

Vol. 16, No. 4 April 1986

the **ALMACAN**

Published monthly by Association of Labor-Management Administrators and Consultants on Alcoholism

An International Association of Professionals in Employee Assistance Programs



**EAP
INTERVENTIONS**

Creative Strategies to Resolve Worker Problems

TABLE OF CONTENTS

FEATURES

12

EAP Interventions

EAP practitioners Robert Lake and James O'Hair share their experiences in performing a variety of interventions within Westinghouse Electric Corporation. Also discussed are other community settings in which interventions can be effective.

16

An EAP in the Broadcasting Industry

Morton Aronoff and Henry Huestis share nuts and bolts information on the operation and history of National Broadcasting Corporation's EAP at headquarters in New York City and major locations nationwide.

DEPARTMENTS

4

From the Executive Director

5

Election Nominations—The list of candidates for the 1986 ALMACA elections is published.

6

Update on Credentialing—Judi Laws reviews the evaluations of the credentialing proposals.

7

Special Memo—Membership criteria are clarified.

8

In the Mailbag—Chris Bitten raises questions pursuant to January's alcohol & depression cover story, and Dr. Greenberg responds.

9

Special Memo—Consultants Committee Chairperson Candace Bibby urges EAP contractors throughout the U.S. to network with committee members.

10

On the Labor Front—George Cobbs shares concerns about external EAPs and other issues.

20

Regions and Chapters—Includes updated information on June's Eastern Region Conference.

22

InfoTracks—The headliner is a preliminary report on NIDA's "Drug Abuse in the Workplace" conference.

28

Conferences & Workshops

About the Cover

Workplace intervention through the EAP is a "spark" through which a troubled employee can be guided toward appropriate counseling, therapy or treatment. The April cover is an abstract dramatization of the powerful impact of intervention. As exemplified by the cover story on page 12, there are various approaches to intervention, but the desired result is to always deflect the individual's lifestyle and job performance in a positive direction.

THE ALMACAN

EXECUTIVE OFFICERS

John J. Hennessy, President
Gary Atkins, Vice President—Operations
Charles Pilkington
Vice President—Administration
Daniel C. Smith, Secretary
Madeleine Tramm, Treasurer

REGIONAL BOARD MEMBERS

Gary E. Fair
Central Region Representative
Thomas Francek
Central Region Vice President
Philip McKenna
Eastern Region Representative
Austin V. Gibbons
Eastern Region Vice President
Bob Challenger
Southern Region Representative
Frank Burger
Southern Region Vice President
Duane Rogers
Western Region Representative
Margaret "Bonnie" Forquer
Western Region Vice President
William G. Durkin
International Region Representative
Thomas Desmond
International Region Vice President

COMMITTEE CHAIRPERSONS

Terrence Cowan, Advisory
William R. Schleicher, Annual Meeting Site Selection
Michael O'Brien, Bylaws
Candace Bibby, Consultants
John T. Gorman, Development
Don Phillips, Education and Training
Thomas O'Connor, Ethics
Sally Lipscomb, Insurance
George Cobbs, Labor
Linda Hay Crawford, Legislative
Daniel Lanier, Membership
Tamara Cagney, Program Managers
Bradley Goggins, Research
Edgar P. Marchesini, Special Projects
Riley Regan, Standards
John Schwarzlose, Treatment
Betty Reddy, Women's Issues

STAFF

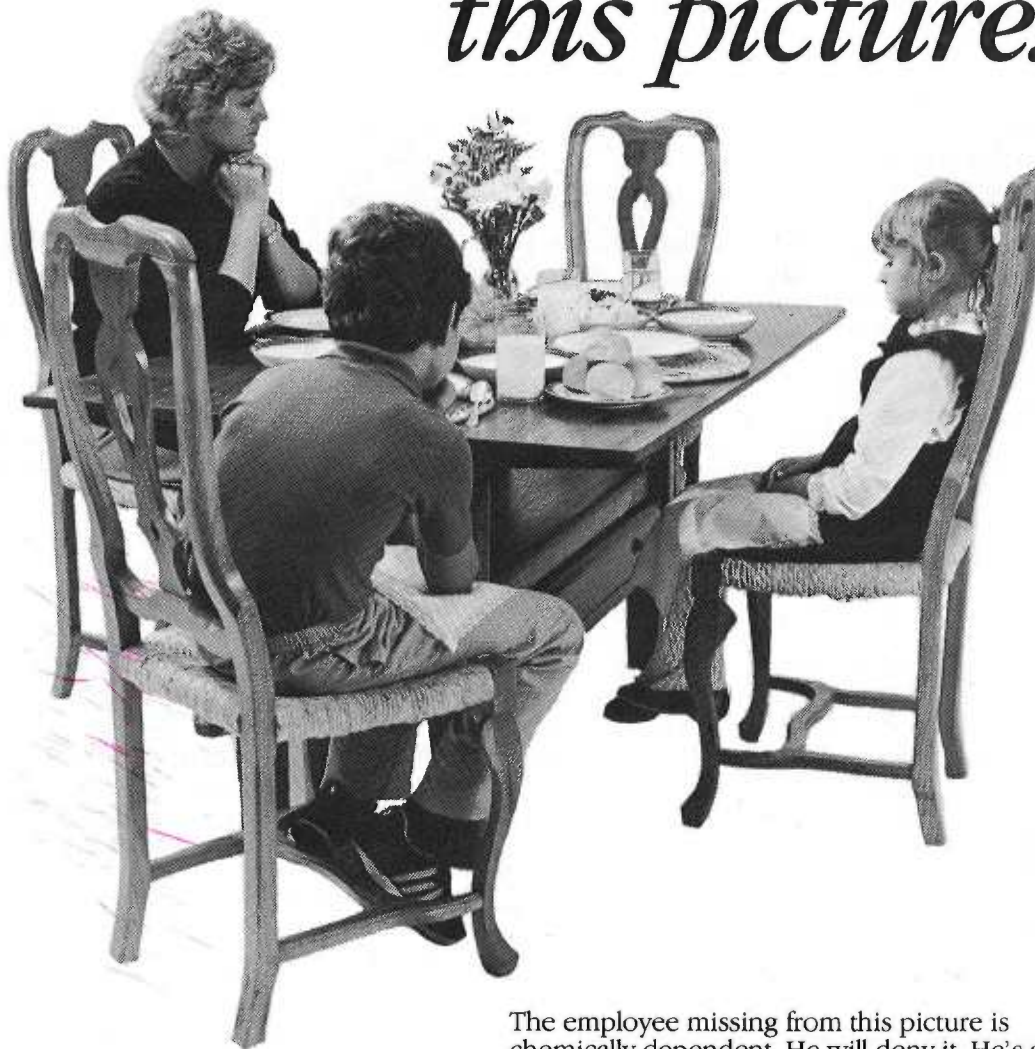
Thomas J. Delaney, Jr.
Executive Director
Judith Evans, Associate Director
Rudy M. Yandrick, Editor

PUBLISHED BY:

The Association of Labor-Management Administrators and Consultants on Alcoholism, Inc.
1800 North Kent Street, Suite 907
Arlington, VA 22209
Telephone (703) 522-6272

© 1986 by Association of Labor-Management Administrators and Consultants on Alcoholism, Inc. Reproduction without written permission is expressly prohibited.

What's missing from this picture?



*...perhaps,
one of your
employees!*

The employee missing from this picture is chemically dependent. He will deny it. He's a young, successful businessman on his way to the top. He is sick. Don't let him fool you. Don't enable him. His personal health, family relationships and employment are all at risk.

You can help. If one of your employees exhibits symptoms characteristic of the chemically dependent, we can help. We know how to care.

Turning Point is an in-patient hospital dedicated to the chemically dependent adult and adolescent, offering a 28 day program, including medically managed detoxification.

TURNING POINT
~we know how to care~

319 Bypass . . . Moultrie, GA 31768

Call our toll-free number, 1-800-342-1075. Outside of Georgia call (912) 985-4815.

FROM THE EXECUTIVE DIRECTOR

Thomas J. Delaney

At the Board of Directors meeting last November in Boston, a Board member raised a question regarding the position that EAPs should take in reference to the chemical testing of body fluids. It was precipitated by an increasing number of suggestions that industry should require its workers to be tested.

These suggestions have continued. In fact, on March 4 the President's Commission on Organized Crime submitted a recommendation to the White House for increased testing of workers. It is unclear whether the recommendation was just aimed at employees of and contractors for the Federal Government, or all workers. It is clear to me, though, that the momentum is gaining for a move to require testing of all employees or perhaps all citizens.

It is important to understand the thrust of the report. It states that drug trafficking funds terrorists and insurgents and could, therefore, pose a major threat to the security of the United States. A commission staff person brushed aside legal and civil rights questions by suggesting that the danger to drug enforcement officers was a higher priority.

Here in Washington, this reflects the sentiment that the "war on drugs" is all-encompassing, and it is certain to be won with more determination and willpower. From what EAP professionals report to me, that is being increasingly discussed within their companies.

EXECUTIVE COMMITTEE MEETING

At the February meeting of the Executive Committee, the question was raised again. The Committee decided that testing body fluids for drugs is not part of an EAP. In their discussion, they brought out several important considerations which I believe EAP people can reiterate when drug testing is discussed in their companies and unions. They are:

"... (drug metabolism) makes for a number of variables that impinge on the reliability of tests."

- reliability problems with the various tests. The advocates of testing will downplay this, but it seems to be a major problem. Last summer, in Calgary, I had a long talk with a scientist from the Ontario Addiction Research Laboratory. He explained to me that many people expect a simple test like blood-alcohol. However, alcohol is an unusual chemical in that it stays in the bloodstream, while other drugs are metabolized into the body tissues. This makes for a tremendous number of variables that impinge on the reliability of tests. At a minimum, there should be retests for false positives.

- what the employer/union plans to do if there is a positive result. I have been asking this question for years, and no one has provided a satisfactory answer. As the cases of Keith Hernandez and Michael Ray Richardson, two professional athletes penalized by drug implication, have demonstrated, the use of drugs does not automatically lead to poor job performance. Suppose that the business is not quite as dependent on public image as professional baseball or basketball. Would you suspend a good employee? Granted, some positions are so sensitive or reliant on safety that you may want to remove the employee, but there remains the issue of reliability of the test. Despite the general public's strong faith in technology, there seems to be good reason for continued skepticism.

- the purpose of the testing. Unlike the issue of the employee who tests positive, I get a pretty strong consensus of opinion on this one. Most advocates of screening feel that it will eliminate drug abuse (at the worksite, in this

case). When I talk to EAP or drug-treatment professionals, however, they scoff at this notion. As one corporate EAP director told me, "any junkie worth his salt can beat those tests."

But isn't this a "Catch 22"? If employees and applicants can beat the test, the test advocates will just interpret the results as proof that their deterrence campaign is working.

COMPANY TESTING

Another interesting phenomenon is the numbers game being played. Some "experts" will have you believe that all companies are testing. The goal is to not be the last one on the block to establish a testing policy. The statement was recently made that 25% of the "Fortune 500" companies do drug testing. What does that mean? Certainly not all 125 of the largest companies in America are testing all of their employees. Are they satisfied with their testing? Do they think it is worth the cost? How do the employees and unions feel about it? Is it doing any good?

CONSIDERATIONS

Returning to the Executive Committee, they discussed the point that there are several different settings for chemical testing of workers. Regarding whether your organization should administer drug testing and how the EAP should relate to it, there are some other considerations, including:

- the testing of employees who have gone through a treatment program to see if they remain "clean." In many drug rehabilitation programs, this is a normal part of the aftercare routine. A number of EAP professionals who are opposed to all other kinds of drug testing have long endorsed and/or participated in this kind of testing.

- random or comprehensive testing of all new job applicants. Some advocate this as a way to keep from "contaminating" the work force with addicts.

ALMACA 1986 ELECTION

Candidates Announced

Others say that refusal to hire those that test positive could give rise to a charge of discrimination against the handicapped.

- testing people in especially sensitive positions or those whose jobs involve responsibility for the safety of the public or workers. This could be part of a fitness-for-duty protocol. If the employee tests positive, do you suspend him, fire him, or send him to medical or the EAP? Do you notify law enforcement or licensing/regulatory agencies?

- random testing of persons already employed, but not in sensitive positions. What do you do if a longtime, productive employee tests positive? What about the average performer? Is he referred to the EAP? Do you notify law enforcement?

"The goal (of the numbers game) is to not be the last company on the block to establish a testing policy."

Regarding law enforcement, what do you do with a client who comes to the EAP through traditional routes and is using drugs? I think most of you would treat this confidentially, but for how long will you be able to do this? After all, we have a presidential commission that says this is a threat to national security. Law enforcement people, they say, cannot do their job alone, and need the help of every citizen.

THE ALMACAN published an excellent article on this subject in the September 1984 issue by Father John McVernon, whom I think is the most knowledgeable person on this subject, and I suggest everybody read it. I have heard Father McVernon refer to those who have "visions of pools of crystal clear urine." Apparently, such thinking is still approaching us on a rising tide. □

At its March 25 Board meeting, ALMACA's Board of Directors approved the slate of candidates for the ALMACA elections scheduled this August. The ALMACA Bylaws state that officers are elected every even-numbered year. In concurrence with these guidelines, ballots will be mailed to all individual voting members during the first week of August.

The bylaws prescribe that the current Vice President-Operations be automatically nominated for President of the following term. Other persons may seek the presidency under either of these conditions: by nomination of the Nominating Committee, or by petition from the membership.

All new officers will serve two-year terms. The following is the full slate of elected positions and candidates.

PRESIDENT

Gary Atkins, Director, EAP, Lockheed Missile & Space Company, Sunnyvale, California

Daniel Lanier, Jr., Associate Director, EAP, General Motors Corporation, Detroit, Michigan

VICE PRESIDENT—OPERATIONS

Charles F. Pilkington, Manager, Special Health Services, United Technologies Corporation, Hartford, Connecticut
Madeleine L. Tramm, Director, Health Assistance Program, Amalgamated Life Insurance Company, New York, NY

VICE PRESIDENT—ADMINISTRATION

Daniel C. Smith, Director, EAP, McDonnell Douglas Corporation, St. Louis, Missouri
Jennifer L. Farmer, Executive Vice President, Employee Assistance Programs, Inc., Denver, Colorado

SECRETARY

Frank P. Burger, Director of EAP Services Department, United Paperworkers International Union, Nashville, Tennessee
James A. Baxter, Senior Consultant, EAP, Anheuser-Busch, St. Louis, Missouri

TREASURER

Peter J. Schweitzer, Director, EAP, New York City, Department of Corrections, Corona, New York

Candace Bibby, Consultant, United Technologies Corporation, Tustin, California

CENTRAL REGION REPRESENTATIVE

Thomas J. Goulet, Manager, EAP, Continental Baking Company, St. Louis Missouri

Gary E. Fair, Coordinator, EAP Services, St. John Medical Center, Tulsa, Oklahoma

EASTERN REGION REPRESENTATIVE

Marcia E. Nagle, Consultant, Longview Associates, Inc., Mt. Kisko, New York

James P. Richards, Massachusetts Consultant, Edgehill Newport, Randolph, Massachusetts

SOUTHERN REGION REPRESENTATIVE

Bob R. Challenger, Vice President, Institute for Human Resources, Tampa, Florida

Gary B. Smith, Supervisor, Organizational Planning, Texas Power & Light Company, Dallas, Texas

WESTERN REGION REPRESENTATIVE

Margaret "Bonnie" Forquer, Occupational Program Consultant, Colorado Department of Health C-SEAP, Denver, Colorado

Tamara Cagney, Manager, Employee Services, City of Oakland, California

INTERNATIONAL REGION REPRESENTATIVE

William G. Durkin, Manager, EAP, Atlantic Richfield Company, Los Angeles, California

Thomas C. Desmond, Director, EAP, Johnson & Johnson Corporation, New Brunswick, New Jersey

CANADIAN REGION REPRESENTATIVE

Robert W. La Roy, Administrator, EAP, Westar Mining, Sparwood, British Columbia

THE ALMACAN will continue to keep ALMACANs notified of election developments. □

UPDATE ON CREDENTIALING

Evaluating the Credentialing Proposals

by Judi Laws

ALMACA Credentialing Specialist

The two major areas of activity concern chapter visits and vendor proposals. During the first week in February, Jack and Tom visited Austin and Dallas. February 11-12, I was in San Francisco, and on February 13, Tom flew to Portland to meet with the Oregon chapter. Continuing on to Denver, Tom met with that chapter on February 14, spending the following week meeting with chapter people in southern California—Los Angeles, San Diego, and Orange County.

From these travels, he received more confirmation that the membership wants a grandparenting provision. He also observed a continued wide support for ALMACA to develop an EAP credential. In fact, some people expressed concern over possible delays. The extent of chapter involvement with credentialing varies widely and some chapters have their own active chapter credentialing committees while others limit their activities to reacting to National requests.

Early in February, we developed a draft evaluation form for use by the Ad Hoc Credentialing Committee in reviewing vendor proposals. The draft was mailed to members of that committee and the Board on February 10. Five addressees contacted Tom or I with suggestions for improving, clarifying, or refining the form. The gist of these suggestions was incorporated into the revised form.

Assisting Tom and I in revising the evaluation form was David Kahn. With 15 years of experience as a professional association executive in credential programs and as a consultant in the area of credentialing for membership organizations, the Executive Committee felt that Dave could provide some guidance on ways to proceed in developing our program. Consequently, Tom engaged his services for a few consulting days to assist in preparing proposals to the Board.

RFPs

By February 18, we had received four proposals in response to our solicitation. They were submitted by Professional Testing Corporation (PTC) of New York, Masi Research Consultants, Inc. of Washington, D.C., Educational Testing Service (ETS) of Princeton, N.J., and Stanford University Medical Center in California. Copies of these four proposals, plus the revised evaluation form, were express mailed to members of the Ad Hoc Credentialing Committee on February 19. In addition, copies of all four proposals were mailed to Board members, along with a summary of the evaluators' ratings and ranks.

The 11 people who provided us with their evaluations were unanimous in giving PTC top rating. In light of this, east coast members of the Executive Committee thought it would be well for them to visit with the president of PTC, Dr. Sallyann Henry, prior to the Board meeting. Tom and Ed Marchesini joined Jack, Madeleine, and Charlie at the offices of PTC on March 11. It provided an opportunity for them to ask questions, get a "feel" for the organization, and to put forward the concerns of our members. The meeting confirmed the evaluators' consensus in rating PTC's proposal number one. However, the actual selection of a vendor to perform all or part of ALMACA's credentialing activities rests with the Board, and subsequently, with the membership, which will vote on the Board's action.

I must add a personal note on something you might want to know. Most of the members of the Ad Hoc Credentialing Committee provided yeoman service in meticulously going through those four proposals. The four, taken together, weighed nearly three pounds! That's a lot of reading and evaluating. Once again, ALMACA's volunteer professionals deserve your thanks for this tedious but essential task.

While we were awaiting the receipt

of evaluators' ratings on the four proposals, Tom, Dave and I developed a proposal for a totally in-house/ALMACA program. At the November 1985 Board meeting, a resolution was passed that instructed us to prepare such a proposal for consideration at the San Diego Board meeting. The cost estimates for most of the credentialing activities, e.g., test development, test administration, application and forms development, are very high—nearly double the PTC estimates. This is understandable, given the fact that ALMACA would have to build in new capabilities, and get up to speed in these areas, whereas PTC has been up and running for years. Again, however, it is for the Board to decide whether the benefits of a totally in-house program would outweigh the added cost.

As you may know by now, all of this information dissemination has extended well beyond communications to Board members only. On February 27, Tom sent to all chapter presidents copies of the progress reports prepared for, and sent to, Board members. Since the Credentialing Mechanism Timeline (*THE ALMACAN*, January 1986) includes a provision for getting chapter presidents' views on key options and costs of vendors' proposals, we prepared abstracts on the four proposals and mailed these to chapter presidents on March 6 as an attachment to the ALMACA News Brief (No. 5). Tom's cover memo with these four abstracts encouraged chapter presidents to contact our office or Board members with their comments or views.

LEGAL OPINION

Last month, I reported that Tom had requested ALMACA's legal counsel to give us an opinion on grandparenting. The reply to Tom's letter stated that this "special dispensation should be viewed as a transitional effort." With respect to antitrust scrutiny, grandparenting "might even be challenged

SPECIAL MEMORANDUM

Membership & the Bylaws

on the basis that it allows practitioners with different demonstrated competencies to hold identical credentials." The attorney counters this argument by stating that if the new credentialing standards are based on education programs or the length and content of pre-certification apprenticeship, "the grandfathering effect may be viewed as an inevitable byproduct of a decision to improve standards." Further, the opinion says that ALMACA might more easily withstand a challenge based on allegations of anti-competitive behavior "if the grandfather provision opens credentialing to all experienced EAP practitioners, members and nonmembers alike, who would otherwise be eligible for ALMACA membership under its current standards."

Such legalities are not the least of the issues with which the Board will have to wrestle on March 25. They will also have to look carefully at the advisability of administratively separating the certifying agency from ALMACA, or the extent and kind of separation between these two organizational entities. Once more the question is not only one of legal defensibility, but of keeping credentialing standards from becoming political footballs.

By the time this issue reaches you, the Board will have met, Tom and Jack will have conferred with the Central Regional Chapter Presidents in Detroit (March 12), and I will have visited Metrolina's ALMACA Training Seminar (March 20). Much of the news in this article will have reached many of you through other channels. However, for the benefit of those who aren't privy to these informal channels, we feel it's necessary to report everything in these pages. More timely communication channels such as ALMACA News Briefs are being used to spread the word more quickly to all members. As decisionmaking time gets closer, we are tightening up the schedule for getting critical information out to everyone. □

The following article is published in response to inquiries on ALMACA's membership criteria.

The *ALMACA Bylaws* is the legal document through which ALMACA informs government agencies, auditors and its membership of the priorities it has established and how it intends to execute them. Copies are forwarded to all new members, and may otherwise be ordered from the ALMACA Office in Arlington, Virginia.

Article XV spells out the method of amendment. If a group of members feels that any section of the Bylaws should be amended, they can request that a Board of Directors member place an amendment on the Board meeting agenda, which initiates a process for a vote of the individual, voting members.

Article IX, Section 6 of the Bylaws states that "No person shall be a member of a chapter unless he or she is also a member in good standing of ALMACA National. Also, no person who is a member of ALMACA National may be denied membership in an ALMACA chapter. Chapter membership categories and voting rights shall be the same as those established in Article III of those Bylaws." Implicit in this section is that ALMACA is one organization encompassing all activities on chapter, regional and national levels. As an ALMACA member, you are entitled to the benefits of all three levels. There is no provision for membership in only ALMACA National or in a chapter. In the past, there has been confusion because new chapters were forming quickly and their officers were not familiar with this bylaw. However, a project to better coordinate between National and the chapters, when completed, will insure that members belong to all parts of ALMACA.

Article III lists the membership categories. As listed in Section 1, they are: Individual (voting), Associate (nonvoting), Honorary (nonvoting), Organizational (nonvoting), and Student (nonvoting). Article III, Section VIII

describes the duties of the Membership Committee. It states: "All applications for individual membership shall be reviewed by the Membership Committee in accordance with the criteria established by this Article. Any applicant who, in the judgement of the Membership Committee, is not eligible for voting membership shall be offered non-voting membership in the Corporation."

In 1983, the Board requested that the Membership Committee define the criteria for eligibility for individual and associate membership. Under the leadership of then-committee chairperson Michael O'Brien, the definitions were composed and approved by the Board. They are reproduced on the application forms for new and renewal membership. It includes examples of certain job titles that typically fall under the individual or associate membership categories. However, these are examples only. The Committee considers all of the available information and, in difficult cases, will ask the applicant or his/her chapter officers for additional information.

Article III, Section 2 states: "Individual Membership shall be open to all persons employed in the field of occupational alcoholism, whether employed by management or labor or independently." A key issue in determining membership, therefore, is the definition of occupational alcoholism. In the mid to late 1970s, the "broadbrush" technique became standard practice for most occupational alcoholism programs, so the criteria adjusted by including EAPs as occupational alcoholism. It was later decided that eligibility would require a person to spend at least 50% of the standard work year in occupational alcoholism, and that volunteer time could be a part of it.

The Membership Committee is always willing to consider more information, and it has an appeals process. All applicants are eligible for membership, and the Board takes its responsibility to represent all members very seriously. □

IN THE MAILBAG

More on Alcoholism and Depression

Dear Editor:

Dr. Greenberg's article *Assessing and Treating the Depressed Alcoholic* (ALMACAN, January 1986) is a model of practicality and conciseness. It raised some questions for me, however. Perhaps Dr. Greenberg could be prevailed upon to expand on them.

If Major Depressive Episode is "the result of biological abnormalities" which can be "rectified" by the use of Tricyclics or MAO-I's, I become curious as to what causes these biological abnormalities. Surely people do not suddenly develop a "Parnate deficiency."

By "biological abnormalities," does Dr. Greenberg mean neurotransmitter levels? Is it known whether this is the *cause* or *effect* of depression? Does erratic blood sugar (well-documented in recovering alcoholics by Drs. J. Milam, L.A. Mueller and others) play a part in M.D.E.s? Does exercise help rectify these abnormalities? Is long-standing vitamin deficiency a factor? What other therapies work?

As EAP practitioners, it would be useful for us to know more about endogenous depression, as well as how we might help the recovering depressed alcoholic, who either is reluctant to use psychoactive drugs, finds the side effects intolerable, or does not respond to anti-depressive medications.

Sincerely,

Chris Bitten, EAP Advisor
B.C.-Yukon Region, Canada
Employment and Immigration Comm.

Dear Mr. Bitten:

Your perceptive letter raises many important questions, none of which has a definitive answer.

Until recently, it had been believed the antidepressants worked by increasing levels of norepinephrine and serotonin into brain nerve cells. However, this theory has been modified because some of the newer antidepressants do not affect norepinephrine or serotonin and antidepressants can re-

quire three to four weeks to be fully effective, yet their effects on norepinephrine and serotonin occur almost immediately. It is now believed that antidepressants may work by calming or decreasing the number of certain receptor sites in the brain which may be overactive. The receptor sites are areas in the brain cells where neurotransmitters (such as norepinephrine and serotonin) attach themselves. This calming effect requires three weeks to occur, which is consistent with the time course for antidepressant action. People do not so much have a "Parnate deficiency," but a vulnerability, probably genetically transmitted, to develop the receptor abnormalities. Major Depressive Illness is cyclical and time limited. Thus, the receptor problems would occur spontaneously in a vulnerable individual and, without treatment, normalize within six to twelve months. The antidepressants work by suppressing the symptoms of depression until the receptors resume normal functioning.

Whether the receptor difficulties are the cause of depression is unknown. The known receptors and neurotransmitters represent only a small percentage of the total receptors and neurotransmitters in the brain. New receptor sites and neurotransmitters are constantly being identified. It is possible that one of these new discoveries could revolutionize our understanding of depression.

There are no studies, that I know of, addressing the blood-sugar question in depressed alcoholics. Whether those alcoholics with blood-sugar problems or craving for sweets after abstinence are more likely to develop depression is an intriguing question. There is a subtype of depression in which craving for sweets is a common finding, as well as extreme sensitivity to rejection by others. This type of depression responds best to MAO Inhibitors. Some alcoholics have this type of depression which differs from Major Depressive Illness in that it is chronic rather than intermittent in time course.

People who are depressed tend to end poorly and therefore have some dietary difficulties which may lead to vitamin deficiency which would exacerbate symptoms of depression. Exercise alone could not remedy brain receptor or neurotransmitter problems. Cognitive therapy, developed by Aaron Beck, M.D., has been shown by some studies to be as effective as medication treatment. These studies have been done by proponents of cognitive therapy and thus need to be viewed with caution.

People tend to be reluctant to take any medications, whether psychoactive compounds, insulin, or antihypertensive. It is especially difficult for a recovering alcoholic who needs to be cautious in taking anything that will affect his brain chemistry. Side effects can be managed by either lowering the dose or switching to a medication which does not have that side effect. If the person does not respond to the anti-depressant after a trial of sufficient dose and length of time the diagnosis should be reassessed.

Sincerely,

Richard Greenberg, M.D. □

15th AM Update

Mailings related to the 15th Annual Meeting in Dallas will include the following.

- In early April, information on exhibits will be mailed to previous exhibitors, prospective exhibitors and ALMACA organizational members.
- In early July, the Annual Meeting Advance Program will be mailed to ALMACA members. It will include preliminary information on the conference agenda, workshops & tracks and the slate of speakers.

Periodic articles will be published about Annual Meeting activities prior to November.

SPECIAL MEMORANDUM

Consultants Sought

The following memorandum is published by request of Candace Bibby, chairperson of ALMACA's Consultants Committee.

Many ALMACA members are seeking consulting services in various parts of the country; consultants who can provide a myriad of EAP services or can recommend an appropriate referral for such services.

This association has a Consultants Committee, whose members are glad to answer EAP-related questions. Such inquiries may range from who can provide individual case-management services to what reputable treatment resources are available to which contractors offer comprehensive EAP services. All of these are areas in which Consultants Committee members are glad to assist.

The Committee members are:

Candace Bibby (Chairperson)
14081 Yorba Street
Suite 224
Tustin, California 92680
(714) 832-6368

John J. Burke
Burke-Wall Associates
P.O. Box 12692
Research Triangle Park, NC 22709
(919) 549-9529

Terrence Cowan
Workers Assistance Program
314 West 11th, Suite 308
Austin, TX 78701
(512) 477-4491

Jack Dolan
Brownlee, Dolan, Stein Associates
90 St. John St.
New York, NY 10038
(212) 363-2820

Thomas D. Francek, MA
Director of Occupational Services
The Oxford Institute
825 W. Drahner Road
Oxford, MI 48051
(313) 628-0500

William Kippley
President
Employee Assistance Program
Consultants, Inc.
3330 Feichtner Drive
Fargo, ND 58103
(701) 235-4440

Robert Partridge
Columbus Area Council
on Alcoholism
360 S. Third St., Suite 306
Columbus, OH 43215
(614) 464-0191

James Roth (Past Chairperson)
Behavior Medical Resources
1000 E. Apache
Tempe, AZ 85281
(602) 968-4302

Stephanie Weinstein, M.A., A.C.S.W.
Employee Consultation Services
558 Hunter Road
Wilmette, IL 60091
(312) 724-3448

The consultants above understand that they are not trying to "get business" through their committee membership, but can assist you by offering names of individuals and agencies in their areas who provide particular EAP services.

Your help will assist ALMACA in establishing a network of providers across the United States.

Breakthrough

at Gracie Square
Hospital*
is Choices...

Alcohol and cross addiction problems may cause individuals or even organizations to feel confused or limited about what can be done.

Breakthrough at Gracie Square Hospital represents choices to those afflicted by alcohol and cross addiction problems in their own lives, as well as to corporations and organizations with troubled employees.

From detoxification to flexible rehabilitation stays, through convenient aftercare alternatives and family counseling, the diversity of Breakthrough

is available to meet need with choices that suit the person and their circumstances, including their health insurance coverage.

That's why we proudly say, Breakthrough is choices.

Breakthrough
at Gracie Square Hospital

420 East 76th Street, New York, N.Y. 10021
(212) 988-4400

* JCAN accredited, licensed by the New York State Division of Alcoholism

ON THE LABOR FRONT

External EAPs and Other Issues

by George Cobbs
Coordinator
ILWU-PMA Benefit Plan
San Francisco, California
and
Chairperson
ALMACA Labor Committee

There are a number of issues which I want to discuss this month. First of all, a round of thanks goes to Jack Canavan of the Boston Fire Fighters Union. He did a wonderful job of organizing the labor program at last November's Annual Meeting. Labor is proud to have a person of Jack's caliber within its ranks.

Labor's involvement in ALMACA has begun to swell by the large influx of members. This is a positive sign.

CREDENTIALING AND HMOs

ALMACA offers a very positive direction on several issues of concern to labor representatives. Two of them are credentialing and HMOs. These hot topics interest labor people out of sheer necessity.

ALMACA is in the midst of creating a credential, and at the March 25 Board meeting we will have a better idea of where we are going with the process. I sincerely hope it is one that labor can support.

Concerning HMO problems, labor unions in California and around the country have been in a continual battle for five years. Simply put, we find ourselves paying for a service that we are not receiving. It is an arrangement that does not seem fair or legal. To get a member admitted to inpatient treatment for alcoholism is almost unheard of with HMO coverage. They get away with this practice by substituting it with outpatient treatment and, in some situations, detoxification. These HMOs skate right on the periphery of breaking HMO laws. Through the help of a national organization such as ALMACA, maybe we can bring about some change in this area.

LABOR AND EXTERNAL EAPs

I have been preoccupied lately with an emerging problem for labor-based programs—it appears that they are becoming an endangered species. I can remember watching union programs grow from small, fledgling alcoholism programs into respected EAPs and MAPs today. I have witnessed the tre-

“Every time (an external) provider obtains a contract from a union trust, the union loses that representation.”

mendous contributions which they have made to the chemical dependency field, such as those by ALMACA President Jack Hennessy. I would hate to believe this is the beginning of the end for a beautiful experience. But it very well could be!

The problem has also become evident within ALMACA. The only way that a labor representative can participate in association activities is if s/he comes from a union-based EAP or affiliate. The last several years have produced a considerable growth of labor people within ALMACA. However, of late it is being threatened by the tremendous growth of external providers. Every time these providers obtain a contract from a union trust, it means the union loses that representation. It also means that for union-based EAPs in the field, we will not have that representation, either.

Brothers and sisters, we have a problem here. If we are going to survive, we had better become acutely aware of this situation.

We have all experienced at one time or another the loss of a negotiated benefit. Once this benefit is lost, either by abuse or mismanagement, it can take years before there is serious talk about reinstating it. Many of the external EAPs are honest and operate excellent

programs, but an unscrupulous bunch also exists. They mishandle grievances and allow many of our brothers and sisters to be needlessly discharged. As this continues to happen, unions will soon rebel and this valued benefit will be caught up in negotiations again. The members need this benefit. With external providers that do not understand unionism and the grievance machinery, we are facing a real danger.

Remember the dinosaurs? They were large, powerful creatures who roamed the earth, but for some strange, scientific reasons are extinct today. I do not want that to happen to union-based EAPs. Our strength today is in awareness and unity. If we are to survive, let us make maximum use of our advantages and restore our momentum.

Our greatest vulnerability is that small unions cannot afford EAPs, but need the same kind of services for members which are available through larger unions. It strikes me as unfair that, because of their size, smaller unions have to purchase services designed for management in most cases. I am distressed that union brothers and sisters have programs lacking a union philosophy. We must find solutions to this dilemma.

CONCLUSION

In conclusion, there are a lot of creditable external providers with good reputations. I would like to say to those which have competently and enthusiastically served unions . . . “I applaud you.”

My primary concern is the direction in which union-based EAPs are headed. External providers threaten to impede our growth. We need to become more vocal in our labor councils about the potential danger of using external providers.

Lastly, we need to take the initiative and offer our expertise and guidance to smaller unions.

Let us tighten up the ranks, brothers and sisters! □



If chemical dependency is the problem... getting help shouldn't be.

We offer three excellent facilities in the Northeast dedicated exclusively to helping alcoholic and drug-dependent adults, adolescents, and their families. Our programs, built around the principles of Alcoholics Anonymous and Narcotics Anonymous, are adapted to meet each individual's special needs.

Each facility provides a tranquil environment conducive to the recovery process. Spofford Hall is located on a beautiful country lake; Conifer Park is nestled in the midst of 32 wooded acres; Arms Acres is situated high on a hill overlooking the countryside. Yet each is within easy access of the major metropolitan centers of the Northeast.

Individualized treatment programs, experienced multidisciplinary professional staff, tranquil surroundings... our facilities offer all the elements which best promote physical, mental, and spiritual rehabilitation.

For more information, your inquiries are invited. We're ready to help.



The Mediplex Group, Inc.
Alcohol and Substance Abuse Division
2101 Washington St., Newton, MA 02162
(617) 969-0480

Spofford Hall—Route 9A, Spofford,
NH 03462, (603) 363-4545

Conifer Park—Glenridge Road, Scotia,
NY 12302, (518) 399-6446

Arms Acres—Seminary Hill Road, Carmel,
NY 10512, (914) 225-3400

Regional offices throughout the Northeast.

Interventions in the Workplace

by Robert H. Lake
and James R. O'Hair

How often is an employer faced with a worker affected by a problem off the job which does not seriously impair performance? How often does the company receive a call from a distressed family member about a husband's or wife's problem? For companies without Employee Assistance/Counseling Programs, the answer is probably rarely.

For companies which offer confidential and trusted services, however, it probably occurs regularly. At the Defense and Electronics Center of Westinghouse Electric Corporation in Baltimore, Maryland, the latter is the case. We feel this is a vital issue to the EAP field and it deserves special attention, especially since regulations pertaining to privacy and confidentiality can create extremely delicate situations.

Intervention at the workplace, more often than not, refers to "constructive confrontation."¹ The confrontation is usually based on declining performance, and discipline or job loss is used as leverage to motivate the person to seek assistance. This form of intervention utilizes negative reinforcement, and the employee must overcome the resentment that develops.

INTERVENTION CASE STUDIES

Our experiences have shown us that workplace intervention strategies can be creative based on this and other approaches which involve the EAP. We feel that the versatility of interventions can best be demonstrated through case studies.

CASE #1

John is a manager for our parts division. He came to us exhibiting signs of acute depression, including lack of sleep during the past week, low motivation on the job, irritability,

little affect, periods of anxiety and extreme changes in his eating patterns. While assessing John's immediate problem was simple, extracting the underlying causes proved to be more difficult. John's problem stemmed from his wife's alcoholism. For others, the problems may range from the death of a loved one, to a long-term emotional problem, to alcohol and/or drug addiction.

In this case study were three clients: John, his wife and a daughter. The daughter is married and had manifested problems in her relationship as a result of her dysfunctional family. The problem, however, was intensified by the family's denial. The mother, an alcoholic for 20 years, had not dealt with her illness, and other family members adopted their own means of handling it. Coincidentally, the family had not dealt with the resultant problems affecting them individually.

John visited the EAP in an agitated state, after having not slept for several days. He expressed thoughts of suicide to us. Our initial reaction was to refer him for treatment of depression, but it became apparent that an external factor was involved. We referred John for therapy that same day, sending him to a psychiatric clinic which specializes in family alcoholism. (One of the staff members was a recovering alcoholic.) He was later hospitalized.

The intervention with his wife occurred at the hospital. We made prior arrangements for her admission to the detox unit there. After a lengthy confrontation, John and the psychiatric team broke through her denial, and she agreed to treatment. She has since completed the program and presently has a therapist administering outpatient care. (The EAP recommended inpatient care as a backup, which John's wife agreed to, should outpatient fail.) John and his daughter are presently active in Alanon, and John sees an outpatient therapist skilled in family alcoholism.

At Westinghouse, we have joined area clinicians and treatment facilities to successfully intervene with the alcoholic. Adopting an intervention technique to break through both the family's and individual's denial has been successful in numerous cases. This technique has also worked with other problems, including depression or marital discord.

We should note that because of liability risks to Westinghouse involved with intervention, we always have the assistance of an appropriate professional from the community. This is particularly important in the event that a more serious emotional depression is involved than is initially apparent. It is also necessary to arrange a treatment plan beforehand, which is accessible to the family and individual immediately after the intervention.

CASE #2

Margaret was the manager of a company's research department in a neighboring community. Recently, she noticed a deterioration in her relationship with her husband, Henry, a Westinghouse engineer. Communication between them became more critical in nature.

They had always been moderate drinkers, but began increasing their amounts of alcohol intake of late. About three months ago, noticing her own excessive drinking and resultant problems at home and work, Margaret made a conscious effort to cut back. She also discussed concerns about their drinking behavior with Henry. However, his heavy drinking continued, further damaging the relationship. On weekends spent at home, Henry agreed to do tasks which he never saw to completion. On weekdays, he had his customary evening dinner and drinks, then passed out. For the first time, Margaret realized what had happened. Previously, she was a participant in their drinking melee, and subsequently became a spectator!

At Margaret's request, the EAP intervened with Henry. During her assessment interview, it became apparent that their marriage had been deteriorating for years. They had become drinking buddies and seemingly forgot the many occasions on which they fought and avoided each other. They

“... employing creative intervention techniques has been an asset to our program.”

had adult children who, since they lived on their own, were not fully enveloped in the problem.

Margaret and Henry had careers which occupied most of their time. When they were together, they engaged in drinking and drinking-related activities. In the process, they sacrificed something they both wanted desperately—intimacy.

The intervention occurred at the Westinghouse facility. In addition to an EAP counselor, Margaret, their two sons and an alcohol treatment facility representative were present. The “stick” with which Henry was persuaded into treatment was that they explained how he, while intoxicated, caused them embarrassment at numerous social activities, such as holiday dinners involving family and friends. The EAP counselor also explained that as an active drinker Henry, who has high-level security clearance, posed a risk to the company. Finally, the treatment representative conveyed to Henry the treatment program arranged for him.

Henry completed the inpatient treatment program. Margaret became involved with her own education and attended AA and Alanon. Today, Henry has two years of sobriety, and both are attending marriage counseling sessions. They still have their careers but, more importantly, have found each other.

CASE #3

Another case involves a female employee, Jackie, who had a serious tardiness problem. On some days her performance as a secretary was extremely poor, being undependable and having a brief attention span. Her supervisor reprimanded her for it and referred her to the EAP.

The EAP counselor noted that Jackie could not express herself about the developments at work. She apparently suffered from low self-esteem and had previously experienced

Robert H. Lake is director of the Employee Assistance Program at Westinghouse Electric Corporation's Defense and Electronics Center in Baltimore, Maryland. Prior to joining Westinghouse, Mr. Lake worked from 1950-52 with Koppers Company. He joined Westinghouse afterward as engineering personnel administrator, then manager of human resources programs, and finally as director of EAP, which covers 12,000 employees. He received his B.S. degree in business management from the University of Baltimore, has completed graduate work in clinical psychology at Johns Hopkins University, and is a CAC in the State of Maryland.



James R. O'Hair is senior EAP counselor, under Robert Lake, at Westinghouse. He is also chairman of the Health Care Cost Containment Committee of the Corporation and chairperson of the Chesapeake Chapter of ALMACA's Symposium Committee. He has been active in ALMACA for over 10 years. He obtained previous professional experience in EAPs with COPE, Inc. (Washington, D.C.), Ohio Department of Health, Taunton (MA) EAP Consortium and West Virginia Department of Mental Health. Mr. O'Hair holds a B.A. degree from West Virginia Univ. in sociology and master degree from Boston College in Social Work and Social Planning.

Other environments for intervention include the legal system, schools, congregations and businesses which purvey alcoholic beverages.

problems with relationships. It was obvious that Jackie was depressed, and underlying problems had surfaced. In exploring her family background, she lost her father at an early age and was raised by her mother and stepfather, with whom she had a poor relationship. She was generally reticent about this part of her life.

Consequently, we referred her to a female therapist experienced in confronting issues related to abuse. For the first time, Jackie revealed multiple instances of sexual abuse by her stepfather. Because she had repressed her suffering for so long, the impact was very traumatic and she was subsequently hospitalized.

Jackie has since fully recovered, is much more productive on the job, and continues to receive therapeutic help. While the process of recovery was initially painful, it has dramatically improved her self-image, as well as the personality she projects to others.

CASE #4

Bill is a machinist and was recently arrested for a DWI offense. At the time of arrest he had a Blood Alcohol Content reading of .20, twice the amount necessary for legal intoxication. It was Bill's second DWI offense, for which he was assigned a date for court appearance. Prior to the hearing he was presented some options by his lawyer, including visiting the EAP at Westinghouse, where he was employed. Bill visited our office and was subsequently recommended for alcohol treatment. Today, Bill is serving a weekend sentence and attends AA.

In our programs, an increasing number of referrals are made by lawyers, judges and DWI monitors in the City of Baltimore and neighboring counties of Baltimore, Prince George's, Anne Arundel and Howard, in Maryland. It is a rather unique arrangement, but the legal system is a means of channeling individuals to needed treatment for substance abuse before the cases reach us at more critical stages due to impaired work performance.

ADVANCE PREPARATION

Not all of our cases have been as successful as these, but employing creative intervention techniques has been an asset to our program. We know that these actions often achieve long-term results because of the feedback of the beneficiaries; the impaired individual, spouse, family members, supervisor and coworkers.

We recommend making the following advance preparation for an intervention:

- Do your homework on the client and the aspects of his/her life being affected by intervention; home, work, friends, and coworkers.
- Respect the rights of the employee's confidentiality and privacy.²
- Prepare the participants in advance with the assistance of trained treatment professionals.
- Have more than one treatment option available, but preferably no more than two. (Too many options cause confusion to the impaired individual in making his/her decision.)
- Coach the participants on their intervention roles and advise them on possible outcomes.
- Structure the intervention so that support and encouragement can be provided.
- Maintain close followup after referral and be prepared to address underlying problems due to the primary one.

OTHER INTERVENTION CONTEXTS

Besides the workplace, there are other environments for interventions. One, as illustrated by our last case study, is through the legal system. Intervention programming with DWI offenders has included such countermeasures as alcohol education and weekend offender programs. These include an assessment component which allows qualified alcoholism counselors to assess the offender by a drinking typology, or classification, including social drinker, social and potential problem drinker, or problem drinker. Also, court referral for a domestic problem which has alcohol abuse as an underlying, contributing cause is another example. In many states, courts may mandate alcoholism counseling by court-employed counselors or other community-based staff.

Applying EAP principles to school students is a relatively new means of intervention. A school system has numerous individuals in position to identify students exhibiting troubled behavior, including teachers, counselors, school nurses, coaches, principals, administrators, school psychologists, and social workers. EAPs for students are often called Student Assistance Programs (SAPs). The Wisconsin Bureau of Alcohol and Other Drug Abuse has outlined objectives of one SAP.³

The pastor, who is responsible for the spiritual health of his or her congregation, may identify or be confronted with the early effects of alcohol abuse. Social service agencies such as family and child services, work incentive programs, offices of vocational rehabilitation and state social and health care service agencies are all resources which can assess client use of and impairment from alcohol, and provide intervention assistance.

Purveyors of alcoholic beverages are in a position to identify and refer alcohol-impaired individuals. Courses have

been set up in several geographic locations to better educate the commercial server on alcohol abuse and alcoholism, as well as the early warning signs of problem drinking. The University of Massachusetts at Amherst, for example, has established a course providing alcohol education and consultation services to hotel, restaurant and tavern operators.

As we have seen, some creative improvisations can be made to the basic constructive confrontation form of intervention. Our EAP utilizes intervention as a basic, necessary technique for channeling alcoholic, drug-addicted and emotionally disturbed workers to appropriate treatment and restoring them to healthy, productive individuals. We hope that our experiences at Westinghouse are helpful to other practitioners in the EAP field.

FOOTNOTES

¹ The process of "constructive confrontation" was first published by Harrison M. Trice and Paul M. Roman in *Spirits and Demons at Work* (ILR, 1972). It specifies that supervisors confront employees exhibiting poor work performance and use the threat of job termination as motivation for the employee to absolve personal problems which precipitated the situation. EAPs are implicitly a referral resource which the supervisor recommends to the employee. Constructive confrontation was first introduced to identify deviant drinkers.

² For the purpose of your own EAP, it is important to be cognizant of any limitations that may be created by the nature of contractual agreements, i.e., privacy, confidentiality, etc. There may also be legal restraints placed on companies contracting with governments which affect their EAPs.

³ Anderson, G.L. *A Student Assistance Program: An Overview*. Madison: WI Bur. of Alcohol and Other Drug Abuse, 1981. □

A Bibliography of Resources on Intervention

The following is a list of selected information resources on intervention suitable for the EAP professional.

Al-Anon Family Group, *Alcoholism: A Merry-Go-Round Named Denial*. New York: Al-Anon Family Group Headquarters, 1969. By means of an imaginary theatrical play, it is shown how people in the life of an alcoholic perpetuate the disease and consequently hinder recovery. Available from: Al-Anon Family Group Headq., P.O. Box 182, Madison Sq. Station, NY, NY 10010 (\$.30).

Beyer, J. and H. Trice, *Implementing Change: Alcoholism Policies in Work Organizations*. New York: Free Press, Division of Macmillan Publishing Co., Inc., 1978. Findings are reported from a comprehensive study of the legislative change effort that followed passage of the "Hughes Act" in December, 1970, which addressed initiating programs to deal with alcoholism among employees of the Federal Government. Available from: Macmillan Publishing Co., Inc., Front & Brown Sts., Riverside, NJ 08370 (\$14.95).

Christopher D. Smither Foundation, *Alcoholism Intervention: How to Get A Loved One Into Treatment*. Mill Neck, NY: Christopher D. Smithers Found., n.d. This 10-page pamphlet describes a family intervention process in easy-to-understand language. Available from: The Christopher D. Smither Found., P.O. Box 67, Mill Neck, NY 11765 (single copies free).

Dunkin, W., *The EAP Manual*. New York: National Council on Alcoholism, Inc., 1982. The manual outlines the nature and extent of alcoholism in industry while giving a brief historical account of attempts to deal with the problem. Available from: NCA, Inc., Publications Dept., 733 Third Ave., NY, NY 10017 (\$6.00).

Johnson, V., *I'll Quit Tomorrow*. New York: Harper and Row, 1980. This book describes the process of intervention popularized by Vernon Johnson of the Johnson Institute in Minneapolis, MN. Available from: Johnson Institute, 10700 Olson Memorial Hwy., Minneapolis, MN 55441 (\$12.95).

National Institute on Alcohol Abuse and Alcoholism, *Fourth Special Report to the U.S. Congress on Alcohol and*

Health From the Secretary of Health and Human Services, January 1981. DeLuca, J., ed. DHHS Pub. No. (ADM) 81-1080. Washington, D.C.; Supt. of Docs., U.S. Govt. Print. Off., 1981. Offers a separate chapter on intervention, providing a definition and describing its relationship to prevention and treatment. Available from: Superintendent of Documents, U.S. G.P.O., Washington, D.C. (order no. 017-024-01064-2; \$7).

-----, *Prevention, Intervention and Treatment: Concerns and Models*. Alcohol and Health Monograph No. 3. DHHS Pub. No. (ADM) 81-1192. (1983) Describes the three levels of response—primary, secondary and tertiary—that have been developed to address problems resulting from alcohol abuse. Also presents the concept of intervention and describes related activities. Available from: Natl. Clearinghouse for Alcohol Info., P.O. Box 2345, Rockville, MD 20852 (no cost, request BK102).

Svensden, T., and P. Griffin, *Student Assistance Program*. Center City, MN: Hazelden Education Services, 1980. Describes SAP principles, providing suggested guidelines for policy and development. Available from: Hazelden Education Services, Box 176, Center City, MN 55012. #1099A (\$5.95)

AUDIO-VISUAL RESOURCE

The Enablers. 1978. 23 min., rent or purchase. Synopsis: The well-intentioned behavior of family, friends and a supervisor helps an alcoholic mother/wife/employee/neighbor to continue her drinking. Each person close to her suffers, yet seems unable to break out of a self-defeating pattern of interaction; each person is shown undermining the efforts of the other to gain control over the woman's problem. Use: demonstrating the dynamics of the chemically dependent family and the process of enabling. Available from: The Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Two EAP Practitioners Share Their Experience at NBC

by Morton Aronoff and Henry Huestis



Morton Aronoff was hired by NBC in 1950 for electronics maintenance at the Brooklyn Studios. In 1968, he was transferred to Radio City as a quality control specialist. In 1971, Mort joined two other NABET Local 11 members in forming the Alcoholism Assistance Committee. He was selected as an EAP specialist for NBC's EAP in 1983. Mort has earned an M.A. in health education (1980) and CAC from New York State. He plans to retire in March 1987.

Henry Huestis began with NBC in 1951 as a broadcast engineer in radio technical operations. He transferred to television operations and the videotape department in 1959. He joined NABET Local #11 Alcoholism Assistance Committee in 1974 and was appointed chairperson later. When NBC initiated its EAP in 1983, Hank was selected as an EAP specialist. He is a credentialed alcoholism counselor in New York State and expects to retire next July.



The National Broadcasting Company, a major television network, has had an Employee Assistance Program in operation since March 1983. The company has a highly diversified employee base that includes television and radio newsmen, writers, producers, technicians, design and system engineers, and sales and office personnel.

NBC employs more than 7,500 people worldwide. Most are in New York City, the corporate headquarters, and in Los Angeles (Burbank), the program production center, and there are other major locations in Chicago, Cleveland and Washington, D.C. NBC owns and operates television and radio stations in each of these five cities, as well as radio stations in San Francisco and Boston. It also maintains news bureaus in many cities in the United States and abroad.

Each major location has its own independently operated EAP, reporting to the NBC personnel director there. The EAP practitioners share information and experiences with headquarters through Alfred Jackson, Director of Employee Counseling and Development and Affirmative Action.

In New York, EAP activities are handled by Morton Aronoff and Henry Huestis, who report directly to Jackson. Both Aronoff and Huestis, the authors of this article, have been NBC employees for 35 years. Since September, 1983, the New York office has been augmented year-round by interns, who have greatly enhanced the program's proficiency through the development and completion of special projects.

At the Burbank studios, NBC recently hired Lucy Kochik as the in-house, EAP specialist for that location's 1,800 employees. Her program has already received many referrals, and an intern has been brought in to assist. In Washington, EAP services for our television and radio stations have been provided by the outside firm of COPE, Inc., headed by Don Phillips, under contract since August, 1984. NBC's Chicago stations are serviced by Mary Vasquez, who previously worked with the Members Assistance Program (MAP) for the WMAQ local of the National Association of Broadcast Employees and Technicians (NABET), the largest union within NBC. NBC's Cleveland station uses the external EAP services of Occupational Services Consultants, headed by Agnes Smith.

Formal MAPs under NABET have been in existence in New York, Burbank and Chicago since before the start of NBC's company-wide EAP program in 1983. The NABET program representatives are G.M. "Red" Roe in Burbank and Laurel Caudill in Chicago. In the current NABET program in New York, George Hug and Angelo Vigorito, both engineers, have been joined by Joanne Izzo, a draughtsperson. This cooperative relationship between NABET's MAP and NBC's EAP has insured the success of the company program.

FOUNDING THE COMPANY-WIDE PROGRAM

NBC's EAP was formally inaugurated on March 23, 1983, with a letter to employees from NBC Chairman of the Board and Chief Executive Officer Grant Tinker. In that letter, which we use as a written policy statement, Grant wrote: "On March 28, NBC will begin its company-wide Employee Assistance Program (EAP). The program is designed to provide *confidential* guidance on any personal problem so serious that it affects the employee's ability to do his or her job . . . Using EAP will not in any way jeopardize your job status or promotion prospects. On the contrary, EAP could well save your job if a neglected personal problem is hindering your performance."

NBC's Chairman understands the vital role EAPs can play in fostering good employee relations, furthering cost-containment efforts, and he appreciates the importance of "confidentiality," the cornerstone of any worthwhile EAP. He has also made himself available to meet with the EAP staff several times a year to discuss methods of maintaining and improving NBC's program.

Prior to 1971, NBC, like the overwhelming majority of corporations, did not have a formal program to help troubled employees. During our tenure at NBC, which began in the early 1950s as engineers, we noticed the problems which alcohol-impaired employees were causing on the job. We regard the 50s and 60s as the "era of coverup." Supervisors who did not know how to handle these employees tended to ignore, threaten or lecture them, but no direction was provided. We should note that most of these employees did not recover, and suffered the consequences of their disease.

Finally, in 1971, as NABET members, we attended a seminar on occupational programs, sponsored by the NYC Central Labor Council. There, we learned about the disease concept of alcoholism and the technique of "constructive coercion" in identifying impaired employees. That year, Aronoff and two other NABET members, with the approval of Arthur Kent, President of NABET Local #11, formed the Alcoholism Assistance Committee. Dave Gardam, at the time NBC's Vice President—Personnel, gave the final go-ahead to start accepting referrals for this informal Occupational Alcoholism Program (OAP) at NBC—New York.

Early on, the OAP accepted referrals from supervisors, shop stewards and coworkers. Huestis joined the Committee in 1974. All of us shared the responsibility for the voluntary program, initially devoting less than 20% of our time to the Committee, later about 50%. In these early stages, we received the essential support of the late Dr. Bernard Handler, Medical Director at that time, and Robert Hurford, Vice President, Labor Relations, now retired.

Throughout the 1970s, while doubling as engineers and Committee representatives, we earned CAC accreditations and promoted the referral program from door to door with

NBC's upper management. This paved the way for NBC's acceptance of a company-wide EAP.

During the last half of that decade, we lobbied Grant Tinker's predecessors to establish a formal EAP. However, the company's priorities did not include such a program.

When Grant Tinker was appointed as NBC's new CEO late in 1981, he readily agreed to meet with us, and in April of 1982, we submitted a proposal to create a formal EAP. After examining various program options, NBC's Executive Vice President of Personnel/Labor Relations, Gene McGuire, accepted our proposal to establish a formal EAP.

SUDDEN IMPACT

The EAP made a dramatic difference. Prior to 1983, we had handled an average of 30 cases annually, as volunteers. Then, after our program was officially launched, we received 44 referrals in the first five weeks. We have operated at a brisk pace ever since, averaging 20 new referrals per month in New York, and over 30 per month company-wide.

Apart from vital support from NBC's CEO, we have made excellent EAP brochure promoting our "Personal Crisis Line," accessible to New York workers by dialing H-E-L-P on company phones.

The EAP today enjoys unanimous support from labor, management and other staff. Today, the bulk of our caseload is from self-referrals (58%), but we still receive numerous referrals from supervisors (23%), and unions, coworkers, family members and others contribute 27%.

There are various problems for which we provide assessment, referral or short-term counseling services. They include family, marital and legal difficulties, but substance abuse and emotional problems comprise about two-thirds of our caseload. Fifty-five percent of our cases originate from the NYC offices, which have 56% of NBC's total workforce.

Through NBC's EAP, there have been several "miracles," in which employees who seemingly were at the mercy of their substance abuse addictions were eventually restored to happy, productive lives. We would like to share one case study with you, involving an alcoholic/drug addict who last year voluntarily told her story in NBC's employee publication, *Inside NBC*. These are some excerpts.

"My manager, who really didn't know what the problem was, sent me to the EAP, where I met Hank and Mort. I was very hostile. I thought the problem was stress, that I needed a vacation, that those guys just couldn't understand what it's like to be the only woman in the department who's not a secretary. I thought I had my act under control . . .

"They sent me to a very good shrink for consultation. I knew I needed professional counseling, but I didn't think I had a problem. The psychiatrist said he couldn't treat me unless I was confined . . .

"When Hank and Mort first told me about Hazelden (a

treatment center), I told them to shove it. They introduced me to another NBC person who had been there . . . I was really nasty to him. That afternoon, my boss and the department head sat down with me and said they were willing to pay my salary and cover my workload, if I'd just go. I felt like I was being sentenced to Alcatraz. The day before I left, I went out and bought a massive quantity of drugs and proceeded to get blitzed out of my mind."

Through the treatment center, this worker has been able to achieve continued recovery. Elsewhere in her testimonial, she wrote, "I was really scared to come back to NBC. My supervisor here had been coached by the EAP that what was important was to get me better, that everything else could wait. So I had no contact with NBC, not even the EAP people, for the 34 days I was at Hazelden. My associates hadn't known where I was. But I became very proud of my accomplishments and hoped that I could encourage other people to seek help through the EAP."

Of course, not every case is this desperate or ends this happily. It does illustrate, however, how we try to interact with supervisors, management and health care providers in obtaining help for seriously impaired workers.

SUPERVISORY MANAGEMENT

One of our priorities for the future is getting supervisors more involved in the EAP. For that reason, a soon-to-be-published "Supervisor's Handbook" has been prepared. The book tries to give the supervisor a clear understanding of his/her role in EAP and how s/he should intervene, as in these excerpts:

SUPERVISOR'S ROLE IN THE EAP PROCESS

The supervisor plays a vital role in the EAP process. It is your responsibility:

- 1) to understand the goals and procedures of the EAP.
- 2) to encourage self-referrals.
- 3) to monitor job performance.
- 4) to document work performance.
- 5) to consult with the EAP staff when you suspect deteriorating performance is caused by personal problems.
- 6) to initiate a referral to the EAP if necessary.
- 7) to continue to monitor the employee's job performance. If improved performance is not maintained, the supervisor is responsible for consulting with an EAP staff member for further recommendations.
- 8) Further action may include re-referral, consultation with the Personnel Director or Labor Relations, or possible disciplinary actions up to and including termination.

INTERVENTION TECHNIQUES

Conducting an intervention with a troubled employee can be one of the supervisor's most anxiety-provoking tasks. Here are some suggestions on how to proceed.

- 1) Have documentation of performance deficiencies on

your desk.

- 2) Express concern briefly.
- 3) Discuss documentation briefly.
- 4) Ask what is causing the job performance problem.
- 5) Allow the troubled employee to respond.
- 6) If the employee denies having a problem, review the documentation citing specific incidents. Stick to work performance.
- 7) Indicate your belief that poor job performance could be caused by a personal problem. *Do not diagnose.*
- 8) Inform the employee that she/he must do something to improve her/his job performance. Suggest that the employee use the confidential services of the EAP.
- 9) *Inform the EAP staff of the intervention outcome.*
- 10) In cases where the employee rejects the referral to the EAP, the supervisor must handle the matter as a performance issue, using the documentation. Contact Personnel, Labor Relations, or the EAP staff for assistance. *Continue to monitor job performance.*

There are other aspects of our program which we feel warrant special attention, including our internship program. In the summer of 1983 we were approached by Fordham University (Bronx, NY) about accepting a graduate intern's services. We agreed, and have had full and part time interns on staff since that September. We have accepted interns from Columbia University and New York University, who were graduate students from the schools of social work, psychology and health education. They have greatly assisted with clinical, assessment, documentation, writing and other responsibilities.

Computerization has been another tremendous asset to us. In 1985, our major program goal was to improve our record-keeping. We made significant progress during the year, including the capability to chart treatment follow-ups. We utilize an IBM-compatible computer with spreadsheets and database software. Presently, we are completing the entry of demographics on our 110 case referrals to date. An evaluation program is also being designed, which will provide information highlighting program assets and deficiencies. In November of 1985 we developed and distributed two random-user surveys, one to employees who use the program, and one to supervisors, who made referrals to the program. The results are in and are encouraging. We expect these projects will significantly further the goals of NBC's EAP.

PLANS TO RETIRE

In 1987, we both plan to retire. It is our goal to leave behind a fully comprehensive program for NBC workers. EAP is a wonderful tool in helping labor and management respond to the needs of distressed individuals.

We have high hopes for the EAP field and have every reason to believe that these programs will play an increasingly important role in industry for years to come. □

NECAD[®]

NORTHEASTERN CONFERENCE on
ALCOHOLISM and DRUG DEPENDENCE

May 4-7
1986

SHERATON-ISLANDER INN & CONFERENCE CENTER
NEWPORT, RHODE ISLAND

The Honorable Harold E. Hughes, Opening Speaker

FACULTY

Robert J. Ackerman, Ph.D.

Sheila Blume, M.D.

Stephanie Brown, Ph.D.

Millicent Buxton, B.A.

Philip Oliver-Diaz, M.S.W., C.S.W.

William Griffith, M.D.

Rev. Philip Hansen, C.T.

Giles Kelly, O.F.M., C.A.C.

Estill "Skip" Mitts

Valerie Pinhas, Ph.D.

Robert Premer, M.D.

RoseAnn Shorey, Ph.D.

David Smith, M.D.

G. Douglas Talbott, M.D.

John Wallace, Ph.D.

Arnold Washton, Ph.D.

Janet Woititz, Ed.D.

SPONSORED BY EDGEHILL NEWPORT FOUNDATION

CO-SPONSORED BY AMERICAN MEDICAL SOCIETY ON ALCOHOLISM AND OTHER DRUG DEPENDENCIES, INC.

For Information, Return Coupon or Contact

Edgehill Newport Foundation

Beacon Hill Road Suite 107

Newport, RI 02840 (401) 847-2225

Early Registration Discount

AMSAODDI is accredited by the Accreditation Council for CMEs and certifies that this continuing medical education offering meets the criteria for 18 hours in Category I of the physicians' recognition award of the American Medical Association.

AAFP has reviewed and accepted NECAD for 18 prescribed hours.

CAC-CEUs pending for CT, DC, DE, ME, MD, MA, NH, NJ, NY, OH, PA, RI, VT.

Please send NECAD[®] 86 information to:

Name _____ Title _____

Organization _____ Address _____

City _____ State _____ Zip _____

REGIONS AND CHAPTERS

Eastern's Workshop Tracks Announced

In preparation for the Eighth Eastern Region ALMACA Conference, scheduled for June 8-11 at the Hyatt Regency in Buffalo, New York, the hard work of the hosting Erie-Ontario Chapter continues. The education segment of the program is being developed by Roger Beamer, Program Committee Chairperson, and Beth Brown, Deputy Chairperson.

The basic workshop track, a popular attraction at the 1985 Eastern Regional for EAP novices, will be repeated. A diversified workshop agenda for seasoned practitioners will include the following topics.

- Cocaine Addiction and Recovery
- EAP and Self-Help Groups
- EAP Response to AIDS
- Eating Disorders
- Ethical Issues
- Canadian EAP Overview
- Sexual Addiction & Dysfunction
- Corporate Enabling
- Impaired Professionals
- Legal Issues
- Big Brother Invades the Workplace?
- Combat Veterans in the Workplace
- Adolescent Suicide

Conference Chairperson Ed Carter notes that the experience of the planners, who also sponsored last year's conference in neighboring Niagara Falls, has provided a great boost in preparation for this year's. "Having an experienced crew has made the behind-the-scenes work flow much more smoothly the second time around. We mobilized ourselves early in planning this year's program, and it has paid off. Based on feedback we have received, the 1985 conference was a success, and we expect Buffalo to be even more enjoyable," he says. Of valuable assistance to the Erie-Ontario Chapter has been the cosponsoring Pittsburgh Chapter, which has provided volunteers. They, in turn, will use their acquired expertise in hosting the 1987 Eastern Regional.

The Opening Reception will be held Sunday evening, June 8, and feature a



buffet, music and dancing. It will be sponsored by Smithers Treatment Center, South Oaks Hospital and the Erie-Ontario ALMACA Chapter. An open, informational AA meeting will also be held.

On Monday morning, the opening ceremonies will include welcomes by ALMACA President Jack Hennessy, Conference Chairperson Ed Carter, Erie/Ontario Chapter President Larry Weir, New York State Labor Council President Ed Cleary, and local and state government dignitaries. The Labor Luncheon, a popular stop on the Eastern Region's meal-function circuit, will follow.

The Banquet on Tuesday evening will feature D. Ward Fuller, president and chief executive officer of American Steamship Company, as keynote speaker. Music and dancing will follow.

The fitness craze will return to the Eastern Regional with aerobics, sponsored by Mediplex, on Monday through Wednesday mornings, and the "Fun Run," sponsored by Gosnold, on Tuesday morning.

Also returning will be the popular

"Taste of Western New York" luncheon, compliments of Addiction Recovery Corporation. Bry-Lin Hospital will provide refreshments in the Exhibit Lounge area. New to the entertainment agenda this year will be a musical and comedy routine at one of Buffalo's night spots on Monday, sponsored by Bry-Lin.

At the Awards Breakfast on Wednesday morning will be the second presentation of the Jim Edwards Scholarship Award, which designates the winner of an annual scholarship to the Rutgers University Summer School of Alcohol Studies in New Brunswick, New Jersey.

As a conference finale, a multi-image slide presentation recapping the conference will conclude the breakfast. The presentation, which provided a smash ending to the 1985 conference, will again feature the photography of Alex Shukoff and John Bloomquist. It is being billed as "Buffalo Postcard," featuring a large cast of conference attendees.

This year's program will be entirely contained under one roof and only

steps away from conferees' hotel rooms in the Hyatt Regency. Deputy Conference Chairperson Dan Norton is coordinating facility planning with ALMACA national staff.

Prospective attendees are advised that seating for the meal functions will be limited to 250, so early registration is desirable. The advance registration deadline is May 23. The cutoff for hotel reservations is May 18. They may be made by calling the Hyatt Regency at (716) 856-1234. Be sure to identify yourselves as ALMACANs for discount rates. Hotel reservation cards are also available in the registration packets.

"We were pleased that 450 turned out for our Niagara Falls conference last year," notes Ed Carter, "and hope to top that in 1986. Buffalo is a beauti-

ful city which is bound to surprise all who come."

ALMACA Conference in Ireland

The European Chapter of ALMACA is continuing its planning for this year's edition of its annual conference, called "EAP '86." It will be held June 16-17 at the Irish Management Institute in Dublin, Ireland.

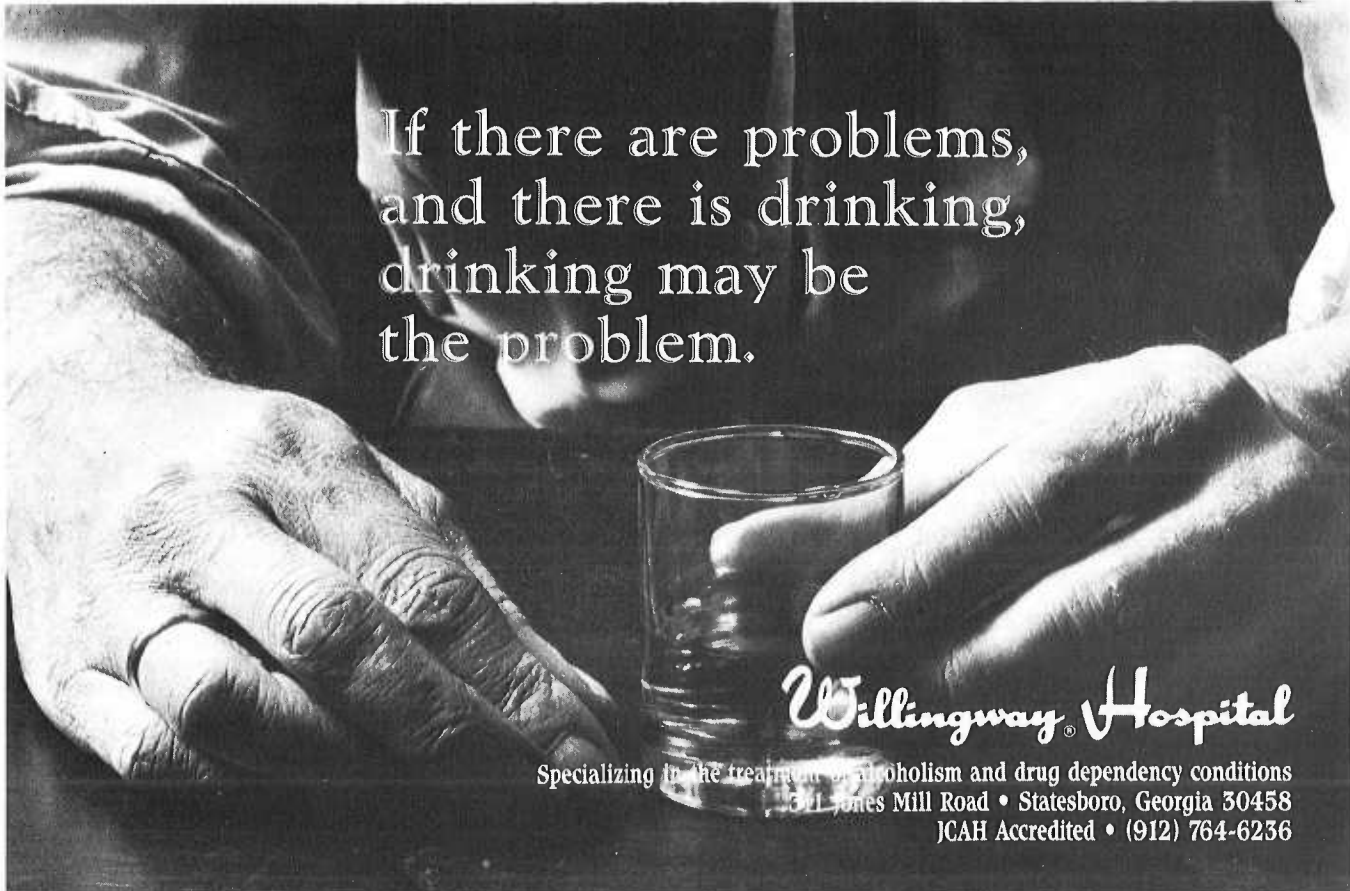
Speakers from the United States will be featured, according to Conference Chairperson Maurice Quinlan. They include: Jack Hennessy, ALMACA President and Director, International Longshoremen's Alcoholism Program, New York, NY; Lee Wenzel, EAP Corporate Manager, Honeywell, Minne-

apolis, MN; Margaret "Bonnie" Forquer, ALMACA Western Region Vice President and Occupational Program Consultant, Colorado Department of Health C-SEAP, Denver, CO; and Barbara Feinstein, President, People to People Associates, Lexington, MA.

For more information: Maurice Quinlan, Conference Chairperson, 36, Tirconnell Avenue, Lismore Lawn, Waterford, Ireland; telephone 011-353-51-55733; telex 80120 WTC EI.

Western Region Conference Coverage

The May issue of *THE ALMACAN* will feature a photojournalism report of the Western Regional, held March 26-28 in San Diego. Stay tuned! □



If there are problems,
and there is drinking,
drinking may be
the problem.

Willingway Hospital

Specializing in the treatment of alcoholism and drug dependency conditions
311 Jones Mill Road • Statesboro, Georgia 30458
JCAH Accredited • (912) 764-6236

NIDA Conference on Workplace Drug Abuse

On March 6-7, the National Institute on Drug Abuse (NIDA) held a conference titled "Interdisciplinary Approaches to the Problem of Drug Abuse in the Workplace." About 300 persons, primarily representatives of labor and management organizations, attended, including a number of EAP practitioners.

The objective of the conference was to review strategies to reduce use and abuse of drugs in the workplace, and to respond to increasing concern about the costs to industry. On the first day of the program, three workshop panels discussed the following issues: legal and security concerns, health and safety, and human relations. After these discussions, with audience participation, the panels convened throughout the night to draft consensus statements on their respective issues, as well as a general consensus statement. On the following morning, the statements were presented and further discussed. During the luncheon afterward to close the conference, addresses were made by: Donald Ian MacDonald, M.D. (keynote speaker), Acting Assistant Secretary for Health, Department of Health and Human Services; Stephanie Lee-Miller, Assistant Secretary for Public Affairs, Department of Health and Human Services; and U.S. Senator William Roth, Jr., Chairman, Permanent Subcommittee on Investigations.

The General Consensus Statement is reprinted below. More conference coverage will appear in the May *ALMACAN*.

GENERAL CONSENSUS STATEMENT

I. Drug abuse is a significant public health problem; it is pervasive in our society.

- The National Household Survey, conducted for the National Institute on Drug Abuse, indicates that 19% of those over 12 years of age have used illicit drugs during the last year.
- In the young adult population, 18-

25 years old, representing those coming into the workforce, 65% have used illicit drugs, 44% in the last year.

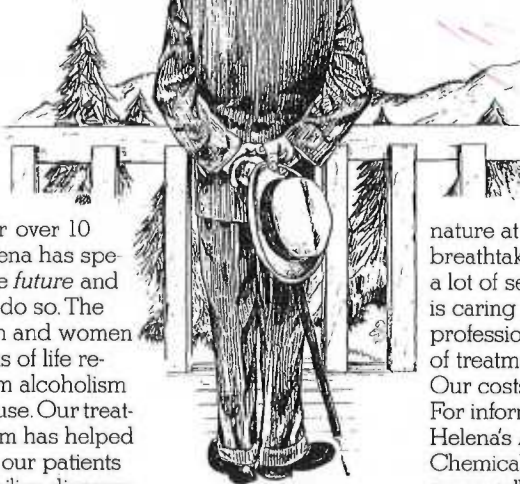
- The Alcohol, Drug Abuse, and Mental Health Administration estimates that alcohol and drug abuse cost nearly \$100 billion dollars in lost productivity each year.
- The human cost to society and the social, economic, and legal costs to business and have created a new awareness of the multifaceted problems that are created by alcohol and drug abuse, and there is consensus among government and business that action must be taken.

II. Drug abuse is a problem which must be addressed clearly and decisively in a fair and equitable manner with due consideration of the rights of

the employer, employee, and the general public.

- The elements for any program should be based on the rationale that drug use, including alcohol, by employees in the workplace is unacceptable since it can adversely affect issues of health and safety, security, productivity, public confidence, and trust.
- The process for developing a program should involve input from all aspects of an organization including: labor relations, union, legal, medical, security, and employee assistance staff.
- The resulting policy should clearly state the employer's rationale and expectations regarding drug use—and the actions to be anticipated in response to drug use. Employees should

My Future Never Looked So Good



Every day for over 10 years St. Helena has specialized in the *future* and continues to do so. The future of men and women from all walks of life recovering from alcoholism and drug abuse. Our treatment program has helped hundreds of our patients and their families discover a happy and productive way of life—a day at a time. No ordinary treatment facility, we're blessed by

St. Helena
Hospital and Health Center
of Napa Valley

nature at its best—forests, breathtaking sunsets and a lot of serenity. Our staff is caring and highly professional. The quality of treatment is first rate. Our costs are affordable. For information about St. Helena's Alcoholism and Chemical Recovery Program call 1-800/862-7575 in California, or 1-800/358-9195 out of state, or write St. Helena Hospital, Deer Park, CA 94576.

be explicitly informed of company policy and made aware of the consequences of drug use. Once policy is established it should be strictly adhered to and closely monitored to ensure that it is administered fairly and consistently.

● Supervisors and coworkers can be vital in: a) the early identification of problems; b) encouraging fellow employees to self-refer for treatment; and c) forming social support networks during and after treatment.

III. Drug abuse policy should be developed according to the best available current knowledge about the characteristics of drug abuse.

● Get expert advice on the technical aspects of the program.

● Employer should become involved in the early identification, treatment, and follow-up of employees with drug abuse problems.

● Urine screening can be an effective tool in the early identification of employees with drug problems and should be considered as a useful technique within the overall program. Extreme caution must be encouraged to assure that the collection, handling, and testing procedures are reliable and accurate.

● Self-referrals as well as company referrals to treatment should be accorded maximum respect for individual confidentiality consistent with safety and security issues.

● Follow-up procedures should be developed which ensure effective

treatment and rehabilitation. However, alternative actions, including dismissal, may be appropriate for those who are unwilling or unable to successfully return to the workplace.

Health and Fitness

American Health Consultants of Atlanta, Georgia, is offering a subscription for its monthly newsletter, *Employee Health and Fitness*. It publishes current news and practical advice on all aspects of promoting employee health and fitness in companies.

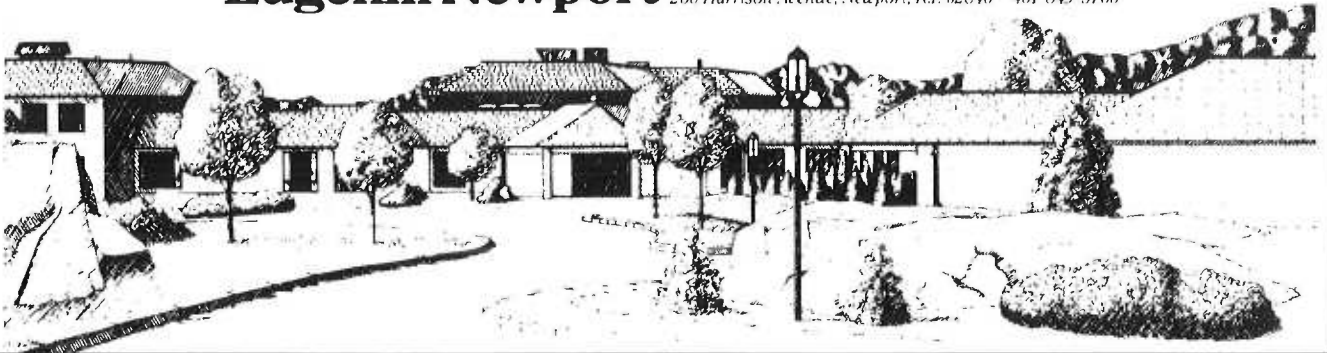
The cost for a one-year subscription is \$118. For further information contact: *Employee Health and Fitness*, Department 9110, 67 Peachtree Park Drive, N.E., Atlanta, GA 30309.

When the alcoholic becomes your concern.

Edgehill Newport is devoted to the alcoholic's effective recovery and confident return to productive living. A private, 160-bed residential treatment facility in Newport, Rhode Island, Edgehill offers a 28-day program for both the male and female alcoholic and a weekend treatment program for family members.

JCAH accredited, Edgehill Newport is approved as a treatment facility by most health insurance plans, and is particularly responsive to the Employer and EAP needs.

Edgehill Newport 200 Harrison Avenue, Newport, R.I. 02840 401 849-5700



NCALI Seeks Info

The National Clearinghouse for Alcohol Information (NCALI), which collects and disseminates information

on alcoholism and the use/abuse of alcohol, is seeking current information, documents and literature on EAPs and occupational alcoholism programs to update its files.

To send material or for further information contact: Dick Bickerton, NCALI, Ste. 400, 1776 Plaza South, 1776 E. Jefferson Street, Rockville, MD 20852; (301) 468-2600.

Help wanted

If you have an employee who turns to alcohol or other drugs for help we want to help you both.

For your employee, we offer medical supervision, detoxification, counseling, family and recreation therapy in a confidential inpatient setting.

And for you, we offer an alternative to training someone new.

We know the value of a good employee, and we want to help. For more information, call Joy Weaver at Oakleigh: (919) 479-3000.



Oakleigh
at durham

Crutchfield Street
Durham, NC 27704

Earle O. Jones, Executive Director

A division of the Durham County Hospital Corporation

You can do more than watch it happen.

You can call us right now, and help someone you know deal with their alcohol or drug problem.

Stuyvesant Square is the hospital based Chemical Dependency Treatment Program featuring a comprehensive medical assessment and detoxification service, complete family involvement and two full years of after care.

For more information ask us—or ask our alumni.

Call **(212)-420-2900**.

Refer to Stuyvesant Square

The Chemical Dependency Treatment Program at Beth Israel Medical Center.

First Avenue at 16th Street, New York, NY 10003



O'Donnell Receives Singer Award

ALMACA Twin Tier Chapter president, William J. O'Donnell, EAP director of The Singer Company, Link Flight Simulation Division in Binghamton, New York, recently received a certificate of appreciation from the Defense Investigative Service. He was recognized "for the professional assistance extended to special agents of the Defense Investigative Service Resident Agency, Binghamton, NY."

He accepted the award from William D. Turner, president of Link Flight Simulation Division. It was believed that conflicts existed between the obligation of federal contractors to file adverse information reports and the need to maintain EAP confidentiality. Regu-

lations require a client interview in which consent forms for release of information are executed (signed, witnessed, dated) prior to contacting the EAP about the specific case.



William O'Donnell (c) receives certificate of appreciation from Richard J. Rusakiewicz (l), Defense Investigative Service. William D. Turner, president of Link Flight Division, looks on. O'Donnell is president of the Twin Tier ALMACA Chapter.

O'Donnell indicated that in every instance which an EAP client was investigated or reinvestigated for a clearance, the confidentiality of the program was not violated in any way.

Smithers

has been the first stop and the first step back to living for over 20,000 people since 1972.



Smithers
Alcoholism Treatment & Training Center
 428 West 59 Street
 New York NY 10019

For admissions and information:
212-554-6491

ALCOHOL, COCAINE'

and OTHER DRUG PROBLEMS

- A Complete Confidential Medical and Psychiatric Evaluation
- Private, Confidential, and Individual Treatment
- 24-Hour Medical Supervision and Support
- Modern Residential Setting
- Special Familization Program
- Individual and Group Therapy
- Covered by Most Insurance Plans



NAPLES RESEARCH & COUNSELING CENTER

Toll Free **1 (800) 722-0100**

24-Hour Assistance

1 (800) 282-3508 Florida Only

- Call for complete confidential information on our residential treatment program or insurance approval.
- Call for our complimentary copy of "Guidelines for Recovery."
- Call regarding our intervention services.

NAPLES RESEARCH & COUNSELING CENTER

"The nation's most comprehensive system for the treatment of addictive disorders."

9001 Tamiami Trail South • Naples, Florida 33962
 (813) 775-4500



An affiliate of WILMAC Health Care...Partners in Family Progress

J.C.A.H. accredited

Member of the American Hospital Association

Loyola (Md.) Offers EAP Certificate

Loyola College of Baltimore, Maryland, is offering a graduate certificate in Employee Assistance Programs, designed to prepare individuals who already possess counseling and administrative skills for EAP jobs in business and industry.

The program provides comprehensive information and practical techniques to successfully identify and intervene in common workplace problems such as alcoholism, drug abuse and emotional/behavioral problems which underlie performance, attendance and conduct problems on the job. Attention will also focus on prevention, treatment, rehabilitation and follow-up procedures to resolve these problems.

The certificate consists of 18 graduate credits, with the following required courses: Intro to Counseling & Psychotherapy; Intro to EAPs; Assessment of Troubled Employee; Counseling Techniques; Case Management and Follow-up; EAP Administration, Marketing and Training. Included on the program's Advisory Board are Linda Crawford, Don Godwin, Jon Lobe, Dale Masi and Philip McKenna.

For more information contact: Director Graduate Programs in Psychology, Loyola College in Maryland, 4501 N. Charles Street, Baltimore, MD 21210-2699; (301) 323-1010; ext. 2306.

Insurance for the "Recovering"

In the January 1986 *ALMACAN* and "InfoTrack" was run identifying an insurance offer for "recovering" alcoholics by The Renaissance Group, of Florham Park, New Jersey. They have since asked that several other aspects of their program be mentioned, also. The company is operated by and for "recovering"

alcoholics. The Renaissance Group offers 100% peer group contact and strict confidentiality. Their underwriters, The Kemper Group, has reportedly given their approval to

offer a full line of health and disability coverage, with the same qualifications as for life insurance.

For more information call (201) 966-9552.



SOUTH OAKS HOSPITAL

(The Long Island Home, Ltd.)
Established 1882

Leonard W. Krinsky, Ph.D.
Executive Director

Comprehensive programs for the treatment of alcoholism, compulsive gambling, eating disorders, drug abuse, and mental illness

NATIONAL TOLL-FREE HELPLINE 1-800-732-9808

- Inpatient detoxification
- Inpatient rehabilitation, open and closed units
- Comprehensive adolescent program
- Active psychodrama programs
- Specialized treatment for compulsive gambling
- Eating disorders unit
- Family and "significant others" program
- Aftercare follow-up
- Accommodation for patients of all religious groups
- Licensed outpatient program including services for children of alcoholics
- Complete EAP liaison and coordination of patient care
- Information, referral, and free consultation
- Ongoing workshops in alcoholism, compulsive gambling, and family-related topics
- Training Program for Alcoholism Counseling and educational services through The Institute of Alcohol Studies at South Oaks

Sheila B. Blume, M.D., C.A.C.
Director of Alcoholism Programs

400 Sunrise Highway, Amityville, L.I., New York 11701

516/264-4000



**Seabrook
House**



"Where Recovery Begins With Love"

**Comprehensive Chemical
Dependency Treatment -
Alcohol, Cocaine, Drugs**

1-609-455-7575
1-800-582-5968 (in NJ only)

Seabrook House

Seabrook & Atlantic City, New Jersey

When chemical dependency is the problem and you want a solution

- Total Detoxification and medical care
- Employee assistance consulting
- A.A./N.A. oriented treatment modality with emphasis on spiritual recovery
- Full day and evening Outpatient Services
- Comprehensive family program
- 12 week outpatient Codependency program
- Professionally staffed aftercare groups with quarterly reviews

Located in a gracious, quiet setting in suburban Atlanta

BRAWNER

R E C O V E R Y C E N T E R

Contact:

Betty Prigge
3180 Atlanta Street, S.E.
Smyrna, Georgia 30080
404/436-0081

The World Conference on Alcoholism

Vienna, Austria
October 18-25, 1986

The fabulous city of Vienna will be the host for the World Conference on Alcoholism in 1986 - and have we planned a conference for you!

Subject areas will range from the Disease Concept to Adult Children of Alcoholics, from the Treatment of the Family to New Trends in Addiction Research, with many topics in between.

We have even included 2 free days for you to sample all of the splendor and richness of Vienna and their most gracious people.

We look forward to seeing you in Vienna, October 18-25, 1986. It's going to be a great conference you won't want to miss.

For a complete conference
brochure call:

1-800-845-1567
(in GA 404-641-9286)

Or write to us at: Charter Medical
Corporation, Addictive Disease Division
11050 Crabapple Rd./Suite D-120,
Roswell, GA 30075

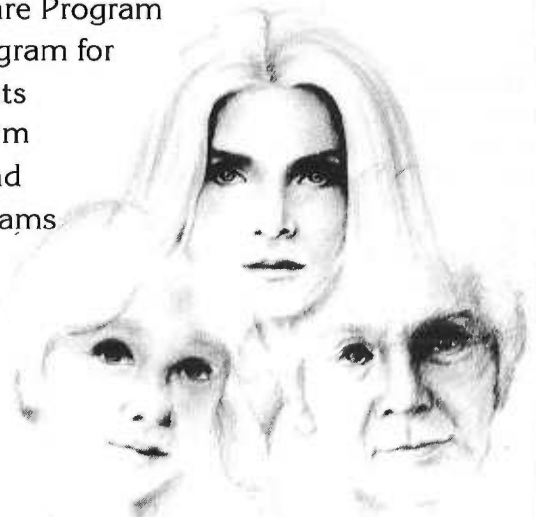


Sponsored by Charter
Medical Corporation

Specialists in the treatment of

Women & Female Adolescents

- Alcoholism and all chemical dependencies
- Innovative Aftercare Program
- Facilities and Program for Children of Patients
- Pregnancy Program
- Separate Adult and Adolescent Programs
- Medically Supervised Detox
- Low Rates
- Fully Accredited



COLUMBIA
HOSPITAL

P.O. Box 147
Buena, Washington 98921
1-800-222-3273 (In Washington)
1-800-525-2517 (Outside Washington)

CONFERENCES AND WORKSHOPS

MAY

D.C. Area Chapter of ALMACA is sponsoring a Professional Development Day on May 6, at The George Washington University Marvin Center. The symposium will run from 9-3:30 with a cost of \$25.00. CEUs are available. For more information contact Drs. Pamela Finnerty-Fried at (202) 676-8650 or James Wilcox, 485-8694.

The Johnson Institute of Minneapolis, Minnesota, is sponsoring the following seminars: Chemical Dependency & Family Recovery, May 5-9; Primary Outpatient Treatment Model for Chemical Dependency & Codependency, May 14-16; and Adolescents, Alcohol & Drugs, June 26-27. For more information contact: Education Department, Johnson Institute, 510 1st Ave. N., Minneapolis, MN 55403; 1-800-231-5165, or in MN 1-800-247-0484.

Federal Publications Inc. will host the conference "Whistleblower Law," a custom-tailored program for labor professionals, on May 1-2 in San Francisco, California. For more information contact: Whistleblower Law, Federal Publications Inc., 1120 20th Street, N.W., Washington, D.C. 20036; (202) 337-7000.

The Oregon Institute of Alcoholism Studies will present "Identifying and Intervening with the Eating Disordered Client in Your Caseload" on May 8-9 in Newport, Oregon. For more information contact: Oregon Institute of Alcoholism Studies, P.O. Box 1240, Waldport, OR 97394; or call Ruthanne Lidman at (503) 563-4240.

DePaul Training Institute of Milwaukee, Wisconsin and Learning Publications of Holmes Beach, Florida are presenting "Children of Alcoholics . . . A Focus on Treatment and Recovery" on May 15-17 in Milwaukee. For more information contact: Dorothy Dow, DePaul Training Institute, 4143 S. 13th St., Milwaukee, WI 53221; (414) 281-4400.

The Haight-Ashbury Training and Education Project will present the

course "MDMA: A Multidisciplinary Conference" on May 17-18 in Oakland, California. For information contact: Stephanie Ross, Haight-Ashbury Training Project, 409 Clayton Street,

Box ED, San Francisco, CA 94117; (415) 626-6763 or 652-7000.

The 11th EAP Institute will be held May 18-23 in Atlanta, GA, and be sponsored by the Georgia Tech College

EMPLOYEE ASSISTANCE PROGRAM CONSULTING SEMINARS

EAP BASICS (First Day)

- How to write the policy statement, the employee brochure and the supervisor's guide.
- How to develop the EAP implementation schedule and train supervisors.
- How to develop a case management system and reporting format.
- How to monitor treatment and aftercare.
- How to ensure an effective labor management interface and deal with issues of confidentiality.

A 55-page workbook with samples, outlines and format is provided.

EAP CONSULTING (Second Day)

- How to add EAP Consulting to your practice to compensate for dwindling client dollars.
- How to acquire commercial accounts.
- How to prepare a proposal, write the contract and close the sale.
- How to find and qualify good prospects and spot a bad consulting opportunity.
- How to value your services and establish fees.

A 54-page workbook which includes a field tested proposal and sample contract is provided.

SEMINAR LEADERS

The Jernberg Corporation is internationally recognized in Employee Assistance Programming and has served diverse industries throughout the United States and Canada. Their growth can be attributed to their unique capability to deliver EAP services to companies of any size, fulfilling the client's needs within their economic parameters.

CITIES AND DATES

- | | |
|-------------------------------|----------------------------------|
| ___ Orlando, FL (April 16-17) | ___ Chicago, IL (May 29-30) |
| ___ Saddlebrook, NJ (May 1-2) | ___ Los Angeles, CA (June 12-13) |
| ___ Columbus, OH (May 15-16) | ___ Washington, DC (June 26-27) |

SEMINAR FEES

EAP BASIC (First Day)	\$225
EAP CONSULTING (Second Day)	\$225
EAP BASICS & CONSULTING (Both Days)	\$400

FOR MORE INFORMATION AND REGISTRATION

TOLL FREE (800) 343-3028	The Jernberg Corporation	PREREGISTRATION IS
CALL: IN CANADA (800) 633-0097	390 Main Street	REQUIRED. SEATING
IN MASS. (617) 754-1770	Worcester, MA 01608	WILL BE LIMITED.