extension 314.

Regional Directors must live in the region which they would represent; the persons nominating a Regional Director must also live in the region to be represented. Regional Directors must be CEAPs, voting members in good standing for at least four years immediately preceding nomination, and must be willing and able to attend scheduled meetings of the Board and Association.

Special Directors: Labor and External EA Providers. The Labor Director must work in a labor EAP and be a member of a labor union. The External EA Providers Director must work in an external EAP. Special Directors must be CEAPs, voting members in good standing for at least four years immediately preceding nomination, and must be willing and able to attend scheduled meetings of the Board and Association. All EAPA members vote for Special Directors.

For further information, contact the EAP Association, 2101 Wilson Blvd., Suite 500, Arlington, VA 22201; (phone) 703-522-6272, (fax) 703-522-4585; (e-mail): eapamain@aol.com

Reflections on EAPA 1996-1998

The following speech was presented by Immediate Past President Don Magruder on November 10 at the 27th EAPA Annual Conference in Las Vegas:

Thank you for the honor and the privilege to serve as your president for the past two years. Like many people who take office, I was first elated and then amazed to see how challenging it can be to hold the reigns of such a powerful organization. I will cherish these past two years forever. Thank you.

One of the perks I earned as the outgoing president is to recount the accomplishments of EAPA members and staff during the past two years. It's always a pleasure to praise work well done. I would like to highlight some of that work:

1. Membership has increased to more than 7,000 members with (102) chapters all over the world. This truly makes us an international association–something of which I am very proud.
2. In the area of finance, the Board of Directors approved an investment policy that has been successfully implemented.
3. Sylvia Straub's skillful management has produced a budget surplus each of the last two years.
4. The Board of Directors mandated a $1,000,000 reserve fund and I am very proud to say that we now have $900,000—almost there.
5. Membership services have been improved with a new and/or updated telephone and computer systems.
6. The EAPA Web site is up and working. Check it out at www.eap-association.com.
7. There's a new e-mail and fax-back system, as well.
8. Speaking of communication, the award-winning *Exchange* has been redesigned and expanded and its advertising revenue has significantly increased.
9. The EAPA Resource Center now offers the *Employee Assistance Law Desk Book* authored by Sandra Nye.
10. The release of the new and revised Standards and Code of Ethics has strengthened the employee assistance profession.
11. The EAP interactive chart that defines our profession is now complete. This is an extremely important document.
12. Our model state law has been revised and progress has been made on licensure initiatives.
13. EAPA's visibility in our nation's capital continues to grow as our members meet annually for our Legislative and Public Policy Conference that includes a "march on the Hill." EAPA's proactive stance on Capitol Hill has generated a very, very significant breakthrough in Congress. Thanks to the hard work of the Legislative and Public Policy Committee and EAPA's staff, the Drug-Free Workplace Act of 1998 protects the confidentiality of EAP records.
14. A generous grant from Eli Lilly and Company has made possible an EAPA conference display used in the exhibit halls of other association meetings.
15. The Certification Commission has produced a new Code of Conduct and new certification requirements. Re-certification rates increased from 32 percent in 1994 to 66 percent in 1998.

By now, you probably have a good idea of the diversity of EAPA worldwide. Linking all of EAPA's elements into a coordinated whole is no small task. The smoothness of this coordination is made possible by the dedication of EAPA's international office. Sylvia Straub heads an extremely hard-working group of people whose commitment to the employee assistance profession bonds the pieces of our Association. Without them, this Association would fold.

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EA Professionals and Occupational Physicians

The Winning Workplace Team

by William W. Greaves, M.D.

Although occupational physicians and EA professionals bring different backgrounds and perspectives to the workplace, we share many of the same beliefs regarding employee health and productivity. For example, we both believe:

- in working together for the benefit of the employee and the employer;
- that we have multiple areas of interest that overlap within the workplace;
- that the company and the employee benefit when we use a team approach to solving a problem;
- that we share additional areas of interest, such as case management, benefits issues, and improving an employee's quality of life and self-esteem through return-to-work systems.

EAPs and EA professionals are an important part of the workplace, not just because of their experience in helping employees with substance abuse or major mental health issues, but also as key players in the spectrum of workplace health promotion and disease prevention/intervention systems. They play an essential role in helping employees resolve issues that affect their performance in the workplace.

Like EA professionals, occupational physicians have seen the benefits of working closely with employees who have experienced difficult and multi-faceted health problems. Here are two examples that come immediately to mind:

- *One male employee was suffering from low-back pain, and he had been away from work for more than a year. He was experiencing very low self-esteem and he had not been earning much money while he was away from work. The occupational physician for this company began working closely with him, the HR manager, and the plant manager to develop a plan that would slowly ease him back into the workplace. The first stage of the plan called for the employee to work only two hours per day. On his first visit back he did little work; we focused first on getting him to interact comfortably with his social group. Within a week and a half, it was clear that he had re-established his social network as well as his self-esteem. Two weeks later, we were amazed to see him return to full-time work. By his own choice, he accelerated the plan and returned to work. The key to his success was participating in developing the plans for his recovery and entering a positive social environment at the workplace.*

- *Another male employee had experienced severe burns during an accident at the foundry where he worked. His work uniform as well as part of his nose and both his ears were burned off during the accident. Psychologically, he was feeling too frightened to come back to the foundry to work. Physically, he was no longer able to endure the extreme temperatures that were required of those who worked in the foundry. We started following his case right after the accident. We found that he was willing to be retrained to work in the laboratory, a decision that made it possible for him to stay away from the foundry area. We worked with various managers and supervisors at the foundry to help him and his co-workers get used to the new arrangement as well as his changing appearance with cosmetic surgery. We were pleased to see him return to work within just a few months of the accident. We believe our early intervention played an important part in his successful recovery.*

Another aspect we share with EA professionals is our need to conduct studies on employee health and health risks. The following information from ACOEM's *Journal of Occupational and Environmental Medicine (JOEM)* may be of interest to EAPA members:

- **Study Shows Employees with Depression and Stress Incur the Highest Healthcare Costs**
  In an extensive study of more than 46,000 employees from six large healthcare purchasers, those employees who reported being depressed and having psychosocial problems were found to be 147 percent more costly than their counterparts without those risks. Employees at high risk for stroke were also predicted to be 85

percent more expensive than their counterparts not at risk. The survey results indicated that two psychosocial factors—depression and stress—accounted for the greatest difference between low- and high-risk individuals. When demographic and other risk factors were held constant, depressed and stressed individuals were 70 percent and 46 percent, respectively, more costly than those lacking these risks. While the costs associated with depression in this study appear to be high, it should be noted that only 2 percent of the workers studied reported being depressed. A much greater proportion (19 percent) reported being highly stressed.

These survey results are particularly notable for several reasons:

1. The database for this study was the largest ever assembled.
2. Previous studies have been based on data from only one firm; this study covered employees from six firms.
3. While much is known about the health consequences of modifiable risk factors, very little information has been published on the financial impact of these risks.

The survey results were reported in the October 1998 issue of *JOEM*.

- **Employee Fitness Programs Reduce Number of Sick Days**

  A study, reported in the September 1997 issue of *JOEM*, showed that employees who exercised as little as once a week in employee fitness programs experienced significantly fewer sick days—an average of nearly five fewer sick days per year. The study, which was performed by Dutch researchers, included 884 workers from three workplaces: a police force, a chemical company, and a bank. For those in the high-participation group (who averaged one visit per week for one year), the average number of sick days per year fell from 10.1 days in the year before the exercise program to 5.4 days in the first year of the exercise program. In contrast, the low-participation and no-participation groups showed no significant change in their number of sick days. Previous studies have shown that workplace exercise programs have important benefits, including reduced healthcare costs and employee turnover. The same studies have also suggested that the employees who participated in fitness programs were the ones who needed exercise the least, and were healthier to begin with.

- **Study Suggests Company Health Promotion Programs Can Reduce Health Risks and Costs**

  A study published in the November 1997 issue of *JOEM* suggests that cutting healthcare risks can reduce average healthcare costs and prevent workers from incurring disproportionately high healthcare expenses. The results stress that it is important not only to lower risk for high-risk workers but also to make sure that low-risk employees don't become high-risk. Average yearly healthcare costs decreased by $129 for employees who shifted from high-risk to low-risk status. For all other groups of workers, costs increased. Those who moved from low-risk to high-risk incurred $734 per person. As is typical of studies of employee health costs, a minority of patients accounted for most of the increased costs. For workers who went from high-risk to low-risk status, the factors most likely to improve were safety belt use, reduced blood pressure, and reduced cholesterol. For workers who went from low-risk to high-risk, the key factors were lack of exercise, high cholesterol, overweight, and medication and drug use.

- **Excessive Force Linked to Carpal Tunnel Symptoms**

  Office workers with symptoms of work-related upper extremity disorders use more force at the keyboard than do symptom-free workers, according to a study performed by researchers at the Uniformed Services University of the Health Sciences as reported in the December 1997 *JOEM*. Workers with symptoms of carpal tunnel syndrome hit the keys harder than the symptom-free workers, but both groups used more force than necessary. Carpal tunnel syndrome and other work-related upper extremity disorders are increasing; they account for more than $2 billion per year in workers' compensation costs alone. A combination of work organization, psychosocial factors, and ergonomic factors are believed to contribute to these disorders.

- **Law Enforcement Officers Face Increased Cardiovascular Disease Risk**

  Working as a law enforcement officer is associated with a 200 percent increase in the risk of cardiovascular diseases, including heart attack and stroke, says a study performed at Iowa State University. The study, published in the May 1998 *JOEM*, concluded that the cardiovascular disease rate among law enforcement officers was 31 percent, compared with 18 percent in the general population. The data suggest that law enforcement work is a significant risk factor for cardiovascular disease, similar in magnitude to known risk factors such as diabetes, high cholesterol, high blood pressure, and smoking. The reason for the increased risk was unclear. The researchers note their study limitations, and urge against over-generalizing the results. More than 80 percent of the retired officers in the study felt that job-related stress was an important contributing factor. Rotating shift work was another possible reason.

In summary, EA professionals and occupational physicians share similar beliefs about employee health and productivity. Most of all, we share a belief that work can and should be a major positive factor in an individual's life. Our mutual goal is to help employees stay healthy and productive in their jobs.

Dr. Greaves is president of the American College of Occupational and Environmental Medicine. For further information or to find an occupational physician in your area, contact the American College of Occupational and Environmental Medicine, 55 W. Seegers Road, Arlington Heights, Illinois 60005; 847-228-6850; (fax) 847-228-1856; Web site: http://www.acoem.org

Occupational Psychiatry and the Employee Assistance Program

by Jeffrey P. Kahn, M.D., and Seth Aidinoff, M.D.

Organizational and occupational psychiatry has a history that dates back at least to the 1920s. Over the years, many psychiatrists have studied workers, leaders, and work organizations. In recent decades, though, psychiatric attention to the workplace has been only a minor part of the field. During the same period, employee assistance programs (EAPs) emerged as an essential way to provide workplace mental health services. Most recently, there has been a resurgence of psychiatric interest in the workplace. This change has occurred as organizational and occupational psychiatrists renewed a focus on workplace issues important for patients and for companies. In addition, many EA professionals have sought out a psychiatric perspective to enhance their own work.

Psychiatric Perspective and the Psychiatrist's Role

The psychiatrist's value to the EAP lies primarily in the benefit of a psychiatric perspective. Psychiatrists have broad training in psychiatric evaluation and diagnosis, psychotherapy, psychopharmacology, and medical illness. Organizational and occupational psychiatrists have further expertise in work and workplace concerns, and with how those concerns interact with organizational, career, family, and psychiatric issues.

Workplace mental health symptoms and dysfunction result from a complex interaction of these individual and workplace factors. The psychiatric perspective can be essential in understanding and simplifying this complexity. As in any medical model, accurate evaluation is the result of comprehensive assessment and understanding of the issues. Accurate diagnosis leads to more specific and effective treatment.

Psychiatric knowledge and perspective enhance the work of all clinicians in an EAP setting. Psychiatrists can offer this perspective in a wide variety of ways. For example, psychiatrists can offer education (seminars, supervision, case review) to EAP clinicians and business managers, in addition to evaluating and treating particular cases. The psychiatric perspective is valuable in all areas of EAP functioning, including initial assessment, diagnosis, and treatment.

Initial Assesment

Good mental health care requires careful attention to issues of confidentiality, empathic understanding, and alertness to historical detail. Mental health care in the EAP setting requires particular caution about confidentiality and perceived conflicts of interest.

Presenting symptoms are usually the best place to start, and attentive listening allows employees to open up about their important and personal concerns. As noted below, additional history about other emotional or behavioral symptoms will later help to formulate diagnoses. For example, emotional disorders typically involve multiple stressors, symptoms, and dysfunctions. It is important to understand early on those stressors and impairments that the employee already recognizes. Employees will rarely describe irrelevant events or factors. Frequently, though, the most disturbing stressors and symptoms are not described unless specific history is obtained. For this reason, EAP assessment of emotional problems should include a standardized psychiatric history, even if time constraints preclude a fully detailed evaluation. Only by attempting to identify all principal areas

of stress and dysfunction can clinicians make specific diagnoses and effective treatment recommendations.

In exploring each area of the employee's history, the goals are to obtain a general overview, and to pinpoint areas of particular stress, symptoms, and dysfunction. It is also useful to recognize areas of strength and support which may be helpful when formulating a diagnosis, planning treatment, and encouraging compliance.

Personal History

General History

The nature of the presenting complaint must be examined. Have there been similar episodes in the past? What does the employee think is going on? Is there past or current treatment? What kind of treatment is the employee looking for or expecting? Why did the employee decide to come for help now? Is substance abuse a problem for the employee?

Stressors

The nature of the physical and psychological stressors at the individual level should be cataloged and explored. Potential stressors are many, and a full listing is beyond the scope of this article. Examples of individual level stressors might include diagnosis of physical disease, change in residence, job promotion, or a car accident. Since the most significant stressors are often not identified by the employee, stressor history typically relies on a "parallel history." In other words, symptomatic history is obtained separately from a careful review of significant life events, looking for chronologically associated events and symptoms.

Symptoms/Dysfunction

Exploration of individual symptoms is the most essential component of the diagnostic evaluation. In cataloging symptoms, the clinician must be most attuned to those symptoms most frequently found in emotional disorders (see differential diagnosis below). These include mood disturbance (such as depression, hopelessness, elevated mood), anxiety symptoms (anxiety, panic attacks), cognitive disturbance (memory, concentration), and psychotic symptoms (paranoia, hallucinations), as well as the common physical manifestations of psychiatric disorders (changes in energy, sleep, appetite). Care should be taken to consider all of the symptoms relevant to common or otherwise important disorders. For each symptom and dysfunction, the clinician can explore severity, past history, timing of current episode, exacerbating and mitigating factors, and coping strategies.

Work History

The history of the employee in the workplace is an essential element for the diagnosis of emotional and behavioral disorders. Work is a central function for most people. The workplace is a frequent source of physical and psychological stressors that trigger emotional disorders, and the workplace is frequently where emotional disorders produce symptoms and reduced function. Thus, an adept workplace history is essential in the evaluation of an individual presenting with emotional complaints, even when no work-related context is initially presented.

General History

Any workplace phenomena must be viewed in the context of individual work history and the general history of the specific workplace. Key elements of the individual's history include length of employment, reasons for past job or function changes, level of job satisfaction, and the nature of past and present relationships with managers, colleagues, and subordinates. It is important to explore where the employee sees himself or herself in terms of the lifecycle of the job, and to gain some understanding of the meaning of the job and job function to the employee. It is only within this job context that the clinician can begin to understand the specific workplace stressors and symptoms that the employee may be describing.

Workplace Stressors

The workplace is a complex environment with a wide variety of psychosocial stressors. Workplace stressors may be physical or psychological. Stressors may be acute or chronic. One kind of stress comes from traumatic workplace events. For example, employees may witness or participate in violent events or accidents, death or injury of a co-worker, harassment, a rescue, or a rescue attempt. Other types of change may include the following:

Organizational Change. Change is a normal part of all successful organizations and a degree of stress is a normal part of the individual's adaptation to change. However, any change in organizational structure, function, goals, leadership, ownership, stability, profitability, union activity, or location has the potential to serve as a significant stressor to individual employees.

Interpersonal. Personnel changes, such as changes in managers, employees, customers, or suppliers...affect the complex network of interpersonal relationships and supports of an individual in the workplace. As in any social setting, interpersonal conflict is commonplace, varied, and always important.

Job Function. Jobs are more changeable these days than ever, and any job change can be stressful. The long list of possibilities includes changes in job function, salary, or title; actual or pending demotion, sanction, pay cut, job loss, job insecurity, promotion, or raise.

Poor Work Role or Organizational Fit. Some employees might be troubled by assignments exceeding or incompatible with skills; excessive or insufficient work quantity; work inconsistent with personal beliefs; irregular or changing work assignments; or by harassment. Excessive job demands might include decreased sleep, excess travel, or even poor nutrition.

Workplace Symptoms/Areas of Dysfunction

For any employee presenting with emotional complaints, it is essential to explore the full extent of workplace symptoms and dysfunction. Depending on circumstances

and confidentiality, this information may come not only from the individual employee, but also from workplace colleagues, managers, and human resource staff. Typical examples of workplace dysfunction include decreased productivity, increased interpersonal conflict, bizarre behavior, increased tardiness or absenteeism, increased work accidents, and on-site substance abuse.

Family and Social History

General Family/Social History

Employees spend most of their lives outside of work. Exploring the general family and social context is essential to understanding problematic stressors, symptoms, and areas of dysfunction. Who are the members of the family? What are the living arrangements? Who are the past and present sources of emotional and financial support? How have family and friends dealt with serious problems in the past? Who would the employee like to involve in the evaluation and treatment?

Family/Social Stressors

The employee's family and social situation may be the most significant source of stressors. A careful evaluation of all acute and chronic family and social stressors is a necessary part of the history. Acute family stressors can include any recent change in family circumstance, such as in household membership, in financial status, in a spouse's career, or in the health of a relative. More chronic family stressors can include marital difficulties, chronic illness, eldercare, parent/child conflict, and substance abuse. Stressors also may be found in the entire range of any individual's social context. Examples of social stressors might include illness or relocation of a friend, termination of a supportive group experience, or social change within the community. It is important to note that family and social stressors may be quite subtle, yet unwittingly significant to the employee. In addition, some of the most stressful events are changes for the better.

Family/Social Symptoms and Dysfunction

Emotional disorders may manifest themselves as family or social difficulties. Thus, any change in the individual's family or social functioning should be considered a possible symptom of an underlying emotional disorder. Typical family and social manifestations of emotional disorders include marital difficulties, parent/child conflict, social withdrawal, and abrupt termination of long-term relationship(s).

It is important to note that with all family/social stressors and symptoms, causality is often ambiguous. The same family phenomenon (for example, marital difficulties) may be either a stressor helping to trigger an emotional disorder or a symptom resulting from an emotional disorder. Untangling these complicated situations may be difficult, but can promote accurate diagnosis and effective intervention.

Medical History and Evaluation

It is important to remember that physical illness can be a hidden cause of anxiety, depression, or other emotional distress. A few examples might include thyroid disease, anemia, vitamin B-12 deficiency, unrecognized cancer, and medication side-effects. HIV/AIDS can also first present as cognitive or emotional symptoms. In addition, there are many physical complaints that may reflect either an emotional disorder or a physical illness. Some examples would include chest pain, nausea, dizziness, loss of appetite, or trouble sleeping. Although these are important issues to be aware of, fully ruling out contributing medical disorders is beyond the scope of a routine EAP evaluation.

An evaluating psychiatrist (or other physician) might consider whether thorough examination by an internist is needed. Commonly, an evaluation might include a medical history, physical examination, and such standard blood tests as a blood count, chemistry panel, and thyroid panel. Many other tests and procedures might be appropriate for some employees.

Part II of this excerpt will discuss assessing a client's psychiatric history and will examine the most common types of psychiatric disorders.

References are available from the authors.

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Seth Aidinoff, M.D., M.B.A., is a Manhattan psychiatrist and a faculty member at Cornell University Medical College. He has worked extensively with EAPs, corporations, and executives.

The Search Continues

Identifying Depression in the Workplace

by Kay Springer

In "Fitness for Duty: Does Your Company's Policy Pass the Test," published in the July/August 1998 EAPA Exchange, *EAPA member Tamara Cagney advised "It is imperative that you establish a trusting work relationship with a psychiatrist and a physician specializing in occupational medicine." As a service to EAPA members,* Exchange *Editor Kay Springer recently interviewed Tom Valk, M.D., MPH, president of the Academy of Organizational and Occupational Psychiatrists (AOOP) and consultant to EAPs around the world.*

Q. How did you get into occupational psychiatry?

A. In the early 1980s, I did consulting work with the Federal Aviation Administration (FAA) of the U.S. Department of Transportation. They hired me to review cases and testify at administrative hearings at which pilots were challenging FAA decisions to deny them licenses on psychiatric grounds. Later, from 1983 to 1995, I worked for the U.S. Department of State. There, I evaluated workplace problems involving the full range of difficulties, including sexual harassment, violence, fitness to hold security clearances, and disability. I also did numerous evaluations of employees and family members to determine if they were capable of handling the significant stress associated with overseas assignments. During that period of time, I supervised the State Department's Washington-based EAP staff and had administrative oversight duties for the Department's worldwide network of overseas psychiatrists.

When I took a State Department overseas assignment to Cairo (from 1987 to 1991), I served essentially as a one-person, international EA professional to the 4,500-5,000 employees and dependents in a 15-country region in the Middle East and North Africa. This also involved frequent management consultation on workplace issues, sometimes in truly cross-cultural settings. I also supervised several master's level clinicians who were working in the region at the time.

In 1994, I set up my management consultation firm, VEI, Incorporated. Through VEI, I have consulted to a number of corporations concerning expatriate employees and families and to EAP vendors who wish to expand their operations to cover expatriate employees. I have also served as a clinical reviewer in a number of clinical audits of EAPs.

Q. What is the most frequent problem you see in the clinical audits?

A. The topic that comes up repeatedly, which always surprises me, is adequate consideration of depression-related symptoms. For example, many EA professionals appropriately ask employees to fill out a self-assessment form. Upon review, however, too often I find that the employee's symptoms of depression endorsed on these forms or documented during the initial interviews were not fully assessed or treated. Some of these employees may have benefited from a medication evaluation by a psychiatrist. Medication can make a big difference in the treatment of depression.

Q. Medication is often a sensitive issue, particularly for members of the recovering community who fear becoming addicted to drugs. Do you see this attitude among your patients?

A. This has been a concern for members of the recovering community for years. It is unfortunate because a dual diagnosis employee with, for example, depression in addition to a substance abuse problem, will have more difficulty in recovery if the depression is not treated with an appropriately prescribed antidepressant. There is no evidence that antidepressants are addictive, nor are they cross-tolerant with alcohol. Thus, taking an antidepressant when indicated makes sense and will help recovery.

Q. Tell us about the AOOP. When did you join? When was it founded? What are its goals?

A. While working with the State Department, I heard about AOOP and was delighted to find an organization devoted to psychiatry in the workplace and whose members understood the work I was doing at the time. AOOP was founded in 1990. Its goals are: (a) to provide a forum for exchanging ideas between psychiatrists and businesses; (b) to enhance the skills of its

members; c) to support the practice of occupational psychiatry; and (d) to form liaisons with related professional groups, such as EAPA. During my term, we have begun the process of defining what organizational and occupational psychiatry really is. Our diverse membership, which includes psychiatrists providing executive coaching, consultations to family businesses, disability evaluations, and EAP services, makes this challenging, but we have many common points within this diversity. Identifying these common points is a critical step toward developing organizational and occupational psychiatric fellowship and other training programs.

Q. How does AOOP view the EA profession?

A. EA professionals are important front-line providers in the workplace. The employee assistance profession is well established and it is time to build a better liaison between AOOP and EA professionals for the mutual good of both groups.

Q. Could you describe what you consider an ideal working relationship with an EAP?

A. Any working relationship must be built upon a mutual respect between the professions. Beginning a dialogue between AOOP and EAPA would be a good first step. It also would be a good step towards identifying and correcting any misperceptions harbored by either group towards the other. In working with an EA professional, an occupational psychiatrist would do well to set up an initial face-to-face visit and should be comfortable with explaining how he or she would handle referrals involving affective, anxiety, or substance abuse disorders. The occupational psychiatrist should also understand the short-term focus of EAP work and the significant restraints upon the EA professional's time, as, for example, in a six- or eight-session model. At the same time, I think EA professionals should be receptive to discussions as to when a referral to a psychiatrist might be most beneficial to their clients. Frequently, such a referral is important because the client might benefit from a psychotropic medication and a psychiatrist is the professional best trained to perform such an evaluation. Moreover, the indications for use of medications are expanding rapidly. Various SSRIs (specific seritonergic re-uptake inhibitors; Prozac is an example of an SSRI) have now been found to be helpful not only in major depression or dysthymia, but also for obsessive-compulsive and panic disorders, PMS, and social phobias. This is a rapidly evolving area and a good working relationship on a collegial basis with an occupational psychiatrist can be an important asset in keeping abreast of the changes and how they effect EAP work.

When Searching for an Occupational Psychiatrist, Check This Source The Academy of Organizational and Occupational Psychiatrists (AOOP): www.mcn.com/aoop (Web site); aoop@degnon.org (e-mail); 703-556-9222 (phone); 703-556-8729 (fax).

Answers to DOT Questions from the Field

by Charla Parker, MPA, CEAP,
and Sheila Macdonald, Director, Legislation and Public Policy

Now that the U.S. Department of Transportation (DOT) 1994 alcohol and drug testing rules, as provided in the Omnibus Transportation Employee Testing Act of 1991, have been in place for almost five years, employers and their service agents are discovering what they thought they knew but now need to ask again regarding the scope of the DOT regulations. Federal and state DOT representatives are now auditing employers' alcohol and drug testing programs to ensure that they are in compliance. The DOT has stepped up its enforcement of the regulations in the past year, due to increased federal funding for the department's auditing functions. Out of these audits, new questions are arising about the functions of the "service agents," who include substance abuse professionals (SAPs), medical review officers (MROs), consortium third-party administrators, and collection agents.

The recent increase in auditing activities has brought to the fore the importance of providing services exactly as specified in the federal guidelines. For example, in California, the California Highway Patrol is working closely with the Office of Federal Motor Carrier Safety in conducting a review of employers' alcohol and drug testing programs during their biannual inspection of terminals for safety hazards. Violations of either safety or drug and alcohol testing program requirements have resulted in entire operations being shut down. According to Don Carr of the Southern California Office of Federal Motor Carrier Safety, employers are at greatest risk exposure due to the noncompliance of their service agents. Many employers have unwittingly delegated SAP, MRO, administration, and testing functions to third-party providers with the assumption that these service providers knew the regulations and would be providing services accordingly. Unfortunately, the employer is held legally and financially responsible for the actions of their service agents whenever they fail to fulfill their functions according to regulations. For noncompliance, employers may be subject to fines of up to $1,000 a day, or may even have their operations shut down until they are in compliance.

When asked what EAPA could do to help, Carr said, "There is still a huge lack of awareness of the regulations. Employers and their service agents still need a lot of training!"

Questions and Answers about DOT/SAPs

The following are answers to commonly asked questions that were recently posed to representatives of the DOT's Office of Drug and Alcohol Policy and Compliance, the DOT's Office of Federal Motor Carrier Safety, and to William Judge, JD, an attorney specializing in substance abuse issues.

Interviews with the DOT Office of Alcohol & Drug Policy and Compliance Regarding Requirements for Testing

Questions intended to clarify who must be tested were directed to DOT experts Don Shatinksy and James Swart in the Washington, D.C. office.

Q: Does a self-referral to the EAP by a safety-sensitive worker who admits a drug or alcohol problem require the employer to follow the testing and SAP evaluation process?

A: No. The latest interpretation of the regulations is that self-identification does not constitute a policy violation.

Q: What happens when a driver who holds a commercial driver's license (CDL) is found driving a private vehicle with a blood alcohol level of at least .04 (the trigger level, under DOT rules, for removal from a safety-sensitive job), but not more than .08 (the trigger level for penalties under state law)?

A: DOT's jurisdiction is limited to a CDL and the CDL driver's state of readiness to operate a commercial vehicle. What happens to a driver when driving a private vehicle, no matter what type of license, will be determined by applicable state and local laws, not federal DOT rules.

Q: Can you cite a source in federal DOT rules or related materials that states "possession of alcohol on the job" is a policy violation?

A: When EAPA and other organizations conducted early training sessions to promote compliance with DOT regulations, a list of regulations addressing alcohol possession on the job was circulated. Since then, possession of alcohol in the workplace has been redefined through an interpretive letter. Regarding possession in a vehicle, however, Section 392 of the DOT regulations, which covers interstate transportation, does prohibit possession of alcohol if such alcohol does not appear in the bill of lading.

Q: What action does an employer take when the laboratory finds an adulterant in a testee's specimen?

A: The MRO should report to the employer that the specimen is adulterated and inform the employer that the laboratory finding constitutes a refusal to test, which under the DOT testing program, requires removal of the driver or operator from safety-sensitive functions.

Q: How small a testing pool is acceptable under the regulations?

A: Normally, three to five people would be required in order to comply with the intent of random testing. Therefore, to meet the criteria, owner-operators have to be in a consortium. Employers with small numbers of workers also would be encouraged to merge departments or to join a consortium in order to protect the validity of the random selection process.

Q: When can employers expect to be asked to submit their annual drug testing program summaries to their respective DOT Operating Administrations?

A: A formula is used to solicit a representative sampling from all employer groups during any given year. In addition, an employer with CDL drivers subject to the Federal Highway Administration (FHWA) on an annual basis may also be asked to produce the report during a state site audit.

Interview with Regional Office of Motor Carrier Safety Regarding the Audit Process

After collecting a list of questions from recent SAP and employer training sessions, Charla Parker interviewed Don Carr, a specialist in controlled substance compliance in the Southern California Office of Federal Motor Carrier Safety.

Q: Both federal and state DOT offices are conducting audits to determine employers' compliance with the DOT regulations. What is the relationship between the federal and state auditing processes?

A: There is no relationship. California adopted the federal DOT regulations as its own. We inspect employers' actual trucking terminals for compliance with both drug testing and safety regulations and now also inspect records for their drug and alcohol testing program as well.

Q: Would an employer be free of further audit if it safely passed the state biannual inspection of terminals (BIT)?

A: That would be a naive assumption. Federal and state inspectors can share information and coordinate activities along with the state attorneys general and the Federal Bureau of Investigation. The main focus of the Federal Office of Motor Carrier Safety is to investigate for compliance high-risk carriers, meaning those operators who have the greatest public safety exposure, such as school bus drivers.

Q: What triggers an audit?

A: There are several layers of schematics that can trigger an audit: complaints from the public, awareness of major accidents, failure to correct out-of-service safety orders.

Q: What are the penalties for noncompliance with the DOT regulations?

A: There are several different types of penalties along with minimums and caps on fines as set forth in statutory requirements. Penalties are controlled by each of the DOT's Operating Administrations (OAs): FAA, FHWA, FRA, FTA, USCG and RSPA*. All OAs have inspection authority; FAA, FRA, RSPA and FHWA have established penalties for specific violations (for example, FHWA's highest penalty is $10,000 for a single incident, but the employer might have to pay more than this if there are multiple incidents or if a single incident has multiple violations or continues for many days). The FTA cannot impose fines but it may withhold funding; the USCG has the authority to impose fines. For specific information on penalty maximums and minimums, contact each OA.

(*Federal Aviation Administration, Federal Highway Administration, Federal Railroad Administration, Federal Transit Administration [mass transit], U.S. Coast Guard, Research and Special Projects [pipelines] Administration).

Q: Can an auditor shut down an employer's operation?

A: Yes, but the biggest risk for an employer is exposure to a large civil suit, which could come from an accident caused by a drug- or alcohol-impaired operator that left innocent victims injured or dead.

Q: What time period would an auditor's review cover?

A: That depends on the findings. If an auditor finds a pattern of persistent violation of DOT alcohol and drug testing rules, he or she may go back to the beginning of the mandated testing program, which began in 1995–1996 for small companies, and assess penalties for the entire period.

Q: What is the most serious infraction of the DOT regulations that an employer can commit?

A: Using a driver who has tested positive but has not received SAP clearance.

Interview with William Judge, JD, of Workplace Health Co-Op and OL2

Additional questions were posed to William Judge, Esq., a practicing attorney specializing in legal issues regarding substance abuse and author of the *Drug Testing: Motor Carrier Compliance Manual*.

Q: What is required to release a SAP record to a third party, e.g. a union steward or company supervisor?

A: Case law treats the SAP record as subject to federal and state confidentiality regulations governing substance abuse treatment and client/therapist privilege. In order to release a SAP record, the client must either sign a release or there must be a formal court order to subpoena the specific client record.

Q: Is there a prohibition against the laboratory also conducting the random selection process?

A: There are no specific prohibitions in the regulations.

Q: Are there other categories of workers besides drivers under the FHWA who must be tested?

A: Any person (for example, a supervisor, mechanic, or clerk), who is on call to perform safety-sensitive functions may be tested at any time while on call, ready to be dispatched, or while on duty.

Summary

As audits continue, the EAPA Legislation and Public Policy Department will seek answers to new questions from

federal DOT and other relevant officials and will track new regulations. The department recently learned that DOT is now projecting publication of the long-awaited Notice of Proposed Rulemaking (updating and reorganizing A&DT rules) in the spring of 1999. (There will be ample opportunity to comment on the proposed rules during the review process.) The notice will cover interpretations contained in unpublished DOT advisory opinion letters. EAPA members who deliver SAP services and uncover new interpretations of the regulations and guidelines are encouraged to share their new information with their colleagues through the *EAPA Exchange* which will continue publishing regularly featured articles and interviews regarding the DOT regulations. Published materials may be ordered through the EAPA Resource Center, telephone: 703-522-6272, ext. 307; or fax: 703-522-4585.

Additional information about the DOT's alcohol and drug testing rules is available from the following sources: the DOT Office of Alcohol & Drug Policy and Compliance; telephone: 202-366-3748; or fax: 1-800-225-3784; and the Workplace Health Co-Op On-Line Research Library, Web site: www.ol2.net.

Charla Parker, MPA, CEAP, is the author of Where the DOT Guidelines Leave Off...Your Decision Making Begins. *She taught the national SAP training course for EAPA. She can be contacted, via e-mail at: Charla_Parker_Morgan@MSN.com.*
Sheila Macdonald, director, EAPA Legislation and Public Policy, contributed to this article.

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From the COO

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Meanwhile, we are concentrating the resources we have on finding ways to serve you more efficiently. Those of you who have access to the Internet can often find what you need on EAPA's Web site [www.eap-association. com]. There are more than 140 pages of information on the Web, and I urge you to pay a visit. By the time you read this, there will be a way to submit address changes via the Web. You can also use EAPA's fax-back system by calling to request a copy of the fax-back index, and then you simply dial in your request.

Your compliments to the staff are much appreciated, but we will never rest on our laurels. We know there is still a job to do, and that good customer service is on ongoing process.

On behalf of the staff and myself, I'd like to wish you all a New Year filled with peace and happiness. Happy 1999!

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About the Author

Sandra Nye received her JD from De Paul University College of Law in 1982 and her MSW from Loyola University School of Social Work in 1974. Ms. Nye is principal of the Chicago law firm of Nye and Associates, Ltd., concentrating in law related to human service delivery and family law. She is author of three editions of the *Employee Assistance Law Answer Book,* and of numerous articles and chapters on legal issues in human service delivery.

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Reflections on EAPA

continued from page 8

Another responsibility I have in passing the gavel to your new president, Greg DeLapp, is to describe some of the remaining issues and challenges for our Association. To do that, we need to take a brief look at the birth of our Association. We first began because a small number people who were struggling to provide employee assistance programs (really occupational alcoholism programs) to a small number of companies needed to network with one another. They called their fledgling association ALMACA—the Association of Labor–Management Administrators, and Consultants on Alcoholism. They named it ALMACA in an attempt to bond these groups with different agendas together in their common goal—to provide employee assistance. In other words, it was their attempt to unify. I was not here for the very beginning, but I have been active in our Association since April 1974, almost 25 years. We faced an identity crisis at the now-famous meeting in Atlanta when the Association nearly split into two groups over whether to remain alcoholism programs or to go to the what was then called, the "broad brush" approach. We survived and continued to grow. It became apparent that there were a number of different models of EAPs and so to again bond us together under one common name and goal, the association was renamed EAPA, the Employee Assistance Professionals Association. In other words, we were attempting to unify ourselves as professionals providing EAP services. EA professionals expanded their scope of operation from dealing with substance abuse issues exclusively to providing guidance and assistance with any topic that affects an employee's productivity. This was a natural progression, largely because our assessment and referral model was working so well. A very important tool—the EAP interactive chart—has been developed to identify what an EAP is, or, in other words, to identify what my friend of many years, Dr. Paul Roman, coined the now famous "core technology" of EAP. I hope that you will all become familiar with this chart because it could save your EAP and our profession.

I also want to describe an awful vision I sometimes have: A child is sitting on the parent's lap and we hear the parent saying... Once upon a time in a land long ago, there was a profession called Employee Assistance. The people in that profession helped other people who were in trouble in their lives. The problem was they couldn't agree on what their profession was supposed to do and they also fought among themselves all the time and... you will have to finish the story.

In reviewing our history, I see three major challenges that are possible roadblocks to the future of the employee assistance profession. Our first challenge is to unify our Association so that we can all work toward the common goal of furthering the employee assistance profession. Our Association is comprised of many diverse people and chapters, all of whom are passionate about their beliefs. This passion for promoting our beliefs is part of what makes us so effective as individuals who help other people in crisis. Our diversity and our passion can be our Achilles' heel or it can be our strength. Sometimes it is hard to see the forest for the trees. While each of the trees is vital to the forest, without the forest, the individual trees may have difficulty surviving on their own. We need to draw on the strengths of our diversity and our passions to enhance our common goal of furthering our profession.

Every year, we gather for a conference where we learn new ideas and network with our peers. If I might use an analogy, we are the EAPA family at our family reunion celebrating our family's accomplishments. As employee assistance professionals, we know all too well the difference between healthy and dysfunctional families. It is our responsibility to keep our EAPA family healthy by recognizing and correcting dysfunctional behavior that occasionally creeps into any family system.

Our second challenge is to clearly identify what an EAP is and is not. Our job here is to make industry and business, large and small, aware of the core elements of a good EAP. Helping an employee shop for a washing machine is not an EAP. I don't have a problem with companies who offer services for profits, but I do have a problem with the unscrupulous application of the hard-earned name EAP to mask non-EAP services.

The third roadblock or challenge is the same one that many of us face in our everyday lives: Money. We are much too dependent on just a few resources for our income, which are subject to pressures from without as well as from within.

As I take on my new duties as past president of EAPA, you can be confident that I will continue working on your behalf. I will be active on the Board and Executive Committee as your past president for two more years. A lot has happened in the last two years and a lot needs to happen in the next few years ahead. The profession, you notice I don't call it a "field" anymore, faces some serious crises. The most serious are the challenges I talked about earlier. It is imperative that we unify, determine our course of direction, and more clearly establish exactly what our profession is.

So where is the glue that will bond all of us together? *You* need to be, and *can* be. Use the wonderful staff that EAPA has to your best advantage. They are the willing arms and legs of this great Association. What they need is good, strong direction from you through the Board and Executive Committee. The EAP profession as we know it stands on the brink of exciting expansion and growth, if led properly by this Association. Without EAPA's leadership and direction, EAPs will gradually crumble away. In the future, we may need to see the Association in a different way—in a way of unity and strong purpose that laminates us into the powerful and unbreakable voice of the employee assistance profession.

Once again, thank you from the bottom of my heart for the privilege to have been your president.

Internal EAP Spotlight

by Theresa I. Prezioso

I would like to begin this article by extending thanks and appreciation to those EA professionals who requested, completed, and returned the survey on their internal EAP. Thanks also go out to Jack Dempsey for serving as chair of the Internal EAP Committee and to those committee members who donated their time and energy to advance our profession by serving as committee members. The new chair of the Internal EAP Committee is Roy Sonovick (919-733-4670) who would be pleased to learn of your interest in becoming a member of the Committee. Thanks is also offered to those involved in arranging the Internal EAP Forum that was held during the EAPA Annual Conference in Las Vegas in November 1998.

Summary of Activity During Internal EAPs Forum

The aggregate results as of mid-November 1998 of the above-mentioned survey were presented. Jack Dempsey, outgoing committee chair, presented on a national program for refineries and atomic energy plants. Incoming Chair Roy Sonovick was installed. The forum concluded with a question-and-answer period.

Update on Internal EAP Survey

Fewer than 20 percent of the nearly 600 EA professionals who received surveys have thus far returned them. This low rate of return supports the voiced concern of those internal EAPs who did return the survey: that internal EAPs are on their way to extinction due to outsourcing and a lack of representation and visibility in the marketplace. The internal EAP survey is being done, at the very least, to get a count of how many internal programs currently exist. Data given at the 1997 EAPA conference held in Baltimore indicated that 11 percent of known EAPs are internal. If you want to help your profession advance, please complete and return a survey which can be obtained by calling Theresa Prezioso, survey administrator, Kent State University Faculty and Staff Assistance Program, (330) 672-3183. Aggregate results based on the returned surveys were mailed to each survey participant and presented at the November 1998 Las Vegas conference. Comments and questions about the survey can be addressed by calling the survey administrator.

Best wishes for an happy, healthy and prosperous new year!

Theresa Prezioso has managed Kent State University's Faculty and Staff Assistance Program (www.kent.edu/vph/fsap.htm) since its inception in September of 1991. Theresa can be reached by calling (330) 672-3183.

Conferences & Workshops

EACC-Approved Conferences and Workshops

United Behavioral Health
February 24 in San Francisco, "Trauma: A Look at PTSD and Borderline Personality Disorder," 1.5 hrs.; contact Linda Darocha, 415-547-5881.

EAPA Los Angeles Chapter
February 24 in Los Angeles, "Ethics and the Marketplace," 2 hrs.; March 24 in Los Angeles, "Mediation Within Organizations," 2 hrs.; contact Anne Salzman, 310-829-4429.

EAPA Greater Oklahoma Chapter
March 2 in Oklahoma City, "Evolution of EAPs," 1 hr.; contact Nancy Graham, 405-521-6821.

Rutgers University Center of Alcohol Studies
The following workshops will take place in Piscataway, NJ: March 4, "EAP for the New Corporate Environment—Not Just Business as Usual," 6 hrs.; March 11, "Biological Foundation of Chemical Dependency Disorders: Use of Mediation as an Adjunct to Treatment," 6 hrs.; March 18, "Cults and the Addictions... Implications for Recovery," 6 hrs.; March 25, "Introduction to the Approach and Techniques of Rational Emotive Behavioral Therapy," 6 hrs.; April 8, "Strategic Time-Limited Treatment with Chemically Dependent Clients," 6 hrs.; April 15, "Growing Up with an Addict or Alcoholic: Impact of Addiction on Children and Adolescents," 6 hrs.; April 22, "Substance Abuse Literacy: Pharma-cology of the Biopsychosocial Disease Model," 6 hrs.; contact Gail Milgram, 732-445-4317.

EAPA Nebraska & Western Iowa Chapters
March 9 in Omaha, "The Human Side of Organizational Change," 3 hrs.; April 13 in Lincoln, "Violence in the Workplace: Research Findings," contact Bill Hutto, 402-293-5835.

EAPA South Central Wisconsin Chapter
April 9 in Madison, "Understanding Anxiety Disorders," 2 hrs.; May 7 in Madison, "Honoring Our Common Differences," 2 hrs.; contact Susan Fuszard, 608-255-4419.

EAPA Virginia Chapter
April 21, "EAPs and Marketing Their Services," 1.5 hrs.; contact Herb Boyd, 1-800-388-4180.

Other Conferences and Workshops

- March 2-5, Australian Conference of Addictive Disorders; for further information, call +61-3-5954-7424.
- March 5, "Disability Management in the Workplace," sponsored by the EAPA Santa Clara, Crossroads, San Francisco, and Sacramento Chapters; call Lee Kirk, 510-464-6198.
- March 10-12, Forum to Develop Standards for the Regulatory Management of Chemically Dependent Health Care Practitioners"; for further information, contact the CAC Web site (www.cacenter.org) or call 202-462-1174.
- April 8, "National Alcohol Screening Day"; for information, contact the National Mental Illness Screening Project, (www.nmisp.org) or 781-431-7447.
- September 29-30, 20th Annual EAP Conference, sponsored by the EAP Institute, Waterford, Ireland; for information, call +353-51-855733.

Certification Update

Transitions for the EACC

by Doug McKibbon, CEAP

The EAPA Annual Conference held in Las Vegas is now a memory for all of us. For the EACC, the Annual Conference is a busy time, with members of the Commission staffing the exhibit hall booth and presenting the annual workshop. This year, about 150 people attended the EACC Concurrent Session, which focused on receiving or providing advisement, the requirement needed for new candidates who wish to obtain the CEAP credential. We were pleased to have Bill Hutto, EAPA Membership Committee chairman and EAPA Nebraska Chapter president, speak about the value, hurdles, and process of being an advisor. Bill has been very involved, advising five CEAP candidates, and remains very supportive and encouraging of the advisement process. If you were unable to attend the session, I recommend reviewing the material presented at the workshop from the EAPA Conference Proceedings (pages 333-347).

Farewell to Retiring Commissioners

The EAPA Annual Conference is also a transition time, when we on the Commission express our appreciation and best wishes to retiring commissioners. In 1998, we bid adieu to Lee Allard, Geraldine Hooper, Marsha White, Jim Nestor, Kathleen Handron, and Konstantin von Vietinghoff-Scheel. These individuals have provided tremendous leadership and initiative during their three-year terms, serving on the Commission's various committees, working on marketing initiatives (CEAP pins and non-U.S. version of the CEAP exam) and expanded written materials (the *Code of Professional Conduct* and the *Certification Guide*), and spreading the word about the CEAP to local EAPA chapters and conferences around the United States and abroad. We offer them our best wishes in their future EAP endeavors!

We welcome three new commissioners to the EACC—Bob Belaire (Michigan), Jan Paul (Washington), and Eloise Eller (Utah). Each of these individuals brings to the Commission an extensive range of EAP experience that will help lead the EACC during the coming three years.

Role of EACC Commissioners

So what do commissioners do? Each commissioner fulfills three main roles: expert advisor, fiduciary administrator, and stakeholder delegate. In the role of the expert advisor, the commissioner provides leadership for the overall strategic direction of the EACC. The fiduciary role requires monitoring the administration and implementation of the governance guidelines concerning the CEAP. Finally, EACC members reflect the perspectives and interests of the entire range of stakeholders who make up the employee assistance field. Ideally, appointees to the EACC (whom the EAPA president selects, as per the EAPA Bylaws), are capable of performing all three of these roles in fulfilling their duties. With these roles in mind, EACC appointees must have a CEAP (preferably held for at least five years), past experience in EAP leadership roles, experience in one or more of the major areas of EAP service delivery (labor, internal/external vendor, managed care), and recognition, appreciation, and membership as one of the major stakeholders in EAP service delivery (for example, referral agent, consultant, counselor, administrator), and should contribute to the diversity of the EACC via geography, gender, age, education, and experience.

Beyond these roles, each EACC member has a number of duties—to offer support and leadership on at least two of the EACC committees (for example, examination, candidacy, recertification, code of professional conduct), to attend the three Commission meetings per year, to dedicate an average of two hours/week between EACC meetings on EACC committee work, to write three exam questions per year, and to staff the EACC booth at the EAPA Annual Conference.

Issues on the Horizon

So, what issues will occupy the EACC's attention during the next year? First, we will continue to monitor and oversee the new or updated policies that the EACC has approved over the past couple of years—candidacy requirements (including advisement), the lapsed CEAP policy, and the non-U.S. version of the CEAP examination. This year is the final year of the three-year transition that has seen CEAP candidacy qualifications grow to require 60 PDHs, two to seven years of EAP experience—both in one-to-one client services and in organizational EAP work—and advisement. We continue to review these requirements and to provide additional support and clarity to CEAP candidates concerning these requirements. (For CEAP advisors and candidates, see the draft article, "CEAP Advisement and