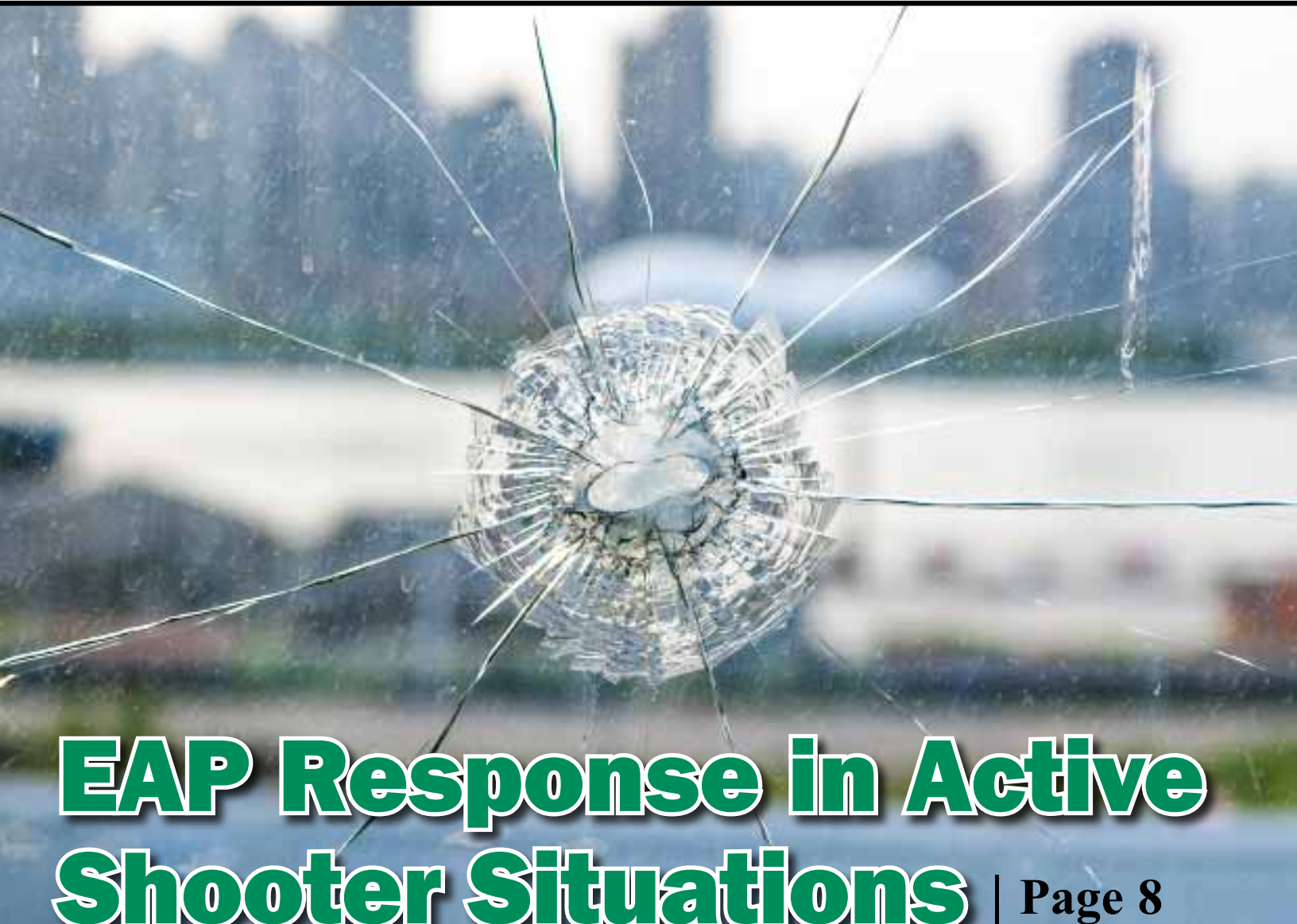


# *The Journal of* **Employee Assistance**



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|By George Vergolias, PsyD

Developing a comprehensive active-shooter program should include aspects addressing readiness planning, response protocols, and recovery interventions. By addressing these three domains, companies will have a multi-point strategy to identify threat risks before they happen, implement interventions quickly to mitigate those risks, and maximize recovery at both individual and company levels.

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The majority of employers need help to overcome their anxieties about intervening with an abrasive leader, and this is where education on managing abrasive behavior comes in. All managers should understand the importance of differentiating performance from conduct, and know how to manage both.

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There are great opportunities for EAPs to be on the front lines in coordinating, implementing, training, and supporting the development of peer support teams. An EAP that provides this service gets a seat at the organizational table, further establishing the value of their partnership.

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# EAP's Role in a Violent World

By Maria Lund, LEAP, CEAP

Orlando. Dallas. Baton Rouge. Paris. Brussels. Violence, sadly, is a part of every week's world news. In this issue of the *JEA*, we take a look at the role of EAPs with respect to violence.

George Vergolias, PsyD, writes on active shooter incidents, a topic that was requested in the *JEA* reader survey. "There is no doubt that media coverage and societal anxiety around 'active shooter' situations has increased greatly in recent years," George writes. Therefore, it's no surprise that corporate leaders are looking to critical incident response specialists in our profession for answers. Of the numerous methods for addressing violent (or potentially violent) incidents in the workplace, George describes the three-pronged approach that he favors: a comprehensive active-shooter program that includes a focus on readiness planning, response protocols, and recovery interventions.

In a related article, Robert Intveld, LCSW, CEAP, stresses the importance of peer support in critical incident response. Robert sees peer support as a potential area of opportunity for EAPs, noting that our profession could be getting in on the ground floor of developing these teams in the workplace.

Shootings and other violence aren't the only incidents that involve suffering in the workplace. Laura Crawshaw, PhD, BCC, explains essential elements of workplace bullying and walks readers through how a bullying incident could be expected to unfold.

Following up on another reader request for coverage on EAPs in Africa, Lisa Finke, MS, CEAP, SAP, discusses the rapid and successful growth of the EA profession in Tanzania. This country in East Africa did not have *any* EAP providers or even a master's level training program in psychology or social work until eight years ago!

We all know how important Return on Investment (ROI) is for our many and varied programs. Louis Servizio, MS, Matt Mollenhauer, MS, LCPC, and Tom Shjerven, CEBS, do a good job explaining and offering guidance on this complex topic in their article, "Taking the Mystery out of ROI Calculations."

Finally, Tech Trends columnist Marina London discusses the impact of the Pokémon GO craze, John Maynard, former EAPA CEO, follows up on the *EAP History*

*Project* that was introduced in the last issue, and Jeff Harris explains the role of EAP in mergers, acquisitions, and divestitures.

Happy reading! ❖

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## Mergers, Acquisitions, and Divestitures

| By Jeffrey Harris, MFT, CPC, CEAP

One truth in economics is that companies are constantly expanding and contracting the size and scope of their businesses, and with it, their workforces. While companies might like to grow their business internally, many create growth swiftly through mergers, acquisitions, and divestitures (MAD).

Business leaders may seek a MAD approach to create a competitive advantage or even “devour” the competitor. Another strategy is to create revenue diversification, such as Johnson & Johnson, which has nearly 250 subsidiaries spread over three divisions: consumer healthcare, medical devices, and pharmaceuticals.

Many Fortune 500 companies have complicated MADs. Consider the pharmaceutical company GlaxoSmithKline (GSK), makers of Aquafresh (toothpaste), Nicorette (nicotine gum), Paxil and Wellbutrin (used to treat depression), and many others. The firm has had a staggering number of acquisitions (27), along with four mergers and three divestitures, over its 185-year history.

Whatever the strategic advantage, the bottom line for publicly traded companies is just that ... leaders driving the bottom line towards greater stock value for investors.

### Mergers: The Unfulfilled Promise

But what looks good in the boardroom often fails in execution. It is estimated that an astonishing 83% of mergers and acquisitions

fail, according to Forbes.com. Many of those failures are largely attributed to not merging the work culture of the two entities.

According to an AON/Hewlett study, there is a 23% increase in “actively disengaged employees” after a change event, which occurs even if no one’s job is affected. The study went on to observe that it takes about three years to return to pre-merger engagement levels.

### Consult on the Human Side of MADs

In the lead-up to a MAD, the opportunity for the EA professional is to seek a “seat at the table” with senior HR business partners or even company leadership as planning unfolds. With that access, you can use your consulting skills to facilitate thinking about the human side of MADs.

The three key components of a humane merger are *communication*, *roots*, and *innovation*. Remind leaders of the importance of early and sustained messages, and suggest that they develop a communication plan to keep employees informed about what is going on.

As I often say to managers who are managing change, “in the absence of information, people make s\*\*t up,” even though most of it is inaccurate, inflammatory, and far worse than reality. Smart leaders stay ahead of gossip through emails, print materials, and meetings with employees.

Another human need in MADs is the sense of job security. Effective consultants prompt leaders for their ideas on providing employees with a sense of the firm’s roots. This might include initiatives to create projects or workgroups during the transition that seem engaging, relevant, and rewarding.

To enhance the merging of two work cultures, company leaders should make a compelling and inspirational case for a successful future for their employees. One effective technique is to promote and reward innovation that did not, or could not, exist without the merger.

### Employee Paralysis

One of my previous EAP positions was with a company that had a steady amount of MAD activity. The EAP team was kept active with crisis counseling for reduction in force (RIF) and flying out to new acquisitions to provide workshops on coping with change.

I also had a front row seat for the massive changes that occurred four years into my employment. What I found interesting in that case was the cascading news, week after week, of the naming of key executives who would keep their positions in the new organization (and by omission, the identity of those execs that would likely be released). The onslaught of information occurred from the top down; first the “C-Suite,” then senior executive



vice presidents, then division heads, and so on, down to every employee.

It was readily apparent how disruptive this process was, with frequent water-cooler talk about employees' concerns about their jobs, the possibility of divestiture, or a new leader who would bring undesirable types of change.

This had the effect of paralyzing departments and employees. While the EAP team was among the last to learn its' fate (our internal EAP was eventually outsourced), we provided considerable amounts of consultation to managers asking for help with countering the merger-induced paralysis of productivity.

### Making Change Work

Our consulting was chiefly focused on managers working with the new,

blended teams on overcoming survival guilt and regaining momentum. Managers particularly liked our advice about navigating change that they could share in staff meetings. We drew helpful concepts from William Bridges' book *Transitions: Making Sense of Life's Changes*. Bridges writes about change emerging first as an ending of the familiar and concluding with acceptance of the "beginning of the new normal."

Another part of our consulting was to encourage managers to be present, available, and hands-on. Managers were frequently concerned about the burden they felt about having to be the messenger of bad news, and for many of them there was a temptation to hibernate.

For an effective consultant, there is real opportunity to help

managers in acknowledging employees' concerns. At the same time, they can also assist the managers in navigating the "new normal" for the workforce. ❖

### Let's Keep the Discussion Going

The author invites you to network around all topics of effective management consulting through his LinkedIn profile at [www.Linkedin.com/in/JeffHarrisCEAP](http://www.Linkedin.com/in/JeffHarrisCEAP) and Twitter at [www.twitter.com/JeffHarrisCEAP](http://www.twitter.com/JeffHarrisCEAP).

*Jeffrey Harris, MFT, CPC, CEAP, has provided management consulting to a wide variety of organizations throughout his 22-year career in employee assistance, including corporate, government, and union organizations. The author also has extensive experience as a manager and executive coach, from which he draws insight for his consulting. Jeff currently serves as Program Manager of EAP & WorkLife at the University of Southern California.*

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# EAP Response in Active Shooter Situations

“Predatory violence is cognitive, premeditated, prolonged in its response cycle, and not limited in time. ... When we talk about mass shootings and most active shooter incidents, we are almost always in the realm of predatory violence.”

| By George Vergolias, PsyD

We have seen an exponential increase in media coverage and societal anxiety around “active shooter” scenarios in recent years. As such, companies are increasingly seeking assistance from critical incident specialists. However, trainings all too often focus on what to do as an *event unfolds* and fail to adequately address interventions *before* an incident occurs.

First, some important statistics: The frequency of mass shooting incidents has actually remained pretty stable for the past 20 years, with only a small increase in frequency since 2007 (Fox & Fridel, 2016; Krouse & Richardson, 2015; Fox & DeLateur, 2014). Despite our collective anxiety, the statistical risk of being killed from a mass shooting incident in the U.S. is roughly equivalent to being killed by lightning (1:10 million).

## Mass Shootings and Active Shooters

Adding to confusion and media hysteria are various definitions of the terms used to describe events involving mass violence. The Federal Bureau of Investigation (FBI) defines “mass shootings” as any shooting where four or more people are killed in a single incident. A mass shooting is a subset

of the active shooter category, where the mass shooter intentionally intends to kill as many people as possible.

The Department of Homeland Security (DHS) defines “active shooter” as “an individual actively engaged in killing or attempting to kill people in a confined and populated area.”

Of course, to EA and HR professionals, the primary concern is to eliminate or mitigate any such threat to the workplace.

---

**“Developing a comprehensive active shooter program should include aspects addressing readiness planning, response protocols, and recovery interventions.”**

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## Crucial, Yet Practical Steps

There are some important steps that any workplace can initiate to mitigate the risk of active or mass shooter violence. The following list is not exhaustive but offers key issues to consider in developing an effective active shooter response. I use a three-pronged

approach: **Readiness, Response, and Recovery.**

1) **Readiness:** Create a plan and develop a response team with clear goals and roles.

The word “plan” cannot be overstated: Create a plan, train to the plan, and execute the plan. The primary aim of the plan is to assist company stakeholders (management, HR, security personnel, and other decision-makers) in responding consistently and effectively to a crisis.

*Key stakeholder questions include:* What is the crisis response plan? How does your organization gather, share, and act on important information to quickly guide decisions (i.e. an intelligence network)?

How will you notify employees and key managers in the event of a credible threat? Is there a designated *internal* Threat Management Team? Are *external* experts vetted for rapid availability? What is the plan for business continuity if critical systems fail?

## The Importance of TMTs and TMCs

Consider developing an internal *Threat Management Team* (TMT), comprised of vital company stakeholders such as HR, Legal, Management, Security (if available), and other departments



as warranted. The role of the TMT is to gather intelligence, screen data, and investigate threats. Members of the TMT are not expected to be experts on threats to the workplace, but each have critical functions in assisting outside consultants.

Put another way, the TMT should work in collaboration with external *Threat Management Consultants* (TMCs), who can offer expert guidance on assessing and mitigating threats. TMCs have various backgrounds and training in forensic psychology, behavioral health, law enforcement, corporate security, legal, mediation, and other areas. External expertise may be mobilized to further assess a potential threat or initiate safety measures, such as physical security, background investigations, surveillance, and social media monitoring.

### Risk Factors and Patterns of Violence

It's also important to develop a basic understanding of risk factors and patterns of violence that occur in the workplace. Although no single "profile" of an active shooter exists, certain patterns help managers, TMTs, and TMCs make well-informed decisions in potential threat situations. These characteristics are as follows:

➤ **Leakage:** This refers to incidents when a subject does not directly threaten a target(s) but instead threatens a *third party*. Leakage can occur verbally to co-workers, family, others in the community, or even through social media. Almost 90 percent of targeted workplace attacks show leakage to third parties, but no direct threat to their intended targets!


➤ **Affective vs. predatory violence:** It's important to understand the type of violence you are trying to reduce. Researchers have identified two distinct biophysiological modes of violence (Meloy, 2000), each triggering different neuro-chemical processes and pathways in the brain.

- **Affective violence:** Picture a cornered house cat with no escape as a large Rottweiler slowly approaches. What is the cat doing? Hissing, back arched, and claws extended, it is scanning its full field of vision, ready to run or attack. This is our image of affective (or emotional) violence. It is emotional, defensive, reactive, immediate in its response, and limited in terms of time. The primary goal is to reduce the

threat: a "fight or flight" response. The overwhelming majority of violence, and the majority of workplace aggression, is affective in nature.

- **Predatory violence:** Picture the same house cat, now in the backyard noticing a bird 40 feet away. Now what is the cat doing? Very quiet, crouched, claws are retracted, ready to stalk (not yet attack), with a laser-like focus on its prey. This is our image of predatory (or targeted) violence. Predatory violence is cognitive, premeditated, prolonged in its response cycle, and not limited in time. In fact, its time window can range from hours to years depending on the sophistication of the planning involved. When we talk about mass shootings and most active shooter incidents, we are almost always in the realm of predatory violence.

With affective violence, the primary aim is to help the subject reach emotional equilibrium and feel less threatened. With predatory violence, the primary aim is to first identify the concern; then assess the threat risk; and, if the risk is significant, thwart and/or redirect the violent intention of the would-be assailant.



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➤ **JACA:** Four pre-conditions have been identified as necessary for violence (DeBecker, 1997). JACA is an acronym for assessing someone’s motivation and inclination towards violence:

- **J**ustification: Does the individual feel justified in using violence to solve their problems? As perceived justification increases, so does risk of violence.
- **A**lternatives: What alternatives to violence has the person considered? As perceived alternatives decrease, the risk to resort to violence increases.
- **C**onsequences: What consequences for violence has the person considered? As the person’s perception of favorable consequences for active violence increases, the risk for violence increases.
- **A**bility: What is the perceived ability for acting out the plan? As the perception of ability increases, so does risk for violence.

2) **Response:** During active shooter incidents, minutes and even seconds matter and could be the difference between life and death. The immediate response should always include clear priorities: 1) Ensure immediate safety of employees; 2) Secure the location; and 3) Assess emotional needs.

*Key stakeholder questions include:* Who is immediately contacted if an incident occurs? What are the roles and responsibilities to mobilize critical resources? What is the communication strategy to employees, key clients, and other company stakeholders? What are the safety protocols, primary and secondary exits, and methods for sharing

information about the location of an assailant?

Are employees provided guidance and/or training on responding during an active shooter incident (such as Run, Hide, Fight protocols)? Finally, when and where does the management team convene?

3) **Recovery:** An active shooter situation has a ripple effect that becomes exponentially more complex over hours and days as the physical, psychological, and emotional impact of the event spreads from employees directly impacted, to co-workers, families, clients, and the community. Recovery steps should include individual, organizational, and larger systemic levels.

*Key stakeholder questions include:* What are the immediate physical and emotional needs of those affected? When do employees return to work? Does the site need to be cleaned up, roped off due to investigation, or other measures taken? Is it necessary to contact next-of-kin? If so, who performs that function? What security questions require answering for those returning to work?

What is the PR response to media questions? What are the legal implications of the event? How are families or the community impacted? What other financial, legal, and safety questions will arise from employees, clients, stakeholders, and the community?

## Summary

Developing a comprehensive active shooter program should include aspects addressing readiness planning, response protocols, and recovery interventions.

By addressing these three domains, companies will have a multi-point strategy to identify threat risks before they happen, implement interventions quickly to mitigate those risks, and maximize recovery at both individual and company levels.

Dr. George Vergolias is a forensic psychologist and threat management expert. He currently serves as Associate Medical Director of R3 Continuum, leading their Threat of Violence and Workplace Violence programs. He has over 20 years’ forensic experience, having directly assessed and managed more than 1,000 cases related to elevated risk for violence, self-harm, sexual assault, stalking, and communicated threats. ❖

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## EAPA Updates Online Bibliography

EAPA has published the 2016 update of its comprehensive Annotated Bibliography of EAP Statistics and Research Articles. The bibliography, which includes hundreds of EAP-related research articles published in the U.S. and other countries from 2000 through June 2016, is a unique EAPA members-only benefit.

Articles in the bibliography address EAP return-on-investment studies, program effectiveness research, and other important topics. A brief summary of each article is included in the bibliography, along with the publication reference.

EA professionals, HR decision-makers, benefits brokers, and others will find the bibliography to be a valuable resource in making evidence-based decisions affecting the future of individual programs and even the profession. EAPA members can access the bibliography here: <http://www.eapassn.org/EAPresearch>.

## Study Confirms Effectiveness of EAP

A recent study in the *Journal of Occupational & Environmental Medicine*, funded by the Employee Assistance Research Foundation (EARF) and implemented within the Colorado State Government internal EAP, significantly improved upon prior research by formally testing whether relationships between EAP and workplace outcomes are mediated by reductions in clinical symptoms.

The study was conducted by Melissa Richmond and Ana Nunes (ONMI Institute), Fred Pampel

(University of Colorado Boulder), and Randi Wood (State of Colorado Department of Personnel and Administration). It used a prospective, quasi-experimental design that matched EAP employee users with non-EAP employees.

At intake and follow-up (2-12 months later), all 344 participants completed validated measures of depression, anxiety, alcohol use, and three scales from the Chestnut Global Partners' Workplace Outcome Suite (absenteeism, presenteeism, workplace distress). Results indicate that internal EA services significantly reduce symptoms of depression and anxiety but not at-risk alcohol use. Thus, mental health clinical improvements are stronger and potentially realized more quickly with the help of EAP.

These reductions in mental health symptoms are also strongly connected to subsequent decreases in absenteeism and presenteeism. Study findings conclude that an internal EAP that adheres to EAP core technology contributes to improved productivity and reduced absenteeism by improving mental health symptoms.

Future research is needed to explore whether different EAP models affect clinical and workplace outcomes differently. Additional research on the role of the contemporary EAP to prevent or intervene with risky substance use is also needed.

## Ideas for Preventing Workplace Violence

In preventing violence, one point to keep in mind is that once a shooter, killer, or bully has reached

that point, their mind is almost on autopilot, where the level of violence is directly proportionate to the level of rage they are feeling. "The greater the rage, the greater the level of workplace violence," writes Dr. Mark Goulston in *The Business Journals*.

What can be done to prevent violence? If the factors that collectively lead to rage include powerlessness, rejection, humiliation, injustice, insignificance, and nothing to lose by dying, it makes sense to "identify as early as possible, the signs and symptoms in the behavior of the individual heading down this path," states Goulston, a former FBI hostage negotiation trainer.

The following is a partial list of what to look for: loss of temper on a daily basis, frequent physical altercations, increase in use of drugs or alcohol, and an increase in risk-taking behavior.

If a number of indicators occur over a period of time, the potential for violence exists. Signs include: a history of violent or aggressive behavior; access to or fascination with weapons, especially guns; threatening others regularly; and trouble controlling feelings such as anger.

"Just as police are trained on what to do when confronting a potentially violent person, there now needs to be training in companies on how to report someone other employees think might be a risk for violence," Goulston says.

The complete article is available at <http://www.bizjournals.com/bizjournals/how-to/human-resources/2016/08/preventing-workplace-violence-what-to-do.html>.

Continued on page 25



## Tracing the Global History of EAP

| By John Maynard, PhD, CEAP

Normally in this column, I focus on a particular country or region of the world. However, in this issue I'll highlight a global research process, currently underway, that will produce the first comprehensive history of EAPs. The *EAP History Project*, funded by the Employee Assistance Research Foundation (EARF), will result in a definitive, evidence-based documentation of the history and evolution of EAPs worldwide.

The EARF Board of Directors has awarded grants to two distinguished researchers to support this project. Professor Emeritus Dale Masi, PhD, CEAP, will lead the research efforts pertaining to North America; while Professor Ann Roche, PhD, Director of the National Centre for Education and Training on Addiction (NCETA) at Flinders University in South Australia, will lead the research focused on developments outside North America.

Both research teams will conduct systematic literature reviews, archival research of unpublished documents, and interviews with important individuals who have helped shape the field from the 1960s through the present.

The key outcome will be a scholarly review and analysis of why and how the EAP field has evolved to this point, with a special emphasis on how cultural and other differences among

countries affect EAP development and effectiveness. Understanding the forces that have brought us to the present is a necessary foundation to enable EAPs to continue to thrive into the future.

### What's Different About This Project?

As a member of EARF's History Project oversight committee, I've come to appreciate how unique and forward-thinking this research effort really is and how valuable the results might be for all of us who are potential consumers and beneficiaries of the project's findings. The "systematic literature review" protocol Dr. Roche and her team will be using (Roche et al, 2016) helps highlight the critical difference between EARF's History Project and more anecdotal histories that have been published in the past.

### Systematic Literature Review

What exactly is a systematic review process? According to Dr. Roche, "A systematic review attempts to identify, appraise, and synthesize all of the empirical evidence that meets pre-specified eligibility criteria to answer a given research question (Cochrane Library, 1999)." The research questions for this project are:

- How have EAPs developed and evolved in the USA and other countries from the 1960s to the present?
- Did the development and evolution of EAPs during this period differ among various countries?
- What were the drivers of EAP development and evolution in each country?

The empirical evidence to answer these questions might come from a variety of sources, including qualitative and quantitative research articles, case studies, archival documents, proprietary reports, and individual recollections. To properly handle this kind of heterogeneity in their sources, the reviewers will use what's called a "thematic analysis," in which key or recurrent themes are identified.

According to the Centre for Reviews and Dissemination at the University of York, in a thematic analysis, "[Findings] are summarized under thematic headings. Information is tabulated allowing identification of prominent themes and offering structured ways of dealing with the data in each theme (Centre for Reviews and Dissemination, 2008, p.228)."

To implement the thematic analysis, Dr. Roche and her team will identify "core themes" as early as possible in the review



(Roche et al, 2016). Her criteria for core themes come from Strauss (Strauss and Corbin, 1990). Core themes must:

- Be the most central themes and be related to as many other sub-themes and categories and their properties as possible;
- Appear frequently in the data (that is, the indicators pointing to the core themes must occur frequently);
- Be easily related to other categories and data characteristics; and
- Hold clear implications for a more general theory.

### Stages of the Analysis

As opposed to more descriptive review projects where researchers might simply jump right in to a literature search, drawing potential conclusions from the particular set of information they run across, the systematic review occurs in carefully planned stages. The first step is to develop clear inclusion and exclusion criteria for what literature will be searched and considered. These criteria are driven by the defined research questions.

Using these criteria, the search is then conducted, with an eye to identifying and clarifying the core themes that emerge. After the initial development of the core themes, references not relevant to any of the themes are removed from the database. The data in the remaining references are then appraised for quality and relevance and mapped to the identified themes. Finally, the empirically derived themes and the supporting data are synthesized and incorporated into the final documents.

### Stay Tuned

The analytic nature of the systematic literature review is a good example of the unique contribution this project promises to deliver to the field. For further information, and to support the History Project with your tax-deductible contribution to EARF, please visit the EARF website at <http://www.eapfoundation.org/research/the-history-project/>. As always, of course, you're also welcome to contact me directly or to post your feedback, questions, or suggestions on EAPA's LinkedIn group. ❖

*Dr. John Maynard is a charter member of the EARF Board of Directors and currently serves on the Board's History Project oversight committee. He served as CEO of EAPA from 2004 through 2015. Prior to that, he was President of SPIRE Health Consultants, Inc., a global consulting firm specializing in EA strategic planning, program design, and quality improvement. In both roles, he had the opportunity to observe, meet, and exchange ideas with EA professionals in countries around the world. He can be reached at [johnmaynard@spirehealth.com](mailto:johnmaynard@spirehealth.com).*

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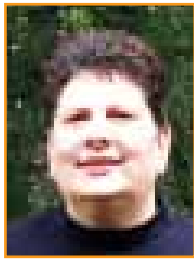
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# Pokémon GO

## What Every EA Professional Should Know

By Marina London, LCSW, CEAP

It seems fitting that Pokémon GO, a free-to-play, location-based augmented reality mobile game, was released shortly after publication of my 2016 3<sup>rd</sup> quarter Tech Trends column, “*Virtual Reality: Opportunity and Impact on EA.*” To say this game became a global phenomenon doesn’t even begin to do it justice.

Almost immediately, stories flooded the media about addicted gamers losing their jobs, neglecting their infants, and otherwise succumbing entirely to a virtual lifestyle.

Concurrently, stories were published extolling the virtues of the game – how it helped autistic children communicate, inspired agoraphobia sufferers to leave their homes, and loners to socialize.

Addictive evil or mental health breakthrough – which is the true story?

### Origins of Pokémon

First a quick recap. If you grew up during the 1990s or raised a child during that time, you are probably familiar with the early phase of Pokémon. It was originally a Game Boy video game, a card game, and a TV series. Players of the games, aka Pokémon Trainers, had two general goals. They had to (1) complete the

Pokédex by collecting all of the available Pokémon species found in the fictional region where the game takes place; and (2) train a team of powerful Pokémon to compete against teams owned by other Trainers, eventually winning the league championship. The whole thing was G rated and geared towards an elementary school audience.

Fast forward 20+ years and those 90s children are now 20-something Millennials. They are very nostalgic about the 90s. And their parents, Gen Xers and Boomers, also know about Pokémon because, let’s face it, they had no choice – the TV series was on all the time, the cards were all over the house, and they were pressured to buy the latest Pokémon game cartridge by their enthusiastic progeny.

### How the Game Works

Here is a very brief synopsis of the game. The first step is to download the free app onto a smartphone. After logging into the app for the first time, the player creates their avatar, a visual representation of who they are in the world of Pokémon. After the avatar is created, it is displayed at the player’s current location along with a map of the player’s immediate surroundings.

Features on the map include a number of PokéStops and Pokémon gyms. These are typically located at art museums, historical markers, historic buildings, monuments and other memorials, public parks and fountains, places of worship, and other points of cultural significance. As players travel the real world, the avatar moves along the game’s map. Different Pokémon species reside in different areas of the world.

When a player encounters a Pokémon, they use their smartphone camera to view it and capture it. The ultimate goal of the game is to complete the entries in the Pokédex by capturing 151 Pokémon. It is the juxtaposition of the virtual and the real that makes the game so revolutionary. If you live in a major urban area, you will come across groups of (usually young) adults, standing on the street, with an arm extended, holding a smartphone, as they try to capture the Pokémon at that location. *Everywhere.*

### Addiction versus Therapy

The game is highly addictive. People have gotten into accidents because they are hunting Pokémon while driving, walking, and biking. At least one person reportedly quit their job to hunt full time. There



are stories of police officers looking for Pokémon instead of protecting the city. EAPs can expect that the over users and/or their concerned loved ones will come looking for help.

However, EA professionals need to understand the potential healing properties of Pokémon GO as well. One of the early proponents of the mental health benefits of the game is Dr. John Grohol, the founder of Psych Central, and an expert on technology's impact on human behavior and mental health. Grohol admits that he has never seen anything quite like Pokémon GO.

In a recent article he noted, "In terms of the phenomena of people expressing the benefits of playing the game to their real-world mental health status, I think that's very unique ..."

He added that Twitter is flooded with stories about Pokémon GO's impact on players' anxiety and depression, with thousands of people lauding the game for getting them out of the house and making it easier to interact with friends and strangers alike. These simple acts are crucial milestones for anyone struggling with depression.

Dr. Peter Faustino, a psychologist and member of the Autism Speaks Family Services Committee, posted an article in which he noted the benefits of Pokémon GO for individuals suffering from Autism Spectrum Disorders (ASD). He wrote:

*"Pokémon GO is giving young adults with ASD their own unique reason to leave the house ... augmentative reality games can pique the interest of individuals with ASD to the point of giving them 'excuses' or better said the inspiration to explore the world around them. Now while some might say that their interactions are only around Pokémon characters and that they still have a restricted interest or singular topic of conversation, I would much prefer the scenario in which those circumscribed conversations take place outside the house at the park in their neighborhood, the library, the supermarket or other community based location (where they find tokens or poke balls). What an opportunity for parents to encourage their children to play video games but have to be outside in order to do it!"*

Articles about both the treatment of Pokémon GO over usage as well as its use as a therapeutic tool will soon surface in peer-reviewed journals. I assure you, this phenomenon will weave its way into your practices, so be on the lookout for these articles. ❖

*Marina London is Manager of Web Services for EAPA and author of iWebU (<http://www.iwebu.info>), a weekly blog for mental health and EA professionals who are challenged by social media and Internet technologies. She previously served as an executive for several national EAPs and managed mental health care firms. She can be reached at [m.london@eapassn.org](mailto:m.london@eapassn.org).*

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# Stop the Suffering

## An EAP Approach to End Workplace Bullying

“The majority of employers need help to overcome their anxieties about intervening with an abrasive leader, and this is where education on managing abrasive behavior comes in. All managers should understand the importance of differentiating performance from conduct, and know how to manage both.”

| By Laura Crawshaw, PhD, BCC

**B**ack in 1980, I boarded a ferry headed to the Great North, my MSW diploma in hand. Signing on as the first full-time clinician at the initial external EAP in Alaska, I eagerly anticipated helping employees with their problems. Unfortunately, I discovered that I was helpless to address their work-related suffering caused by bullying.

This experience led me on a lifelong professional quest to understand why bosses would treat their employees badly, and why most employers did nothing about their bullying bosses – managers that I prefer to call “abrasive leaders.”

### False Assumptions of Abrasive Leaders

A review of the popular literature on workplace bullying would lead one to believe that abrasive leaders are either mentally disordered (psychopaths, narcissists) or morally disordered (“predators or jerks”). It is commonly assumed that abrasive leaders are fully aware of the nature and impact of their behaviors, that their intent is malevolent, and that their behaviors are intractable—they cannot change.

That’s what we’re *told*, but my extensive experience in this field disputes these assumptions.

Specifically, most of the leaders had little or no awareness of the nature and impact of their abrasive behaviors. Their intent was not to harm but “*to do what it takes to get the job done.*” More

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*“What if the abrasive leader improves his or her management style? Employee suffering ends, and employees are heartened that the formally abrasive leader cared enough to change.”*

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significantly, I discovered that even though abrasive leaders may *appear* supremely confident, this stance masks underlying insecurity about their own competence. Their aggression was a defense against the threat of being perceived as incompetent. In short, *they were afraid.*

Finally, I discovered that if properly motivated (usually through employer intervention), the majority could abandon their destructive management style with the help of specialized

executive coaching (Crawshaw, 2005, 2007).

### A Typical EAP Scenario

In discussions with former colleagues, it seems that EAPs still play little or no role in helping employers resolve the problem of abrasive conduct in the workplace (another term for workplace bullying). To outline the typical EAP scenario:

An employee (*target*) reports distress related to bullying; the EAP provides short-term intervention. If the employee elects to stay in his or her current position, the EAP may refer the individual to mental health services for costly and often ineffective treatment of the ongoing trauma.

The target may also be encouraged to report his or her concerns to the employer, which rarely occurs for fear of retaliation and a belief that the employer does not care. Additional employees affected by the abrasive leader may contact the EAP, and this scenario is then repeated.

From the EAP point of view, the bullying is not reported to the employer, as this would be a breach of client confidentiality. And even if targets granted permission, EAPs are understandably hesitant to be viewed as “bully hunters,” risking alienation of the corporate client’s management.

In this scenario, nothing is resolved – the bullying continues, as does the suffering of employees and the inevitable destructive impact on organizational productivity (Pearson & Porath, 2010).

### Executive Coaching Perspective

Now let me open a window into my world—that is, executive coaches who specialize in working with abrasive leaders. It begins with a call from the employer: *“This can’t go on. We’re losing good people. We’ve tried everything and employees are talking about litigation. What can we do?”*

We then provide *intervention consultation*, which helps management:

- Work through their anxieties about intervening;
- Determine the limits and consequences for continued abrasive conduct; and
- Prepare to deal with the abrasive leader’s predictable defensiveness.

In the course of the intervention, the employer also offers the abrasive leader help in the form of internal mentoring (for milder behaviors) or specialized coaching, indicated for abrasive leaders with entrenched aggressive management styles. The employer then monitors the leader’s ongoing conduct, moving to disciplinary action up to and including termination if the conduct does not improve to an acceptable level.

What if the abrasive leader improves his or her management style? Employee suffering ends, and employees are heartened that the formally abrasive leader cared enough to change. Further, employees regard the employer positively for intervening: *“They cared, and they listened.”*

We find that in the majority of cases, the formerly abrasive leader is grateful for the employer’s willingness to invest in him or her and offer a “second chance” through coaching. Finally, the employer reduces potential for litigation, attrition, and negative management sentiment while retaining the leader’s expertise.

And what if the abrasive leader cannot change and must be isolated or terminated? Employee suffering still ends, employees regard the employer positively for intervening, and employers have the peace of mind of knowing that they did everything in their power to remedy the situation. This offers further protection against litigation.

*Both of these scenarios stop the suffering created by workplace bullying.*

### Essential Elements of Workplace Bullying

I present five essential elements that are drawn from my many years of interacting with employers who have successfully resolved the problem of workplace bullying.

**1) Employer education on how to manage abrasive behavior.** I’m not referring to the standard one-hour presentation on bullying that instructs employers to put an anti-bullying policy in place and “enforce it at all times.” These simplistic seminars fail to address the core challenge of managing abrasive behavior: overcoming a manager’s anxieties on how to intervene with an abrasive employee.

I earlier shared my findings that abrasive leaders don’t treat their co-workers badly because

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they're evil, but because they're insecure. Interestingly, I found the same principle applies to employers who fail to intervene with abrasive leaders. They avoid intervening not because they're bad or uncaring people, but because they are also afraid of being harmed or doing harm. For instance, "If we talk to him about his behavior, he might sue us!" "She's a key player, we can't risk losing her."

The majority of employers need help to overcome their anxieties

about intervening with an abrasive leader, and this is where education on managing abrasive behavior comes in. All managers should understand the importance of differentiating performance from conduct, and know how to manage both. They should feel confident in defining unacceptable conduct, as they have the right and responsibility to determine how their employees and customers should be treated.

Employers should be trained to detect unacceptable conduct

voiced by distressed employees, and they should be trained on how to intervene calmly and confidently in the face of extreme defensiveness. This education can be delivered in a one-day management training, or on an individual basis for the manager preparing to intervene with an abrasive leader. The latter is termed *intervention consultation*.

**2) Employer-supported channel for employees to report abrasive behavior.** The employer sets

## How Can EAPs Stop Workplace Bullying?

How can EA professionals help stop the suffering and assist employers in solving the problem of workplace bullying? Consider this projected sequence of events:

➤ Bullied targets seeking help from the EAP are provided with short-term counseling and informed of their employer's "bullying hotline." The EAP also educates them on the employer's informal and formal complaint options. The fact that the employer has put this channel in place is viewed as a positive step by employees and encourages targets and bystanders to voice their distress to the employer. Impact on mental health services is reduced because the trauma does not continue.

➤ The employer responds to formal complaints with a formal investigation and adjudicates if unacceptable conduct has occurred. If abrasive conduct is found, intervention takes place. Conversely, informal complaints are communicated to the manager

of the possibly abrasive individual for supervisory exploration and monitoring, which may result in intervention. Multiple informal complaints are indicative of shared distress and should serve as a strong indicator for intervention.

➤ A manager who detects abrasive behavior through direct observation or informal complaints to the hotline calls the EAP to speak to a trained *Bullying Intervention Consultant*. Intervention consultation is provided and, if needed, the EAP identifies specialized coaching at the time of intervention.

➤ The abrasive individual is referred for voluntary specialized coaching (which can be done telephonically) by an EAP team of trained specialists or an executive coach in the EAP's affiliate provider network.

➤ The employer's ongoing monitoring of conduct is supported by climate surveys recommended or performed by the EAP.

In this approach, the EAP forges a strong and enduring

partnership with the employer to stop workplace bullying without jeopardizing client confidentiality or risking perceptions of "bully hunting."

From a design standpoint, intervention consultation could be provided in the overall capitated rate (as with general management consultation). If provided by in-house EAP coaches, specialized coaching should be offered on a fee-for-service basis to cover the cost of co-worker interviews, coaching, and follow-up support.

Having been told that "companies won't pay for that," I beg to differ. In our experience, companies *will* pay to retain valued leaders and avoid the greater costs of attrition, litigation, and disrupted productivity stemming from abrasive conduct. With cost-effective coaching, the cost is minimal when compared to the costs of terminating and replacing an abrasive leader. ❖

- Laura Crawshaw

up a hotline that offers informal or formal complaint options for targets and bystanders. The informal complaint process does not require the employee to self-identify or to submit to interviewing, and may or may not result in intervention by the employer. However, multiple informal complaints about a given leader indicate significant distress and should call for intervention.

Formal complaints require investigation. In these cases employees must self-identify, submit to interviewing as part of the investigation, and are informed of the investigation's findings. Employee information is treated confidentially, and employees who self-identify are protected against retaliation.

### **3) Employer intervention.**

This consists of employer representatives meeting with the abrasive leader to (a) set limits and consequences for further unacceptable conduct, (b) offer help to the individual in the form of internal mentoring or external specialized coaching, and (c) hold him or her accountable for improved conduct. Intervention is no easy task, as abrasive individuals are generally blind to their destructive behavior and become extremely defensive when it is brought to their attention. But employers equipped with these insights and techniques are prepared to intervene calmly and confidently, in turn bringing workplace suffering to an end (Crawshaw, 2013).

**4) Specialized coaching for abrasive leaders.** We have found that leaders with entrenched

abrasive management styles require more intensive help by a specialist. Through many years of research and practice, we have identified essential elements for successfully coaching abrasive leaders. First, the employer must exert pressure on the individual to change, rather than expecting the coach to provide this motivation. The coaching must be confidential and based upon detailed anonymous data from co-worker assessment interviews. This data is instrumental in helping the leader understand what he or she does to generate negative perceptions.

The coaching should be designed to develop the individual's empathy and resulting psychological insight. This brings leaders to a point where they can generate more productive management strategies. Finally, the coaching process must prove effective from a results and cost standpoint, producing significant change by the third session and usually completed within three to four months (Crawshaw, 2010).

### **5) Employer monitoring for continued acceptable conduct.**

In this element, employers consistently monitor employees for acceptable performance through regular performance reviews. The same should hold true for reviewing *conduct*. Evaluations can occur through direct observation of the (formerly) abrasive individual, ongoing co-worker interviews, and surveys to gauge cultural health.

### **Summary**

As a former clinician, clinical manager, and product

designer in the EAP field, my goal was to reduce employee suffering and support organizational function. Employers have learned how to protect the physical safety of their employees while at work. Shouldn't EAPs play a role in helping them protect their psychological safety by partnering to end workplace bullying? ♦

*Laura Crawshaw, Ph.D., BCC, is the founder of The Boss Whispering Institute, which is dedicated to research and training in the field of coaching abrasive leaders. She is also president of the Executive Insight Development Group, Inc., and co-founder of the Consortium on Abrasive Conduct in Higher Education (CACHE). She can be contacted at [www.bosswhispering.com](http://www.bosswhispering.com).*

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## Expanding the Role of EAP Through Peer Support

“There are great opportunities for EAPs to be on the front lines in coordinating, implementing, training, and supporting the development of peer support teams. An EAP that provides this service gets a seat at the organizational table, further establishing the value of their partnership. They remain an active participant in the peer approach process by being hands-on versus just an 800 number.”

By Robert Intveld, LCSW, CEAP

First responders and hospital personnel are among the occupations that regularly endure high levels of stress, exposure to potentially traumatic events, and an increasing number of critical incidents. When an organization turns to their EAP to add additional support for an employee population such as these, what is a typical suggestion? The usual EAP response is to offer more orientations and trainings to drive greater utilization. However, this is an approach that will likely fall short because it fails to recognize the dynamics of the workplace culture, one that is mission driven and values high levels of commitment and success.

These employees embrace this role, and believe that unless a person has actually done the kind of work they routinely engage in, one cannot fully appreciate or understand it – and thus the emotions they are experiencing. Therefore, delivering an EAP orientation or training as an effort to reach these individuals may actually demonstrate how out of touch the EAP is to their specific needs.

### To EAPs: Get Involved in a Peer Approach

The International Critical Incident Stress Foundation (ICISF) was correct in recognizing the need

for a peer approach to address the needs of a high energy, mental health services resistant, first responder population (Mitchell, Everly, 1996). Use of the ICISF

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*“EAPs that are involved throughout the duration of the peer program, as opposed to offering intermittent, third-party trainings, maintain a level of consistency in approach and a growing connection with employees in high-risk professions. When there is a lack of involvement by EAPs, they are left on the sidelines and viewed as only a referral resource.”*

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peer support crisis intervention model addresses the barrier of resistance often seen within these worker populations.

This model capitalizes on the trusting relationships already

present among peers (Solomon, 2004; Deegan, 2006). Peers who have similar training, and also find a sense of value in succeeding in their missions, develop trust and compassion for each other (Chinman, 2006).

It should come as no surprise that the ICISF model, similar to its influence in EAP Critical Incident Response (CIR), is also used as a model for peer response outside of the first responder population. It is not unusual that in the absence of an EAP answer to address this unique population, organizations turn to outside vendors to address their needs by using existing, formalized peer-based programs.

EA professionals have been on the outside looking in before, but rather than engaging the “one-shot” trainings provided by third-party vendors and consultants; they need to consider the value that they add since they are already prepared to offer CIR services. This means not only delivering the materials and resources to a formalized peer program, but also the value in creating an extended partnership with the corporate client.

EAPs that are involved throughout the duration of the peer program, as opposed to offering intermittent, third-party trainings, maintain a level of



consistency in approach and a growing connection with employees in high-risk professions. When there is a lack of involvement by EAPs, they are left on the sidelines and viewed as only a referral resource. *This is a missed opportunity.*

### Peer Support is Crucial

How can a fire department benefit from EAP CIR services if the employees fear that by engaging the EAP their job may be negatively impacted? After an adverse incident, how can a hospital access services immediately so that they can move forward in patient care? How can this intervention work alongside the risk management process? Moreover, how can a remote mining operation receive timely support until additional resources become available? These are some of the questions asked by leaders in high-risk organizations. *The answer is peer support.*

There are great opportunities for EAPs to be on the front lines in coordinating, implementing, training, and supporting the development of peer support teams. An EAP that provides this service gets a seat at the organizational table, further establishing the value of their partnership. They remain an active participant in the peer approach process by being hands-on versus just an 800 number. This active involvement fosters trust within these employee populations, which makes EAPs more accessible. From a business perspective, EAPs have further embedded themselves into the client culture.

### EAPs: The Perfect Partner in Peer Support

EAPs are the perfect partner because they are trained in Critical Incident Response. Extending EAP response services to include an early crisis intervention peer process is a natural fit and consistent with the Multi-Systemic Resiliency Approach (MSRA) (Intveld, 2015). Being part of the synergy between an organization and its employees, which the peer team exemplifies, not only supports the resiliency process, but further reduces the barriers a closed culture may have with seeking assistance.

MSRA recognizes that EAPs are not the only response system engaged after an adverse incident. Organizations and their employees are already responding based on a contingency plan that aids in fostering resilience. When EAPs are mobilized, they need to gauge and complement the acts of stabilization and wellness already underway. Research on resilience has demonstrated that these internal actions, delivered

by synergistic relations inherent within workplaces, are potentially more powerful than anything an EAP or another outside responder could offer (Kelly, 2007).

Therefore, an important aspect of fostering resilience involves re-engaging the supportive, and significant connections that people already have in the workplace. It is this *strength within* an organization that offers great potential for early crisis intervention.

Organizations turn to their EAPs for guidance because they have been invited into the fold, albeit contractually, and are viewed by organizations as trusted facilitators of resilience (Kelly, 2007). EAPs are a *strength within* the organization's internal benefit structure! We should be embracing this challenge.

### Forming a Peer Support Program

According to The Defense Centers of Excellence's paper, *Best Practices Identified for Peer Support Programs* (2011), a summary of the most important areas to address when forming a peer program lies

Continued on page 30

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## EAP in Tanzania

### *Unique Effort is Helping Developing African Nation*

“In working with companies in Tanzania and in other African nations, once they better understand the potential of EAPs to help impoverished people through employment opportunities and by increasing previously unavailable or limited services, these individuals become more open to working with international EAPs.”

By Lisa Finke, MS, CEAP, SAP

Tanzania, an impoverished country in East Africa, did not have any EAP providers or even a master’s-level training program in psychology or social work until eight years ago. Today, this nation of 47 million people (National Bureau of Statistics, 2015), located on the Indian Ocean in East Africa, has five locally owned EAP companies and two master’s level psychology programs.

Local and multinational companies have spent more than \$5 million on EAP services for their workforces since 2008. Thus, the evolution of an emerging EAP industry in Tanzania offers insights into efforts to alleviate poverty in a developing nation.

#### Need Creates Demand

In 2006, a need arose for an EAP to help Barrick Gold (a mining company) pass a health and safety audit. However, there were no such programs available at the time, especially not in Swahili. I was living in Tanzania, and was asked by this company to serve as a consultant to explore how an EAP could be put together for its staff.

After visiting the mine site, I recommended an external model with extensive on-site presence. I then began pursuing ways to put it together in a format that would be desirable for not only this firm, but

also others to purchase. I decided it would be best to integrate physical and mental health into one program. Therefore, what might have been called “Employee Assistance and Wellness Programs” became Employee Wellness Programs (EWP) or Programmu ya Ustawi wa Mwajiriwa (PUM).

In developing nations, multinational mining companies typically register local firms as subsidiaries. These companies have multiple needs that EAPs in Africa can address:

- To develop and sustain local suppliers for a targeted percentage of goods procured;
- To provide corporate responsibility services in surrounding communities (which includes psycho-social needs);
- To provide local cross-cultural training, orientation, and support for expatriates;
- To implement sexual harassment and assault prevention programs;
- To increase compliance with corporate health and safety requirements; and
- To design and implement culturally relevant EA services for all employees.

#### Insurance Company as a Partner

The private health insurance industry began in Tanzania in 2002. Six years later, behavioral

health and chronic disease management programs were not yet offered, although they did exist in South Africa. At that time, the majority of efforts of the Ministry of Health in Tanzania were concentrated on communicable diseases such as AIDS, malaria, and tuberculosis (TB). The department had not yet begun to focus on non-communicable lifestyle diseases, as it does today.

Therefore, when I approached a local insurance company with a proposal for an internal Employee Wellness Program Division, they were ready to invest in this novel idea. The rationale for this proposal was to meet both current employer needs and to sell new services. The idea was to improve the claims ratio, create a new income stream, and increase their competitive advantage.

#### Public-Private Partnerships in Development

The United Nations Development Program (UNDP) is an international government organization funded by voluntary contributions from member nations. Its charge is to help countries “to simultaneously reduce poverty and achieve sustainable development that leads to transformational change, bringing about real improvements in people’s lives.” Their goal is to do this in

“ways that are sustainable from economic, social, and environmental standpoints.” (United Nations Development Program, 2016).

There are many projects that help meet the objectives of this organization, with the African Management Services Company (AMSCO) being one of them. In the case of AMSCO, both a private sector company, which has a management contract with AMSCO, and an expatriate employee hired to work for the private sector firm, receive tax benefits. This is an example of how public-private partnerships that are utilized extensively in international development work. All actual dollars came from the private health insurer in this case, but the work permit and tax-free status for hiring an expatriate to train local people came from a government organization (that being UNDP).

In 2008, I was employed by AMSCO as a technical expert. I then became the Employee Wellness Program (EWP) Development Manager, with the objective of training Tanzanian psychologists and EAP practitioners, as well as creating a EWP Division within a local health insurance company.

This matched the goals of the UNDP for reducing poverty in sustainable ways. The new employment opportunity category of “professional counselor” was established, as well as a new private sector infusion of money into the economy through the purchase of EWP services. In a nation with fewer opportunities for formal employment than in the West, increasing the number of available jobs reduces poverty substantially. It is sustainable because the money

infused into the economy is not reliant on donor money, but private sector demand.

### **Training to Build Mental Health Capacity**

First, some background is in order. Training of mental health professionals in Tanzania traditionally relied on money from donors. Prior to 2005, Tanzanian psychiatrists were sent abroad for training. The same idea was attempted for individuals undergoing training for careers in clinical psychology.

But overseas training resulted in an absence of psychological counseling and substance abuse treatment services in Tanzania. The exception was HIV/AIDS counseling which, by 2008, was well established. Pre- and post-test HIV counseling is typically performed by nurses or doctors with a six-week training course on the disease process and on counseling skills.

To implement the EWP Division, extensive staff training was needed along with financial support for trainees. Ten bachelor’s level social work and psychology graduates were initially hired full time by the insurance company. A one-year in-house psychology and EAP training program was created. Trainees staffed a local toll-free counseling call center. The same group of employees worked in the call center, in-house counseling center, and provided on-site services.

After seeing the demand for professional counseling and EWP services in the workplace, the Government University for Health and Allied Services and a private university each began master’s-level programs: a MS in Clinical Psychology and a MA in Counseling Psychology. Many

individuals in the first group of EWP employees completed the MS and some are now lecturers in the two master’s programs. These programs are now producing graduates with the requisite skills to be hired by the growing and highly competitive local EAP industry.

### **Outcomes and Indicators of Success in Tanzania**

When launching an EWP in a company that has never had one, with HR managers who have never heard of one, the opportunity to create a set of benchmarks as indicators of success is both exciting and challenging. For example, in most of the client companies, absenteeism data was unavailable, as it was not tracked and collected systematically.

Challenges arose from difficulty in the counselors collecting data at the initial contact (pre-intervention) and then contacting clients at the post-intervention time. These are the same difficulties encountered everywhere the Workplace Outcome Suite \* (WOS) is used. However, in Tanzania it led to abandoning the original use of the measure, and utilizing it in a way it was not intended.

(\*Workplace Outcome Suite is a free and validated tool to help EA providers measure the workplace effects of EA services. It is now in use by over 600 EAP organizations and stands apart from other outcome measures as it is psychometrically tested, validated, workplace-focused, and easy to administer.)

The questions were given to the entire worker population during the initial face-to-face EWP orientations and results were used as a measure of the five WOS constructs in the workforce: absenteeism,



presenteeism, work engagement, workplace distress, and life satisfaction. For many companies in Tanzania, this was the first time they had collected such data.

The self-reported absenteeism data was multiplied by the hourly cost of the average employee, which was supplied by the client company. These findings always showed a large monetary loss attributed to absenteeism, which was always higher than the cost of the EWP.

This data helped justify the cost of the EWP, which was both preventative (80%) and curative (20%). Annual capitated EWP contracts in Tanzania have a large number of hours in preventative psycho-educational training (and health education sessions).

Therefore, participants in these group sessions are included in utilization reports as prevention training, and counseling cases as curative. The total, divided by the number of employees, was the utilization rate. This clearly demonstrated an acceptable utilization value to HR, finance, and management departments.

Comparisons of clinical utilization rate (utilizing the traditional formula) to the developing nation's rate was provided as well. However, to purchasers with little EAP experience, the widely held expectation is that the EAP should be used by the majority of the workforce, just like it is with health insurance (and not 10%-40% like with EAP). Therefore, after some years of experience, the combined utilization rate was used more often.

### Underutilized Affiliates

International EAP companies often have difficulty finding qualified

affiliates and other service providers in developing nations. Under-utilized resources include missionary psychiatrists, psychologists, and therapists. This is due to two reasons:

- They are difficult to find if you are not already “in the know” since they are typically working “under the radar” (e.g. you won’t find them advertising online); and
- When approached by EAP companies, they often say “no.” That’s because these individuals see spending time in “private practice” as incompatible with, or keeping them from, providing services to local or targeted populations.

In working with companies in Tanzania and in other African nations, once they better understand the potential of EAPs to help impoverished people through employment opportunities and by increasing previously unavailable or limited services, these individuals become more open to working with international EAPs. As multinational corporations have increasingly begun to extend EAP benefits for their local staff, the missionary community can also begin to see their role in assisting international EAP firms.

### Marketing the Tanzanian EWP

Marketing EA services is also different in Tanzania, as it is in many non-US locations. To this day, there have been only three companies issuing RFPs, or Tenders as they are called in Tanzania. Companies considering an EWP typically contact the EWP provider organizations directly, call them for presentations, and

then ask them to submit proposals. This allows the provider to specifically design and customize the schedule of services.

Unfortunately, corruption in the procurement process is the norm, not the exception. The health insurance-embedded EWP product is now well established. While the *number* of health insurers launching an internal EWP is increasing, the PEPA (Per Employee Per Annum) *price* for all EWP programs is decreasing. However, there is still a large market of medium and large Tanzanian companies that do not have *any* type of EWP. *This creates unique marketing opportunities for EWPs.*

### Design and Implementation of the Tanzanian EWP

EWPs in Tanzania are designed as a worksite resource with all services included in a capitated product. Besides unlimited face-to-face and telephonic counseling, training, consulting, and organizational development services are included in large session numbers. Program designs are flexible and customized for the various concerns that a work organization is trying to solve in purchasing an EWP, such as:

- Personal financial management;
- Partner relationships;
- Sexual harassment and assault prevention;
- Alcohol abuse;
- Work/life balance; and
- Suicide prevention.

All of these services were included in the capitated price, which was prepaid annually in most cases, and quarterly in others.

As the industry in Tanzania became more competitive and

mature, service offerings have decreased, as well as the price and extent of roll-out orientations. However, everything is negotiable in Africa – even the scope of services after a contract is signed.

### Summary

From 2008 to 2016, Tanzania has progressed from zero to five locally-owned EWP companies with over 60 individuals having been fully employed in an industry

that did not previously exist. Over 12,000 Tanzanian families have access to professional counseling for the first time in their history. The banking, manufacturing, and mining industries in Tanzania are now very accustomed to having an EWP, so it appears the industry is well-positioned to continue to provide employment and services long-term. ❖

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*children, and worked in Christian development. After recently selling her company in Tanzania, she now resides in Reedley, California, where she performs EAP consulting and training. She can be reached at [lisa@consultingservicesinternational.biz](mailto:lisa@consultingservicesinternational.biz).*

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## earoundup

Continued from page 11

### Suicide Initiative is Making Inroads

Two leading suicide prevention advocates recently joined forces to create a partnership to raise awareness of mental health in the construction industry and help companies implement effective suicide prevention efforts.

The *Construction Working Minds* initiative was formed under the auspice of the Carson J Spencer Foundation's *Working Minds* program, which focuses on suicide prevention in the workplace. Sally Spencer-Thomas, CEO and co-founder of the foundation, and Cal Beyer, executive committee member of the National Action Alliance for Suicide Prevention, spearheaded the start-up.

The movement started to pick up more steam once it captured the attention of the Construction Financial Management Association (CFMA). Beyer is active in this

association, and he brought the group's president and CEO Stuart Binstock on board to partner with *Construction Working Minds*.

"This has been such a lightning rod because it kind of woke people up to an issue that they really were not aware of before," Binstock told *Construction Dive*, an industry newsletter.

Since the CFMA came on as a partner, the association created the Construction Industry Alliance for Suicide Prevention, and its Phoenix chapter held the first construction industry suicide prevention summit in April 2016. The summit drew more than 100 attendees from construction companies and mental health service providers who had the opportunity to speak openly about their experiences with suicide.

After the success of the Phoenix event, the CFMA plans to hold similar summits in the coming months and into 2017. To read more visit <http://www.constructiondive.com/>

[news/construction-industry-suicide-prevention/424738/](http://www.constructiondive.com/news/construction-industry-suicide-prevention/424738/).

### The Prescription Opioid Use Pledge

The U.S. Surgeon General, Dr. Vivek Murthy, recently issued a letter asking millions of U.S. medical practitioners to do the following things:

- Educate themselves to treat pain safely and effectively.
- Screen patients for opioid use disorder and provide/connect their patients with evidence-based treatment.
- Help to shape public opinion about addiction by talking about and treating addiction as a chronic illness (not a moral failing).

In addition, professionals are asked to pledge to take these three steps. Learn more at <http://turnthetidex.org/#>. ❖



## Taking the Mystery out of ROI Calculations

By Louis A. Servizio, MS, Matt Mollenhauer, MS, LCPC, and Tom Shjerven, CEBS

Since EAPs compete against other benefit programs and corporate investments for capital, it is important that ROI calculations utilize standard financial terminology and measures as competing investments. This article focuses on how to apply standard measures of financial return to EAP investments and address how to calculate break even Per Employee Per Month (PEPM), utilization, and effectiveness rates.

The underlying logic behind any EAP ROI calculation is to answer the following question: *Assuming only a subset of employees utilize the EAP, and considering the program's effectiveness in reducing costs, the cost of forsaking other investments, and program turnover, is the savings sufficient to offset the cost of the EAP?*

### Other Takeaways

Before addressing this crucial question, it is important to point out a number of additional takeaways that EA professionals should glean from this article:

- Generally speaking, the ROI of EAP investments is excellent compared to alternative prevention programs and corporate capital investments;
- The reason is that EAPs reduce a variety of expenses,

including presenteeism, absenteeism, turnover, work-related accidents, disability, and medical costs; and

- Of all expenses, reductions in presenteeism and absenteeism are the primary drivers of ROI.

### EAP ROI Calculators

It is possible to calculate EAP ROI using pencil, paper, and a standard financial calculator. However, a database of occupational productivity losses, along with a validated instrument to measure reductions in absenteeism and presenteeism, are also vital inputs. The good news is that both items are available – although a commercial EAP ROI calculator will make your life a lot easier! Calculators like these will allow you to determine break even Per Employee Per Year (PEPY), utilization, and effectiveness rates.

### How to Calculate Savings from an EAP

Back to the important question noted earlier: *How to calculate savings from an EAP?* The first step is to decide which expenses are affected by an EAP, how these expenses are measured, and how to calculate savings.

As mentioned, typical expenses impacted by an EAP include presenteeism, absenteeism, turnover,

work accidents, disability, and medical expenses (for self-insured companies) or insurance premiums. These costs should be calculated both before (pre) and after (post) implementation of the EAP in order to calculate savings.

### IRR and NPV

The next step is to apply an Internal Rate of Return (IRR) and Net Present Value (NPV) formula, which is available in Excel or any financial calculator. *What is an Internal Rate of Return and Net Present Value?*

➤ **Internal Rate of Return (IRR)** is used in capital budgeting to measure and compare the profitability of investments. It compares the attractiveness of various preventive care programs against each other or preventive care programs against non-healthcare programs (expansion of a factory). The IRR is expressed as a percent.

➤ **Net Present Value (NPV)** is the sum of the present values (value in today's dollar) of the cost savings minus the investment in the EAP investment over a period of time. This means that time has an impact on the value of cash flows (a dollar today buys more today than tomorrow because of inflation). The NPV is expressed in dollars. Think of this number as



what the CFO can expect as an inflow to the checking account if everything goes according to plan.

Be prepared to provide three variables as input:

- 1) Expense savings;
- 2) Discount rate (i.e. the opportunity cost of capital, which is usually the risk-free interest rate of U.S. Treasury bills); and the
- 3) Value of the investment in an EAP (which is the PEPY rate times the number of employees covered).

Sound simple enough? No? Then let's slow things down and proceed step by step, starting with savings.

### Savings

Employees with emotional, legal, financial, and other problems are distracted, which affects their ability to focus on work. Such issues also generate absenteeism associated with visits to psychologists, social workers, financial advisors and attorneys for advice. According to the Attridge Study\*, the prevalence rate of issues in the U.S. population is 25%. These include common mental health disorders but also problems that are "sub-clinical" in nature. The study reports that employees with work-related issues have a presenteeism rate of 12.3% and absenteeism of 1.5 days for an episode lasting 90 days.

(\*The calculations and formulas used in this article utilize well-researched default data, which were obtained from a study written by Attridge, et al, 2015.)

Utilizing a database of daily productivity contributions by occupation, industry, and region, it is possible to calculate productivity losses associated with both presenteeism and absenteeism.

- Multiply the daily productivity loss of employees times the number of employees with problems (an estimated 25% of the population);
- Take this number times the 90 days for each episode; and then
- Times the respective presenteeism and absenteeism rates.

This generates the total productivity loss **without** an EAP.

### Productivity Losses

How do you determine the reduction in productivity losses from an EAP? For this calculation, we can utilize any validated instrument that measures the

improvement in concentration (presenteeism) and reduction in visits to providers (absenteeism). Chestnut Global Partners' Workplace Outcome Suite (WOS) is an excellent example of a validated questionnaire that is administered pre- and post-EAP. Again, using data in the Attridge study (based on a major WOS study), the use of EAPs resulted in a 39.7% reduction in presenteeism, and a 44.3% reduction in absenteeism.

In order to determine the reduction in presenteeism and absenteeism costs, follow these four steps:

1. Multiply the number of employees with problems by the utilization rate.
2. Recalculate the pre-EAP productivity loss for absenteeism and presenteeism for just those individuals who utilized the EAP.
3. Reduce the absenteeism and presenteeism costs calculated in step 2 by the 39.7% and 44.3% figures, respectively.
4. Subtract the value obtained in step 3 from the total presenteeism and absenteeism cost – not the value attained in step 2 but the value acquired when calculating total pre-EAP productivity losses.

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## Turnover Costs

Now we turn our attention to calculating the savings in turnover costs. Some employees with problems will quit their job, which generates turnover costs, such as recruiting, relocation, and retraining. These amounts may be negligible, or large, depending on the occupation and industry. Again, returning to the Attridge study, the average turnover due to EAP related issues is 10%, and the reduction of turnover expenses from EAP's is also 10%. Thus, multiplying the number of employees with issues (25% of the population) by 10% will result in the number of employees who will "turnover" (i.e. leave their job).

Next, multiply this number by the cost of the average retraining, relocation, and recruitment expense and then add the results. This will generate pre EAP turnover cost. To calculate the reduction, simply follow the four steps used to calculate the productivity loss savings calculations (above) for each type of turnover cost but using the 10% reduction rate from the Attridge study.

## Accidents

Now on to savings in accidents. Employees who are distracted (or even worse, those with substance abuse issues) are more likely to have work-related accidents. As in the case of turnover-related costs, this cost can be small (a bandage) or cause major damage (e.g. at a construction site). According to the Attridge study, employees with problems have an accident rate of 10% and the average reduction in accidents from an EAP is also 10% (10% seems to be the magical number for EAP effectiveness).

Therefore, multiplying the number of employees with issues (25%

of the population) by 10%, and then multiplying this value by the cost of a typical accident will generate the pre-EAP accident cost. To calculate the reduction, again follow the four steps used to calculate the productivity loss savings calculations (above) but using the reduction rate from the Attridge study.

## Disability

Another calculation involves savings in payments to employees who go on disability. Some employees with more severe issues, such as major depression, might go on disability. This might be a very small percentage of employees, and will vary by employer. Generally, a disability plan calls for the employer to pay for the first two weeks of salary, but the amount could vary depending on the plan. Let's say the average monthly compensation is \$5,000, which means the employer will disburse \$2,500 without the employee performing any work while he or she is away.

Let's assume that only 1% of employees who go on disability have more severe types of issues, and that the EAP will prevent 10% of these employees from going on disability. Thus, multiplying the number of employees with issues (25% of the population) by 1%, and then multiplying this value by \$2,500 will generate the pre-EAP disability cost. To calculate the reduction, again follow the four steps used to calculate the productivity loss savings calculations (page 27) but using the 10% reduction rate.

## Medical Savings

By now you are getting the hang of this, right? Still, let's

move onto medical savings (for self-insured employers) or the expected reduction in a health insurance premium. According to the Attridge study, the average medical cost associated with comorbidities for treatment of more severe forms of issues (e.g. depression) is \$3,000. An EAP reduces this expense by (you guessed it, 10%). Thus, multiplying the number of employees with issues (25% of the population) by 10%, and then multiplying this value by the \$3,000 cost will generate the pre EAP medical cost.

To calculate the reduction, again follow the four steps used to calculate the productivity loss savings calculations listed previously, but using the reduction rate from the Attridge study. In order to calculate the estimated reduction in premiums for non-self-insured employers, divide the year-by-year premium increase by the number of employees. This gives you the increase per employee.

Next, estimate the percent of this increase due to medical treatment of the more severe forms of issues. Let's say the percent is 1%. This is the value that should be used in lieu of the \$3,000 medical cost. Next, repeat the medical cost savings calculations, using the 10% reduction figure due to an EAP, to obtain the reduction in premiums (don't expect a large number).

## Program Turnover

Finally, we have to consider *program turnover* (not job turnover). Basically this includes the percent of employees who utilize the EAP but do not follow through, meaning there is no proof that their issue was resolved.

This percent varies depending on the type of employee population or quality of the EAP. How does program turnover affect the ROI? Basically we have to “penalize” the ROI a bit given that the employer paid for a benefit it did not entirely receive. The effect of turnover will be incorporated in the ROI calculation later.

### Total Savings Calculation

Next, add the savings in productivity losses (absenteeism and presenteeism) to the other savings (turnover, accidents, disability, and medical/insurance premiums) to obtain the **total savings**. You now have one of the required variables for the Internal Rate of Return (IRR) and Net Present Value (NPV) calculations.

### Calculation of Total Investment

Just multiply the Per Employee Per Year (PEPY) times the number of employees covered in the EAP. You now have the second variable needed for the IRR and NPV calculations.

### IRR and NPV Calculation

You are now ready to plug in your numbers in the IRR and NPV formulas. As mentioned earlier, you can use Excel, but a financial calculator will also work. If you’re using Excel, just place the investment with a minus sign in one field. Place the total savings in the field below it. Now access the IRR formula in Excel and follow the instructions, and it will calculate the IRR.

For the NPV formula, again place the investment with a minus sign in one field. Place the total savings in the field below it. NPV also asks for the discount rate. Simply use the Treasury bill interest rate (adjusted for 90 days. To do

this divide the yearly rate, say 3%, by 360 days, and multiply by 90) and follow the instructions, and it will calculate the NPV.

Finally, remember we have to “penalize” the IRR and NPV because of program turnover. If the turnover rate is say, 5%, then multiply the IRR and NPV by 95% and we are done!

### What to Expect

Unless you have a very high PEPY or an extremely low utilization rate, you will obtain a very pleasant surprise. *After running hundreds for calculations using a recently released EAP ROI Calculator that does all of these calculations for you, it is rare to see an EAP that does not deliver nice returns.* You will also find that reduction of presenteeism will be the largest savings contributor and almost justifies the EAP investment by itself!

### Calculating Break Even Rates

Unless you are using one of the EAP ROI Calculators on the market, the process of calculating break-even PEPM rates and break-even Utilization rates will be quite tedious and essentially trial and error. For instance, if you want to calculate the break even PEPM, leave the utilization and effectiveness rates of all other savings as is, and keep increasing the PEPM until the NPV equals zero, and the IRR equals the cost of capital/discount rate. (Why not zero? If you think about it, your financial folks could have invested the EAP payment in safe Treasury bills, so you have to at least break even with that return. Make sense?).

### Summary

Hopefully, this article takes the mystery out of the calculations used in commercial calculators. Although there are a variety of EAP ROI Calculators on the market, be sure to verify that they include a productivity loss database (i.e. not just use salaries) and that they consider at least most of the savings discussed in this article. ❖

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in guiding leadership through the buy-in process with all stakeholders. For instance:

- Planning and identifying areas for policy development and operational procedures begins to lay the foundation of a peer response operation;
- Determining the criteria for peer selection, based on unique cultural needs, which includes access, experience, role-modeling capabilities, as well as communication, ethical and other skills are important in facilitating a compassionate response; and
- Developing an atmosphere for peer supporters to learn and practice these skills offers ongoing support.

### The Strength Within

MSRA also recognizes the personal strengths within individuals. Tried and true attributes help employees rebound from adversity. These are the *strengths within* ourselves that serve as a guide and resource during troubling, yet temporary times. Helping affected individuals to reconnect to these sources of strength is often best facilitated by the trusting relationships found with peers. (As noted earlier, organizations themselves, as well as individuals, also have *strength from within*.)

An EAP that implements and provides peer team training offers a front-line crisis intervention approach that is consistent with the EAP mission and CIR approach – that is, a front-line approach integrated with the EAP’s CIR services. Having EA professionals and the peer team utilizing the same response approach reduces confusion, creates common language, and further delineates roles and boundaries.

The focus of this type of training is peer delivered, crisis intervention skill development. This training will build skills that restore a sense of safety, foster resilience through MSRA, and allow for further training on recognition and referral as highlighted in Mental Health First Aid (MHFA).

### Summary

EAPs should review the types of clients they serve to identify the high-risk clients where absenteeism, presenteeism, disability claims and threat of personal risk may be greater. Start a meaningful dialogue that looks for solutions by building resilient workforces and restoring resilience in the aftermath of an adverse incident. This is in our mission. It is proactive, collaborative, and consistent with EAP core technology: Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union officials) seeking to manage troubled employees, enhance the work environment, and improve employee job performance.

For clients who are not considered “high risk,” consider offering Mental Health First Aid training to educate and destigmatize mental illness. MHFA empowers colleagues to intervene, instead of ignore, when someone in the workplace is struggling with mental health related issues. This is yet another example of the potential power of peer connections, and it utilizes the strengths already within an organization. ❖

*Robert Intveld, LCSW, CEAP, is the owner of Robert Douglas and Associates, author of “EAP Critical Incident Response-A*

*Multi-Systemic Resiliency Approach”, and developer of the Strength Within - An EAP RALLI Support System. Robert trains and provides resources for EAPs to coordinate and train peer teams utilizing the RALLI support process: R- Recognize and approach; A- Assess for Risk; L- Listen Nonjudgmentally; L- Learn the sources of resilience; I- Identify next steps. Robert is also a nationally recognized corporate trainer in Mental Health First Aid. More information can be found at [www.eap-rda.com](http://www.eap-rda.com).*

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