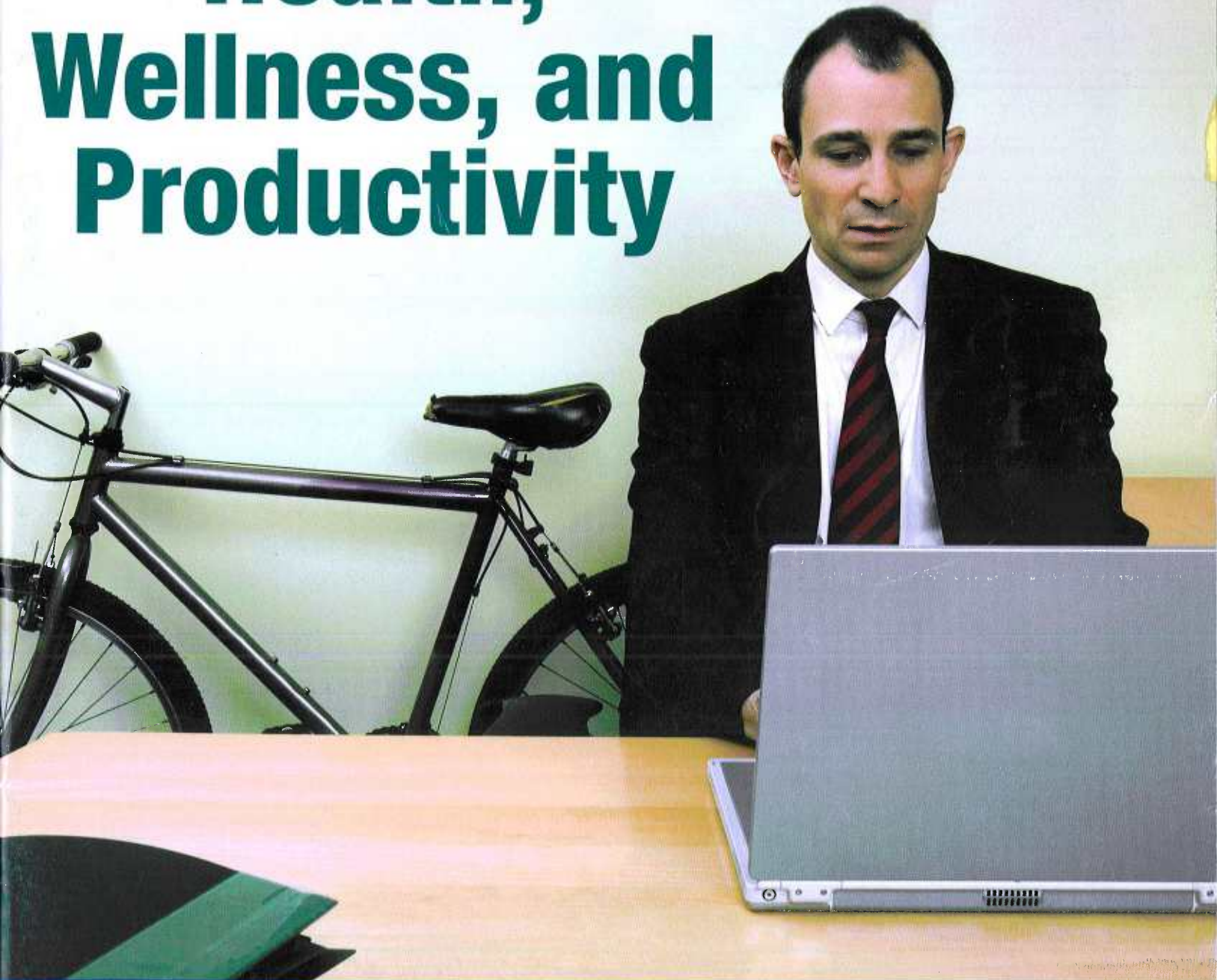


Journal of **Employee Assistance**

The magazine of the Employee Assistance Professionals Association

VOL. 35 NO. 4 • 4TH QUARTER 2005

Health, Wellness, and Productivity



Also Inside:
Integrating Faith and Work
The Impact of Sleep Debt on Work Performance
Conflict Management and the EAP Core Technology



Employee Assistance
Professionals Association



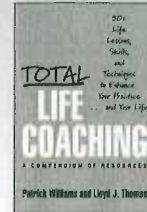
THE INSTITUTE FOR
LIFE COACH TRAINING

"Transforming Therapists and Counselors into Masterful Coaches"

THE INSTITUTE FOR LIFE COACH TRAINING

Employee Assistance Coaching Specialist Certificate—EACS™

- EAPA approved for 20 PDH credits
- Superior post graduate faculty with vast experience in coaching profession
- 20 Hour Training—10 Weeks via teleconference format or 2 1/2 day on-site workshop



Look for Pat Williams' new book:

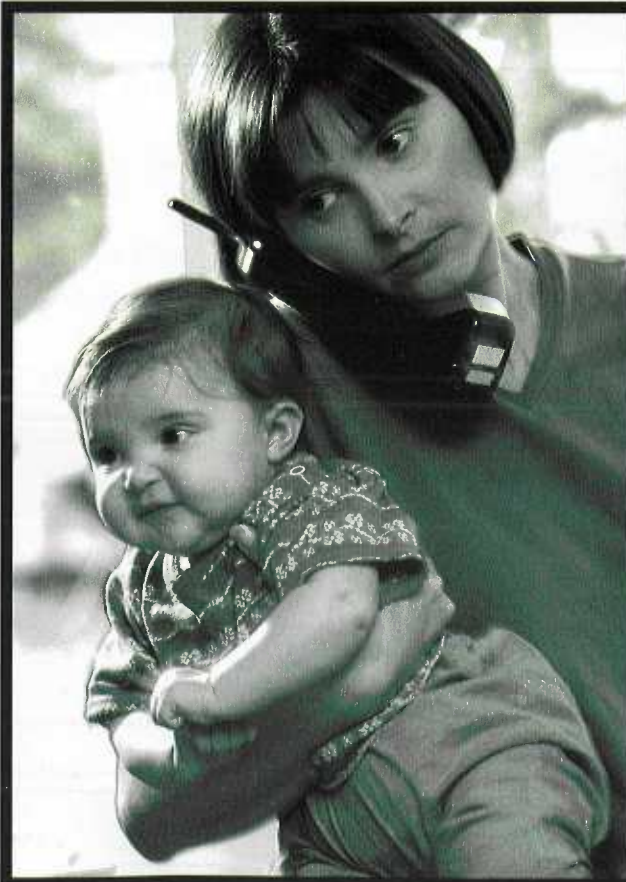
Go to
www.lifecoachtraining.com
to order.

ILCT is the premier training program for mental health professionals transitioning into coaching with a 40 hour foundational telecourse. Classes are taught through the convenience of *distance learning* (teleconferencing). The ILCT Coach Training Program has been awarded the **International Coach Federation's Accredited Coach Training Program** designation. This credential is awarded to programs that meet professional standards for coach training programs established by the ICF.

www.EAPCoachTraining.com



www.LifeCoachTraining.com



1 in 38 single mothers will file bankruptcy this year.

She earns a decent salary, but between school clothes, health insurance and day care, she barely has enough to pay the mortgage, much less handle an emergency.

A partnership with BALANCE allows you to offer counseling and education that helps employees take control of their finances, get out of debt, and avoid a financial crisis – saving them money, stress and missed time at work.

BALANCE
FINANCIAL FITNESS PROGRAM

800.808.4327
www.balancepro.org

Journal of Employee Assistance

The magazine of the Employee Assistance Professionals Association

VOL. 35 NO. 4 • 4TH QUARTER 2005

Focus

Health, Wellness, and Productivity 23

As wellness programs grow in popularity, EAPs can help them demonstrate positive results in cutting employers' health care costs and increasing workers' productivity.

Helping Employees Make Informed Decisions 24

by Nance Moeller-Roy, R.N.

Ensuring a Healthy Older Workforce 26

by Shari McMahan, Ph.D.

Comprehensive Wellness Programming and EAPs 29

by Beverly Beuermann-King

A "Big Tent" Approach to Wellness 32

by Robert C. Karch, Ed.D.

Features

Conflict Management and the Core Technology 8

Patricia M. Porter, LCSW and Cecily Sawyer-Harmon, LCSW, CEAP

A troubled employee often is symptomatic of issues affecting several workers or even entire work groups. Offering conflict management services can enable EAPs to address such issues on a broader scale.

Improving the Return-to-Work Process 11

by Bob Kovalsky, MFT, CEAP

A strong collaboration between EA professionals and occupational health physicians can result in more accurate evaluations of sick and injured workers, better medical outcomes, and fewer repeat injuries or illnesses.

Integrating Faith and Work 13

by David Miller, M.Div., Ph.D.

Companies that develop "faith friendly" cultures to allow employees to put their souls as well as their hearts and minds into their work will ultimately be rewarded with better performance and productivity.

The Real Cost of Sleep Debt 16

by Stanley Coren, Ph.D., FRSC

Inadequate sleep due to extended workdays, overtime, and shift work is increasing health and safety risks for employees and may expose them or their employers to legal liabilities.

Assisting Employees in Dangerous Locations 19

by Evangelina B. Hammonds, LCSW

Providing onsite EA services to workers deployed to dangerous locations will improve their chances of completing their tours of duty and make them more likely to use the EAP when they return home.

DEPARTMENTS

Best Practices 36

Front Desk 4

Info Sources 44

Letters 7

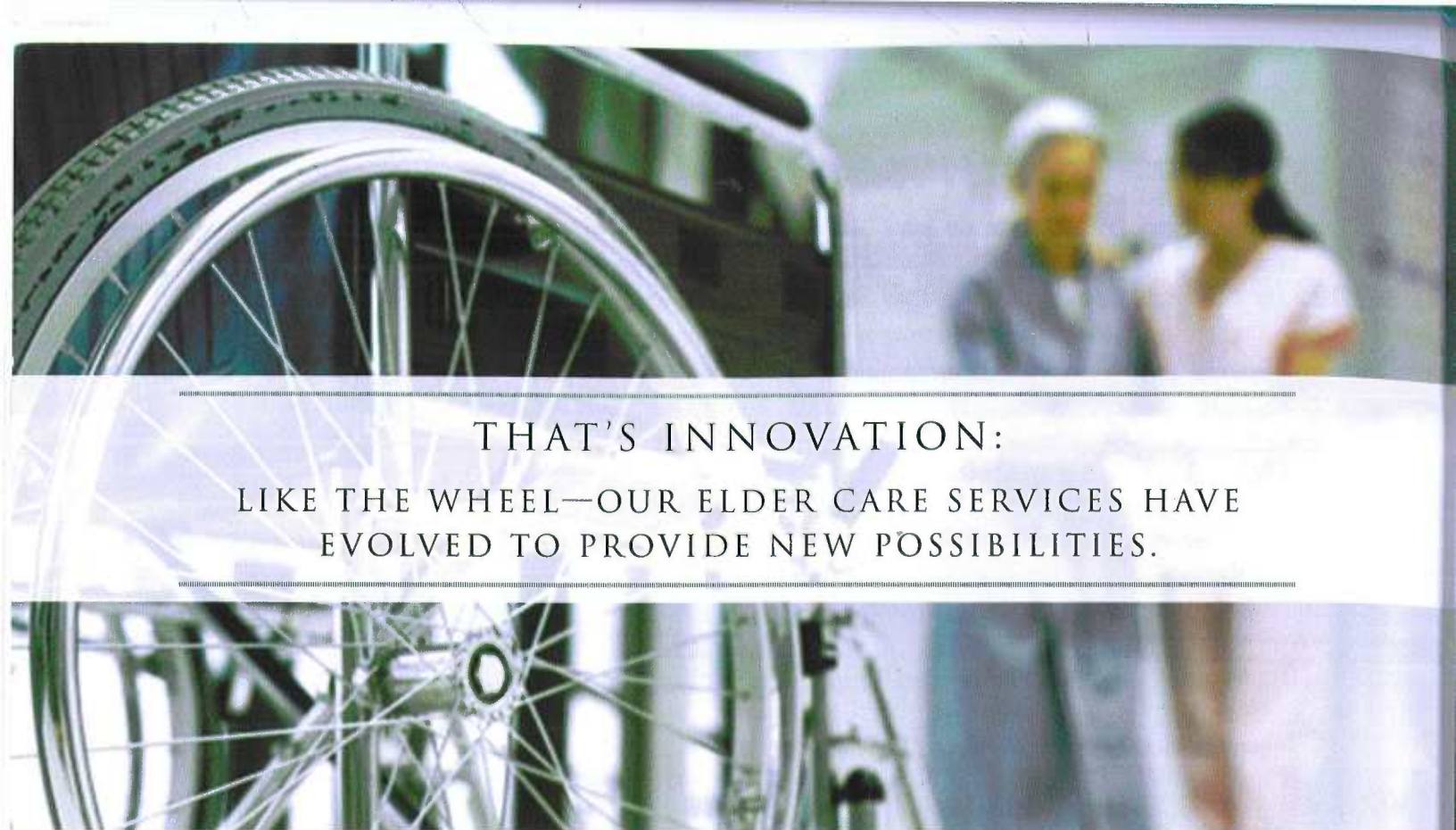
News Briefs 40

The View from Here 38

"Most people want to be consistent in terms of who and what they are, both at work and at home, and their faith is a big part of that need for consistency."

David Miller
"Integrating Faith and Work"

Index to Advertisers 5



THAT'S INNOVATION:
LIKE THE WHEEL—OUR ELDER CARE SERVICES HAVE
EVOLVED TO PROVIDE NEW POSSIBILITIES.

CARE COACH PROVIDES MEDIATED FAMILY INVOLVEMENT IN ELDER CARE DECISION MAKING

Workplace Options introduces Care Coach—a program that provides an unbiased assessment by an experienced Geriatric Care Manager (Care Coach) of the senior's individual situation and upcoming needs. The Care Coach coordinates a teleconference with family members and other caregiving stakeholders to discuss available options. The Care Coach then presents an action plan and builds consensus amongst the family members. Once consensus is reached, the Care Coach will coordinate the care plan, insure issue resolution and promote ongoing communication amongst family members.

In addition, the Care Coach program provides the following:

- Review of five specific areas of functioning: social supports; medical/physical functioning; personal care abilities/living environment; psychological cognitive functioning; legal and financial issues
- A detailed Care Coach summary review document for the family
- Invaluable recommendations for future care
- A full integration with our outstanding resource and referral product as well as a full array of helpful articles, tipsheets, brochures and books
- Extensive follow-up to provide ongoing assistance

For more information on bringing Workplace Options' new Care Coach program to your clients, call (800) 699-8011 or visit us on the web at www.workplaceoptions.com.



4020 CAPITAL BLVD., SUITE 100, RALEIGH, NC 27604
(800) 699-8011 · WWW.WORKPLACEOPTIONS.COM

VISIT US AT EAPA BOOTHS 313 AND 315

Sundown M Ranch

Established 1968

The oldest residential alcohol and drug addiction treatment center in the state of Washington

Our Motto

"THE PATIENT
IS THE REASON
WE ARE HERE"



Our Costs

Our costs are the most reasonable in the nation. A 21-day inpatient ADULT stay is \$3,990 or \$190 per day. A 28-day inpatient ADOLESCENT stay is \$6,160 or \$220 per day. These prices include psychiatric and medical consultation, family counseling and family room and board. Treatment is covered by most insurances/managed health care.

Our Experience

Sundown M Ranch has been in operation since March 1968. Over 75,000 adults and adolescents afflicted with the disease of alcoholism and drug addiction have been led back to sober, productive lives by our dedicated, well trained professional staff.



Sundown M Ranch

E-mail address:
admissions@sundown.org

P.O. Box 217, Selah, WA 98942
(509) 457-0990 (800) 326-7444

Website address:
<http://www.sundown.org>

Bringing Out the Best

by Maria Hartley, LEAP



Maria Hartley

As you read this column, more than 1,000 employee assistance professionals will be gathering in Philadelphia to share ideas and discuss how we can improve our skills, our standards, and, most importantly, the lives of those we serve. As we did in 2001, we will come together in the aftermath of a disaster, one that has displaced thousands of people in the United States and killed hundreds more. Our thoughts and prayers will be with the survivors and those who are helping as they rebuild their lives.

Disasters, especially large ones like Hurricane Katrina, bring out the best and worst in people. We have seen images and heard stories of both—of emergency personnel conducting dramatic rescue operations, of families opening their homes to people who evacuated New Orleans, of scam artists using e-mail to solicit donations in hopes of stealing credit information. How people respond to Katrina and other crises depends on how prepared and resilient they are and how well they are supported and assisted afterward. Prevention, assistance, and case management, the basics of EAP services, can bring out the best for those who have been affected by Katrina.

EA professionals can work together through EAPA to magnify our efforts to help meet the needs of individuals and businesses affected by Katrina and those who are survivors of other disasters. EAPA can serve as a clearinghouse for information about EAP providers in need of additional practitioners or employers needing EAP services. EAPA can also disseminate materials about workplace disasters, critical incident stress management, and other pertinent

topics and point EA professionals to external resources such as the American Red Cross, the Federal Emergency Management Agency, and other governmental and private agencies.

I encourage all EA professionals to monitor the EAPA Website, www.eap-association.org, for new developments and to contact the EAPA staff with any suggestions on how the association can respond to Katrina. I also urge everyone, especially those of you on the front lines in Louisiana and Mississippi, to share your ideas, experiences, and concerns with me or any member of the Communications Advisory Subcommittee. The subcommittee will meet in Philadelphia to consider theme topics for upcoming issues of the *Journal of Employee Assistance*, and we will use your input toward making these decisions.

As for this issue of the *Journal*, the focus is on health, wellness, and productivity and their interface with each other and with EAPs. Wellness programs have come a long way from their early days as workplace fitness centers. They now include health screenings, smoking cessation and weight loss programs, exercise classes, and many other initiatives. With health care costs rising at a double-digit pace in recent years, wellness programs have become more popular. Yet with global competition and an aging workforce putting pressure on profits and benefits, wellness programs also have come under more pressure to deliver cost-effective results.

How can EAPs integrate with wellness programs in an overall effort to improve workplace health and productivity? The four theme articles in this issue of the *Journal*, especially Bob

Karch's explanation of the "big tent" approach to wellness and Beverly Beuermann-King's thoughts on ensuring leadership buy-in, offer some perspectives that may provoke discussion. The same can be said for the feature articles in this issue, especially David Miller's piece on the "faith at work" movement and Pattie Porter and Cecily Sawyer-Harmon's argument for adding conflict mediation to the EAP Core Technology.

As always, I appreciate any feedback you may have on this or any other edition of the *Journal*. And I hope to see many of you in Philadelphia in mid-October at the EAPA convention.

Let your voice be heard!

EAPA Communications Advisory Subcommittee

Maria Hartley, Chair • Columbia, S.C.
(803) 376-2668
mariapage@mchsi.com

Mark Attridge • Minneapolis, Minn.
(763) 797-2719
mark@attridgestudios.com

Nancy R. Board • Seattle, Wash.
(206) 615-2512
nboard@psc.gov

Tamara Cagney • Livermore, Calif.
(925) 294-2200
tcagney@sandia.gov

Joan Clark • Myrtle Beach, S.C.
(843) 449-8318
copingeap@sc.rr.com

Eduardo Lambardi • Buenos Aires, Argentina
5411-4706-0390
elambardi@eaplatina.com

John Maynard • EAPA Headquarters
(703) 387-1000
ceo@eapassn.org

Bruce Prevatt • Tallahassee, Fla.
(904) 644-2288
bprevatt@admin.fsu.edu

INDEX TO ADVERTISERS

AdCare Hospital	15
American Consumer Credit Counseling	IBC
ARAG North America	6
Balance	IFC
Blair Consulting Group	21
Campus Selection	21
Crisis Care Network	43
e-Dependent Care	BC
EAP Expert Inc.	39
Family Credit Counseling Service	37
Hanley Center	5
Hazelden	22
InfoMC, Inc.	10
Institute for Life Coach Training	IFC
Kansas State University	44
Medcomp Software	15
National SAP Network	12
Northeastern Univ. School of Professional and Continuing Studies	43
Performance Resource Press	42, IBC
PROVIDERfiles	39
SAPlist.com	31
SASSI Institute	28
Schick Shadel	37
Sundown M Ranch	3
Van Wagner Group	7
Workplace Options	2
Xpression Products	IBC

BC: Back cover
IBC: Inside back cover
IFC: Inside front cover



EAPA Mission Statement

To promote the highest standards of practice and the continuing development of employee assistance professionals and programs.

The *Journal of Employee Assistance* (ISSN 1544-0893) is published quarterly for \$20 per year (from the annual membership fee) by the Employee Assistance Professionals Association, 4350 N. Fairfax Dr., Suite 410, Arlington, VA 22203. Phone: (703) 387-1000.

Postage for periodicals is paid at Arlington, Va., and other offices. POSTMASTER: Send address changes to the *Journal of Employee Assistance*, EAPA, 4350 N. Fairfax Dr., Suite 410, Arlington, VA 22203.

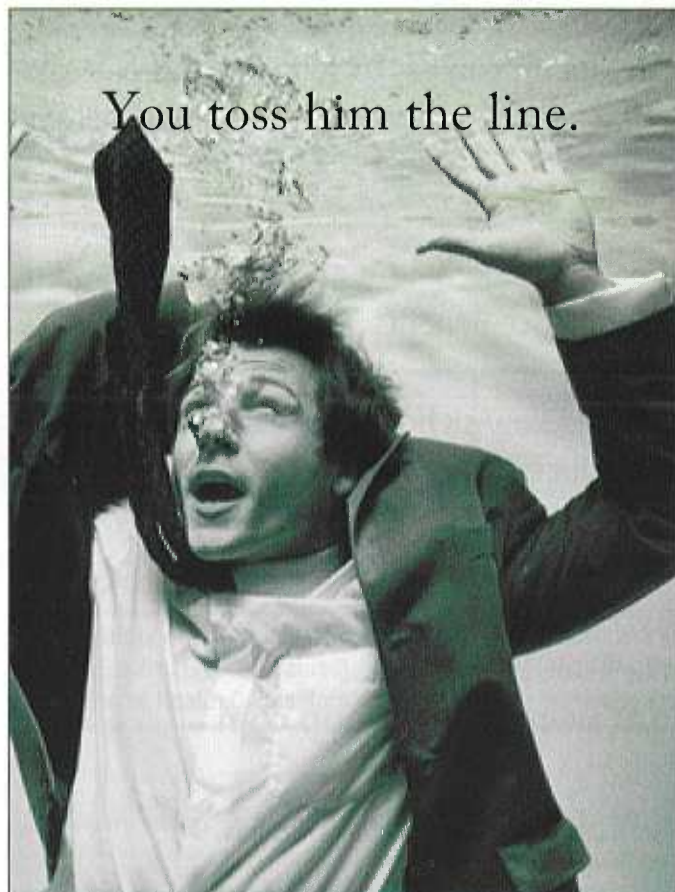
Persons interested in submitting **articles** should contact a member of the EAPA Communications Advisory Subcommittee (see page 4) or the editor, Stuart Hales, by calling (703) 204-4601 or sending an e-mail to shales@cox.net.

Research papers for the *Journal of Employee Assistance* Research Report should be sent to Research Committee, EAPA, 4350 N. Fairfax Dr., Suite 410, Arlington, VA 22203. Send five copies and omit any identifying information (name, address, etc.) from each copy. For more information, contact Dan Hughes, Research Committee chairman, at (212) 241-8937.

To **advertise** in the *Journal of Employee Assistance*, contact the advertising manager, Marilyn Lowrance, at (703) 538-5557 or mldogs@cox.net.

© 2005 by the Employee Assistance Professionals Association, Inc. Reproduction without written permission is expressly prohibited. Publication of signed articles does not constitute endorsement of personal views of authors.

Editor: Stuart C. Hales
Advertising Manager: Marilyn Lowrance
Design: Thought Word & Deed



You toss him the line.

We'll teach him to swim.

For more than 20 years, the Hanley Center has been a pioneer in providing highly individualized age-specific and gender-responsive treatment for alcoholism and drug addiction. For a **free brochure and more information** on our employee assistance services, visit us online at www.hanleycenter.org/request or call 866-4HANLEY today. If someone you know needs hope, Hanley can help.



West Palm Beach, Florida www.hanleycenter.org 866-4HANLEY



Simplifying a
complicated world.®

Don't Talk to Me... Talk to My Lawyer.

Innovate, Differentiate, Enhance... all from ARAG®

Legal and related services powered by ARAG® allow your employees to stand up and protect their rights and assets. ARAG is an industry leader that has the knowledge to easily implement legal products into your benefits portfolio so you can:

- Increase Employee Productivity
- Strengthen Your EAP
- Build Loyalty
- Enhance Benefits

And if you think ARAG is just a benefits provider think again. Ask how we can help your company generate revenue and differentiate your products.

For More Information, contact ARAG® Today.

400 Locust Street, Suite 480, Des Moines, Iowa 50309

Call Toll-Free **800-888-4184** or Visit us online at www.ARAGgroup.com

Insurance products are underwritten by ARAG® Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Additional services may be provided by ARAG LLC, ARAG Services LLC or Advisory Communication Systems Inc. Some products are only available through membership in The ARAG Association LC.

The True Client

The article by Sue Tignor, Richard Hoernemann, and Linda Lindsey on EAPs and substance abuse professional services (3rd quarter 2005) was outstanding for many reasons. I wish, however, the authors would have gone into more depth on the "ethical dilemma" many employee assistance professionals perceive in handling SAP cases that involve employees who work for their EAP corporate clients.

These EA professionals see a conflict of interest in the sense that the SAP may lose objectivity when assessing an employee who works for a corporate

EAP client. That's because the corporate client may have a strong desire to return the employee to duty sooner than may be warranted based on the level/severity of the employee's substance problem.

I work in an external EAP and have handled more than 100 SAP cases since 2001. Some of these cases have involved employees of our corporate EAP clients. I have no problem taking these cases because I understand, as the article states, that my function is "to protect the public interest in safety by professionally evaluating the employee and recommending appropriate education/treatment, follow-up tests, and aftercare."

I clearly explain the above quotation to the designated employer representative (DER), whether or not he/she is an EAP client. Ultimately, the public safety becomes the true client, and understanding and acting on this notion avoids any "ethical dilemma" in handling SAP cases of this nature.

Gerry Ahlers, LCSW, CEAP, SAP
 Director of Behavioral Health and
 Occupational Services
 TriCity Services
 Geneva, Illinois
 (630) 232-1070



A Division of Sterling & Sterling, Inc. Insurance

**Professional Liability & Other Insurance for
 Addiction Facilities, Mental Health Facilities, Social Service
 Agencies and Individual Counselors.**

Corporate Coverage for:

**Outpatient Facilities
 Residential Facilities
 Day Treatment/
 Partial Hospitalization**

**Employees Assistance Programs
 Managed Behavioral Healthcare
 Court-Ordered DUI Programs
 Non-Profit Councils**

Individual Coverage for:

**Addiction Counselors (NAADAC sponsored)
 C.E.A.P.'s (EAPA sponsored)
 Mental Health Counselors**

**Social Workers
 Case Workers
 Auricular Detox Acupuncturists**

THE VAN WAGNER GROUP

A Division of Sterling & Sterling, Inc. Insurance

**21 Maple Avenue
 PO Box 5710
 Bay Shore, NY 11706-0503**

Phone: 800-735-1588

Fax: 888-525-9072

Email: Insurance@vanwagnergroup.com

Website: www.vanwagnergroup.com

We are endorsed, sponsored or affiliated with: NAADAC, EAPA, NAATP, NCADD, NADA

Conflict Management and the Core Technology

A troubled employee often is symptomatic of issues affecting several workers or even entire work groups. Offering conflict management services can enable EAPs to address such issues on a broader scale.

by Patricia M. Porter, LCSW and Cecily Sawyer-Harmon, LCSW, CEAP

A work group ... a multiplicity of differences, a catalyst for synergistic change, and our most valuable workplace asset.

A painting ... a piece of history, an element of wholeness, and a thing of beauty.

A magnificent piece of art was stored in a dark, damp basement. It went unprotected and became damaged through years of neglect until it was almost unrecognizable. New owners of the building discovered the painting and saw something worth saving. Expert intervention was required by art conservationists, who meticulously studied the painting and developed a detailed plan to restore and preserve it—one paint chip at a time.

Similar to a conservationist's work in restoring and maintaining valuable pieces of art, EAPs often intervene in destructive and neglected work relation-

ships with the goal of rebuilding and maintaining constructive work environments. Traditionally, EAPs have focused on the problems associated with the job performance, personal challenges, mental health, and/or substance abuse issues of a "troubled employee." However, just as a painting may be viewed as an amalgamation of paint chips, a troubled employee often is one piece of a larger problem involving several individuals or even an entire work group.

Work relationships are prone to breakdowns, in large part because the workplace naturally encourages change and growth that often lead to conflict. Modern work environments are beset by employee turnover, organizational restructuring, limited resources, and other organizational challenges. These factors can lead to interpersonal stress, communication problems, challenging group dynamics, poor decision-making, performance issues, and (ultimately) increased costs to organizations through lost time and decreased productivity.

EAPs typically take a micro-focused, or employee-centered, approach to resolving such problems. An EA professional will provide counseling and case management services to a troubled worker, the intent being to support the individual in addressing job-related issues on his/her own. But how can EAPs address multi-dimensional problems, especially with limited resources? Should services such as conflict management and mediation be integrated into an EAP's toolbox?

TAKING A "MACRO" APPROACH

Conflict management is a body of knowledge and practices that recognizes,

manages, and prevents conflict and/or resolves disputes. It is a fluid and dynamic process that looks for constructive ways to deal with change, confront issues, and address work relationships. Just as EAPs use a variety of strategies to address employee challenges, conflict management practitioners (who often assume an impartial role) use a diverse range of interventions to address conflicts, including mediation among employees, group facilitation, conflict coaching, circle dialogues, and conflict resolution training.

Budget constraints and a lack of resources (such as an ombudsman's office or organizational development specialist) have required our EAP to broaden its core functions and offer conflict management services. Offering conflict management requires us to take a "macro," or systemic, approach when addressing workplace problems, which simply means we look at the big picture or the problem as a whole before developing a plan of action. The plan might include various interventions ranging from individual counseling to conflict resolution with a work group.

In a typical scenario, the director of a work group in discord will call us about protracted conflict among his/her employees. We will respond by conducting a thorough assessment of all the key participants and developing a plan of action in collaboration with management (and with input from employees). Much like an art conservationist designs a plan to meticulously restore a painting one paint chip at a time, a conflict management practitioner diligently works with the individuals and groups, one relationship at a time, with the intent of repair-



Pattie Porter is president of Conflict Connections, Inc. in Newark, Del., and a part-time associate at the University of Delaware. She works with organizations providing mediation, conflict coaching and other conflict management training and services. She can be reached at pmporter@conflictconnections.com.



Cecily Sawyer-Harmon has been a clinician for more than 30 years. She works at the University of Delaware coordinating EA services and providing conflict management services. Cecily also maintains a private practice in Newark, Delaware. She can be reached at csawhar@udel.edu.

ing and strengthening the group and resolving the issues.

In one particular case, we provided conflict coaching to employees who needed specific attention and support in responding to tensions. Conflict coaching is a one-on-one process that entails helping workers learn to identify their "hot buttons," or triggers, and develop new skills to change their responses. After practicing their new skills, these employees participated in multiple mediation sessions with each other to examine their issues and look for ways to heal and maintain their working relationships. At a later date, we met with the entire work group and jointly designed a facilitated retreat to address the systemic and policy issues that affected everybody. This included a circle dialogue, which provided a structured format so group members could begin healing past hurts.

We have observed that conflict management processes can lead to dramatic transformational changes within a group. These changes sometimes prompt employees to realize that their group culture, workplace environment, or supervisor is not a "good fit." The employees are then empowered to make a decision that best suits their needs.

In one mediation case, a director and assistant director of a center at our university both came to the realization that they had grown apart due to many changes, including the center's new direction. Although their mediation was deemed a "successful process," their resolution was a catalyst for the two to move in different directions—one stayed with the center and the other chose another position within the university. Almost a year later, both employees told us they were grateful for the process. They are both thriving in their new work environments.

WEARING TWO HATS

We propose that conflict management services be incorporated into the EAP Core Technology as the eighth core function. This broadens the EAP's role and gives the program greater flexibility in addressing multi-dimensional conflicts that occur in a changing workplace.

One of the major challenges in

offering conflict management services is determining how to balance wearing two professional hats. When the University of Delaware's EAP made the strategic decision to offer conflict management services, we were faced with playing a new role—that of an impartial mediator and facilitator. In this role, it is not our job to judge, discipline, advocate, or counsel employees. It has been our experience that offering conflict management services has helped position our EAP as a neutral entity when dealing with disputes involving management and employees.

Incorporating conflict management services into the EAP Core Technology as a separate function serves to broaden the spectrum in which EAPs can address issues within a work group.

The university's EAP (one of the oldest internal programs in higher education) consists of two full-time practitioners and a part-time practitioner. We also use another trained mediator, a university employee, as needed. We generally mediate in pairs using the transformative model, which promotes self-determination, empowers parties in the decision-making process, and facilitates an open dialogue.

During the initial assessment, it is not unusual for us to determine that an employee has significant personal issues that might interfere with the mediation process. In this case, we will suggest that the employee speak with an EA professional who is not part of the mediation process. We also make referrals to therapists outside the university. The program's flexibility allows us to decide

when it is appropriate to serve as an EA professional and when it is appropriate to serve as a conflict management practitioner. We occasionally find ourselves using tools and strategies in mediation sessions that we learned as clinicians, but it requires constant reflection and conscious awareness to not cross the line in providing counseling.

EA professionals and conflict mediators subscribe to different professional disciplines, each with its own set of core values, processes, and skill sets. To provide conflict management services, EA professionals need additional training. Generally, conflict mediators complete a 40-hour course based on nationally recognized standards in the dispute resolution field—the Model Standards of Mediator Practice, which can be found on the Association for Conflict Resolution's Website at www.acrnet.org. Additional continuing education that focuses on process skills, strategies, and techniques in conflict resolution is highly recommended in order to offer a broad spectrum of services, including conflict coaching and group facilitation.

Incorporating conflict management services into the EAP Core Technology as a separate function serves to broaden the spectrum in which EAPs can address issues within a work group. The EAP Core Technology teaches us to respect and value the dignity of each employee and the particular expertise he/she brings to the organization.

We can take an active role in helping employees find the strength to resolve problems confronting them. As short-term therapists, we serve as role models, listen, ask probing questions, obtain detailed histories, and reflect on and ask about clients' feelings. When wearing our mediator hats, we are neutral, non-judgmental, good listeners, consensus builders, and facilitators.

Similar to the art conservationist, an EAP must be meticulous in uncovering and neutralizing a problem before beginning the arduous rebuilding of relationships. Offering conflict management services enables an EAP to restore not just individual employees but also an entire work group. ■

Improving the Return-to-Work Process

A strong collaboration between EA professionals and occupational health physicians can result in more accurate evaluations of sick and injured workers, better medical outcomes, and fewer repeat injuries or illnesses.

by Bob Kovalesky, MFT, CEAP

As a full-time employee assistance professional for the past 15 years, I have been fascinated by the return-to-work process. Problems can arise unexpectedly. Some employees want to get back to the job quickly, perhaps risking further injury in their haste. Others seem to be on a prolonged holiday, with little concern for their future or their job security. There is room for controversy if an employee leaves my office disappointed.

I have worked closely with occupational health physicians to evaluate employees' readiness to return to work and have always been impressed by the favorable results that obtain when EA professionals and doctors cooperate with each other. When they jointly focus their efforts on accurately evaluating an employee who is returning to work after an occupational injury or personal illness, they greatly enhance the decision-making process. The employee benefits in the long run, whether he/she agrees at the moment.

On occasion, I conduct return-to-work interviews in partnership with an occupational health physician who works in my building. The physician usually sees the patient first; if he/she detects a need for EAP involvement, the employee walks down the hall to my

office. After talking to the employee, I discuss the case with the doctor. These onsite collaborations are extremely productive, since we are able to address both psychological and medical issues with the evaluations fresh in our minds.

UNIQUE METHODS OF DETECTION

Important decision-making protocols have developed from the cooperative evaluation process. The first decision to be made has three possible outcomes:

1. Return the employee to work;
2. Delay the return to duty and seek more information; or
3. Retain the employee on sick leave for a discrete period of time.

Depending on the person and the symptoms he/she displayed, 30 days often are a useful period of time to wait for a re-evaluation.

The second decision to be made focuses on complications that have arisen while the employee has been away from work or were never addressed in the past. These complications can be complex and almost always result in a delay in the employee's return to full duty. There are three major issues that fit this description:

1. A new physical injury or illness;
2. Chemical dependency or substance abuse; and
3. Mental health issues that previously existed or have developed in the interim while the employee has been absent from work.

Knowing what to look for in terms of additional symptoms is crucial. I interviewed several physicians with whom I have worked to gather opinions about these complicating factors. Each

described unique methods of detection.

Dr. Joseph Pursch is a psychiatrist who specializes in the treatment of chemical addictions. He collaborates with the EAP Committee when he conducts a return-to-work evaluation and calls me prior to assessing an employee to get as much information as possible about the person's behavior in the workplace. If any clinical reports or discharge summaries are available, he wants to see those as well.

Dr. Pursch has evaluated airline employees on behalf of the Federal Aviation Administration for many years. He is one of a select group of mental health professionals who evaluate employees in safety-sensitive positions for chemical dependency issues. Dr. Pursch described "the airline model," a standard used to evaluate airline personnel that consists of the following:

1. Inpatient treatment for at least 30 days;
2. Participation in 12-step meetings on a regular basis, starting with 90 meetings in 90 days as soon as treatment concludes;
3. Weekly participation in an aftercare group at a treatment center for at least two years;
4. A thorough evaluation by a psychiatrist, including a battery of psychological tests; and
5. Face-to-face monitoring by an EAP Committee at least once per month for a period of time that could extend from two to five years.

Participation in this intensive process of treatment and monitoring can persuade the FAA to allow an airline



Bob Kovalesky is the regional representative for employee assistance at United Airlines in the Los Angeles area. He has held this position for the past 10 years; previously, he provided employee assistance services for

Northrop Grumman Corp. Bob is the president of the Los Angeles Chapter of EAPA and has held the CEAP credential since 1987.

NATIONAL Substance Abuse Professionals NETWORK

NSAPN

- *Setting the Standards in Best Practices*
- *Reaching out to Provide a Global Network of "SAP" Professionals*

• INVITING YOU TO JOIN "NSAPN"

- Where qualified professionals work together to ensure public & workplace safety.
- Where a comprehensive program for service implementation is provided.
- Where belonging opens the door to SAP referrals from the largest corporations in the nation.
- Where SAPs can simplify their lives and expand their referral base.

THE SAPs' "CHOICE OF QUALITY"



1-800-879-6428

www.nsapn.com

The "Premier" Provider
of SAP Services

employee with a chemical dependency problem to return to the cockpit to fly commercial jets. It is Dr. Pursch's job to evaluate an employee's current mental status and advise the FAA whether the person can be trusted to safely perform his or her duties.

"I first determine if the patient is no longer toxic," he said. "Then, I want to know if they understand their disease and accept the fact that it is treatable. I want them to embrace the 12-step process and be attending AA meetings on a regular basis, at least three times per week. I also want them to know that they can be tested for the presence of alcohol or drugs at any time."

BOUNDARIES OF COMPANY POLICY

What are the most important ingredients of a thorough return-to-work evaluation? In my experience, they seem to supersede age and gender issues as well as education and cultural background. The method of evaluation can be concisely outlined as follows:

1. Get progress reports and evaluations from treating physicians, therapists, and facilities in advance. If the information is inadequate to evaluate the employee's progress, ask for more information.
2. Conduct a thorough face-to-face interview. Be sure to get answers to the following basic questions:
 - Has the initial injury healed? If not, is it responding to treatment?
 - Have there been unforeseen complications?
 - Is the employee in need of additional treatment or therapy?
3. Have new problems arisen that have altered the course of treatment and, if so, have they been identified? If these new issues have overwhelmed the original clinical diagnosis, an additional consultation with an expert may be warranted.

Before attempting to undertake a return-to-work evaluation, be sure to become familiar with company policies and federal statutes, such as the Americans With Disabilities Act. When it is necessary to consult company policy

regarding the administrative specifics of the return-to-work process, the human resources representative is the best consultant. Everyone involved needs to function within the boundaries of what company policy does or does not allow.

If it is necessary to talk to the human resources representative, perhaps because of some violation of company rules that occurred before the employee left the workplace, the consultation should occur directly after the medical decisions are processed. It is important to remain objective as a clinician in evaluating an employee. All return-to-work decisions must be made with medical necessity as a priority. Company policy should not interfere with the physician's or EA professional's clinical judgment.

LONG-TERM BENEFIT

It is also extremely important for the physician and EA professional to know the demands of the employee's work assignment. Not long ago, I assisted while an occupational health physician evaluated an employee who wanted to upgrade to a management position. The employee had been asked to provide more information prior to transferring to the new job.

The employee was taking psychotropic medication for a major mental health disorder, and he had been treated for a substance abuse problem that involved prescription drugs. He seemed rational and coherent on the day of the assessment, but he was asked to provide documentation of successful treatment prior to accepting the new position. He went away unhappy that day.

His new job would have been one of the most demanding positions at the airport; he would have been face to face with irate passengers on a daily basis. Both the physician and I had misgivings about this job assignment if the employee's mental status and his abstinence from pain-relieving drugs were not solid and stable. We had to think of the long-term benefit to the workplace as well as to the employee. If his new job were to become a trigger for old problems, it would not have been a favorable fit for the employee, the employer, or the flying public. ■

Integrating Faith and Work

Companies that develop “faith friendly” cultures to allow employees to put their souls as well as their hearts and minds into their work will ultimately be rewarded with better performance and productivity.

by David Miller, M.Div., Ph.D.

Recent allegations (reported widely in the media) of evangelizing by Christian officers at the U.S. Air Force Academy have renewed discussion of the proper “place” or “role” of faith in public life. While most Americans believe more or less in the separation of church and state, the idea of interweaving faith with every part of life, including business, is not novel. For much of human history, religion was much more central to day-to-day life than it is now, and often it was closely interwoven with commerce. The British and Dutch East India Trading Companies, for example, frequently sent chaplains along on their ships that were traveling around the world.

Over time, however, faith became relegated—at least in the Western world—to the personal and private spheres and less to the public sphere, including the workplace. By the mid-20th century it was generally agreed that there were certain things you just didn’t

talk about at work, one of which was religion. Faith was seen as a private matter and was kept to the side.

But beginning in the late 1950s and early 1960s, we began seeing a series of changes in the workplace that show an almost uncanny trajectory toward greater acceptance of faith. At that time, the question of race began to consume corporate America, and most forward-thinking companies began to embrace what we today might call race-friendly policies. Then, in the late 1960s and early 1970s, the women’s movement gained steam, and corporate America embarked on a crusade to lend a gender-friendly accent to policies and operations. In the 1980s the question became how to create a family-friendly environment, and enlightened companies realized that to attract and retain the best workers they not only had to be race-friendly and gender-friendly, but also family-friendly—for example, by recognizing single-parent families and other non-traditional family units.

By the early and mid-1990s we had begun to confront gender orientation issues, and companies adopted policies to become neutral or non-discriminatory, if not actively friendly, toward gay, lesbian, bisexual, and transgender employees. Then, in the late 1990s, we began seeing what I call faith-friendly policies emerging from corporate human resources offices. At their best, these policies acknowledge and respect all religious traditions and encourage employees to feel they no longer have to leave their spiritual identities, their souls, and their faith in the parking lot when they enter the workplace.

LIVING AN INTEGRATED LIFE

I think what’s driving this corporate accommodation of personal faith is not churches or synagogues or organized religion—in fact, most religions and seminaries and divinity schools are unaware of this phenomenon—but average men and women who are saying, “I want to live an integrated life. I want to be who I am 24/7. I don’t want to have to pretend to be one person at work and another person in my private life.”

This desire for an integrated life encompasses questions of spiritual identity and world views that come from one’s spiritual and religious upbringing. It manifests itself in the workplace in many, many ways, which I think is one of the exciting aspects of what I call the “faith at work” movement.

For some people, living their faith at work means paying attention to questions of social justice, like paying fair wages and being honest in representing your products and services and treating people fairly in the workplace. Others are motivated by the belief that no matter how much money they make or how impressive their title or how prestigious their organization, these things alone don’t provide meaning or purpose, so for them it’s a question of finding a deeper truth in their work.

Some people see their faith as a way of helping them deal with the rough and tumble of the marketplace, like the times when they get passed over for a promotion they deserve or get laid off or downsized through no fault of their own, or when someone else gets credit for their work. Their faith can be a source of solace and nurture and healing in such times. For others, faith is a matter of



David Miller is executive director of the Center for Faith and Culture at Yale Divinity School and an assistant professor (adjunct) of business ethics. He serves as an advisor to several corporate CEOs and senior

executives on questions pertaining to ethics, values, integrating faith and work, and becoming a faith-friendly employer. Prior to joining academia, David lived and worked in London, England for eight years, where he was an equity partner in a private bank and, before that, a senior executive and director of the securities services and global custody division of Midland Bank plc (now part of the HSBC Group). His forthcoming book, *The Faith at Work Movement*, examines the growth, dynamics, and possible future of the faith in the workplace movement.

expression, of letting people know what they believe, how they believe, and why they believe.

These examples hint at the richness of the faith at work movement and suggest that what we're seeing today in the workplace goes far beyond the obvious things, like having a meditation room or prayer room. By and large, companies have a responsibility to accommodate these expressions and/or practices of faith so long as they don't unduly disrupt business operations. This entails making sure that someone is not harassing someone else in the workplace based on their religion and making sure someone doesn't disrupt the flow of work.

I've found in my research that with a little bit of foresight and training and a heavy dose of common sense, most expressions of religious faith can be accommodated pretty easily in workplace settings. The training is important—we need to cultivate a new breed of managers and executives who will be attentive to questions of religious identification and motivation in the same way they might today be attentive to cultural traditions, such as how you pass your business card with two hands in Japan, not just one hand.

The people at the top of the corporate pyramid right now represent the tail end of the generation that believes there's no place in the marketplace for religion or politics or sex. But the reality is that every company talks about politics because they have their political action committees and lobbyists, and every company talks about sex because they've had to develop (or at least consider developing) policies addressing same-sex benefits. Faith at work is the next big frontier to explore.

EXPERIENCING SUDDEN JOLTS

The big question, of course, is how much staying power it will have. When I wrote my doctoral dissertation, I looked at the faith at work movement over the past 100 years and identified a few peak periods of activity. Using the historical data, I've tried to predict, based on the factors that caused the other movements to run out of steam, when this one will recede. From everything I've seen, I

think we will see even greater attentiveness paid in coming years to the question of integrating faith and work.

Simply put, there is an acute desire to live a holistic life, however one defies that term. Most people want to be consistent in terms of who and what they are, both at work and at home, and their faith is a big part of that need for consistency. To some extent it's a function of age—as people grow older, they show more interest in transcendent questions of meaning and purpose and faith. In the main, you don't tend to see 24-year-olds asking these kinds of questions; they're more interested in promotions and paychecks.

Corporate leaders and managers need to give people permission to bring their whole selves to work—their hearts, minds, and souls.

That said, it's puzzling why this didn't happen to my father's generation. I think there are other factors that are giving people permission, if you will, to think and ask about these questions—permission that my father and his father certainly didn't have. One such factor is geography. In southern cities such as Atlanta or Dallas or Chattanooga, expressions of religious identity and particularly Christian identity are fairly common and considered normal. Conversely, in Boston or New York, there's more of a reluctance to express one's faith in the public sphere.

Another factor is immigration. The United States historically has viewed itself as a Judeo-Christian country, but in recent years there's been a growing awareness of other religions. They may be very small statistically, but in certain parts of the country they may enjoy a significant representation. For example,

there are some parts of the country with many more Laotian or Vietnamese or Somali citizens than their overall percentages would suggest. When you translate this phenomenon to the workplace, you find some employers experiencing sudden jolts when they encounter ethnic groups, largely comprising immigrants, with whom they've never had any interaction.

A HOT POTATO

Accommodating these cultures and their religious beliefs represents both a challenge and an opportunity. The historical concern of the mainstream media and intellectual elite has been to question, rightly, whether the Christian majority is proselytizing or imposing its beliefs on religious minorities. The assumption is often that conservative Christians are being heavy-handed toward adherents of other faiths.

First, I think that is an unfair characterization of most Christians. Moreover, most religious lawsuits filed with the Equal Employment Opportunity Commission (EEOC) aren't about religious harassment in the form of proselytizing or evangelizing; most of them are filed by members of minority religions arguing their employers don't understand their faith or its practices and thus have discriminated against them according to their religious beliefs. So, generally speaking, it's not the overzealous proselytizer overstepping boundaries who causes most problems but the unwitting manager or supervisor who isn't familiar with others' religious practices or the laws that stand behind them and who thus denies others their rights of religious accommodation.

Yet another external factor—one that none of us could have predicted, of course—is that, in the wake of Sept. 11, 2001, questions of religion and its impact are with us every day. I believe the Islam-Christian question is not going to go away in the next couple of years; over the next decade or two, we will be very engaged with questions of Muslim-Christian dialogue. Just as the Cold War defined many of the geopolitical and social policies of the post-World War II period in the second half of the twentieth

eth century, Muslim-Christian relations will, I predict, define such policies in the first quarter of this century. This will greatly affect business because more and more companies these days are engaged in international commerce with a supplier or vendor, and one has to think not just, "How do I do business in Tuscaloosa?" but also "How do I do business in Bali, Bangalore, Bahrain, or Baghdad?" These cultures and economies are all very different, and they're all shaped by religious considerations.

It's tempting to take the approach that faith at work is a hot potato and it's better not to touch it, but I'm encouraged by the number of companies that are saying, "Yes, it is a hot potato, and precisely because of that we're going to think hard about it and not put our heads in the sand." To me, that's a sign of leadership, and these companies will reap the dividends of their courage.

"HOW DO I DO THIS?"

Ultimately, issues of faith and work are leadership issues, so employee assistance

professionals with an interest in coaching (especially executive coaching) can make a significant impact on how well business leaders integrate the two and maintain or even enhance workforce performance. The old, simplistic understanding of the faith at work movement is that of a bunch of white, middle-age business owners meeting before work for a prayer breakfast and Bible study. There is an element of truth in that, and there's nothing wrong with it, but integrating faith and work is much richer and broader in scope and possibility than work-related Bible studies.

What I find as I meet with different CEOs around the country is that a question keeps coming up: "How do I do this? How do I create an atmosphere that allows people to integrate faith and work?" These leaders tell me they need a language and a framework to enable them to get their arms around issues of faith and work, and they didn't learn anything about this in their MBA program or from their mentors earlier in their careers.

Most of the people I've been involved with have tried very consciously to thread the needle, if you will, between balancing their own sense of their religious teachings with a recognition that everyone else around them may very well hold different views. And they struggle, sometimes quite openly, over how they can make sure they're being respectful of others who feel differently and at the same time draw on their faith and traditions to be good leaders and make ethical decisions. They want to be authentic to that which they believe and at the same time recognize they're operating in a diverse world.

I conclude that the best way forward is to develop policies that help create a "faith friendly" culture. Corporate leaders and managers need to give people permission to bring their whole selves to work—their hearts, minds, and souls. Companies that do this may hit some bumps along the road, but they'll likely avoid major accidents, too, and will become better places to work as a result. ■

EAP Caseware 20/20

PROVEN
MOST TRUSTED
MOST WIDELY USED
AND BEST SUPPORTED
EAP SOFTWARE IN THE WORLD

Medcomp Software, Inc.

call us at 303.277.0772
visit our website at
www.medcompsoftware.com

ADCARE.

WHERE EAP PROFESSIONALS
TURN FOR ASSISTANCE.

AdCare Hospital offers a complete spectrum of high-quality, cost-effective treatment services for the substance abuser. Our treatment model matches the individual needs of patients with the most appropriate level of care. That makes us a real resource to EAP professionals seeking to make the best referral for their clients.



ADCARE HOSPITAL

107 Lincoln Street
Worcester, MA 01605

For more information, call
1-800-345-3552

www.adcare.com
We're ready to help.

ADCARE HOSPITAL ADCARE HOSPITAL ADCARE HOSPITAL ADCARE HOSPITAL

The Real Cost of Sleep Debt

Inadequate sleep due to extended workdays, overtime, and shift work is increasing health and safety risks for employees and may expose them or their employers to legal liabilities.

by Stanley Coren, Ph.D., FRSC

We seem to have a new set of heroes in our culture—ambitious, achievement-oriented people who fill every spare moment of the day with activities that will advance their careers. These hard-driving leaders of industry, science, and society seem to believe that leisure time is expendable and that the “useless” time away from work represented by sleep can be eliminated, with no negative consequences.

There is a long history of such thinking. Thomas Alva Edison considered excessive sleep (which he interpreted as eight or more hours a night) to be a waste of time and a sign of laziness, stupidity, and moral weakness. Edison believed that by providing cheap and efficient electric light, he could remove darkness as a common “excuse” for sleeping rather than working.

Edison and other inventors have been successful. The average young adult today reports sleeping about 7 to 7.5 hours each night. In 1910 (before Edison’s cheap coiled tungsten filament light bulb was available), the average person slept 9 hours each night. This means that we sleep 1.5 to 2 hours less than our forebears did early in the 20th century (Coren 1997).

We are working a lot longer as well. A recent European Union survey (Costa et al. 2004) found that 84 percent of

self-employed workers and 44 percent of employees are working more than 40 hours a week, while 64 percent of the self-employed and 26 percent of employees are working longer than 10 hours each day (and many are working on weekends).

We now live in a world where electric lighting keeps factories, supermarkets, and airports operating around the clock. Trains, planes, and trucks are driven all night and hospitals work on a 24-hour basis. This requires employees to work shifts, which are often variable and long, or to work overtime.

Generally speaking, shift workers can be considered to be a chronically sleep-deprived population. There is substantial evidence that shift work disrupts sleep patterns and substantially reduces the amount of sleep that workers obtain, especially those working evening and night shifts (e.g., Akerstedt 1998). Furthermore, the effects of shift work linger and even disturb sleep on days off work. The level of the disturbance is similar to that seen in clinical insomnia, and the mechanism seems to be a disruption of the normal circadian cycle of sleep and activity.

HOW MUCH SLEEP DO WE NEED?

Some people might argue that 7 to 7.5 hours of sleep is sufficient. Studies show, however, that the “natural” sleep duration of humans is probably closer to about 10 hours out of each 24, with a long nighttime sleep and a shorter daytime nap.

One study was conducted at a site well above the Arctic Circle when there was sunlight for the entire 24-hour day (Palinkas, Suedfeld, and Steel 1995). All

watches and other timekeeping devices were removed, and only the station’s computers knew the times that the team went to sleep and awakened. Individuals conducted their research and chose when to sleep and work according to their “body times.”

At the end of the experiment, the researchers found that they slept an average of 10.3 hours each day, with individual averages ranging from 8.8 hours to almost 12 hours. Every member of the team showed an increase in sleep time. This study, like many others, seems to suggest that our biological sleep needs might be closer to the 10 hours per day that is typical of monkeys and apes living in the wild.

Psychological and medical researchers have tended to minimize the effects of sleep insufficiency. They acknowledge that society may be getting too little sleep, but treat the effects of this sleep deprivation as nothing more significant than an inconvenience that makes people feel a bit tired now and then. This view is wrong.

A large body of evidence demonstrates that the immune system operates most efficiently during sleep and that inadequate sleep predisposes individuals to a large variety of medical problems (see Coren 1997 and Lashley 2003 for reviews). For example, sleep-deprived shift workers are more likely to suffer from headaches, stomach problems, heart disease, allergies, skin problems, respiratory difficulties, anxiety and irritability (see Costa et al. 2004 for a review). In addition, recent research suggests that each day with insufficient sleep increases our sleep debt and that when this sleep debt becomes large



Stanley Coren is a professor in the Department of Psychology at the University of British Columbia in Vancouver, Canada. He can be reached by e-mail at scoren@psych.ubc.ca.

enough, noticeable psychological problems appear (see Coren 1997 for a review).

Sleep debt-related problems are most predictable at certain times of the day because our physical and mental functions show cyclic increases and decreases in efficiency in the form of circadian rhythms. While our major sleeping/waking rhythm has a cycle length of roughly 24 hours, there are shorter cycles as well, the most important being a secondary cycle that lasts about 12 hours. Because of these cycles, the pres-

Simply asking people to self-monitor their own conditions is not a sufficient safeguard to prevent sleepiness from becoming an accident risk.

sure to fall asleep is greatest in the morning, between 1:00 and 4:00 a.m. There is also a less pronounced but still noticeable increase in sleepiness 12 hours later, between 1:00 and 4:00 p.m. This afternoon low point makes you feel sleepy after lunch and probably was the original reason for the afternoon nap or siesta.

People operating with a sleep debt are less efficient, and this inefficiency is most noticeable when the circadian cycle is at its lowest ebb. Among the common consequences of a large sleep debt are attention lapses, reduced short-term memory capacity, impaired judgment, and the occurrence of microsleeps. A microsleep is a short period of time, usually between 10 seconds to a minute in length, in which the brain actually enters a sleep state regardless of what the person is doing at the time. Although the affected individual often does not know that this momentary blackout has

occurred, the effects of microsleeps, combined with attentional lapses, can be dramatic.

It is important to note that sleep debt is cumulative. Research shows that individuals who sleep 3 to 7 hours in each 24-hour period for 2 weeks suffer reduced psychological performance efficiencies comparable to those of people who are deprived of sleep for a continuous period of 3 days and nights (Rogers and Grunstein 2005). Most important from a safety viewpoint, the majority of such individuals fail to recognize their level of impairment, which means that simply asking people to self-monitor their own conditions is not a sufficient safeguard to prevent sleepiness from becoming an accident risk.

IMPACT OF SLEEP DEBT

There is now evidence that many major disasters have resulted from sleep debt-related effects, including the oil spill of the *Exxon Valdez*, the nuclear accidents at Chernobyl and Three Mile Island, and the explosion of the space shuttle Challenger (see Coren 1997 for a review). The U.S. National Commission on Sleep Disorders conducted a study to determine the direct impact of sleep debt and found that sleep-related accidents in the United States cost more than \$56 billion each year and cause 25,000-plus deaths and 250,000 disabling injuries (Leger 1994).

A recent study shows just how much impact the cumulative effect of sleep deprivation can have on behavior (Barger et al. 2005). The study looked at 2,737 medical interns, many of whom work extended or double shifts that can last up to 24 hours. The researchers analyzed the likelihood that these medical personnel would be involved in motor vehicle crashes or near-miss incidents after extended work shifts. They found that for every extended work shift scheduled in a given month, the risk of a motor vehicle crash during that month increased by 9 percent.

Problems associated with sleep loss are beginning to have legal ramifications as well. For example, after a driver in Selby, England, caused two trains to crash, killing 10 people and injuring

more than 70 others, authorities learned he had not slept the previous night. His behavior was deemed to be criminally negligent and he was sentenced to five years in prison. Meanwhile, an Australian court found an employer liable for the crash-related death of one of its truck drivers, who had not slept for two days before the crash because of work demands (Rogers and Grunstein 2005). There have also been several cases in which doctors and hospital staff have been successfully prosecuted for deaths due to mistakes and diagnostic errors caused by fatigue from extended work hours and lack of sleep (e.g., Coren 1997).

What can be done to limit sleep deprivation and its impact? As with many other areas, it is easier when dealing with sleep deprivation and shift work to outline the problems than to put forward solutions. However, some recommendations have emerged which seem to help.

The first is quite simple. Shift workers rarely receive on-the-job training to help them cope better with the rigors of working nights, evenings, and early mornings. Several studies suggest that such direct instruction can produce improvements in health and fatigue indices and an increase in daytime sleep length (c.f., Akerstedt 1998).

Shifts should be changed in a forward rotation—that is, moving from morning work to evening work to the night shift—to make it easier for workers to adapt (Akerstedt 1998). Shifts should not be rotated rapidly, and workers should stay on a particular shift schedule as long as possible, as fixed shifts seem to produce the best results overall in terms of adapting to schedules and getting adequate sleep.

Overtime, double shifts, and extended schedules should be avoided. All of the available evidence suggests that 12-hour shifts result in more accidents, illnesses, and absences than 8-hour shifts (Folkard, Lombardi, and Tucker 2005).

Be aware of the daily cycles of workers. If flexibility permits, workers should avoid complex activities that involve sustained concentration—e.g.,

plant safety checks or tasks involving numerous mathematical computations—during the 1:00-4:00 hours when sleep pressure is greatest. These “low” points are better suited to routine activities such as filing papers, taking inventory, or performing simple assembly projects.

A short nap immediately before the beginning of a night shift also seems to help (Garbarino et al. 2004), but employers typically do not want to pay people for naps and employees often feel that such demands are infringements on their personal time. Education and instruction may convince shift workers of the usefulness of this practice.

There are also some improvements that can be made to the workplace itself that may help. Some of these improvements are obvious, such as providing canteen facilities and creating a pleasant, stimulating environment. In addition, bright light quickly resets the biological clock and can improve alertness during the night shift (Czeisler et al. 1990), especially when combined with complete darkness in bedrooms and strict adherence to daytime sleep schedules.

For settings such as vehicle driving, such changes are not practical.

Given the realities of the modern workplace, it does not seem possible to completely eliminate the negative effects of sleep deprivation and shift work schedules. It is, however, certainly possible to reduce them. ■

References

- Akerstedt, T. 1998. “Shift work and disturbed sleep/wakefulness.” *Sleep Medicine Reviews* 2 (2): 117-128.
- Barger, L.K., B.E. Cade, N.T. Ayas, J.W. Cronin, B. Rosner, F.E. Speizer, and C.A. Czeisler. 2005. “Extended work shifts and the risk of motor vehicle crashes among interns.” *New England Journal of Medicine* 352 (2): 125-134.
- Coren, S. 1997. *Sleep Thieves*. New York: Simon & Schuster Inc.
- Costa, G., T. Akerstedt, F. Nachreiner, F. Baltieri, J. Carvalhais, S. Folkard, M.F. Dresen, C. Gadbois, J. Gartner, H.G. Sukalo, M. Harma, I. Kandolin, S. Sartori and J. Silverio. 2004. “Flexible working hours, health, and well-being in Europe: some considerations from a SALTSA project.” *Chronobiology International* 21 (6): 831-844.
- Czeisler, C.A., M.P. Johnson, J.F. Duffy, E.N. Brown, J.M. Ronda, and R.E. Kronauer. 1990. “Exposure to bright light and darkness to treat physiologic maladaptation to night work.” *New England Journal of Medicine* 322 (18): 1253-1259.
- Garbarino, S., B. Mascialino, M.A. Penco, S. Squarcia, F. De Carli, L. Nobili, M. Beelke, G. Cuomo and F. Ferrillo. “Professional shift-work drivers who adopt prophylactic naps can reduce the risk of car accidents during night work.” *Sleep* 27 (8): 1446-1448.
- Folkard, S., D.A. Lombardi and P.T. Tucker. 2005. “Shiftwork: safety, sleepiness and sleep.” *Industrial Health* 43 (1): 20-23.
- Lashley, F.R. 2003. “A review of sleep in selected immune and autoimmune disorders.” *Holistic Nursing Practice* 17 (2): 65-80.
- Leger, D. 1994. “The cost of sleep-related accidents: a report for the National Commission on Sleep Disorders Research.” *Sleep* 17: 84-93.
- Palinkas, L.A., P. Suedfeld and G.D. Steel. 1995 “Psychological functioning among members of a small polar expedition.” *Aviation, Space, & Environmental Medicine* 66 (10): 943-950.
- Rogers N.L. and R.R. Grunstein. 2005. “24/7 Health. Second annual Sleep Loss Symposium: working and sleeping around the clock.” *Medical Journal of Australia* 182 (9): 444-445.

With the passage of the Americans with Disabilities Act (ADA), employers need to know about reasonable accommodations for people with sleep disorders. Following are brief descriptions of common sleep disorders:

- **Insomnia** A condition that causes difficulty initiating or maintaining sleep for days, weeks, months, or years; may have other medical or psychiatric conditions present.
- **Sleep Apnea** A condition in which a person stops breathing for 30 seconds or more, several hundred times a night. Heavy snoring can signal this condition.
- **Narcolepsy** A disorder that causes irresistible sleep attacks; it might include sudden attacks of sleep, excessive daytime sleepiness, muscular weakness, hallucinations and sudden attacks of rapid eye movement (one stage of sleep).
- **Restless Legs Syndrome** A discomfort in the legs that is relieved by moving or stimulating the legs. The discomfort might keep the individual

from getting restful sleep.

- **Hypersomnia** A condition for which the predominant complaint is excessive sleepiness for at least one month, but not because of narcolepsy or any other identifiable cause.
- **Sleepwalking Disorder** A condition that causes repeated episodes of rising from bed during sleep, then walking. On awakening, the person has amnesia of the episode.

Employers have several options for accommodating workers with these disorders. A common option is to allow for a flexible work schedule so a person with a sleep disorder can adjust to daily changes. For example, the option of starting work between 7:00 and 10:00 and ending between 3:00 and 6:00 could be considered. This may need to be decided daily at the discretion of the worker.

Another type of flexible schedule allows a worker to take breaks as needed, meaning that a worker entitled to an hour for lunch and a 15-minute break in the morning and afternoon could

choose to skip the morning break, spend only 30 minutes eating lunch, then take an hour-long break in the afternoon. The individual could also choose to take several 10-minute breaks during the day and use only 30 minutes to eat lunch.

A less common approach is to permit a worker to take a nap during the time of day s/he is most sleepy. The employer can adjust the workday so the individual makes up the time at the end or beginning of the work shift.

If the employee's job is sedentary, restructure the work environment so the individual can alternate sitting and standing. Because people with sleep disorders sometimes forget the purpose of a task after beginning it, encourage them to use a checklist, organizer, or pacesetter device with an audible alarm to serve as a task reminder.

—Excerpted from “Work-Site Accommodation Ideas for Individuals with Sleep Disorder,” Office of Disability Employment Policy, U.S. Department of Labor.

Assisting Employees in Dangerous Locations

Providing onsite EA services to workers deployed to dangerous locations will improve their chances of completing their tours of duty and make them more likely to use the EAP when they return home.

by Evangelina B. Hammonds, LCSW

With the globalization of commerce, many corporations are conducting business in foreign lands known to be at elevated risk of danger to employees. Various companies currently are deploying workers to countries engaged in armed conflict or experiencing violent internal turmoil, such as Iraq, Afghanistan, Colombia, and Haiti.

While company leaders may have a very good feel for their business goals and how to accomplish them, they may not recognize the numerous ways that working in a dangerous environment can affect both individual employees and the organization. They may not know what the employees expect of the company or themselves or how well they understand their work environment and its associated risks. Company leaders also may be completely unaware that an employee may be silently struggling with a feeling of helplessness because he/she cannot comfort a young family member at home with serious medical problems. Another employee may have left home with unresolved marital problems and is wondering daily if he will soon be facing a divorce.

These business leaders need to understand that safeguarding employees who are working overseas requires

addressing not just physical safety concerns but behavioral safety issues as well. They need to be educated about the importance of carefully evaluating the emotional and behavioral resiliency of employees prior to assigning them to overseas work details. In particular, they need to recognize that their organizations would benefit greatly from developing a pre-crisis plan to help prevent a traumatic event and maintain the emotional well-being and health of all employees.

DISENGAGED FROM THE COMPANY

Employers need to consider many factors before they seriously contemplate deploying workers to dangerous locations. Some companies that have hired individuals specifically to work in war zones have found that failing to fully evaluate an employee's understanding of the living conditions in the deployment area and the daily job expectations can cost the organization in several ways. For example, individuals who have never worked or perhaps even traveled outside their native country are likely to experience increased levels of anxiety and stress. Once the novelty of arriving in a foreign country dissipates and the reality of not having families or loved ones available for emotional support sinks in, workers lacking travel experience tend to become disengaged from the company and its mission and goals.

At the very least, employees working in high-risk (and, thus, high-stress) locations may experience feelings of anxiety, homesickness, guilt for not being "stronger," or depression. They may lack the emotional skills to cope in an uncertain environment and resort to alcohol

or drugs, which, aside from the health risks they pose, might be illegal in the country in which the employees are working.

These challenges can be especially difficult for a worker who has never considered him/herself to have trouble dealing with personal problems. Such a

Few companies make EAP services available to workers deployed to dangerous and/or unstable sociopolitical environments.

worker might see his/her inability to cope as a sign of weakness or incompetence. A related problem can arise if an employee did not attain a high level of formal education—which is common among newly hired contract workers deployed to work in the Middle East—and is proud of having been hired by a global company to work overseas. This employee may not be willing to risk his/her job security by asking an "appropriate" company staff member to arrange for telephonic counseling.

The challenges are even greater if a serious incident occurs, such as a co-worker being hit by gunfire, killed in an explosion, or kidnapped. No matter how hard individuals may try to "act strong," coping with a workplace critical incident that involves a co-worker's death or seri-



Evangelina Hammonds is a trauma specialist and president of Behavioral International in Houston, Texas. Behavioral International develops behavioral safety plans and provides crisis management consultation to

EAPs and businesses. She can be reached at eth_safety@sbcglobal.net.

ous injury is extremely difficult. No one is ever fully prepared to deal with the sudden flow of emotions caused by such a trauma, though some employees will respond better than others. Even those who seem least affected, however, will begin to question their physical safety and find that memories of the incident

Can employees safely interact socially with local residents, or will they need to be concerned for their physical well-being?

affect their ability to concentrate. Eventually, their emotional well-being may suffer, and with it their productivity. They may even have to return to their home country without completing their job assignment, forcing their employer to recruit new workers to replace them.

Although many companies offer EAP services to employees in the organization's home country, few make them available to workers deployed to dangerous and/or unstable sociopolitical environments. These situations provide a wonderful opportunity for both internal as well as external EAPs to "think outside the box" and go beyond the traditional EAP role. This requires EA professionals to possess a good working knowledge of the fundamentals of employee assistance; it also requires insight, innovativeness, and a clear understanding of the need to look at the company's situation through fresh eyes to be able to help identify the new challenges facing the organization. Developing viable solutions to help resolve these challenges is crucial, as is demonstrating a thorough knowledge of the company culture to facilitate positive communication with company decision-makers.

CONSIDERING NEW SERVICES

Establishing a detailed awareness of the risks posed by a dangerous work environment and recognizing how employees may respond to it will greatly help EA professionals as they initiate the process of creating an EAP for workers deployed to high-risk locations. Some questions EA professionals need to ask during this process are as follows:

- In what ways does the high-risk location differ from the employees' home community, both in terms of the work environment and the overall living situation?
- Can employees safely interact socially with local residents, or will they need to be concerned for their physical well-being?
- Should employees limit their leisure activities to company-approved public facilities and adhere to nightly curfews to help ensure their safety?
- Are employees who work in dangerous areas able to sleep comfortably at night, or are they likely to be disturbed by sounds of social unrest or turmoil?

It is unrealistic for an EAP to assume that an employee, even one who has worked in an overseas location, will be able to cope effectively in a dangerous environment without having direct access to clinical or psychoeducational assistance. Living and working with constant threats of terrorism or acts of violence (whether real or perceived) and having to leave families and personal support systems behind for an extended period of time require strong coping skills. Difficult situations often reduce one's sense of personal safety and security, which can significantly affect concentration and alertness. The uncertainty of change and not knowing what to expect can be extremely stressful and ultimately can affect not only deployed workers but the home workforce as well.

While taking into account the business organization's financial ability to support an EAP for this population of employees and their families, EA professionals should use this opportunity to consider new services to provide. For example, an EAP could help human

resources specialists increase their understanding of the behavioral skills and qualities for which they should assess to determine whether an employee has the necessary resiliency to be considered for assignment to a dangerous location. Because resiliency is learned, employees should demonstrate the ability to accept change in order to help them adjust to their new environment.

An EAP could be based within a rel-

Offering EAP services to workers in dangerous locations would also help businesses better prepare for and perhaps even prevent a crisis or traumatic event in other locations.

atively close distance of the dangerous work environment in order to be visible and more easily accessible to employees. Routinely making the short trip to provide onsite services would afford an EA professional the opportunity to become better aware of work and personal stressors and the depth of their impact on deployed individuals (and their families back home). Meeting the EA professional face to face would also allow workers to better understand and develop trust in the EAP, advantages that will serve both the workers and the EA professionals after the employees return home. Employees will be more receptive to contacting the EAP for assistance if they are familiar with its services and believe it understands the company's culture.

The EAP could also be of assistance in helping workers in dangerous locations make the transition back to their home environments. This service would be valuable not only to workers whose overseas assignments have ended, but

also to those who are returning because of a family emergency. In the event of a family death or other serious event that would require an employee to leave the job location immediately, an onsite EA professional would be able to meet with the worker to help him/her prepare emotionally for the trip home. This would help the worker make the mental transition required in such situations.

ADDING SIGNIFICANT VALUE

Offering EAP services to workers in dangerous locations would also help businesses better prepare for and perhaps even prevent a crisis or traumatic event. The EAP could help employers and workers understand what to expect and how to help themselves with the recovery process. Employees and their co-workers and supervisors would learn how they can support each other and assist those who are more affected by an incident in another location.

With more and more companies expanding their business arrangements to all parts of the world, today's EA professionals must be flexible, open minded, and adaptable to change. In this era of globalization, EAPs should look for opportunities to provide services that go beyond their traditional roles and add significant value to their presence. ■

Advertise in the

Journal of

Employee Assistance

Contact
Marilyn Lowrance
(703) 538-5557
mldogs@cox.net

NEW: EMOTIONAL INTELLIGENCE TOOLBOX



Expand your practice with tools for building Emotional Intelligence. In the EI Toolbox, developed by Andy LeFave, you get a CD containing:

- a 24-page EI handbook;
- a self-assessment tool;
- an EI development workbook for clients;
- a PowerPoint presentation to use with managers; and
- EI cards for a training exercise to use with groups.

For only \$69, this practical Toolbox offers you ways to expand your practice and be more helpful to clients wanting to improve their emotional intelligence at work and elsewhere. Purchase online at www.blairconsultants.com/emotion.html

SAP Qualification and Update Training in 2005: November 3-4, New Orleans. 14 PDHs. Register online at www.blairconsultants.com

Watch for our upcoming Training Event in Chicago, May 2-5, 2006 and for other dates on our training calendar.

Brenda Blair, 979-693-7268
bblair@blairconsultants.com

Lee Mauk, 612-827-4147
lmauk@blairconsultants.com

Cynthia Sulaski, 503-249-7728
csulaski@blairconsultants.com

Andy LeFave, 512-633-5484
alefave@blairconsultants.com

Blair Consulting Group

Your International Expert Resource for EAP, Work/Life, DOT and Coaching



Campus Selection

Educational Solutions
for your employee's children

- Boarding School
- Private School
- Wilderness Programs
- Residential Treatments

Londa May, M.Ed, C.E.P.
Member of Independent Educational Consultants Association
Certified Educational Planner
Member of EAPA
www.campusselection.com
(281)364-9700
lmay@campusselection.com

Health, Wellness, and Productivity



Helping Employees Make Informed Decisions 24

by Nance Moeller-Roy, R.N.

By viewing employee health as an asset to be managed, employers can use health promotion and wellness programs to instill healthy behaviors among workers and encourage them to make smarter health choices.

Ensuring a Healthy Older Workforce 26

by Shari McMahan, Ph.D.

With the workforce growing older, tailoring health promotion and wellness programs to those 55 and older will become ever more important if businesses are to maintain productivity and performance.

Comprehensive Wellness Programming and EAPs 29

by Beverly Beuermann-King

Employee assistance professionals can help wellness programs by identifying employee needs, getting top-level buy-in, and assisting employees and supervisors in seeing a link between the program and their health and work.

A “Big Tent” Approach to Wellness 32

by Robert C. Karch, Ed.D.

Bringing EAPs, safety programs, and other resources to bear on employee health can make wellness programs much more effective in managing the health risks of workers and their dependents.

Helping Employees Make Informed Decisions

By viewing employee health as an asset to be managed, employers can use health promotion and wellness programs to instill healthy behaviors among workers and encourage them to make smarter health choices.

by Nance Moeller-Roy, R.N.

Take a walk down the hall of a large metropolitan business. You'll see lots of cubicles and maybe a few meeting rooms and offices. Look more closely and you may see a company fitness center. The lobby may sport a coffee bar with Internet connectivity. Further observation might reveal an on-campus daycare center providing significant discounts for employees. Across the parking lot, employees can take advantage of a full-service primary care clinic offering medical, dental, and chiropractic appointments.

A look into the company of tomorrow? No, just a healthy company of today. More and more businesses are beginning to appreciate the intrinsic value of healthy, happy employees and are starting to view employee health as human capital. Consequently, they are beginning to view health as a manageable asset. Many employers are even going the extra mile and developing workplace wellness programs so they can provide convenient and affordable health-promoting services to employees.



Nance Moeller-Roy is a registered nurse with more than 20 years of experience in a variety of healthcare settings. She is director of clinical operations for CIGNA Behavioral Health's EAP, Disability and Depression

Disease Management programs. She can be reached by calling 1-800-241-4057, ext. 2517, or sending an e-mail to nance.moeller-roy@cignabehavioral.com.

LONG-TERM PROBLEM

Underlying these developments is a string of double-digit increases in health insurance premiums dating back to 2001. Though the rate of growth in health care costs appears to have slowed, most employers are still feeling the pinch. According to the National Coalition on Healthcare, employer health insurance premiums increased last year by 11.2 percent—nearly four times the rate of inflation.

Employers are starting to recognize, however, that the total health care value equation is about more than just costs and who bears responsibility for them. A 2004 survey of a cross-section of employers by the Integrated Benefits Institute (IBI) found that cost shifting—by which employers offset rising health care costs by increasing employees' deductibles and co-pays for doctors' visits and prescriptions—seems to be merely a short-term response to what employers see as a long-term problem. According to the survey report, employers "view promoting health and providing employees with the tools needed to make informed healthcare decisions to be as important as shifting costs to employees."

But even as employers begin to acknowledge that encouraging employees to take *more* responsibility for their health care is an effective way to manage costs, they are also starting to recognize that the success of this approach is contingent on employees making *smarter* choices related to their health. Indeed, almost half of the IBI survey respondents said that "encouraging healthy behavior

in their employees is the best long-term approach to addressing rising costs," while fewer than one in five believe that "passing additional costs along to employees is the best long-term strategy."

Employers are not alone in favoring programs to encourage healthy behavior; the perceived value of such initiatives has been demonstrated time and again in *employee* satisfaction surveys as well. According to a 2002 study conducted by the American Association of Occu-

If nothing else, however, investments in improving the health status of human assets add direct value because they curb productivity losses stemming from absenteeism.

pational Health Nurses, more than half of employees said they would remain at their current job if their employer offered a health and wellness program.

Unfortunately, some employers still view investments in human capital as overhead—that is, as costs that may not directly add value to the bottom line. If nothing else, however, investments in improving the health status of human assets add direct value because they curb

productivity losses stemming from absenteeism. Given current literature on health promotion outcomes boasting an average return on investment (ROI) of approximately \$3 for every \$1 spent, the capital expense required to get a wellness program off the ground and keep it operating would appear to be more than justified by the payback.

HEALTHIER ORGANIZATIONS

The clinical evidence supporting the need for workplace wellness programs is imposing as well. According to a recent RAND report, one in five Americans is obese, and three in five are either overweight or obese. The researchers who compiled the report examined the comparative effects of obesity, smoking, heavy drinking, and poverty on chronic health conditions and health expenditures. Their finding: Obesity is the most serious of the four problems—and it affects more people.

“Obese people suffer from an increase in chronic conditions of approximately 67 percent when compared to normal-weight individuals of the same age and sex having similar social demographics,” the report states. The corresponding increase for normal-weight daily smokers, in contrast, is only 25 percent; for normal-weight heavy drinkers, the increase is just 12 percent.

What does this mean in terms of productivity and health care costs? The *Journal of Occupational and Environmental Medicine* reported on a study by Dr. Wayne Burton and others which found that the total number of sick days tended to rise with increasing body mass index (BMI). Those with higher BMI calculations recorded an annual average of 8.45 sick days, compared with 3.73 sick days for those with lower BMI figures. Average health care costs over a 3-year period for those with a higher BMI totaled \$6,822, compared with \$4,496 for those who were not overweight.

Ultimately, the “dollars and sense” all add up—wellness programs can provide for healthier employees and healthier organizations. Not every employer, however, has the physical space or the

financial resources to install a state-of-the-art fitness center. Employee assistance professionals can help in these situations because they are very well positioned to help identify and implement less costly but equally effective onsite programs and services.

One such option is a lifestyle management program for weight loss or tobacco cessation. These are gaining in popularity, in part because a well-structured program is able to offer a measurable return on investment over time. Other options for low-cost, easily implemented health and wellness interventions are online health risk appraisals

The old adage, “You must reach them before you can teach them,” should be the mantra for every employer as program launch plans are developed.

(HRAs), health newsletters, onsite health screenings and fitness testing, health fairs, and education seminars. These are very effective methods of keeping people with minimal health concerns aware of risk factors and on the road to continued good health.

For those who are considered to be at higher risk and potentially less likely to engage in and/or sustain lifestyle changes, telephonic health coaching can be a very effective tool. Personal health coaching provides employees with support, education, feedback, and resources to help them eliminate barriers to healthy behaviors and achieve goals they may not be able to reach on their own. Health coaching is designed to guide people through the various stages of

change—from the point of just thinking about whether it would be a good idea to initiating a plan of action and finally to relapse management.

REACH THEM TO TEACH THEM

The first question is, where to start? There are several approaches an employer can take to developing a wellness program. The first stage in the process is to clearly define the organization’s goals and determine how health promotion will fit into the current organizational structure. A second critical step is to assess the needs and interests of the employee population. For example, injury prevention training may be a focus in a manufacturing setting, while ergonomics or cumulative trauma injury may be a source of concern in an office setting where employees spend four or more hours each day composing or responding to e-mail messages.

Finally, it’s important to remember that understanding how best to engage employees and then planning a suitable communication strategy is critical to a successful outcome. The old adage, “You must reach them before you can teach them,” should be the mantra for every employer as launch plans are developed.

Health promotion and wellness programs can enhance employees’ job satisfaction, help make them aware of the importance of understanding their health status, and encourage them to take more responsibility for making informed decisions about their health. Employee assistance professionals can enhance the value of such programs by assessing organizational needs, planning a promotional strategy, and serving as a resource for establishing a workplace wellness program. ■

References

- Burton, Wayne, Chin-Yu Chen, Alyssa Schultz, and Dee Edington. 1998. “The Economic Costs Associated with Body Mass Index in a Workplace.” *Journal of Occupational and Environmental Medicine* 40 (9): 786-792.
- Sturm Roland, and Kenneth Wells. 2001. “Does Obesity Contribute as Much to Morbidity as Poverty or Smoking?” *Public Health* 115: 229-295.

group—50 to 64, 65 to 74, and 75-plus—because functional ability varies significantly within and across these age groups.

Older workers will participate in health promotion programs only if they deem them relevant to their work and their life cycle stage. Many traditional risk reduction programs are appropriate for aging workers—for example, health risk appraisals targeting high blood pressure, heart disease, diabetes, and cancer—but recruiting and retaining individuals to participate in such programs can be challenging. Programs that succeed in attracting aging workers typically entail a high degree of individual attention. The challenge for health educators is to understand the complexity of the older worker and his/her decision-making processes (Gobble 2002).

Collaboration among workplace health promotion functions (e.g., human resources, occupational health and safety, environmental protection, risk management, benefits, and employee assistance) will help provide the synergy to design, implement, and evaluate successful wellness initiatives. The culture and values of older workers, including commitment and loyalty to the employer, fewer sick days, reduced injuries, and enhanced length of service, are significant assets for companies that choose to attract and retain them. Keeping the aging worker engaged in the workforce will be critical for corporations as significant demographic changes in the American workforce occur in coming years. ■

References

- Albrecht, Donna. 2001. Getting ready for older workers. *Workforce* 80 (2).
- Anstey, Kaarin and G. Smith. 1999. Interrelationships among biological markers of aging, health, activity, acculturation, and cognitive performance in late adulthood. *Psychology of Aging* 14 (4): 605-618.
- Clark, Daniel and Faryle Nothwehr. 1999. Exercise self-efficacy and its correlates among socioeconomically disadvantaged older adults. *Health Education and Behavior* 26 (4): 535-546.
- Douglas, Bruce and Sharon Muran. 2000. The graying workforce. *Public Risk* 14 (4): 22-24.
- Fullerton, Howard. 1999. The labor force: Steady growth, changing composition. *The Monthly Labor Review* (11): 19-32.
- Garg, Arun. 1991. Ergonomics and the older worker: An overview. *Experimental Aging Research* 17 (3): 143-55.
- Gobble, David. 2002. Aging and Worksite Health Promotion. In *Health Promotion in the Workplace* (3rd ed.) by Michael O'Donnell. Albany, N.Y.: Delmar Thomson Learning Publishers.
- Griffiths, Amanda. 1997. Ageing, health, and productivity: A challenge for the new millennium. *Work & Stress* 11 (3).
- Healthcare Hazard Management Monitor. 2002. The aging healthcare workforce: Implications for worker health and safety. *Healthcare Hazard Management Monitor* 16 (4).
- Hirsch, Donald. 2003. The rise of grey labour. *New Statesman* 132 (4666).
- Hultsch, David, Brent Small, Christopher Hertzog, and Roger Dixon. 1999. Use it or lose it: Engaged lifestyle as a buffer of cognitive decline in aging? *Psychology and Aging* 14 (2): 245-263.
- King, A.C., Pruitt, L.A., Phillips, W., Oka, R., Rodenburg, A., and Haskell, W.L. (2000). Comparative effects of two physical activity programs on measured and perceived physical functioning and other health related quality of life outcomes in older adults. *Journals of Gerontology: Series A: Biological sciences and Medical Sciences*, 55A(2): M74-M83.
- Rothenberg, Barbara, Cathleen Mooney, and Lesley Curtis. 1997. Measures of severity of illness and comorbidity. In Elena Andresen (ed.), *Assessing the Health Status of Older Adults*. New York: Springer Publishing.
- Runge, Jeffrey. 1993. The cost of injury. *Emergency Medical Clinician* 11 (1): 241-253.
- Shipp, Kathy and L. Branch. 1999. Physical environment as a determinant of the health status of older populations. *Canadian Journal on Aging* 18 (3): 313-327.
- Tibbitts, George. 1996. Patients who fall: How to predict and prevent injuries. *Geriatrics* 51 (9): 24-30.
- Toscano, Guy and Janice Windau. 1993. Fatal work injuries: Results from the 1992 census. *Monthly Labor Review* 116: 30-48.
- Walton, Marion. 2001. Graying, not falling. *Occupational Health and Safety*.
- Yeatts, Dale. 2000. Older workers' adaptation to a changing workplace: Employment issues for the 21st century. *Educational Gerontology* 26 (6).
- Zwerling, Craig, Paul Whitten, Nancy Sprince, Charles Davis, Robert Wallace, and Peter Blanck. 2003. Workplace participation by persons with disabilities: National health interview survey disability supplement, 1994-1995. *Journal of Occupational & Environmental Medicine* 45 (5).

IDENTIFYING SUBSTANCE USE DISORDERS

The SASSI—brief, empirically validated screening for substance use disorders

Since 1988 the SASSI (Substance Abuse Subtle Screening Inventory) has been used to identify substance use disorders accurately, objectively, and quickly. Adult and adolescent versions available.

- ◆ Easy to administer and interpret
- ◆ Effective even if your client is unable or unwilling to acknowledge their substance use
- ◆ Select paper and pencil questionnaire or a computerized version
- ◆ **New** web-based option for single or multiple adult administrations at www.sassionline.com
- ◆ **New Spanish SASSI now available**

Early identification saves lives.

SASSI

Call for an information pack
or a 30-day preview kit • 1-800-726-0526
Visit our web site at www.sassi.com

substance abuse measures