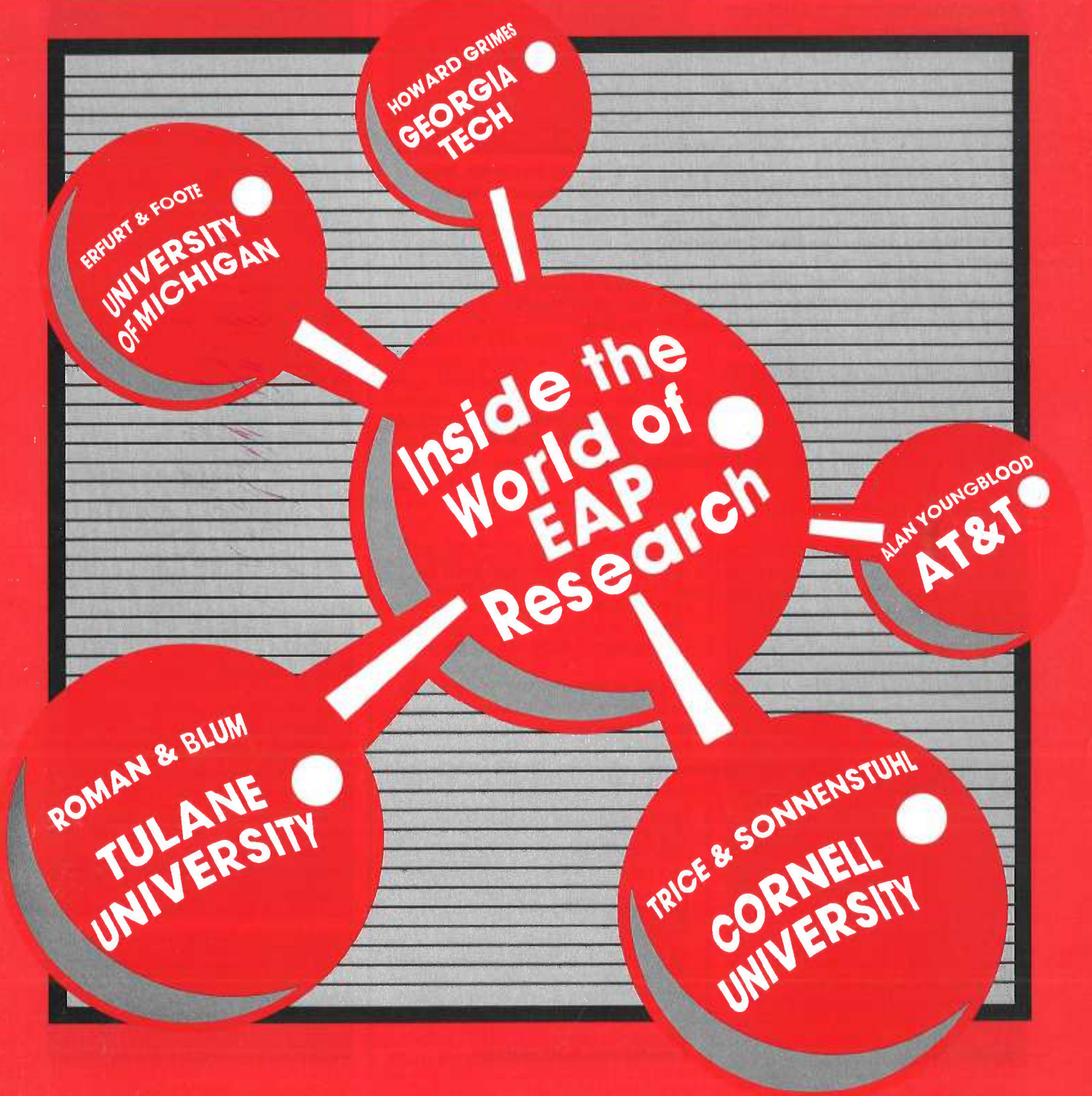


# *the* ALMACAN

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



An International Association of Professionals in Employee Assistance Programs



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# THE ALMACAN

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## UPDATE ON CREDENTIALING

# Board on Credentialing: "Full Speed Ahead!"

by Judi Laws  
and Rudy M. Yandrick

After fifteen months of intensive data-gathering, innumerable meetings with chapter members around the United States, and a repudiation of one credentialing proposal at the 14th Annual Meeting in Boston last November, ALMACA's Board of Directors unanimously approved a proposal for an ALMACA-controlled credential at its March 25 meeting in San Diego, California.

The Board accepted the proposal of Professional Testing Corporation (PTC) of New York City, one of four respondents to ALMACA's preliminary vendor solicitation this January, to administer and develop the credentialing program.

As promised by President Jack Hennessy during the Annual Meeting's special credentialing presentation last November 13, any Board-approved proposal will be put before the entire individual, voting membership for ratification. A ballot is tentatively scheduled for mailing on May 5. The vote, it should be noted, is not on whether to initiate a credentialing process—that was previously approved by the Board—but on whether to accept PTC as the testing vendor.

PTC's proposal complies with three Board mandates; that it be ALMACA-controlled, that it include a grandparenting provision, and that EAP be recognized as a distinct profession and not a subset of others, such as personnel administration.

### HOW THE PTC PROPOSAL WAS APPROVED

Prior to Board approval, the Executive Committee and an Ad Hoc Credentialing Committee, composed of 11 ALMACANs whose names were published in the February 1986 issue, reviewed the four vendor solicitations, rated them, and recommended their vendor

**"PTC has a long track record of providing credentialing services for a variety of organizations."**

choice to the Board. (Appointments to the committee by Jack Hennessy, incidentally, were made with sensitivity to geographic balance.) The Ad Hoc Committee was selected to assure "appropriate Board participation" in the evaluation of the credentialing proposals. They unanimously recommended the PTC proposal.

During the March 25 Board meeting, Edgar Marchesini presented the committees' recommendations, reviewed the rationales behind them, and on behalf of the committees provided commentary and responded to Board questions.

According to Marchesini, four major factors were used in evaluating the proposals. They were:

- **ALMACA Control.** This factor was subdivided and rated according to ALMACA policymaking independence, ALMACA control of eligibility requirements, and ALMACA copyright of items and tests.

Since control by ALMACA was mandated at the November Board, this issue, in particular, was approached with great sensitivity. PTC received high marks in all three categories.

- **The Vendor Organization.** This factor was subdivided as follows: proposal clearly and exactly addresses ALMACA's solicitation; experience with grandparenting; experience with credentialing test development; experience with nationwide test administration; experience with application development and screening; client list includes business/labor & health/human service groups; and financial capability.

Again, PTC was rated most high. The most glaring discrepancy favoring

PTC was the lack of grandparenting experience by the other vendors—one of PTC's strong suits—which the evaluators considered paramount.

Also of considerable importance were PTC's 20 years of experience in test administration and its extensive network of test sites.

- **The Work.** The subdivisions were: test development within the first year; test administration, scoring and reporting; procedure for test development; confidentiality; security; legal services; and publications provided.

The evaluators focused on the quality and thoroughness of the proposed technical approach that each vendor submitted. All of the vendors recog-

### Board Decisions

Prior to the Western Region Conference in San Diego, held in March, the ALMACA Board and Executive Committee met. The following policy decisions resulted:

- The individual and associate membership dues will increase from \$65 to \$85, as of July 1.

- ALMACA's 18th Annual Meeting, to be held in 1988, will be hosted at an undetermined city in Florida.

- In response to the recent publicity of drug abuse at the workplace and implications for drug screening, Program Managers Committee Chairperson Tamara Cagney will be soliciting members for company policies on drug testing. Further information in this regard will be printed in future issues of *THE ALMACAN*.

Additionally, the 15th Annual Meeting Program Committee is considering a separate program in Dallas this November on drug screening.



conjunction with the ALMACA Office to prepare a ratification package for the voting membership. On the Task Force are Bob Challenger, Thomas Desmond, Tamara Cagney, Marchesini, Frank Burger, Sally Lipscomb, Judi Laws and Thomas Delaney. That group drafted the following statement of Board action pursuant to the March Board meeting: "The evaluation process resulted in the unanimous recommendation of the Credentialing Committee, the Executive Committee, and your Board of Directors for the endorsement of Professional Testing Corporation (PTC) as the organization best qualified to assist in developing the ALMACA credential." This statement will be included with the ballot for approval of the credentialing proposal.

#### RATIFICATION

Ratification of the credentialing venture will require bilateral action on the parts of ALMACA and PTC.

If the ALMACA membership approves the proposal, PTC, as a contractor, will be obligated to perform the tasks set forth in its proposal (as revised and restated, per ALMACA's request). As prescribed by the contract, ALMACA will select a committee of experts to work with PTC in the discharge of those contractor functions.

In order to insure that this body represents a broad consensus among ALMACANs, the ballot will ask members to write in the names of three highly competent and respected people in the EAP field. From this pool of nominees, Jack Hennessy will appoint the members of ALMACA's credentialing council.

All individual, voting members of ALMACA are urged to participate in the voting process which specifies PTC as vendor in administering the test for an ALMACA-controlled credential, and requests nominations for ALMACA's credentialing council. The ALMACA Office, Board of Directors

and Executive Committee have worked diligently and in good faith to inform the membership of developments to the greatest extent possible.

The ball is now in your court. We are

in the midst of one of the most critical processes which ALMACA has ever embarked on, and it is the single most important action which will help the EAP field coalesce into a profession. □

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## FROM THE EXECUTIVE DIRECTOR

*Thomas J. Delaney*

**A**LMACA continues its steady growth. As statisticians and students of organizational behavior tell us, overall growth often hides more specific changes which may reflect a variety of phenomena only appreciated when the total picture is placed under a microscope. ALMACA's total growth encompasses the number of chapters, members, backgrounds of members and cumulative activities of the organization. Each of the components will reflect ups and downs in a short period of time, although the larger picture is one of growth. Inspecting the micro-changes can help us to get a feeling for possible trends.

### CHAPTER GROWTH

For example, in the number of chapters, I have commented several times about their growth in California over the last few years. I made four trips to California in the first three months this year and have noted extensive activity among the more established chapters. However, newer chapters have also demonstrated the capacity to impact on regional and national ALMACA issues.

There are other cases in point, too. About the time you receive this issue, I will be heading in the opposite direction, to attend the annual conference of the ALMACA European Chapter. After several years of effort by Maurice Quinlan of Ireland, he was joined by Bill Morgan of England and Sara Bilik of West Germany to get the chapter started.

The evolution of the European Chapter is just one part of the slow-but-steady development of the International Region. Not too long ago, the ALMACA International Region was an undifferentiated combination of multinational EAP administrators, Canadians, U.S. nationals located outside the country, other foreign nationals and overseas U.S. military personnel. With the establishment of Canada as a separate region and a European Chap-

ter, ALMACA is adjusting to meet the needs of the growing membership at these locations. The multi-national EAP administrators (mostly U.S.-based) have had a couple of meetings and have coalesced into a unique ALMACA unit. I can see the day when ALMACA's military members may want their separate identity.

Of course, the identification of separate units presents a challenge to make sure that the core of ALMACA remains intact. The history of ALMACA provides reason to be optimistic in this respect. Our long name demonstrates the different groups that have found common cause within the organization. Labor and management are the obvious examples, with each benefiting from the opportunity to work with the other to promote the EAP field. Researchers and practitioners, and strict occupational alcoholism and broad-brush EAPs are the two other examples. The old saying about hanging together or hanging separately seems to be the principle at work here.

Besides the California and European developments, there are other chapter changes taking place within the overall pattern of growth. Right now, there are active efforts to start new chapters in Orlando (Florida), east Texas, western Connecticut, the mid-Hudson Valley of New York, Hawaii and Delaware. Some of these are in areas which have traditionally been covered by larger chapters in nearby metropolitan areas. The spinning off of new chapters by older ones has occurred several times in southern California. There are now five chapters in that area that were once represented entirely by the Los Angeles Chapter. Initially, there was some fear that the Los Angeles Chapter would shrink, but despite the spinoffs, it continues to grow. One reason is apparently the mutual support and cooperation among old and new chapters. It is a model now being followed in other parts of the country.

### MEMBERSHIP GROWTH

The actual number of ALMACA members is also increasing. The undercurrent for it lies in the dynamic nature of EAPs, i.e., the broad diversity of programs. Some of this gives rise to active debate in the chapters, regional meetings and the Annual Meetings, but I feel these discussions are healthy and should be encouraged for several reasons. First of all, we may find that the differences claimed about our programs are exaggerated and that we are bound together by commonalities of purpose. Secondly, we can learn from each other. This not only means that the "old-time" administrators can learn from the new people who may have more technical training, but that the newer people with one or more graduate degrees may learn from the old-timers who have "learned the hard way."

Recently, I observed an interesting example of how ALMACANs adjust to changing EAP concepts. At its meeting in San Diego in March, the Board of Directors approved a new "consultant" job description. This was developed by the Consultants Committee and submitted by its chair, Candace Bibby. The major change is that it recognizes the fact that consultants often administer EAPs by contact, in addition to the traditional consultant roles of marketing, design, installation and evaluation.

At the 1981 ALMACA Eastern Regional Conference in Hyannis, Massachusetts, Ed Small spoke about the future of ALMACA. He predicted continued growth and the day that each of the standing committees of ALMACA would be staffed by someone in the National Office. This staff capacity is developing slowly. Since then we have added staff to do the newsletter, membership and fund-raising. With the growth of the field and ALMACA, this process may never be complete, but its continuation is a sign of the vitality of the EAP field. □

## OTHER PROFESSIONAL ORGANIZATIONS

# NCALI: Alcohol Information Resource

by Richard Bickerton  
NCALI Senior Outreach Specialist

Some 10,000 individuals per month turn to the National Clearinghouse for Alcohol Information, seeking answers and parameters to alcohol-related subjects. They have turned for help to the country's most comprehensive resource for information about alcohol, its use and abuse. Sometimes called NCALI, most often referred to simply as "The Clearinghouse," the operation has been the information arm of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) since 1972.

The Clearinghouse has three principal functions: data collection and analysis, materials development, and outreach and user awareness.

Under data collection and analysis, the Clearinghouse acquires publications and other information sources from both domestic and foreign origins, abstracts the best of the material it collects, and enters the abstracts into a data base that already contains more than 50,000 items.

Under materials development, the Clearinghouse targets audiences which, according to market research, have an interest in both discrete and general alcohol-related data. These audiences tend to follow through with submissions to the quarterly *Alcohol Health and Research World*, the *Alcohol Awareness Service*, as well as for numerous fact sheets, updates, brochures and other publications originating with NIAAA or the Clearinghouse. Product concepts are developed based on market research data, pre-tested with the target audience, and prepared by NCALI staff writers. Materials are currently being developed in the areas of youth, alcohol and pregnancy, alcohol and safety, children of alcoholics, prevention, treatment, Employee Assistance Programs, and general health information.

*Alcohol Health and Research World*, the quarterly magazine of NIAAA, is

unique among periodicals in the alcohol field. Now in its second decade, this attractive publication provides up-to-date research findings, as well as practical and usable programmatic information, in an understandable and easy-to-read magazine format.

### MAILING LISTS

Under outreach and user awareness, the Clearinghouse has established and maintains about 200 mailing lists that constitute a "register" of Clearinghouse users, and it regularly interviews people in the constituency, evaluates research requests from Clearinghouse users and conducts systematic feedback on user response to old and new products. The goal is to recognize the changing currents in alcoholism knowledge interests and identify or create supporting, responsive materials for almost every print medium. Two other important functions of the outreach and user awareness effort are to identify intermediaries—civic organizations and professional groups that will disseminate Clearinghouse materials to their own memberships—and technical assistance, which includes placing news and feature articles about alcoholism in the constituency and popular press, pilot testing, and the development of curricula and new products.

Some subject areas, of course, have a greater demand than others. Ranked by frequency of requests for information, the 10 most popular alcohol-related subjects in the country today are youth, drinking and driving, prevention and education, fetal alcohol syndrome, grants, general education programs, children of alcoholics, treatment and therapies, alcoholic families, and Employee Assistance Programs.

Efficient and effective management is layered over this entire structure to insure that the interlocks work. With beneficial management, the three main functions of the Clearinghouse are harnessed to the same or complimentary objectives. The Clearinghouse func-

tions as a team of interdependent work units.

With authorities from outside the Clearinghouse bringing special knowledge of given areas to the task of capitalizing fully on in-house expertise, priority areas for NCALI are youth, fetal alcohol syndrome, safety, health professions education, children of alcoholics, Employee Assistance Programs, and posters.

### EAP-RELATED

An EAP activity of NCALI workers and outside experts is presently that of working on a total upgrade of Clearinghouse capability, including: sample EAP program models, labor's involvement with EAPs, description of EAP evaluation techniques, profiles of management information systems, identification of legal issues and models for cost containment.

There is also an awareness of other target audiences that will present future priorities, and the Clearinghouse is moving on them to make the best information available in the best way.

The Clearinghouse does charge for *Alcohol Health and Research World* (\$12 for four 64-page issues) and for the *Alcohol Awareness Service*, a 30-35 page, bimonthly publication (\$15 for six issues).

All other materials are free to requestors, including literature searches, printouts of abstracts, and reading lists.

Persons interested in utilizing the Clearinghouse as a resource should write and ask to be placed on NCALI's mailing list for promotional materials and samples of new products.

Our address is: National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852. Telephone (301) 468-2600.

As long as you're writing in, examine your current information needs and ask the Clearinghouse for help in plugging that knowledge gap. □

## REGIONS AND CHAPTERS

# Western Regional Recap

Conference planners dubbed the fourth annual Western Region Conference, held March 26-28 in San Diego, California, as ALMACAN's "Rising to the Challenge." In retrospect, with actions recently being taken on the two largest ALMACA issues affecting west coast members, credentialing and Knox-Keene, the theme was certainly appropriate.

### CREDENTIALING, KNOX-KEENE

Prior to the conference, on Tuesday, March 25, ALMACA's Board of Directors met at the Holiday Inn at the Embarcadero, the conference site, and unanimously approved an ALMACA-controlled credentialing proposal. It was presented to conference participants at the General Session Panel on Wednesday afternoon by ALMACA credentialing specialist Judi Laws. By agreement at last year's ALMACA Annual Meeting in Boston, that proposal will now be offered to the individual

membership for final passage. (For details of the credential proposal, see page 3.)

The other dominant issue, Knox-Keene, was discussed at length in the Board meeting, at an open discussion meeting on Wednesday morning, during the General Session Panel, and at the Knox-Keene Issue Session on Friday morning. Over the preceding five months, the behind-the-scenes work had been completed, and members of the ALMACA Select Committee on Knox-Keene reviewed up-to-the-minute developments. (For a report on previous and upcoming Knox-Keene-related activities, see page 30.)

### OPENING ACTIVITIES

From start to finish, conferees enjoyed some of that stereotypical, sunworshipping, Southern California weather. Approximately 175 registrants had to stave off the temptation to sightsee to

attend the plenary sessions and workshops.

The conference opened with a friendly greeting from Conference Chair, Sharon Rhodes, followed by a special presen-

**"Rising to the Challenge" was an appropriate theme**

tation by Dr. Paul Roman, Tulane Sociology professor, called "The Essence of EAPs." The General Session Panel followed, moderated by Dr. Roman, with presentations by: Judi Laws on credentialing; Dr. Patricia Armstrong, California School of Professional Psychology, on curriculum development; Dr. Lloyd Ramos, consultant, on ethics; and Dr. Bryan Lawton, Wells Fargo Bank N.A., on Knox-Keene. Meetings on committee issues followed.

A poolside reception and social hour that evening was a gala opportunity for conferees to do some serious networking, with refreshments on hand and music provided by the Mariachi Band.



The view of San Diego's harbor, with the frigate "Star of India" in the foreground, was spectacular from the Holiday Inn at the Embarcadero, site of the fourth Western Regional.



Attorney George Root makes a point during Thursday's luncheon.

## WORKSHOPS

After a complimentary breakfast in the exhibit hall Thursday morning, the one-day workshop program began. The workshops and panels included: EAP Curriculum, moderated by Jennifer Farmer, Employee Assistance Programs, Inc., with presentations by Drs. Paul Roman and Patricia Armstrong; Credentialing, presented by Judi Laws; Innovations in EAPs, moderated by Robert Bruner, P.S.Y. Health Systems Inc., with presentations by Anthony Kramer, Security Pacific National Bank, Dr. Frank Benest, City of Gardena, and Joan McCrea, Hughes Aircraft Company; Appropriate Intervention With Dual Diagnosis, presented by Dr. Josette Mondanaro, Wingspread; Drug Screening, moderated by Ralph Snow, AFL-CIO Community Services, with presentations by Terry O'Brien, lawyer and consultant to Los Angeles County EAP, and Chris Ashcraft, Ashcraft & Doyle Attorneys; Ethics, moderated by Tamara Cagney, City of Oakland, with presentations by Jere Bunn, Owens-Corning Fiberglas and Dr. Lloyd Ramos; Marketing, presented by Tom Reeves, Reeves Communication; and Women's Issues, moderated by Mary Welch, National Recovery Network, with presentations by Diane J. Garland, U.S. Postal Service, Joan McCrea, and Deborah Parker, California Women's Commission on Alcoholism.

Any trip to a tourist city like San Diego is worthy of time off to check out the local scenery. Many ALMACANs stowed away on Thursday evening for a paddlewheel cruise of the San Diego Harbor onboard the "Showboat." Landlubbers, conspicuously absent in the afternoons, could be found at the renowned San Diego Zoo or contemporary Seaport Village shopping center.

The Knox-Keene Issue General Session on Friday featured: Gary Atkins, Lockheed Missile & Space Company as moderator, and speakers Kenneth

R. Collins, Chevron Corporation; George Cobbs, ILWU-PMA Benefit Plan; Dr. Bryan Lawton; and William F. Adams, attorney for Orrick, Herrington & Sutcliffe.

The luncheon speakers for Thursday and Friday, respectively, were: George Root, Jr., Attorney with Weissburg and Aronson, who spoke on Knox-Keene and legal issues, and Anne Thureson, Employee Representative, United Airlines SEAMD, who raised questions regarding the quality of EAP services, current EAP functions, and speculated on future directions.

A final wrap-up session was held following Thureson's presentation. At that time, Duane Rogers presented a plaque to Gary Atkins, ALMACA Vice President-Operations, for "outstanding leadership" provided to the Select Committee on Knox-Keene. Sharon Rhodes thanked conferees for their participation and encouraged everyone to attend the 1987 program in Portland, Oregon.

## CHAIRPERSONS

In addition to Rhodes, the chairpersons for this year's Western Regional in-

cluded: Program, M. David Meagher; Registration, Marla McManus and Barry Niman; AA Liaison, Paige Bunn; Committee Meetings Coordinator, Myra Greenberg; Hospitality, Anne Robison; Exhibits, Rosemary Ward; Films, Tony Aguilar; Brochure, Linda Hirshberg; Public Relations, Robert Bruner and Greg Karle; Treasurer, Nick Krnich; Entertainment, Jay Piper; Site, Mark Greenberg; and Audio-Visual, Joe Patterson. □



The roving camera spotted Tamara Cagney (l), Lloyd Ramos and Sharon Rhodes swapping some good stories during the pool-side reception.



This circle of labor representatives was part of the committee meetings on Wednesday afternoon.

# Eastern Announces Lineup of Speakers

**A**s the Eastern Region Conference Committee winds up its planning for the Eighth Regional, scheduled for June 8-11, its slate of speakers has been released.

The opening ceremony on Monday, June 8 will include remarks from: Ed Carter, General Conference Chairman; Larry Weir, President, Erie-Ontario Chapter President; Mayor Griffin, City of Buffalo; Al Demarco, New York State Governor's Office; Edward Cleary, President, New York State AFL-CIO; and Jack Hennessy, President of ALMACA.

Immediately following will be the Labor Luncheon, with master of ceremonies Jack Anderson, Local 32B-J Health Fund, and featured speakers Edward Cleary and Jack Hennessy.

The educational program will be divided into seven workshops, each with four concurrent sessions. Workshops A and B will be held on early and late Monday afternoon, Workshops C and D on early and late Tuesday morning, Workshop E on Tuesday afternoon, and Workshops F and G on early and late Wednesday morning.

## MODERATORS/PRESENTERS

The session titles and moderators (designated by "M") and presenters ("P") will include:

Workshop A: Cocaine Addiction and Recovery, with Peter Schweitzer (M), Ronald J. Dougherty, Ph.D. (P) and Robert J. Bertone (P); Beyond Sobriety, with James Richards (M), Miriam F. Akins (P), Ruben Pacheco (P) and Judith Felsen, Ph.D. (P); EAP as a Corporate Enabler, with Philip McKenna (M) and Joseph S. Lemmon (P); and Basic Elements of an EAP, with Marianne Kunze (M) and Ed Carter (P).

Workshop B: EAP and the Self-Help Groups, with Joseph Hofmann (M) and John Baudhuin (P); Public and Private Sector EAPs, with Lucille Moseley (M), Jack Canavan (P) and Bruce Davidson (P); Intervening With the Impaired Professional, with Beth Brown (M), Chris-

tine Fewell (P) and Miriam Aaron (P); and Effective Intake Interview, with Larry Weir (M), Carol Chanco (P) and Jeffrey D. Belgrave, Ph.D. (P).

Workshop C: Alcoholism—New Light on the Disease, with Austin Gibbons (M) and John Wallace, Ph.D. (P); The EAP Response to AIDS, with Gregory DeLapp (M), Beth Brown (P), Jim McDonald (P) and Kevin Parker (P); Legal Issues Update, with Maureen Duggan (M) and Jon Bauer (P); Record-keeping and Evaluation, with Joe DiMaria (M), Joseph Hofmann (P) and Jill Ballagur (P).

Workshop D: All in the Family, with Joseph Lemmon (M), Lynn Reynolds, Ph.D. (P) and Peter Roche (P); Eating Disorders—Working Definitions, with Dan Norton (M) and Gale Schneider (P); EAP & Treatment, with Bob Challenger (M), Walter Scanlon (P), Judith Gourse (P) and Evan Mason (P); and Basic EAP Training Strategies, with Ed Carter (M), William O'Donnell (P) and Richard Henderson (P).

Workshop E: An Addict is an Addict is an Addict, with Glenn Horstman (M), Jonathan Lampert, M.D. (P), Peter Topaz (P) and Karen Derby (P); Big Brother Invades the Workplace?, with John Quinn (M), Jack Anderson (P) and Ezra Singer (P); Feelings and Attitudes of Adult Children of Alcoholics, with Thomas O'Connor (M) and Michael C. Welsh (P); Co-Dependency—A Treatable Addiction, with Robert Tetrault (M), Monica Wright (P) and Barbara Kilcommons (P).

Workshop F: Spirituality and Recovery, with Phil Jonas (M) and Jim Devine (P); Combat Veterans in the Workplace, with Roger Beamer (M), Tom Brinson (P) and William Yost (P); Mommy Doesn't Live Here Anymore, with William O'Donnell (M), Maureen Duggan (P) and Carol Hession (P); and Marketing and Implementing EAP in Education, with Marcia Nagle (M) and Eileen Miller (P).

Workshop G: Canadian EAP Overview, with Morris Golden (M), Carole Yuzwa (P) and Phillip Reidford, Ph.D.



(P); Save the Children, with Kevin Parker (M), Gerald W. Lewis, Ph.D. (P) and Pat Erickson (P); Sexual Addiction and Dysfunction, with Madeleine Tramm, Ph.D. (M) and Carole Thompson (P); and Special Help for Special People, with Jack Hennessy (M), Paul Rothfeld (P) and Wendy Leonard (P).

## OTHER ACTIVITIES

Other activities throughout the week will include: a moderator/presenter's briefing and an informal AA meeting on Sunday evening, the return of the "Open Forum" on Tuesday afternoon, the Conference Banquet, featuring keynote speaker D. Ward Fuller of American Steamship Company, on Tuesday evening, and the Awards Breakfast on Wednesday morning, which will include the presentation of the Jim Edwards Scholarship and a multi-image show.

Conferees are in store for an impressive entertainment agenda, as well. Leon Redbone, a bluesy, music-with-a-message kind of guitarist, will perform during the "Headline Comedy and Entertainment" show on Monday evening.

Conference Chairperson Ed Carter invites the participation of all ALMACANS, including those beyond the Eastern Region's boundaries, and says that the year-round efforts of the Planning Committee holds the promise of a well-orchestrated, educational and entertaining experience for all.

## San Fernando Women's Speakers Bureau

The Women's Committee of the San Fernando Valley Chapter of ALMACA is developing a speakers bureau which will be available soon to business and industry, and for chapter activities. The project is being headed by Laurie Seiden, a licensed therapist in private practice.

Among the themes on which presenters will speak are "The Superwomen's Role," "Women's Health Issues," "Family Problems," "Authority and Women at Work" and "Women's Support Systems."

The San Fernando Valley Chapter developed the first active Women's

Committee in ALMACA through the leadership of Gail Chase of Alternatives for Women. The committee has participated in two major projects, the first being a day-long workshop called "Legal Issues for EAPs," held in March, 1985. The speaker topics were "Legal and Ethical Issues for Women's Problems in Industry," "Job Security and the Troubled Employee" and "Family Abuse Issues in EAP."

A second project was a conference jointly sponsored with the Women's Committees of the Los Angeles, Orange County and San Diego Chapters of ALMACA. It was titled "Women's Issues in the Workplace," and held last October. Addressing the audience of 150-plus were: Barbara Corday, President, Columbia Pictures Television; Judge Joan Dempsey Kline; Deborah

Parker, Executive Director, California Women's Commission on Alcoholism; Gail Chase; and a panel of EAP and MAP directors.

A second annual conference is shaping up. ALMACANs interested in attending the planning sessions, held in conjunction with monthly San Fernando Valley Chapter meetings, should contact Laurie Seiden at (818) 998-6252, for further information.

The effort of the Chapter to address women's issues originated at the Western Region ALMACA Conference three years ago, at which time a need was expressed to sensitize the ALMACA Board of Directors and the membership to occupational issues affecting women. It was suggested that women's committees be organized by each chapter. □



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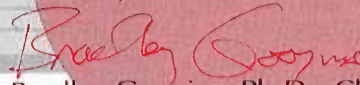
# On EAP Research and its Value

**Dear Fellow ALMACANS:**

Increasingly, requests for research findings are being received by ALMACA, both at the national and chapter levels. This is both a reflection of the maturity of the EAP field and the growing complexity of the issues. One of the roles of a professional organization such as ALMACA is to stimulate and disseminate research projects and findings, particularly to its members. To this end, a clearinghouse is being planned by the National ALMACA Office, which will serve as an information center for the EAP field.

The articles presented in this issue serve as another medium through which EAP practitioners can keep abreast of current developments, avenues of exploration and research findings which impact on the field. Each of these articles reflects a sense of dynamic growth, both in terms of extended research being conducted, and new findings and developments. The ultimate beneficiaries of this research are all of us. Since it provides us with new data with which to test our current assumptions, it also serves as a basis upon which we can incorporate new knowledge into existing EAP practice. It is in this spirit that the following five articles are presented.

Sincerely,



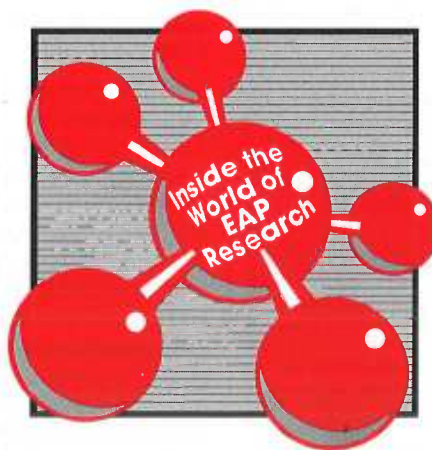
Bradley Gogins, Ph.D., Chairperson  
ALMACA Research Committee

# The Center for Work Performance Problems: Shaping Tomorrow's Workplace

by C. Howard Grimes

Late in the summer of 1983, a Georgia Tech management professor, David Herold, phoned a Georgia ALMACAN to share his recent experience at a training event he had conducted for the St. Louis Chapter. Where, he wondered, was the knowledge being generated to conduct future EAP training events that meet high quality-assurance standards? Was anyone interested in the future of the EAP business, anyway?

Since several Georgia ALMACANs were interested, a meeting was held to discuss establishing a center which would conduct the research necessary for building a knowledge base and providing the educational component necessary for disseminating it. The two activities, all agreed, were necessary for EAPs to have any future at all. The ALMACANs, Dick Groepper, Toni Curry and Howard Grimes, and Professor Herold, also agreed that the center should not limit itself to the personal problems of individuals any more than employee assistance is limited to alcohol and drug problems. To establish a substantial and credible research program, the Center would do



what EAPs do not—address the organizational and environmental factors that often cause failure in both individual and organizational job performance.

Other individuals, including ALMACANs Bill Perryman and Lyn Harrison, David Lawrence, a safety officer for Southern Railway, Leo Kiebalá, and Gerald J. Day, dean of the College of Management for Georgia Tech, worked for over a year on goals and objectives. They formed a board, negotiated with the university, and proposed a name for the new center. Still others, including

Don Godwin, Brad Googins, Paul Roman and Terry Blum, offered valuable advice. On November 1, 1984, the first board meeting for The Center for Work Performance Problems was held and in the following September a director was hired.

Every work organization encounters problems as it strives to reach its goals. Many of these problems are caused, not by faulty technology, plants or equipment, but by the management of organizational, behavioral and environmental factors affecting employee performance.

These performance problems are pervasive and of concern to those in management, labor, occupational health, safety, health promotion, employee assistance, and related work. However, little is understood about the complex relationships among environments, managements and individuals. A concerted effort in research, education and consultation is necessary to identify the problems, determine the causes, and evaluate possible remedies.

In this effort, the Center for Work Performance Problems is an international, interinstitutional, interdisciplinary organization housed at Georgia Institute of Technology. Its mission is to pursue research, promote education and publication, and offer consultation on performance problems, whether it be those caused on or off the job.

**"Little is understood about the complex relationships among environments, managements and individuals (in the workplace)."**

The Center serves as a resource for participating employers and labor organizations to reduce the negative impact of performance problems. It is guided in this mission by national and international leaders in business, industry, labor, government, higher education, health and social science research, and professional practice. All activities are work-based, and seek problem resolutions and policy formulations for work organizations.

## STRUCTURE

Traditionally known as the largest technological institute and engineering university in the southeast, Georgia Tech is today a leading national and international center of research, first in industry and R&D funding for public universities. This success is due in large measure to the school's organizational structure. In addition to its four colleges which are operated along traditional academic lines, and the Georgia Tech Research Institute (GTRI), a functional research division complementing the academic programs, the university houses 19 interdisciplinary centers, of which The Center for Work Performance Problems is one (*Research at Georgia Tech*, 1985).

Relatively small and exploratory, the centers' primary function is to coordinate and stimulate cooperation in emerging areas of research. An added strength, especially at the Center for Work Performance Problems, is that they are not limited to the resources at Georgia Tech, but draw on the talents of other universities or centers which wish to participate in the work.

Thus, the Center's board is both interinstitutional and interdisciplinary. Its members, from such organizations as

ALCOA, United Steelworkers of America, Siemens, Airline Pilots Association, National Institutes for Safety and Health, and others, advise the director on Center programs and assist with resources. The director is responsible to the dean of the College of Management for all Center activities.

## CURRENT PROJECTS

One of the Center's first objectives was to establish a research program. Several projects are in the proposal or preproposal stages. One involves a major automobile manufacturer which will study training needs for supervisors facing a greatly reduced workforce in a plant radically retooled with robots and automation. Another will attempt to identify and measure white-collar productivity problems in the insurance industry. A third will gather data on management behavior in a large corporation undergoing major reorganization.

These proposals demonstrate the Center's flexibility in performing research on a variety of problems affecting work performance. Although none presently address problems of alcohol and drug use, other projects being planned are studies of the data available on EAP evaluation, the uses and implications of various forms of worksite drug testing, and several on employee assistance as an occupation. *EAP Research*, an annual, has also been adopted by the Center, which is greatly facilitating the publication of the long-delayed second volume, and is discussing the sponsorship of other EAP publications.

## EDUCATION

A major undertaking for the Center in its first year has been the sponsorship of the 11th EAP Institute. A continuing project for Georgia ALMACANs, this Institute has always been a largely volunteer effort recently offered under the cosponsorship of Georgia Tech's College of Management and the Division of Continuing Education. Still largely a volunteer effort, the locus of coordination and program direction now rests with the Center. With its concern for chemical dependency and other behavioral and medical problems, the EAP Insti-

**C. Howard Grimes is director of the Center for Work Performance Problems. The four years prior, he was director of Georgia State University's EAP. He currently serves on the Research and Education & Training Committees of ALMACA. He has been active in planning the EAP Institute, held annually in Atlanta, Georgia, and is editor of the annual, *EAP Research*. Dr. Grimes received his doctorate from the University of Florida, completing his dissertation on EAPs in higher education and simultaneously worked for the university's Student Services as an occupational program consultant, and as senior clinician for a local outpatient alcoholism treatment center.**



**"The Center serves as a resource for participating employers and labor organizations to reduce the negative impact of performance problems."**

tute is a principal forum in the work of the Center and attracts health professionals, managers and labor leaders throughout the world.

The Center plans to conduct other educational activities, as well. A labor-management symposium and an invitational conference for officers of major corporations and labor organizations will be held this fall and include discussions of the Center's work.

In all of its activities, the Center provides consultation to its organizational members and clients on performance problems. While not a service provider in the usual EAP sense, the Center provides the expertise necessary for identifying problems and their likely resolutions, including services which an organization may want to purchase, and determines which vendors should provide the best results.

#### **TOMORROW'S WORKPLACE**

The Center for Work Performance Problems was borne out of concern for the employee assistance specialty's future. In our initial prep work, however, it quickly became evident that more than EAPs were at stake; the very nature of work and the workplace was changing dramatically . . . and still is. The demographics of the American workforce alone have changed tremendously in the last five years (Googins, in press). But comprehensive study of the workplace can no longer solely, or even principally, focus on American business and industry. The lesson that the marketplace is now a global phenomenon has been a painful realization for many American managers and labor leaders in the last few years. It follows, finally, that the marketplace in large part determines the activities of the workplace.

Other occupational phenomena have occurred such as these: young companies, or new divisions of existing ones, gambling on new products and services; flatter work organizations; short product life cycles; flexible systems; new political/social/cultural/value environments; a greater emphasis on entrepreneurial and creative activities; and the ever-increasing influence of science, engineering and technology (Day, 1986). In the meantime, the use of alcohol and drugs in the workplace, along with the human proclivity to engage in addictive/compulsive behavior in general, shows no signs of abating.

As someone has surely said, the future is here. The problem is not so much that little is known about it, though there is much to discover. It lies in finding creative, disciplined applications of human knowledge for future challenges. The

future will bring improvements in the human side of work performance, and that is the vision and task of the Center for Work Performance Problems.

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- Research at Georgia Tech.* Atlanta: Georgia Institute of Technology, 1985. □

#### **Research Committee Members**

The ALMACA Research Committee is a loosely organized group of those researchers who meet periodically to discuss the research interests of ALMACA and EAPs.

The "regulars" on the Research Committee include: **Dr. Bradley Googins** (Chairperson), Assistant Professor, Boston University School of Social Work, 264 Bay State Road, Boston, MA 02215; **Drs. Jack Erfurt and Andrea Foote**, ILIR Worker Health Program, University of Michigan, 1111 E. Catherine Street, Ann Arbor, MI 48109-2054; **Dr. C. Howard Grimes**, Director, Center for Work Performance Problems, College of Management, Georgia Institute of Technology, Atlanta, GA 30332; **Dr. Walter Reichman**, 39 Sheldrake Avenue, Larchmont, NY 10538; **Drs. Paul Roman and Terry Blum**, Tulane University, 25 Newcomb Hall, New Orleans, LA 70118; and **Dr. Harrison Trice and William Sonnenstuhl**, Cornell University, 379 Ives Hall, P.O. Box 1000, Ithaca, NY 14853.

#### **Research Scholarships**

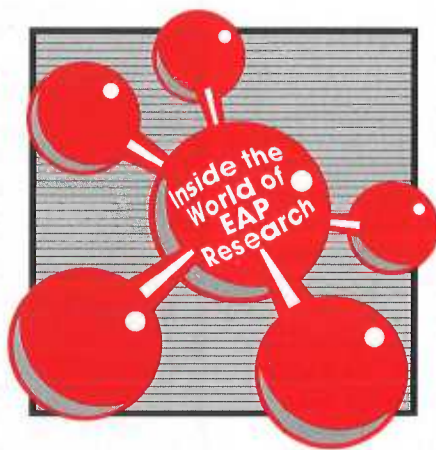
In October of 1985, ALMACA announced its Research Scholarship Program, which offers financial awards of \$500-\$1,000 for doctoral students whose dissertations focus on EAPs and EAP-related subjects. The prerequisites for eligibility include completion or near completion of doctoral courses, and an approved dissertation proposal. Applicants are encouraged to seek matching funding from their local ALMACA chapters. Applicants should send vita, dissertation proposal, proposed budget and 1-2 page statement outlining research plan to: ALMACA Research Scholarship Program Committee, ALMACA, 1800 N. Kent St., Suite 907, Arlington, VA 22209.

# EAP Research at Cornell: Work in Progress

by Harrison M. Trice  
and William J. Sonnenstuhl

**A**t the New York State School of Industrial and Labor Relations, Cornell University, we are currently conducting two research projects. The first examines the socialization processes in becoming an employee-assistance practitioner. The second examines the social processes that make up the employee-assistance practice. While the first project looks at who becomes an EAP practitioner, the second examines what they do when alcoholic and other troubled employees come into the program.

The first project is a study in occupational socialization. Current research asserts that socialization into different occupations can occur from a number of academic, career and life experience paths, and that the particular path taken into an occupation affects how that individual's work is performed. Researchers theorize that individual socialization tactics lead to highly innovative practices and that collective socialization experiences lead to custodial ones. This project seeks to understand what happens to occupational identity and commitment when a collective socializing experience



is introduced into an emergent occupation characterized by individual socializing experiences.

Employee-assistance practice is an emergent occupation and is characterized by individual socialization. Individuals entering the employee-assistance practice come with a wide range of educational and occupational experiences, including social work, personnel management, psychology, union representation, teaching, marketing, nursing, ILR specialization and AA membership. Typically, they enter the employee-assist-

ance practice for a variety of reasons. Social workers and psychologists often see it simply as a new arena in which to practice their counseling skills; recovering alcoholics often see it as a way of reaching out to other suffering alcoholics.

Regardless of their motivations for doing such work, they have generally taken individualized routes into their employee-assistance practice. Typically, this has entailed piecemeal reading of the scattered literature on EAPs, attending meetings of groups supporting the employee-assistance practice, talking to practitioners and learning on the

job. This individualized learning experience has led to a wide range of notions about what constitutes EAP work. Some argue that it entails helping employees cope with every personal problem imaginable, including emotional distress, financial, legal, family and medical problems. Others believe that it should be confined to helping alcoholic employees. Practitioners have elucidated a variety of strategies for the employee-assistance practice, especially constructive confrontation and counseling, but many argue that it also encompasses the practice of health promotion and disease prevention, organizational development and quality-of-work-life demonstrations. Such diversity of opinion and practices threatens the employee-assistance practice as an emergent occupation, robbing it of any distinctiveness.

### CORNELL'S EDUCATIONAL PROGRAM

Data for this research are being collected partially through an EAP certificate program we recently initiated, the Employee Assistance Education Program (EAEP), with classes being held in Syracuse and New York City. EAEP incorporates applied and basic research on the employee-assistance practice into a 10-course curriculum that students complete in one year. The program teaches students the distinctive core technology of the employee-assistance practice and how it differs from psychotherapy, organizational development, quality-of-work-life demonstration, and health promotion and disease prevention.

The collective socialization experience of EAEP stands in sharp contrast to the individualized socialization previously experienced by employee-assistance practitioners. First, it is formal. Students experience a curriculum taught by labor and management specialists who are also knowledgeable about employee-assistance research. Consequently, each academic course integrates approximately 50% of its substantive content on employee-assistance issues. This means, for example, that within the labor-history course, students are taught about the emergence of EAPs within the broad historical context of labor-management relations. Students are tested and graded on course materials and must pass all 10 courses to receive a certificate of completion and 15 undergraduate credits from the Extension Division, New York

**Harrison Trice, Ph.D.**, is a professor of organizational behavior at the School of Industrial and Labor Relations, Cornell University in Ithaca, NY, directs the Program of Alcoholism and Occupational Health, and is co-director of EAEP. He was the 1985 recipient of the Rutgers Center of Alcohol Studies' Mark Keller Award for his article "Work Outcomes of the Constructive Confrontation Strategy in a Job-Based Alcoholism Program" (*Journal of Studies on Alcohol*).



State School of Industrial and Labor Relations, Cornell University. Second, it is collective. Students are taught by a group of instructors who agree on the core elements of the employee-assistance practice, and they progress through the education program as a peer group. Third, students are encouraged to divest themselves of their individualistic notions of the employee-assistance practice and partially dilute their previous occupational identities and commitments in favor of the education program's definition of employee-assistance practice and a new identity and commitment as an employee-assistance practitioner.

Since beginning EAEP in September of 1985, we have been collecting ethnographic field data on students' experiences. Our intent is to develop as detailed a description of these experiences as possible, so that we can begin to identify crucial variables and testable hypotheses for future rigorous testing by multiple-variant analysis. We anticipate that this portion of the study will continue for two to three years. By then, we expect to have collected ethnographic data on 120-150 students who will have attended the education program in Syracuse, New York City, Albany and Rochester.

The data are also being used to redesign EAEP. Based upon student experiences in Syracuse and New York City, we are exploring ways of adapting the program to meet the needs of busy working adults. Consequently, we are considering redesigning it into a six-course program which students will complete in 12-18 months.

**"Employee-assistance practice is an emergent occupation characterized by individual socialization."**

We are also collecting data on two comparison groups. The first consists of individuals who are currently performing employee-assistance work and have shown little or no interest in enrolling in EAEP. We are interviewing them to discover how they became involved in employee-assistance work and how they have prepared themselves for this role. The second group is composed of the individuals who enroll in the program but drop out. By studying the career develop-



**William J. Sonnenstuhl, Ph.D.**, is a senior research associate at the School of Industrial and Labor Relations, Cornell University, and coordinator of EAEP. He is author of *Inside an Emotional Health Program: A Field Study in Workplace Assistance for Troubled Employees*, ILR Press, 1986. Prior to joining the ILR faculty, he was an occupational program consultant for the State of Connecticut and an employee assistance coordinator for International Paper Company.

ment of these individuals, we hope to gain a better understanding of how people are educated and socialized into the EAP role. Because it has been suggested that various idiosyncratic ideas affect the job performance of EAP practitioners, it will be interesting to learn how formal EAP instruction affects their practice.

### **SOCIAL PROCESSES PROJECT**

The second project looks at the social processes that occur when counselors and clients interact in EAPs, examines employees' experiences subsequent to entering these programs as clients, and explores how these social processes and client experiences may differ for clients diagnosed as alcoholics from those diagnosed as having other problems.

**"Researchers theorize that individual socialization tactics lead to highly innovative practices and collective socialization experiences lead to custodial ones."**

Data on these questions are being collected in four EAPs which vary in organizational structure (i.e., in-house or out-of-house), occupations of program staff (i.e., alcoholism counselor, psychologist, social worker), geographical area (i.e., rural or urban) and sponsorship (i.e., labor, management or joint labor-management). They are:

- an in-house union EAP staffed by alcoholism counselors, located in a metropolitan area, and has an emphasis on peer referral.
- a family-services agency which provides out-of-house EAP services to a dozen companies, is staffed by five social workers, and is located in a small city.
- a Catholic charities organization which provides out-of-house EAP services to two small companies, is staffed by social workers and a psychologist, and is located in a rural area.
- a corporate in-house EAP staffed by social workers and psychologists, and is located in a large metropolitan area.

If all of these variants, in fact, have different operative intervention techniques, then it will be exceedingly difficult to establish a body of empirical research about them. However, it has not been scientifically established that all of these variations make any significant difference in how EAPs work; i.e. what prompts employees to use an EAP, how EAP practitioners and clients make decisions about diagnosis and referral, and what consequences follow from employees' use of the program. It is an empirical question whether, in fact, these social processes co-vary with variations in sponsor-

ship, locations, means of referral, or mix of clients. It is possible that what clients and counselors experience does not vary greatly from program to program.

In each program, we will directly observe the EAP counselors and 25-30 clients (total N = 100-120) as they interact during information, referral and counseling sessions. Using ethnographic interviews, document analysis and participant observation, the researchers will then follow up with those clients for 18 months. Data generated by these methods will be analyzed by a qualitative technique called the "constant comparative method." This analytic strategy will produce detailed descriptions of the social processes that occur when counselors and clients interact, and the employees' experiences as clients. From these descriptions, working hypotheses will be generated, refined and tested. The hypotheses will then be integrated into grounded theory that explains the processes and experiences.

### **FUTURE EAP EVALUATION**

Using the rich detail, hypotheses and theory generated from the qualitative data, we will develop quantitative instruments suitable for testing the generated hypotheses and theory in large samples of EAPs. These instruments will be used as part of a future large-scale survey, probably three to four years in the offing. Such instruments should make it possible for us and others to realistically evaluate EAPs in the future.

Data from both of these studies are important if the EAP practice is to develop a firm scientific foundation. Together, they will illuminate what it takes to become a member of this emergent occupation—the employee-assistance practitioner. This is especially true of the second project because, by closely observing how EAP practitioners and clients interact and what happens to clients over an extended period, we will be able to separate myth from fact about EAPs. With such a realistic understanding about what happens in EAPs, it will be possible to design appropriate courses of education for practitioners, as well as design rigorous techniques for evaluating programs.

For more information on research conducted at Cornell University, refer to:

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# Alcohol, Drugs and EAPs: New Data From a National Study

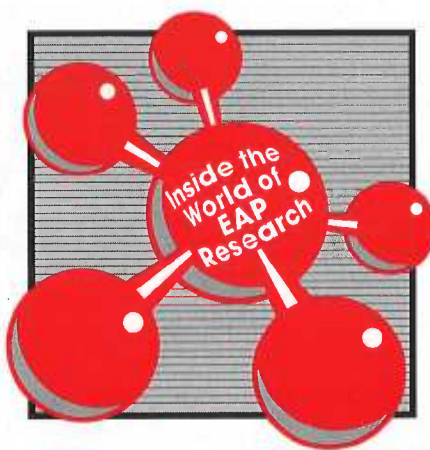
by Terry C. Blum and Paul M. Roman

**D**espite the concerns sometimes expressed among ALMACANs about the problems of our specialty's identity with alcohol problems, there can be little doubt from recent media coverage and other expressions of public concern that alcohol and drugs in the workplace are real problems. While most of the media attention has focused on civil-rights issues associated with drug screening, it is fascinating to see how frequently commentary and debate ends up around the issue of *job performance* as the sole legitimate and legal basis for dealing with substance abuse on the job. The EAP specialty can reap many benefits from this development, for critics of drug screening may believe they are inventing a novel identity with their performance-based proposals for intervention. EAP specialists can respond to this "felt need" with the sophisticated programming strategies that have been refined over the past 15 years, and be in a position to respond to a "readiness" created by other forces.

We are in the final stages of completing a research study of the structure of EAPs and the various forms of EAPs associated with different structures and outcomes. Our research has a basic orientation toward the management of alcohol problems

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*Support for this study from Grant No. AA-05703 from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) is gratefully acknowledged, as are the efforts and generosity of the respondents, who were our teachers in this study.*



in the workplace, with its funding support coming from NIAAA. By orientation, we view the mechanisms for dealing with employee-alcohol problems and the alcohol problems of employee dependents as *nested* within different types of EAP structures. Thus, our research concerns extend well beyond employee-alcohol problems, but a central aspect of our analysis is to examine rates of programs' dealings with employee-alcohol problems as these rates are related to aspects of the EAPs' structure and location. We collected data on-site at 480 private-sector company locations in six states: California, Michigan, Minnesota, New York, North Carolina and Texas. Our survey established that each site had an active EAP and at least 500 employees. Following a three-hour interview, each respondent was asked to complete and mail to us a questionnaire on the statistical distributions of EAP clients during the previous 12 months.

How does this relate to the current drug-screening issues? We believe that EAPs can demonstrate their value through descriptions of the extent and manner in which they deal with alcohol and drug-abuse problems of employees. While there is no doubt that EAPs have been adopted by many organizations on the basis of their very comprehensive coverage of employee problems, the present circumstances press for evidence regarding alcohol and drug cases.

In this brief paper, we present several sets of data on the use of EAP services for substance-abuse cases, defined as

such by the respondents. We examine rates by the type of organization, organizational size, internal-external program service base, program age and the background of personnel who are administering the program.

Looking at all programs together, we have found the median percentage of employee clients who came to the EAP through all referral routes for assistance with their own alcohol problems is 29.5%. Half of the programs have higher rates than 29.5%, and half have lower. For drugs other than alcohol, the median proportion of the employee-client caseload is 5%. Within this percent of employee drug-abuse cases is a median of one-half of 1% which are cocaine cases (or, 1/10th of drug-related employee referrals to the EAP), and 9/10th involve drugs other than cocaine.

Despite the recent publicity, EAPs are dealing much more with workplace drug-abuse problems other than cocaine than with cocaine. It is also significant that the median proportion of employee-alcohol problems is nearly six times greater than the median proportion of non-alcohol drug cases. These patterns reflect, in part, the overall incidence and prevalence of drug-alcohol problems in the broader society. A typical figure is that there are 10 times as many alcohol abusers as drug abusers, and many in the alcohol field quote even higher figures. Within this perspective, the relative proportion of drug-to-alcohol cases is impressive in reflecting EAP impact, and the constructive alternatives that EAPs offer to the abusing employee. Even though the absolute numbers are small, EAPs may be reaching drug abusers at a rate that accurately reflects their presence in the workforce, particularly when we consider that job performance effects frequently precede EAP referral.

Overall data strongly confirm the value of EAPs in providing constructive assistance to employees with alcohol problems, with a reported median of 70% of the employee-alcohol cases having returned to adequate job performance. This data is based on the 12 months prior to our data collection. Of this employee-alcohol-problem referral group, a median of 10% were reported as having returned to the job, but with marginal performance, and a median of 5% were dismissed. The remainder of the cases were still in process, including employees still in treatment.

In most EAPs, the number of cases dealt with during the previous 12 months was so small that our collection of outcome data faced the risk of potentially breaching confidentiality. Our respondents were, however, generally optimistic about the ultimate successful return to the job of employees with drug problems, but recognize that there are differences in treatment and post-treatment strategies when comparing alcohol and drug cases.

In terms of the sources of referral for the employee-alcohol cases, the median rate of supervisory referral is 45%, self referral is 40% and peer referral is 2.2%. We were surprised at the relatively high rate of self referral for alcohol problems, but qualify that with the repeated statement from respon-



**Terry Blum, Ph.D., is an assistant professor of sociology and adjunct assistant professor of biostatistics and epidemiology at Tulane University in New Orleans, Louisiana. Previously, she was a visiting assistant professor, Department of Sociology, State University of New York at Albany, and teaching assistant, Graduate Statistics, Department of Sociology at Columbia University, where she received her doctorate degree in 1982. Dr. Blum has been involved in numerous speaking, writing and research activities dealing with EAPs and alcohol problems.**

**Paul Roman, Ph.D., is a Charles A. and Leo M. Favrot professor of human relations and professor of sociology in the Department of Sociology at Tulane University, at which he has been a faculty member since 1969. He has received numerous professional appointments and honors from sociological and alcohol-related organizations. Dr. Roman has written extensively about EAPs, the social aspects of alcohol problems and Alcoholics Anonymous, and has presented at numerous ALMACA conferences. He received his doctorate degree from Cornell University.**



**Together, Drs. Blum and Roman developed the "Core Technology of EAPs," published in the March 1985 ALMACAN, which has been the knowledge base on which ALMACA's credentialing project is being developed.**

dents that "self referrals" increasingly represent "nudges" or suggested referrals from supervisors and managers. Some programs already have a "suggested" referral data category, separate from one reflecting no attempts at external motivation. We should point out also that the relatively low rate of peer referral reflects the newness of this category in some recordkeeping systems, and that our research design did not include union-based programs.

Several other general findings are worthy of comment. First, a median of 9.8% of total employee referrals reflected the use of the EAP by employees seeking assistance when family or household members had an alcohol problem. Second, 55.9% of the programs reported having "a visible focus on alcohol problems." This does not, of course, mean that the remainder had no concern with employee-alcohol problems, but that the manner of program operation did not include open discussion or publicity within the workplace regarding services specific to alcohol problems.

Finally, the overall data reflect substantial use of EAPs by female employees with alcohol problems. The median proportion of the employee-alcohol-problem caseload that was female was 25%, a figure somewhat meaningless without a controlled analysis of proportion of females in specific

organizational populations. There is, however, considerable sensitivity to the problem of adequate representation of female employees in the alcohol-problem caseload. Only 10% of the programs reported that female employee-alcohol referrals were on par with the representation of women in the organizational workforce. While an overwhelming 67% reported usage indicating women were underrepresented in the EAP's alcohol-problem caseload relative to their representation in the organization's population, a surprising 23% reported overrepresentation in this segment of their caseloads.

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### TYPE OF ORGANIZATION

Looking at some general breakdowns of our data, we first consider the type of organization in which the EAP is based. For the overall proportion of the workforce that utilized the EAP during the previous 12 months, we report this and the following data by means, or simple arithmetic averages. Generally, the highest rate of overall use (the mean is 8.3%) is found in financial and insurance organizations, followed by professional and related-services organizations, which in our data tend to be hospitals and universities. Lowest overall average rates of use are found in manufacturing, transportation and communication related organizations, with mean rates from 3-4%. Thus, overall use appears to be associated with white-collar organizations at a very general level.

By immediate contrast, the proportion of the employee-client caseload with alcohol problems shows almost the reverse pattern. Mean alcohol-problem rates are over 40% in manufacturing and transportation organizations. At the lower end of the spectrum, the average proportion of alcohol cases in the employee caseload tends to be under 25% in professional and related-services organizations, and in financial organizations, with communications organizations and utilities also showing average rates at about this level.

In looking at those proportions of employee-alcohol cases based on self referral to the EAP, there is no statistically significant difference in an organization's type of activity. A very modest trend toward greater self referral of employee-alcohol cases in both manufacturing and professional/related service organizations has been observed, indicating that this pattern is not closely associated with blue or white collar workforce composition.

Supervisory referral rates of employee-alcohol cases show one significant difference in mean averages. Financial organizations are highest, with a 57% mean rate of the alcohol cases entering via supervisory referral, contrasted with the 44-48% average rates in most other types of organizations.

Finally, as for outcomes associated with employee-alcohol-problem cases, the overall differences are not significant, but two "outliers" are worthy of mention. The average rate of employee-alcohol referrals of the past 12 months for those who have returned to adequate job performance is 76% in

the communications industry organizations, with an average low of 51% in financial institutions.

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### ORGANIZATIONAL SIZE

In much of the literature on organizational behavior, the size of an organization is found to be related to many different phenomena. In our analyses, the overall relationships are quite simple. The larger the size, the lower the proportion of the workforce that utilizes the program during a 12-month period, again keeping in mind that while statistically significant, the data are means and what is described as "total utilization." Size is not related to the proportion of the caseload composed of employee-alcohol problems. Referral pattern, however, is significantly related to size, with the rate of supervisory referrals for alcohol problems significantly increasing with organizational size and employee self referrals for assistance with alcohol problems significantly decreasing with organizational size. For reported outcomes of employee clients with alcohol problems, there is no statistical association with organizational size.

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### INTERNAL VS. EXTERNAL SERVICE BASE

A great deal of interest, both within the EAP field and among work organizations involved in developing EAPs, concerns the internal-external program design distinction. This is of particular interest in this study, as two-thirds of the programs studied are internal, and one-third are external. Among our preliminary conclusions are the suggestions that this distinction is overly simplistic, and the significant aspects of EAP design are well beyond the internal-external dichotomy.

Again, working with means, we find no difference in the rates of overall program usage between internal and external programs. There are, however, significant differences in the average proportions of employee-alcohol problems in the caseloads of the prior 12 months: internal programs average 37% employee-alcohol cases, compared to 24% among external programs. Significant differences are also found in referral patterns of employee-alcohol cases: internal programs generate 39% through self referral, 48% through supervisory referral; external programs generate 51% through self referral, 37% through supervisory referral. Of the proportion of employees with alcohol problems who returned to adequate job performance, there is a statistically significant, but not numerically dramatic difference, with 68% of these cases returned to adequate performance on average in internal programs, and 60% of such cases so returned in external programs.

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### AGE OF THE EAP

Of interest in our research is whether time is related to the nature of EAPs. This can be observed in at least two ways: programs that are established during certain periods come to

reflect those periods during their lifetime, or programs may have "life cycles" during which different phases of development are passed.

An EAP's age is not significantly related to its average proportion of overall use, although there is a somewhat curvilinear trend, with the oldest and newest showing overall lower proportionate use. In terms of the reported portion of the overall caseload of the past 12 months that is made up of employees with alcohol problems, there is a distinctive and significant relationship, with age directly related to rate of employee-alcohol problems, i.e. the older programs show

**"Overall data strongly confirm the value of EAPs in providing constructive assistance to employees with alcohol problems . . ."**

the highest alcohol-problem rates. Thus, the mean rate of employee-alcohol problems for programs established prior to 1973 is 43%; 1973-77, 36%; 1978-82, 31%; and 1983 or newer, 26%. Rates are easily misinterpreted, however, and we urge particular caution, since increases in total EAP usage, often due to self-referral, can automatically create the impression that supervisory or substance abuse referrals are on the decline, even though the number of such referrals may remain constant or even modestly increase.

The average referral rates for alcohol cases are related to program age; newer programs show significantly greater self-referral rates for alcohol problems, and older programs show significantly higher supervisory-referral rates. In contrast to the overall association with employee-alcohol problem rates, neither the self nor supervisory referral-rate differences are clearly linear when arrayed over the years of program formation. Program age is not related to the proportion of employees with alcohol problems reported as having returned to the job with adequate performance.

#### **BACKGROUNDS OF PROGRAM COORDINATORS**

The issues associated with the backgrounds and professional training of persons who are assigned as internal coordinators of EAPs, or who function as liaison between the company and external-provider organization, are important and deserve careful analysis. Here we present some minimal observations which are useful for the topic at hand. In this instance, we have only examined differences across programs which have nurses, social workers, marriage and family counselors, psychologists, or certified alcoholism counselors in coordinating or liaison roles. This deletes nearly 60% of the coordinators and liaison persons from the analysis since they possess none of these characteristics. Our interest is in the specialty backgrounds and EAP-use patterns.

In terms of overall program use, the reported means are lower among certified alcoholism counselors and nurses, ranging from 4-5%, as contrasted to psychologists, social workers, and marriage and family counselors, in which the use average increases from 6-6.5% per 12 months. Very distinctive differences are found in the proportion of the caseloads comprised of employees with alcohol problems, with the certified alcoholism counselors and nurses averaging around 37% and the psychologists, social workers, and marriage and family counselors averaging around 15%. There are no clearcut patterns of differences in terms of the referral pathways utilized by employees with alcohol problems. There is variation across the different occupations, but it is not consistent across self and supervisory referrals. The same inconsistency and lack of statistically significant differences are found in comparing the average proportions of employees with alcohol problems who return to adequate job performance. This appears to indicate that the differences rendered by professional background are more in the kind of awareness created within the workforce prior to referral, and it is important to point to the apparent minimal differences in job-related outcomes once the employees have entered the referral system and received assistance.

#### **DRUGS OTHER THAN ALCOHOL**

Our analyses indicate no statistically significant differences across these five categories of variables in terms of average rates of dealing with employee drug-abuse problems. As mentioned, the numbers precluded meaningful data on how these cases were processed or what their outcomes have been. But the cases are being dealt with, and our interview information is very encouraging about the ultimate success of EAPs in providing constructive assistance to employees with drug problems.

Our data show that on an overall basis, the successful return to job performance is as high, if not higher, with non-alcohol cases as it is with alcohol cases. The data presented here, particularly if considered by persons outside the EAP field, show dramatic evidence of the impact of EAPs on employee-alcohol problems. We suggest that the success in dealing with alcohol problems can and is being transferred into successful and constructive workplace interventions for those with other drug problems. The EAP technology can directly deal with drug problems without any alteration, other than the transfer of EAP philosophy to this otherwise emotionally charged and media-blitzed issue. EAP solutions are there for progressive managers and union representatives who want to deal with workplace drug problems but are ambivalent about the effects of drug detection on the rights of their peers and subordinates. In particular contrast to random detection, EAPs have a proven track record and, indeed, in contrast to being random, they are available every working day of the year. □

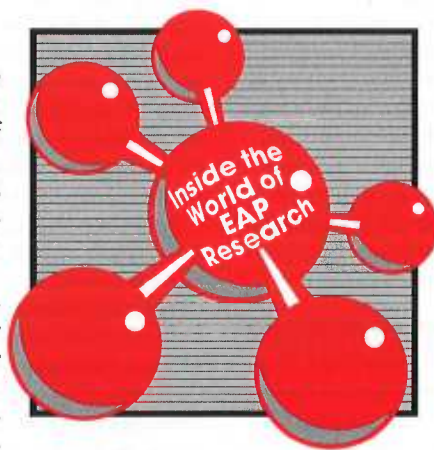
# The University of Michigan Worker Health Program

by John C. Erfurt  
and Andrea Foote

**T**he Worker Health Program at the University of Michigan is located within the University's Institute of Labor and Industrial Relations. Founded in 1973, the Program conducts research, training and technical-assistance projects related to worksite health programs.

Health is a human concern which interests virtually everyone. In the early 1970s, we were often asked why labor or industry would be interested in health programs, or why we thought the worksite was a good place to provide health-related services. We seldom hear those questions anymore, since the cost of health care has risen so dramatically over the past decade and other costs related to health and behavioral problems, such as absenteeism and poor work performance, have become more evident.

Our interest is focused on health problems that are poorly addressed by the traditional health-care system, which works very effectively in responding to acute, episodic illnesses that bring employees to their physicians. The traditional system simply is not effective in dealing with many



chronic health problems and unhealthy lifestyles for which denial and/or addiction are major, ongoing symptoms. These problems require a more proactive delivery system that reaches out to potential clients rather than waiting for clients to seek help on their own.

Worksites are ideal places for the establishment of a proactive delivery system. Why? Work organizations—both labor and management—pay the costs of poor health, as dollars that might otherwise be available for other purposes are channeled into high utilization of health benefits, additional labor required by excessive absenteeism, and perhaps lost sales due to low-quality work.

In addition, unlike most settings for health programs, worksites have daily access to their population of employees, and they hold standards of performance against which an individual's performance can legitimately be measured. If early intervention and prevention of health problems are possible, they are more likely to occur at the worksite than in any other part of a person's life. Worksite programs are

thus in a position to have substantial impact on the work organization, as well as on individual employees, helping the organization to maintain its standards of work, and helping the individual maintain good health.

Our research has studied both EAPs and wellness programs at the worksite. These programs tend to share a similar structure, featuring some form of employee screening or casefinding strategy, outreach to potential clients, confrontation or assessment, referral to appropriate resources in the

**"Many (worksite) health programs, including EAPs, tend to be 'up-front loaded', putting energies into casefinding, confrontation and referral."**

community, and supportive followup and counseling at the worksite. Thus, they share a common interest in many research issues.

#### RESEARCH ON EAPs

Our current research on EAPs focuses on the impact of various kinds of program services on client recovery. We are especially interested in follow up and aftercare, and their impacts on recovery and relapse rates. Many health programs, including EAPs, tend to be "up-front loaded" in that they put most of their energies into up-front activities such as casefinding, confrontation and referral to treatment. Treatment facilities, likewise, put most of their energies into intensive, short-term treatment.

While treatment facilities always mention aftercare, when asked to report rates of participation, they will usually report that very few of their patients return to aftercare over any length of time. Similarly, EAPs usually indicate that they follow up with clients after return to work, but many report that they maintain contact with clients for only a short time after they return to work, unless the client continues to have problems on the job.

This is the traditional health-care system, which assumes that if the patient does not seek you out, he or she must be okay. Yet, we know that many of the problems of EAP clients, especially those with addiction problems, will not be resolved in a 28-day period, and full recovery may take several years. Our previous research has shown that a large proportion of EAP clients expand their activities from "substance abuse" to "systems abuse" by learning to misuse the health-care system through their health-benefit plan and relapsing into a hospital program every few months.

We have two studies now in progress to examine the effects of follow-up and aftercare. They are being performed in cooperation with the EAPs of four manufacturing plants. One study compares clients who do and do not use aftercare support groups (primarily AA) by looking at their work attendance and health-benefit utilization after initial treatment. The results of this study will be known within the next few months.

The second study examines the impact of intensive, systematic follow-up, being conducted by a member of the EAP staff, over a two-year period. Half of the EAP clients have been randomly assigned to intensive, systematic follow-up, and the other half will receive the usual follow-up, which normally occurs upon returning to work and thereafter when, *only* when, a crisis occurs. This study is now in its second year, and the results will not be known until the end of the third year. In addition to collecting attendance and health-benefit utilization data, the study will also interview both groups of clients, to examine their perceptions of the EAP and the services provided to them.

Together, these EAP studies provide two ways of looking at the problem of long-term support for EAP clients. The first



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examines support that is sought out by the client. That is, clients choose whether to participate in AA or other support groups. While such participation was recommended to all the clients in the study, about half did not join a support group, and many of those who did dropped out later. The second study examines support that is provided by the EAP staff; it is the staff member who reaches out to the client, rather than expecting the client to reach out on his or her own. We expect these studies to provide better information about how to improve EAP performance and prevent or reduce client relapse.

### **RESEARCH ON WORKSITE WELLNESS PROGRAMS**

The studies on follow-up in EAPs were triggered in part by research we performed that showed significant improvements in certain health risk factors when long-term follow-up was implemented. From 1978-81, we studied about 2,000 employees with high blood pressure at four worksites. At three of the worksites, systematic follow-up programs were conducted with these employees over a three-year period. At the fourth site, employees with high blood pressure were told about their condition and were referred to their physician for further assessment and treatment, but no follow-up was conducted. This site represented the "up-front loaded," traditional health-care system, with all activities geared to casefinding and referral.

The employees at the worksite with no follow-up showed almost no improvement in their blood pressure at the end of the three-year study period. In contrast, all three of the follow-up designs produced large improvements. We are presently recontacting the employees who were part of that study to measure the long-term effects of the services provided from 1978-81 and examine differences in health outcomes.

This study led to the expansion of the concept of follow up to a wider variety of health risks. We have just begun a five-year study to examine three different types of wellness programs on their effectiveness at helping employees to stop smoking, lose weight and control their blood pressure. At one worksite is a modification of the traditional health-care system in which wellness programs are offered regularly at the worksite, but with no follow-up for participants. The other programs being tested include systematic follow-up with employees who are overweight, smoke or have high blood pressure. One program will concentrate on those three groups of employees; the other will include a broader wellness focus, encouraging activities in fitness, stress management, and healthy lifestyles, as well as smoking cessation, weight reduction and blood-pressure control.

Each of these worksites has an existing EAP, and the wellness program will not duplicate these services. There are

several reasons for this, in addition to the fact that the EAP is already well-established at the study sites. First, the backgrounds and skills needed by staff in the two types of programs are not identical. While both programs need staff that can be both firm and supportive, EAP staff need a strong background in addiction, experience in working with substance abusers, ability to deal with psychotic and violent employees, knowledge of a broad range of community resources that provide treatment for these and other problems, and well-developed relationships with both management and labor at all levels.

Wellness program staff, on the other hand, need to be familiar with quite a different array of community resources, and need background and experience with such areas as measurement of health-disease risks, lifestyles related to good and bad health, medical and non-medical interventions for reducing the level of health risk and improve overall health, and must have a well-developed working relationship with the company medical departments, and perhaps with the local medical community as well.

EAPs and wellness programs also differ in other respects. The casefinding mechanism for wellness programs can be quite public in nature, involving screening activities that are visible throughout the worksite. While individual information is certainly kept confidential, par-

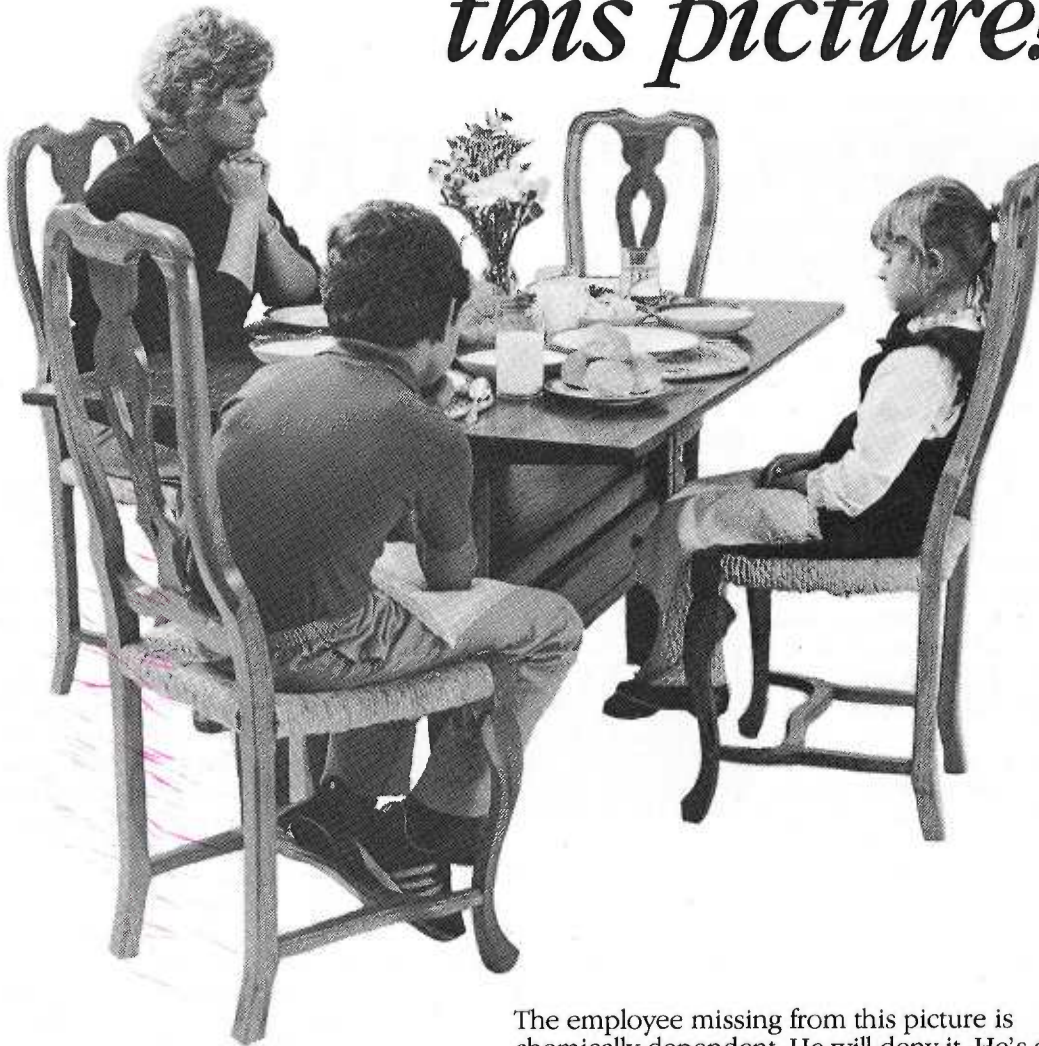
**" . . . a large proportion of EAP clients expand their activities from 'substance abuse' to 'systems abuse.' "**

ticipation in the program is not stigmatic, and many employees share this information freely. In contrast, EAPs deal with highly personal and often stigmatic problems, casefinding is not done through mass screening but through other mechanisms, and program participation is carefully protected information.

For these various reasons, the wellness and employee assistance programs have been maintained as separate programs in the research being conducted, but are coordinated so that when the wellness program finds employees with emotional or substance abuse problems, they are referred to the EAP, and when the EAP finds employees who would benefit from wellness services, they are referred to the wellness office.

The results of our studies will provide further evidence of the impact of follow-up on client referrals, determine its efficacy as a relapse-prevention tool, and identify ways in which wellness and employee assistance programs can work in conjunction. Altogether, they will help draw a clearer picture of the effectiveness of proactive systems of health-care delivery. □

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# Computer Research at AT&T

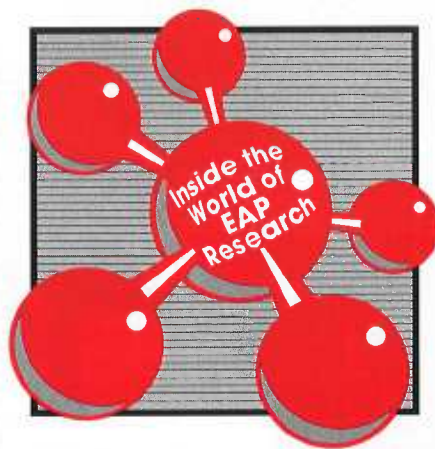
by Alan M. Youngblood

Immediately after divestiture of the Bell System in January of 1984, the AT&T Communications/Communications Workers of America EAP was faced with a threefold increase in covered employees; from 40,000 to 120,000 workers. Our EAP staff subsequently increased from seven full-time counselors to 24, and from one full-time administrator to two.

One of the first needs of the expanded EAP was a mechanized system to collect, store and manipulate pertinent demographic and clinical data. However, just prior to that we had completed implementation of the EAP nationally. After divestiture, we were not, therefore, prepared to efficiently collect the data that was accumulating, much less fulfill a goal of expanding our number of data components.

Our first step to resolve this was purchasing an AT&T 6300 personal computer to total all the information from individual counselors. We have since been able to format the monthly reports in a more readable and organized manner, plus generate other graphs and charts to highlight salient program activities. Still missing, though, were discrete information on individual clients and a record of the expenditure of each counselor's clinical time. Previously, we had conducted ad hoc studies and rehabilitation-rate surveys by reviewing the counselors' charts manually—a tedious process we could no longer afford.

Another concern was our monthly data reports. Every month, the counselors would tally their new cases, along with corresponding demographic/clinical and disposition information. However, several clinical and disposition variables would often change soon after the report was compiled. For example, we may have had a client who was initially refusing program participation, but the following month would become motivated for treatment referral. Our year-end figures would document this as a noncompliant case and not denote the actual treatment disposition. If, in the first month that we interviewed clients, their case statuses varied just



10% of the time—a conservative estimate—we would see significant distortions in the clinical impact our efforts were making. Ideally, a monthly report should track initial and subsequent aggregate as well as individual case statuses.

We also needed documentation of the time expenditures of our counselors. This mechanism would reveal to the counselor where his/her professional focus lies and therefore suggest areas in which more training would be beneficial, and document for us the time expenditure for each problem. The reasons we needed this

documentation were: to determine whether any portions of the caseload demand an inordinate amount of counselor time; from it, we could then educate individuals who review our EAP's delivery about the nature of counselor activities; we could also demonstrate to them how counselors manage and coordinate all aspects of a client's rehabilitation and return to work, and not just conduct neat, one-hour, regularly scheduled counseling sessions; finally, we could be more precise in our cost-benefit ratios for specific problems and, therefore, our determination of the EAP's impact.

Other concerns were that the counselor's job is anything but a 9-to-5 routine. To retain quality staffing, we needed guidelines for the maximum number of new and active cases a counselor should be expected to carry. These parameters must be based upon realistic time and emotional expenditure criteria. Also, having data available to chart trends and perform epidemiological and applied-research studies was critical.

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## TRIAL RUN

A trial run based on these goals was implemented in one of our headquarter cities. Our strategy was to manually collect the data we considered necessary to meet our ends before we incorporated this information into the overall Medical Department's information system. We selected a site with two counselors located in the same medical office, where