

## Glossary of EAP Terms

**Note:** The terms contained in this section may appear in the accreditation standards and self-study materials or may be encountered as part of the accreditation process, e.g., during client file review or staff interviews.

**501(c)(3) ORGANIZATION:** The tax status granted by the US Internal Revenue Service to signify a type of non-profit public interest or public service organization. Organizations covered by these standards are classified as 501(c)(3) organizations, which indicates that they are tax exempt. See CORPORATION or NOT-FOR-PROFIT ORGANIZATION.

**ACCESSIBILITY OF SERVICE:** The opportunity for clients to obtain relevant services, with attention to service location, hours of operation, affordable fees, and no barriers that impede entrance or use by people with disabilities.

**ACCOUNT MANAGER:** The staff person who is the liaison between the customer organization and the EAP provider who is responsible for ensuring that the needs of the customer are being addressed.

**ACCREDITATION:** The formal evaluation of an organization against accepted criteria or standards. A professional society, non-governmental organization, or a governmental agency may conduct accreditation activities. To be COA-accredited means that an organization has undergone a period of rigorous self-study and is capable of providing programs and services that meet or exceed COA standards.

**ADMINISTRATION:** The personnel responsible for the management functions of the EAP, including managing the EAP's fiscal and personnel resources and its service delivery. Such personnel determine organizational goals, acquire and allocate resources to carry out a program, coordinate activities toward goal achievement, and monitor, evaluate, and make needed changes in processes and procedures to improve the likelihood of goal achievement. The term is frequently used synonymously with Management.

**ADVANCED DEGREE:** A degree at the master's level or beyond from an accredited institution of higher education.

**ADVISORY BOARD:** An organized voluntary group formally established by the organization with responsibilities to consider all aspects of the organization's operations and make recommendations to the governing body regarding policies, programs, community needs, organizational resources, etc. Such disinterested citizen-participation in overseeing the affairs of the organization is a fundamental expectation of organizations seeking COA accreditation. Examples of those instances in which an advisory board is appropriate include:

- an organization that has a governing body of one, as may be the case in a corporation sole;
- a governing body composed of owners or investors, as may be the case in a privately held for-profit organization; or
- a governing body that exercises ultimate authority over the organization along with other governmental entities, as may occur in public organizations.

**AFFILIATES:** Independent contractors who are retained by the EAP to perform the same service as EAP counselors. Also known as "providers."

**AFTERCARE:** Additional services provided, either directly or by referral, beyond the period of primary service. Aftercare services offer continuity and supportive follow-up.

**ALCOHOL ABUSE:** Consumption of alcohol in a manner and degree that impairs functioning and harms or endangers the health, safety, and well-being of the user or those with whom the user comes in contact.

**ALTERNATIVE DELIVERY SYSTEMS:** Alternative modes of service delivery for mental health treatment, for example, home-based services.

**ANNUAL BENEFITS MAXIMUM:** This is the total amount a benefit plan will pay for an enrollee's health costs in a given year. If the costs exceed this amount, the enrollee usually must pay for the rest of the costs.

**APPOINTMENT:** Time allocated for a counseling session, can be: routine, urgent, or emergency.

**APPROPRIATENESS:** The degree to which a particular service or activity is best suited to an individual's needs; is not excessive, unduly intrusive, or restrictive; is anticipated to be effective in achieving the desired and specified service results; and is adequate or sufficient in quantity to address the problem.

**ARCHITECTURAL BARRIERS:** Physical impediments to the use of a facility by individuals with physical disabilities or ambulatory problems, such as stairs or inaccessible restrooms.

**ASSESSED PROBLEM:** Determined by the EAP professional counselor, this often differs from the client's presenting problem. It refers to the diagnosis of the client's problem.

**ASSESSMENT:** An evaluation that relies on professional expertise and skills to collect and analyze information to understand and describe the nature of service needs and preferences of clients. Assessment, as in needs assessment, is also used to determine priorities of service planning.

**ASSESSMENT AND REFERRAL EAP MODEL:** An EAP that concentrates on the assessment of presenting problems of the employee and/or eligible participant(s), the referral of individuals who have problems to appropriate resources, and systematic follow-up.

**AUDIT:** See FINANCIAL AUDIT or THIRD-PARTY AUDIT.

**BENCHMARKS:** Quantifiable measurements of best practices in the industry.

**BENEFIT:** In insurance, a sum of money provided in an insurance policy payable for certain types of loss, or for covered services, under the terms of the policy.

**BENEFIT PACKAGE:** A contractually defined set of health services, the cost of which is borne in full or in part by a health insurance plan.

**BEST PRACTICES:** Recommended services, programs, and practices for clients that are based on the most recent validated research and expert consensus about service results.

**BILLING UNIT:** The unit agreed upon by the organization and the purchaser to be the basis for payment, e.g., per client hour of service or other element of service.

**BIOPSYCHOSOCIAL ASSESSMENT:** A type of professional assessment that describes the summary judgment derived from a multidimensional evaluation of psychological, sociocultural, and environmental factors that are components of a presenting problem. It includes results of tests and evaluations, brief expressive descriptions of the problem, an inventory of actual and potential assets and resources, the prognosis, and analysis of what is needed or planned to resolve the problem. A biopsychosocial assessment is also called a clinical assessment in these standards.

**BOARD OF DIRECTORS:** See GOVERNING BODY.

**BRIEF TREATMENT:** A form of therapy that focuses on the essential issue for a short period of time that is worked on with the counselor and the client in a goal-directed plan.

**BYLAWS:** Adopted by the EAP for the regulation of its internal affairs, in particular, the actions of the board of directors and its relationship to the chief executive officer and any advisory board associated with the EAP.

**CAPITATION:** A method of health care financing and delivery involving the provision of a specified set of services to an individual for a predetermined periodic payment, without regard to the level and type of actual services provided. Capitation payments are usually figured “per enrolled member.”

**CAPITATION RATE:** The amount of monthly reimbursement per covered life in a capitated contract.

**CASE COORDINATION:** A process of coordinating services on behalf of an individual client. This includes ongoing assessment of needs and responding to changing needs through referral or provision of direct services, coordination, monitoring of services by providers, and appropriate termination. Case coordination is usually part of the casework process.

**CASELOAD:** The clients receiving service (individual/family/group) for whom a given staff member is responsible.

**CASE MANAGEMENT:** The systematic management of client care that ensures levels and amounts of service in accordance with approved guidelines for specific identified issues. Case management also involves ongoing contact with provider and client to monitor service delivery and service progress, as the basis to approve, modify, or deny ongoing service.

**CASE MANAGER:** A person responsible for the management of a client’s case. This may include a telephone intake, monitoring of counseling hours, getting client feedback, and follow-up until case closure.

**CASE RECORD REVIEW:** The process of reviewing client case records at least quarterly to evaluate the quality and appropriateness of EAP intake and referral procedures, assessments, service plans, practitioner interventions, clinical documentation, and termination procedures. The EAP also reviews case records more frequently to determine if clients display significant changes in clinical status, functional status, quality of life, and level of satisfaction with the EAP’s services.

**CERTIFICATION:** A designation of professional competence in which an individual completes a course of study and successfully passes all required examinations.

**CERTIFIED EMPLOYEE ASSISTANCE PROFESSIONAL (CEAP):** Established by EAPA in 1986, the CEAP provides a means to ensure that practitioners, regardless of background, possess a standard level of knowledge necessary for employee assistance programming. The program grants certified status to practitioners who pass a written examination. In order to qualify to take the examination, a practitioner, depending upon educational level, must possess two-three years’ experience in EAP programming, including a minimum of 2,000-3,000 hours devoted to employee assistance programming.

**CHEMICAL DEPENDENCY:** Physiological and psychological dependence on a chemical, such as alcohol, tobacco, or narcotics, which results in increased tolerance and in withdrawal symptoms when the chemical is removed.

**CHIEF EXECUTIVE OFFICER:** The person authorized to assume the day-to-day management of the EAP and who is accountable for the EAP’s performance. This person may also be known as an administrator, director, or president.

**CLIENT:** The individual, family, group, or organization that seeks assistance through EAP services.

**CLIENT PARTICIPATION FORM (CPF):** Also known as a client feedback or satisfaction survey form, the CPF is given to the employee by the EAP. The CPF is anonymous, confidential, and voluntary and contains questions related to the service provided by the EAP. The survey should be completed by the client immediately upon completion of service and mailed to a third-party evaluator.

**CLIENT RECORD:** A written or computer-based authenticated compilation of information that describes and documents the assessment, as well as present, prospective, and past services to the client. Compare with **SERVICE RECORD** which is the compilation of information on a particular service that is not client specific.

**CLINICAL:** of or pertaining to examination, assessment, and direct treatment, as opposed to experimental or laboratory study.

**CLINICAL PERSONNEL:** An organized group of professional persons trained in the mental health disciplines that provide the treatment services of the EAP, including assessment and referral, CISM, and short-term counseling. Clinical personnel who assume case responsibility meet any applicable regulatory requirements and possess the terminal degree set by their respective professional organizations or regulatory environment. Clinical personnel generally include clinical social workers (MSW or DSW/PhD in social work), clinical or counseling psychologists (PhD or PsyD), psychiatric nurses (MS), certified marriage or family therapists, certified pastoral counselors, and board-eligible psychiatrists. Where additional disciplines or degrees are acceptable, it is stated in the standards.

**CLINICAL SERVICES:** Direct services delivered by professional, credentialed, licensed staff, e.g., assessment and referral, short-term counseling.

**CLOSED CASE:** When a case is officially terminated and follow-up completed.

**CODE OF ETHICS:** An explicit and written statement of the values, principles, and operating rules of a profession that regulates the conduct of its members.

**COMBINED EAP:** See **INTERNAL/EXTERNAL EAP**.

**COMPLAINT:** For clients, an expression of verbal or written dissatisfaction that can include, but not be limited to: service, manner of treatment, service results, or experiences. For personnel, a complaint can include staff matters such as supervision, evaluations, promotions or demotions, the work environment, and overall service.

**COMPLAINT RESOLUTION:** The completion of an appeal procedure.

**CONFIDENTIALITY:** An ethical and practice principle that requires the protection of information shared within a professional-client relationship. An organization that upholds confidentiality prohibits personnel from disclosing information about clients without their written consent. Confidentiality policies and procedures typically address the protection of client records, appropriate staff behavior, and the operation of management information systems (MIS).

**CONFLICT OF INTEREST:** A conflict of interest arises when an EAP staff member, board member, or affiliate has a personal, professional, or financial interest in a transaction or relationship that either interferes with, or appears to interfere with, his/her ability to objectively carry out his/her responsibilities to the EAP.

**CONSULTANT:** A person who provides specialized or technical advice or services to an EAP for specific purposes on a contractual or fee basis.

**CONSULTATION:** The provision of regular consultation and oversight of an EAP counselor or affiliate's clinical work by a senior mental health professional.

**CONTRACT (for EAP services):** A formal, usually written agreement between two or more parties that specifies the services, or products to be provided in exchange for some form of compensation. Also known as "purchase of service arrangement."

**CONTRACTOR, INDEPENDENT:** An independently employed individual who contracts to do a piece of work according to his/her own methods, and is subject to his/her employer's control only as it relates to the end product or final result of his/her work, not as the means whereby the work is to be accomplished.

**CORPORATION:** An artificial person or legal entity created by or under the authority of the laws of a state or nation, composed, in some instances, of a single person and his/her successors in a particular office, but usually consisting of an association of several individuals.

- A for-profit organization is one that is owned or staffed by professionals that are intended to make a financial profit by offering a specific service or set of services. These organizations may provide services similar to those offered by not-for-profit organizations, except that the charges to the clients may be higher and/or established on bases different than the rate-setting criteria employed by not-for-profit organizations.
  - A privately-held for-profit organization is one whose shares, or at a minimum voting shares, are held by a group of private shareholders who actively participate in the conduct of business.
  - A publicly-traded for-profit organization is one whose stock is held by, and available to, the public. Shares of the corporation are typically traded on a securities exchange or over-the-counter.
- A not-for-profit organization is one established to fill some social purpose other than monetary reward. As used in these standards, a not-for-profit organization is a private, voluntary social organization funded from a variety of sources, such as client fees, third parties, public contributions, philanthropic contributions, and government grants and contracts.

**COST-BENEFIT ANALYSIS:** An evaluation that estimates a dollar value for the benefits the EAP provides to the customer or host organization. Cost-benefit analysis measures the direct and indirect costs, including program operational expenses and costs attributable to the employee's service goals, in order to determine the total dollar expenditure for implementation of the program as compared to the costs that would be incurred without the program. These two amounts are weighted to evaluate whether the program, given its estimated cost, can be justified economically.

**COST-EFFECTIVENESS ANALYSIS:** The analysis addresses whether a program is being conducted at an acceptable level of effectiveness, in terms of optimum return per dollar expended. It quantifies program outcomes, most likely in dollars, and compares this with the available program costs. It does not require a projection of intangible or future savings for various types of programs.

**COUNSELOR CREDENTIALING:** The process used to authorize, contract with, or employ EAP practitioners to provide services to clients. When conducting an EAP credentialing evaluation, the primary criteria used are the counselor's education, experience, résumé, license, certification, and registration.

**COUNSELORS:** EAP employees in a counseling/direct service capacity.

**COVERED DAYS:** The number of days that the insurer will accept for services rendered. Covered days may be their insurance “kick ins.”

**COVERED LIVES/COVERED INDIVIDUALS:** Eligible participants in an EAP.

**CRISIS INTERVENTION:** Brief therapeutic interventions offered to persons or families who are incapacitated or severely disturbed by crises or other physical and psychological traumas. Reassurance, suggestion, environmental manipulation, and referrals for medication and hospitalization may be provided as part of the service plan.

**CRITICAL INCIDENT:** Any situation that causes a work group to experience strong reactions, which have the potential to interfere with present or future productivity.

**CRITICAL INCIDENT STRESS MANAGEMENT (CISM):** A service offered by the EAP that helps an organization to prepare for or respond to traumatic events or crisis situations.

**CULTURAL RESPONSIVENESS:** The degree to which an EAP modifies or tailors its system of service delivery, including personnel selection; training and development; assessment; service planning and implementation; client care monitoring; and program evaluation to the age, ethnicity, gender, cultural, religious, physical ability, and national diversity in its service population. Sometimes referred to as “cultural sensitivity” or “cultural competence.” See **SERVICE POPULATION**.

**CULTURAL SENSITIVITY:** The degree to which an organization modifies or tailors its system of service delivery to the ethnic, racial, cultural, and religious diversity of its service population and personnel.

**CULTURE:** The customs, habits, values, skills, technology, beliefs, and religious, social, and political behaviors of a group of people in a specific period of time.

**CUSTOMER ORGANIZATION:** An employer, organization, union, or association who signs a contract with an EAP organization to pay all or part of the costs for the employee assistance program.

**DEPENDENCY:** An individual, family, or group’s reliance on other people, institutions, or things for existence and support.

**DETOXIFICATION:** The process by which drugs or other harmful substances are removed from a person’s body for a time period sufficient to restore adequate physiological and psychosocial functioning.

**DIAGNOSIS:** The process by which social, physical, environmental, or mental problems and their underlying causes are identified, and a plan of action formulated toward resolution of the problem. The process involves the collection and analysis of relevant information. See **ASSESSMENT**.

**DIAGNOSTIC AND STATISTICAL MANUAL (DSM) OF THE AMERICAN PSYCHIATRIC ASSOCIATION:** A clinical desk reference for classifying mental illness according to diagnostic categories.

**DISCHARGE:** A voluntary or involuntary process describing the point at which an organization no longer assumes responsibility for provision of services to a particular person or persons. Also known as “termination.”

**DRUG ABUSE:** Misusing a chemical substance in a manner that is detrimental to an individual’s physical or mental well-being and/or the safety and well-being of others.

**DRUG ADDICTION:** A state of physiological dependence that results from the abuse of chemical substances. In the absence of the substance, an individual experiences symptoms of withdrawal.

**DRUG FREE WORKPLACE:** A prevention program to reduce employee substance abuse and improve health, safety, and worksite productivity, by providing services which include, but are not limited to: education for staff; training for supervisors; equitable, reliable drug testing; and access to assistance and treatment.

**DRUG TESTING POLICIES:** Company procedure outlined for the collection of urine specimen and the laboratory analysis of such and the reporting to appropriate designated medical personnel before informing the employee.

**DUE DILIGENCE:** A process or review performed with the measure of prudence, activity, or assiduity that is properly expected from and ordinarily exercised by a reasonable and prudent person under particular circumstances. Due diligence is not measured by an absolute standard, but depends on the relative facts of a special case or situation.

**EAP CORE TECHNOLOGY:** EAP Core Technology functions are: consultation with training of and assistance to host or customer organization leadership; confidential and timely problem identification; use of constructive confrontation; referral of employee clients for diagnosis; consultation to host or customer organizations in establishing and maintaining effective relations; consultation to host or customer organizations to encourage availability of and employee access to employee health benefits; and identification of the effects of EAP services on the host or customer organization and individual job performance.

**ELDER CARE:** Provision of varied services for older clients needing varied forms of assistance.

**ELIGIBILITY:** The process of determining whether an individual, family, group, or community meets the specific criteria/qualifications to receive goods, benefits, or service.

**ELIGIBLE PARTICIPANTS:** Those individuals (i.e., spouse, significant other, child, grandchild, step-child, or adopted child for whom the employee is legally responsible) who meet criteria to receive paid benefits and the services provided by the EAP.

**EMERGENCY:** An emergency exists when an individual is in significant distress and is a real and present danger to him/herself or others. An emergency requires immediate, direct intervention by a licensed mental health professional.

**EMPLOYEE ASSISTANCE PLAN/PROGRAM (EAP):** Assessment, information, referral, education, and other employment-related services provided under a contract or arrangement with an employer, union, or organization.

**EMPLOYEE ASSISTANCE PROFESSIONAL (EA PROFESSIONAL):** An individual who works for an EAP providing services to employees and their family members to help them improve job performance and productivity.

**EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION (EAPA):** This organization began as The Association of Labor/Management Administrators and Consultants on Alcoholism and is a self-supporting organization that serves as a professional body for EAP practitioners.

**EMPLOYEE ASSISTANCE SOCIETY OF NORTH AMERICA (EASNA):** An international association of individuals and organizations dedicated to promoting the professionalism and growth of the employee assistance field; and developing and promoting best practices through accreditation, a code of ethics, research, and education.

**EMPLOYEE EDUCATION:** Regular scheduled programs by the EAP providing information on a variety of subjects.

**EMPLOYEE FEEDBACK:** The feedback process allows the employee to report, in an anonymous and confidential manner, whether or not his/her needs were met appropriately (i.e., with professionalism, courtesy, and in a prompt manner) and if services were delivered efficiently and effectively.

**EMPLOYEES:** The body of individuals that carry out tasks of the customer organization, performing under the organization's administration and/or supervision. The customer organization may define which full-time and/or part-time paid and/or contracted personnel it wishes to cover by its EAP services.

**EQUAL OPPORTUNITY POLICY:** A written statement that describes an organization's commitment to ensure that all current and prospective staff members are afforded equal employment opportunities.

**ETHNICITY:** An orientation toward and identification with the shared national origin, religion, culture, or language of a population group.

**EVALUATION:** Review and assessment of organizational operations, programs and services, and the scientific gathering, analysis, and reporting of data. It determines the worth or merit of a program designed to change people's knowledge, behavior, or attitudes.

**EXPENDITURE:** A payment or obligation to pay for some products or services received that is typically planned for through the annual budget process of an organization as a specific anticipated operating expense.

**EXTERNAL EAP:** Any employee assistance program that is contracted for by an outside organization (as opposed to one that is operated by a host organization).

**FEE FOR SERVICE:** A charge made to consumers of service, or those responsible as their fiscal intermediaries, for a specific service. A method of reimbursing on the basis of each incident of services rendered.

**FINANCIAL AUDIT:** An independent review by a certified independent public accountant that certifies that an organization's financial report fairly and accurately reflects its financial status.

**FINANCIAL STATEMENTS, REVIEW OF:** A service provided by a certified public accountant in accordance with accounting review standards that provides some assurance to an organization's board of directors and other interested parties as to the reliability of financial data and the conformity of such data to Generally Accepted Accounting Principles. A review is based on representations made by management and is of a much more limited scope as compared to an audit that requires the gathering of audit evidence and an appraisal of internal control.

**FOLLOW-UP:** Procedure for contacting a client after counseling or service delivery is complete, to ensure the client's well-being.

**FOREIGN:** A country other than the EAP's country of origin.

**FORMAL REFERRAL:** A type of management referral (as distinguished from an informal referral) where a strong recommendation is made to seek assistance with the EAP to resolve job performance problems when the employee has not responded to other corrective action. Counseling is voluntary, but strongly encouraged. The supervisor does receive progress reports regarding attendance. Formal referrals are often made in conjunction with other progressive corrective actions.

**GOVERNING BODY:** A person or persons with the legal authority and responsibility to set policy and oversee the operations of an organization. Generally, the governing body is a group, such as a board of directors or board of trustees. While the exact responsibilities of the governing body depend on the nature and character of the organization, the governing body has minimum

fiduciary responsibilities to the organization set by statute, regulation, and case law, and typically also assume responsibilities for long-term planning, risk management, and evaluation and effectiveness of management.

**GRIEVANCE:** A grievance is a formal expression of dissatisfaction or discomfort with a service outcome or manner of treatment by the client; or a staff member's dissatisfaction with his/her treatment or handling, often in regard to personnel matters such as supervision, evaluation, promotion, or demotion (applicable to clients receiving service or personnel).

**GUARDIAN, LEGAL:** A person or persons with the legal authority and responsibility to manage the affairs of another person. The term is frequently used in lieu of the parent of a minor child and in standards concerning the rights of minor children in service.

**HIGH-RISK TREATMENT:** Any procedure that interferes with the right of a client receiving service to self-determination, involves risks about which a client should be informed, involves physical or psychological pain, or has the potential for harm. Examples may include, but are not limited to: interventions with clients who resist service for drug or alcohol problems, the use of physical restraint, and/or the use of psychotropic medication.

**HOST ORGANIZATION:** The larger corporate framework that maintains an internal EAP.

**HUMAN RESOURCES:** The department in an organization responsible for the personnel in that organization, and all the regulations and services that apply to the staff in a particular organization.

**HUMAN SERVICES:** Policies and programs to meet and maintain the physical, emotional, social, educational, and spiritual needs of people and to assist them in developing their own capacity to enhance the quality of their lives.

**HUMAN SERVICES DEGREE:** Usually referred to in these standards in the context of "qualified by a degree in social work and/or by a degree in a related human service field." For purposes that involve the provision of direct services and assumption of case responsibility, training in social work, psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, and human services are the related degrees.

**IMPAIRMENT:** A loss or abnormality in physiological, psychological, or mental structure or functioning, such as paralysis of a limb, mental retardation, or blindness.

**INCIDENT REPORT:** A document describing a high-risk event or one at variance with policy, procedure, practice, or usual experience.

**INDEMNIFICATION:** Protection for the directors, officers, board members, and personnel of an organization against any civil or criminal action, suit, or proceedings resulting from their activities with the organization. Indemnification should include all reasonable expenses, including legal fees, except when it is determined that the person is liable for negligence or misconduct in the performance of his/her duties.

**INDICATOR:** A described activity, event, outcome, or benchmark used for measurement and in monitoring the quality and outcome(s) of service.

**INFORMAL REFERRAL:** A type of management referral (as distinguished from a formal referral) where a recommendation is made to an employee to seek assistance with the EAP to resolve personal problems which may or may not be affecting job performance at the current time. With an informal referral, the supervisor *does not* receive any information regarding attendance or that counseling has been accessed.

**INFORMATION AND REFERRAL EAP MODEL:** An EAP that provides basic information and refers individuals who have problems to appropriate resources.

**INFORMED CONSENT:** When a client receiving service or his/her legal guardian explicitly grants permission to the service provider and organization to use a specific intervention, such as diagnosis, treatment, or participation in research. The consent is predicated on full disclosure of the facts to enable the client to make a decision based on knowledge of the risks and alternatives.

**IN-SERVICE TRAINING:** Educational programs provided by an organization to help personnel become more knowledgeable, skilled, and effective in accomplishing the specific tasks of their work or meeting the overall objectives of the organization. Such training often occurs on the job and for short time periods.

**INTAKE:** The entry point at which eligibility is assessed against established criteria and a preliminary evaluation of the request for service occurs.

**INTEGRATED PROGRAM:** A program that combines both EAP and managed behavioral healthcare services into one program, thereby cutting costs and providing quality services.

**INTERNAL/EXTERNAL EAP:** An EAP that offers internal and external EAP services. Also known as a “combined EAP.”

**INTERNAL PROGRAM:** Any employee assistance program whose EAP counselors or employee assistance clinicians are employed by the host organization.

**INTERNATIONAL EAP SERVICES:** EAP services that are offered in a country other than the one in which the EAP is headquartered.

**JOB DESCRIPTION:** Explicit obligations and specific tasks required of personnel as a condition of employment. Such descriptions are in writing and may include educational, experience, and skill requirements associated with the job.

**LANGUAGE GROUPS, MAJOR:** A population group that does not speak English, uses another language exclusively, and represents at least 15 percent of a designated overall population.

**LANGUAGE GROUPS, MINOR:** A relatively small group of the population, less than 15 percent of the overall population that does not speak English and speaks another language, exclusively.

**LEGAL SERVICES:** Services that are provided by the EAP or offered through a subcontracting legal services provider. These services usually include a half-hour of free consultation, and then a reduced fee if self-referred.

**MANAGED BEHAVIORAL CARE (MBC):** A service that monitors and controls the utilization of mental health and substance abuse services, specifically concentrating on costs, while maintaining satisfactory levels of quality care.

**MANAGED BEHAVIORAL HEALTHCARE:** A formal network of health care providers, third-party funding sources, and other fiscal intermediaries who provide a full array of health and mental health services for those participating in the network. As a program, managed care refers to the systematic administration of health care (including mental health) delivery systems within the context of fiscal responsibility.

**MANAGED CARE EAP MODEL:** An EAP model that has written criteria regarding appropriateness of care. The written criteria address inpatient, outpatient, partial care, intensive outpatient, and transitional care for alcohol abuse, drug abuse, and mental and nervous (ADM) disorders that are based on sound clinical/treatment practice.

**MANAGEMENT:** The staff responsible for the management functions of the EAP, including managing the EAP’s fiscal and staff resources and its service delivery. Such staff determine organizational goals, acquire and allocate resources to carry out a program, coordinate activities

toward goal achievement, and monitor, evaluate, and make needed changes in processes and procedures to improve the likelihood of goal achievement. The term is frequently used synonymously with Administration.

**MANAGEMENT INFORMATION SYSTEM (MIS):** An administrative method used by organizations to gather, process, analyze, maintain, and disseminate data required for effectively carrying out the goals of the organization. The MIS produces monthly or quarterly reports and documents the activities of the EAP.

**MANAGEMENT REFERRAL:** See REFERRAL TO EAP (supervisory, medical, and union).

**MANDATED BENEFITS:** Minimal benefit levels established by statutes enacted by state legislatures. These vary from state to state and can add to overall health care costs. ERISA (Employee Retirement Income Security Act) exempts employers who are self-insured from these mandates. Other exceptions have been made for “basic” low-cost insurance products that can be offered to the uninsured segment of the workforce.

**MANDATORY REFERRAL:** A referral made when an employee has a positive drug test or when job retention is at risk due to poor performance.

**MAP LINX:** A geographical information system that enables EAP staff members to generate a map of a caller's zip code area, city, or county to identify affiliate locations on the map, and to look-up information about the affiliate.

**MEANINGFUL:** Relevant, appropriate, objective, and valid.

**MONITORING:** An evaluation activity that involves a periodic review of client services, organizational activities, or conduct. Specifically, monitoring is an activity of case coordination, whereas more broadly, monitoring is an evaluation technique used in overall quality assurance.

**NATIONAL CREDENTIAL VERIFICATION DATA BANK:** A national compilation of data regarding health care providers, suppliers, or practitioners used primarily to alert users to actions taken against such persons/entities, including: civil judgments; federal or state criminal convictions; actions by federal or state licensing or certification agencies; and/or any other adjudicated actions, clinical privilege actions, and professional society actions. These data banks may not be generally accessible by the public, but access may be obtained through a credential verification organization. Examples of such data banks include the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank.

**NEEDS ASSESSMENT:** An initial survey that is undertaken to determine the nature of the work population to ascertain its special needs.

**NEPOTISM:** The act of showing favoritism to relatives in the work force. (To avoid nepotism, relatives working in the same organization should not have a direct report relationship).

**NON-CLINICAL STAFF:** Non-counselors or non-direct service staff, including receptionists.

**NO SHOW:** A client who does not keep a scheduled appointment without informing the counselor. Such clients should not be counted in the utilization rate.

**NOT-FOR-PROFIT ORGANIZATION:** See CORPORATION or 501(c)(3) ORGANIZATION.

**OBJECTIVE:** A sub-goal stated in operational terms, i.e., a statement that makes clear what expected results are to be measured or assessed.

**OFF-SITE STAFF:** Personnel working from a location other than an EAP office for up to five (5) days per week using conducive technology.

**ONLINE SERVICES:** A variety of offerings provided through web-site passwords. It can include self-assessment, resources, educational information, as well as coaching.

**OPENED CASE:** An EAP client that is currently being seen.

**ORGANIZATIONAL DEVELOPMENT:** An EAP service which involves assessing the corporate culture and working with the host or customer organization, as a whole, to bring about change in a positive manner.

**OUTCOME EVALUATION:** A process to determine if a program is achieving its objectives and whether the results can be attributed to the interventions provided. Outcome evaluations range from rigorous experimental designs employing pre- and post-measurements to more subjective judgments made by consumers of service and service providers.

**OUTCOMES OF SERVICE:** The results achieved through interventions as measured against service objectives.

**OUTREACH:** Contact initiated by the EAP to identify persons in need of services, provide them with information about services and benefits, and encourage the use of appropriate services.

**OWNER:** The individual who legally possesses a business.

**PEER REVIEW (CLINICAL PEER REVIEW PROCESS):** Evaluation process whereby professionals from similar backgrounds review the clinical work of their associates.

**PERSONNEL:** The body of staff that carries out tasks of the EAP organization, performing under the EAP's administration and/or supervision.

**PERSONNEL DEVELOPMENT:** Activities conducted both in and out of the EAP to improve the ability of personnel to perform their assigned tasks, to assume high levels of responsibility, and to better serve the needs of clients.

**POLICIES:** Written statements of principles and positions that guide organizational operations and services that are approved by the governing body of the organization. Operational procedures (sometimes called administrative policy) are the designated methods by which policy is implemented. Some organizations have both board approved and administrative policies.

**PRACTICE:** Established actions or ways of proceeding in the regular performance of organizational duties. Policies and procedures often guide practice.

**PRESENTING PROBLEM:** Particular reason why the client goes to the EAP.

**PREVENTION:** Actions taken by mental health and social service professionals to minimize and/or eliminate social, psychological, or other conditions that cause or contribute to physical and emotional illness and/or socioeconomic problems. Prevention occurs at the individual, group, organizational, and societal levels, in which conditions are addressed that enhance opportunities to achieve positive fulfillment.

**PRIMARY PROBLEM:** The main problem assessed by the EAP counselor, when multiple issues are conveyed, that must be resolved before secondary problems can be effectively worked out.

**PRIVATELY HELD FOR-PROFIT ORGANIZATION:** See CORPORATION.

**PROCEDURES:** The designated methods by which broad policies are implemented and organizational operations are carried out, contained in writing by an operating or program manual as an adjunct to board-approved policies. Administrative policy is a term used by some organizations to describe such operational procedures developed by management. "Procedure" is the term used in this edition. Note: An organization may, at its discretion, treat an issue for which operational procedures are required in the COA standards as a policy matter in which the

governing body is involved. Governing body involvement is not required for operational procedures. The reverse is not the case. If the word “policy” is specified in a standard, a written statement or document that has been reviewed and approved by the governing body is required.

**PROFESSIONAL PERSONNEL:** Individuals who have met standards of specialized education or training, who have demonstrated their mastery of a systematic body of knowledge, and who comply with the code of ethics required by their professional groups. Professionals include, but are not limited to social workers, psychologists, psychiatrist, and other physicians, nurses, teachers, nutritionists, gerontologists, certified alcohol and drug abuse counselors, persons with advanced degrees in related human service fields, and educators with various specialties.

**PROGRAM:** A term used to describe a system of services offered by an organization. Sometimes the word “program” is used interchangeably with the word “service,” or to describe specific programs.

**PROMOTION (MARKETING):** Marketing of a program.

**PROTOCOLS:** Instruments and procedures that are used.

**PROVIDERS:** See AFFILIATES.

**PSYCHOTROPIC DRUGS:** Medications used by psychiatrists and other physicians to help people achieve psychological or emotional changes, including reduction in depression, anxiety, and other manifestations of mental or emotional disturbances.

**PUBLICLY TRADED FOR-PROFIT ORGANIZATION:** See CORPORATION.

**QUALITY:** In this context, the extent to which contemporary and generally recognized standards for professional practice are met and exceeded and desirable service outcomes achieved.

**QUALITY IMPROVEMENT (QI):** A comprehensive ongoing management strategy that incorporates intensive stakeholder involvement, systematic data collection and analysis, information sharing, and corrective action in order to improve the functioning of an organization.

**REFERRAL:** The process of linking EAP clients with appropriate resources outside the EAP to resolve personal matters.

**REFERRAL OUT (by Counselor):** When the assessment indicates longer service is needed, the counselor or affiliate will select an individual provider or facility to send the client.

**REFERRAL TO EAP (Supervisory, Medical, and Union):** Mechanism whereby clients are sent or urged to go to an EAP.

**REGISTRATION:** Officially or legally certified by a government officer or board.

**RELEASE OF INFORMATION FORM:** Document to be signed by a client allowing a counselor or affiliate to describe confidential information to a specified source for a limited period of time.

**RELIABILITY:** The stability or consistency of a measure.

**REOPENED CASE:** A client who returns with a different problem.

**REPORTING, MANDATORY:** State laws require specific reporting requirements for professionals in the event they have information related to public or private safety issues (e.g., if a professional sees evidence of child abuse or has knowledge that someone is likely to be a danger to him/herself or others).

**RESEARCH:** For purposes of EAP accreditation, research includes all forms of internal or external human subject research involving clients, except internal program evaluation and outcomes research, or educational projects performed by student interns that are part of their professional training.

**RETURN-TO-WORK AGREEMENT:** Formal document signed by an employee that delineates specific conditions for being able to return to work such as drug testing and attendance at an EAP.

**RISK MANAGEMENT:** A systematic process of evaluating and reducing potential risks that may befall personnel, clients receiving service, an organization, or a facility. Risk management activities are directed toward reducing an organization's legal and financial exposure, especially to lawsuits.

**SAFETY-SENSITIVE POSITION:** Jobs that require knowledge of secret material or positions that are considered hazardous.

**SAMPLE:** A portion or representative percentage of a greater whole. Organizations use sampling methods when a study population or area of study is quite large.

**SCREENS:** Use of instruments that have been validated to determine a client's diagnosis.

**SECURITY OF ELECTRONIC DATA:** Systems to protect confidential information in the EAP.

**SELF-HELP GROUPS:** Voluntary associations of nonprofessionals who share common problems or needs and meet together over a period of time to provide mutual support, and exchange information and resources useful in problem-solving. These groups are self-directed.

**SELF-REFERRAL:** An employee who voluntarily enters an EAP.

**SENIOR MANAGEMENT:** Staff of the EAP who assume responsibility for administrative, procedural, and/or policy-level decisions related to EAP operations.

**SERVICE:** One or more organization-operated programs or activities having a common general objective and involving deployment of the organization's material and human resources in a planned and systematic manner. An organization that publicly promotes or identifies itself in written materials as offering a service, is licensed to deliver a service, assigns personnel and/or space, or allocates financial resources to a service, is considered to offer this service.

**SERVICE PLAN:** A written plan of action based on the assessment of client needs and strengths, that identifies the request for service, sets goals, describes a strategy for achieving these goals, and engages in joint problem-solving with the client. Also known as a "treatment plan."

**SERVICE POPULATION:** Members of a group or target population that the EAP's program of services is designed to serve. The boundaries of the designed service population may be set on the basis of a variety of factors, such as specific social problems, age, and/or needs. Service Population and Defined Community have been used interchangeably, but the Defined Community is usually the larger group from which the service population is drawn. In an EAP the service population may be limited to the employees and eligible participants of the organizations to which the EAP provides its services.

**SEXUAL HARASSMENT:** Abusive, discriminatory, and/or unfair treatment of a person because of his/her sex.

**SHORT-TERM COUNSELING:** A therapeutic modality which focuses on a single problem and seeks to resolve it in a time limited manner.

**SOCIAL SERVICES:** Activities to enable individuals, families, and groups to cope with social and psychological problems that interfere with their functioning.

**STAFF MEMBERS:** EAP personnel (not affiliates).

**STAKEHOLDERS:** Any person, group, or organization that has a vested interest in the services provided by the organization, such as clients, staff, funding organizations, referral organizations, and vendors

**STANDARD:** A statement of best practice against which an organization is evaluated.

**STATEMENT OF UNDERSTANDING:** A document that explains the parameters of an EAP that clients are asked to sign before being seen by a counselor or affiliate.

**SUBCONTRACTORS:** A company or firm formally retained by the EAP to provide a specific service, e.g., legal services.

**SUBSTANCE ABUSE PROFESSIONAL (SAP):** Professional designated in the United States Department of Transportation regulations with specific responsibilities.

**SUPERVISION:** Assumption of responsibility for the direct oversight and inspection of the act or process of accomplishing a function or activity. In EAPs, this usually refers to the monitoring of clinical work.

**SUPERVISOR:** One who assumes responsibility for the direct oversight and inspection of those accomplishing a function or activity.

**SUPERVISORY REFERRALS:** A mechanism to address the troubled employee who chooses not to seek assistance on his/her own. The effectiveness of the referral is dependent upon how early the problem is recognized, how the employee is confronted regarding his/her situation, and the manner in which the assistance is offered.

**SUPERVISORY TRAINING OR TRAINING FOR SUPERVISORS:** An essential ingredient of an EAP that educates managers as to what an EAP is, how to refer, and the availability of consultation.

**TELEPHONE SERVICES:** Assistance offered via the telephone by a professional.

**TERMINAL DEGREE:** The degree that is considered acceptable by a given field for independent practice, e.g., MSW.

**THIRD COUNTRY NATIONALS (TCN):** EAP programs provided to individuals who live in a country other than their own native country and other than the corporate headquarters of the customer organization.

**THIRD-PARTY AUDIT:** An independent and objective review of EAP-delivered services over a specified historical period of time.

**THIRD-PARTY PAYER:** Any organization, public or private, that pays or insures health or medical expenses on behalf of beneficiaries or recipients (e.g., Blue Cross/Blue Shield, commercial insurance companies, Medicare, and Medicaid). The individual generally pays a premium for such coverage in all private and some public programs. The organization then pays bills on the individual's behalf; such payments are called third-party payments and are distinguished by the separation between the individual receiving the service (the first-party), the individual or institution providing it (the second-party), and the organization paying for it (the third-party).

**TOLL-FREE ACCESS LINE:** The initial point of contact for EAP clients. In an EAP, the access line is typically used to make an appointment. In managed behavioral healthcare programs, the access line is used to delineate types of calls, refer clients to providers, and fulfill gate-keeping functions.

**TRAINING PROGRAMS:** Education given to managers and supervisors about the EAP and how they can access it for consultation and refer employees.

**UNIT COST:** A calculation of the price or value of a fixed amount or unit of service that takes into account the sum of all organizational expenditures involved in the provision of that service.

**URGENT:** Those services that are not considered to be life-threatening to the client, but are of sufficient severity to necessitate prompt intervention. See EMERGENCY.

**UTILIZATION RATE:** The number of employees seen by the program divided by the number of covered employees in the company. A client who does not keep a scheduled appointment without informing the counselor should not be counted in the utilization rate. Note: The EAP must designate the numerator and denominator for purposes of utilization. Training to supervisors and other units as well as work-life services accessed are not acceptable factors to be addressed in utilization. A return client with the same primary problem should be counted only once in the utilization rate.

**VALIDITY:** An estimate of the degree to which an instrument, protocol, or test reflects what it is intended to measure.

**WEBSITE:** An online display/publication of materials and information that may otherwise be reviewed in hard copy, accessed through the Internet.

**WORK-LIFE:** A program offered as part of the EAP that addresses a variety of services such as dependent care, legal, educational, and financial issues, and seeks to help the employee achieve a satisfactory allocation of time between the demands of work and his/her personal life.

**WORK ORDER:** Management request for a specified quantity of production.