Chapter 1

A History of Job-Based Alcoholism Programs 1900-1955

Throughout much of the first half of the 19th century, workers in practically all occupations drank of the job, frequently at the employer's expense and often during specific times.

Washingtonians were in some ways a forerunner of Alcoholics Anonymous in that they advocated total abstinence, group meetings, and the "carrying of the message."

The early decades of this century saw the disappearance of condoned drinking on the job. This was due to an increase of commercial efficiency. This was the idea of the profit-making, efficient, commercial enterprise that utilized the efficient worker and operated within an efficient community.

Equally potent was the emergence of workmen's compensation in the various states. Soon there developed a judgmental attitude of anger and disgust for individuals who drank to intoxication, even though off the job.

Impaired job performance became a major focus on the concern about drinking on the job during the decades prior to World War II.

Three forces combined in the 40's to capitalize on the concern about the effects of alcohol on job efficiency.

1. The birth and sudden growth of Alcoholics Anonymous.
2. Influential and dedicated medical directors supporting programs against drinking.
3. The unique labor market conditions during World War II.

Caterpillar Tractor Company's formal efforts to deal with alcoholism began in 1945. Dupont, Kodak, and North American Aviation all had early programs.

Consolidated Edison Company represents a transition from the informal, unwritten practices that characterized the start of the earlier programs. "Occupational programming" had come into being. They openly described their policy, despite some unfavorable publicity.

Two AA Pioneers were David M. (Remington Arms Company) - "Mr. Inside"

and Left Henderson (Yale Center of Alcohol Studies) - "Mr. Outside."

A policy of "Constructive Coercion" developed and was substantially muted into what is today called "Constructive Confrontation."
Henderson could be termed the first occupational program consultant.

The Yale Plan for Business and Industry used the concept of the "half man" description of an alcoholic employee, provided suggested policy guidelines a company could follow in dealing with a problem drinking employee, and highlighted the pivotal role of line supervisor, location of coordinators in the company, and counseling-referral. Emphasis was placed on alcoholism as a health problem and upon the alcoholic as a sick person.

In 1946 Dr. Elvin Jellinek made a famous presentation to the Economics Club of Detroit titled "What Shall We Do About Alcoholism". He pointed out the dollar and cents costs of alcoholism to employers. The Yale Center of Alcohol Studies produced evidence that there was a "hitherto unrecognized segment of alcoholics who display a relatively high degree of social and occupational integration." Allis Chalmers in 1950 produced data on an empirical study of absenteeism and the use of alcohol.

Union support for alcohol programs began with a nationwide program on alcoholism in the 1950s under the auspices of the National CIO Community Services Committee. When members learned of the disease concept of alcoholism, their fears that the entire operation might be prohibitionist were laid to rest.

Dr. Cruickshank with Bell Telephone in Toronto, Canada established a policy statement that alcoholism was a heath problem, that it was treatable, that the condition be considered eligible for sickness benefits, and that disciplinary actions be delayed until health factors had been adequately reviewed.

**Summary**

1. Where there was a combination of top management encouragement, a motivated high status staff person, and a dedicated AA counselor, there seems to have been more continuity.

2. When a program had these ingredients, and also planned for its own continuance by institutionalizing and formalizing its efforts, it tended to survive.

3. When it relied heavily upon the zeal and dedication of one person, regardless of who he/she was, it was likely to disappear.

**New Edition Notes**

**Chapter 1**
The production requirements of the war resulted in a careful measurement of Productivity.

One factor was the problem of readjustment for millions of returning soldiers.

Another was the large scale readjustment of industry and business itself to peacetime conditions.

Job-based alcoholism programs emerged as the 1950s approached. There was a sharp increase in the number of formal, written policies and a diminution of the “quietly started” ones.

Although job-based programs tended to be seen initially as purely management-oriented, union involvement and interest became manifest during the late forties and early fifties.

Chapter 2 & 3

EAP Programs: A Historical Sketch

&

The Need and Rationale for Employee Assistance Programs

**Broad Brush Programs** include substance use disorders, psychological problems, marriage and family problems, legal / financial problems, HIV / AIDS, domestic violence, single parenthood, unwed teenage parenthood and newer substances of abuse.

The workplace has also changed. The concept of downsizing to increase corporate profits has left many managers and workers without jobs, without the option to move and change jobs, to accept early retirement, or to change careers entirely. Workplace violence has increased.

**In 1962, the Kemper Group** launched its program of rehabilitation of its alcoholic personnel and expanded the program to "other living problems". This came to be known as the "broad brush" approach and includes marriage and family problems, emotional problems, financial and legal problems, and other problems with drugs in addition to alcohol.

**The Hughes Act** - Decriminalized public intoxication and treated alcoholism as a medical disease rather than a legal issue. The proliferation of alcoholism treatment centers since the Hughes Act is nothing short of phenomenal.
National Institute of Alcoholism and Alcohol Abuse - Provided grants for many mental health districts and community alcoholism services which hired specialists and instituted efforts to reach smaller, local industries.

Association of Labor and Management Administrators and Consultants on Alcoholism "ALMACA" - was established in 1970.

Today skilled workers are waiting in line for jobs, and EAP personnel often do not have the training or the commitment of their predecessors to identify and rehabilitate alcoholic employees.

Employee Enhancement Program (EEP) claims preventive capabilities by concentrating on stress management, holistic health concepts, and other "addiction" problems such as smoking, overeating, overworking, etc.

New Edition Notes

Chapter 3

The model of identification and referral in the industrial alcoholism programs is the most influential forerunner of today's EAP.

Companies began to seek cost containment of health insurance benefits to maintain economic profitability and price competitiveness and led to managed health care.

By the 90s it was recognized that EAPs could assist workers in coping with rapid workplace changes such as day and child care, eldercare, smoking cessation, weight reduction, physical fitness and stress management.

Critical Incident Stress Debriefings increased, as did the demand for individual services.

Economic recession, the abuse of religious position and corporate fraud magnified the traumas of terrorism.

EAPs are viewed as a primary solution to health care cost containment by “providing early intervention” by helping employees and their families find earlier solutions.

Chapter 4
Structure - The planned coordination of the activities of two or more people in order to achieve some common and explicit goal through a division of labor and a hierarchy of authority.

Complexity - the differentiation within an organization.

a. Horizontal - the difference between work units in terms of tasks performed and the requisite education and training of the individuals.

b. Vertical - the number of steps in the chain of command within an organization.

c. Spatial - Plants and offices located in a number of different geographical locations.

Formalization - the degree to which the jobs are standardized.

Centralization - the degree in which formal decision-making powers are concentrated in a single position.

The four basic determinants of organizational structure are (a) its size, (b) technology, (c) environment, and (d) control of power.

In placid environments with little change a centralized, complex, and formal organization would tend to function most efficiently.

The power-control explanation of organizational design focuses on the politics within the organization.

Business is structured top-down. It is important to not only know who the people are, but where they are in the company as well.

Organizational Culture - a pattern of basic assumptions that are invented, discovered, or developed by a group as it learns to cope with its problems of external adaptation and internal integration.

Symbols are essential elements of managing people in organizations.

Sagas and stories usually involve a retelling of how the organization was started or of some great accomplishments by someone in the organization.

Organizational Culture is only changed with great effort.
**Labor Unions** - An EAP cannot be meaningful if it is not backed by the employee’s labor unit.

There are (a) local unions, (b) national unions, (c) labor federations, (d) craft unions, and (e) industry unions.

The **Steward** is key for ensuring that management (especially first-line supervisors) complies with the union contract.

**Power** - An interpersonal or intergroup relationship in which one individual or group has the ability to cause another individual or group to take an action that would not be taken otherwise.

**Authority** includes the right or legitimacy of seeking compliance to one’s request that is absent in the concept of power.

**Leadership** refers to the ability to influence another person above and beyond that required by the situation.

**Reward power** - one person can reward the other.

**Coercive power** - one person can punish the other.

**Legitimate power** - one person has the right to exert power.

**Referent power** - one person likes the other.

**Expert power** - one person has specialized knowledge or relevant expertise.

*(What works in one power situation may be totally ineffective in another.)*

**Politics** - Refers to the resolution of differing preferences in conflicts over the allocation of scarce and valued resources.

Politics are more prevalent when (a) the goals are ambiguous, (b) the external environment is complex, and (c) during periods of organizational change.

**Decision-making** - The process of selecting among alternatives.

If the decision is important for the organization a nonparticipative style of decision making is likely to be used. If the decision is important to the subordinates in the organization in terms of their work, a more participative decision-making approach is used. If the decision-makers believe that the subordinates have something to contribute to the decision or its implementation then participative decision-making is even more likely to be used.
The economic man model assumes that people are rational and they desire to maximize gains and minimize losses in an orderly and systematic manner.

The bounded rational model assumes that people consider alternative solutions sequentially. The "best" solution is not sought, only a "satisfactory" solution.

Communications - The Wheel Type can be seen as a wheel with a hub and spokes. Members of the group all communicate with the same one individual.

Common or complete communication allows everyone in the group to communicate freely with everyone else.

In the Chain Type each member can only communicate with two other members. Written communication tends to be high on accuracy and verbal communication tends to be low on accuracy.

Horizontal communications - communications between individuals at the same level within the organization.

Upward communication is not very common in most traditional work organizations, and tends to be circumscribed.

Trust plays a major role in the accuracy and honesty of upward communication.

Downward communication -

1. Job instructions,
2. Rationale for the task,
3. Information regarding rules, regulations, policies, and procedures,
4. Giving of feedback
5. Indoctrination of subordinates into the organization’s goals and values.

Resource allocation - Clearly and concretely states the ultimate goals and priorities of an organization. These resources are:

Time  Financial resources  Personnel  Materials  Physical resources
Chapter 4

Labor Relations and Collective Bargaining

Collective Bargaining - A human institution in which the representatives of management and employees establish the terms and conditions of employment, especially wage and benefit issues.

Today benefits are more important than previously.

Chapter 5

Ingredients of an Effective EAP

I. Management Endorsements

Doors will open.

Adequate financial support is obtained.

Enthusiastic support of middle and lower management can be expected.

Support of local top management can be enlisted.

II. Labor Endorsements

Labor endorsements are crucial when the industry involved is union organized. (EAP is often an alternative to discipline but not a substitute.)

III. Policy Statement

It is necessary to have a clear policy statement as to the philosophy and intent of the program. It should make clear the following:

To have problems is human, and the workplace is not immune.

The company prefers the interfering problem to be dealt with professionally and as early as possible.
Problems brought to the EAP will be treated confidentially and will not become a part of an employee’s personnel file.

Alcoholism and other drug abuse is a disease to be treated and not a behavior to be punished.

The EAP exists to assist employees and their families, but not as a substitute for the usual disciplinary principles and policies.

In no case will the employee be coerced to use the EAP.

(a) Human problems are inevitable.

(b) Problems interfere with work performance.

(c) The company prefers to restore the employee to full capacity by providing the appropriate assistance in a confidential and professional manner.

IV. Confidentiality - the cornerstone of an effective EAP.

Don’t schedule clients from the same industry too close together.

Maintain flexible work hours.

When assigning employees to a group each must be told that he or she may see someone from his or her worksite without revealing who that someone is.

Have a specific person in the insurance office to process all EAP client claims.

Facilitate the hospital admittance clerk’s verification of employment.

Don’t visit only with clients during plant or site visits.

Call the clients at home if possible and leave only a first name if possible.

Supervisors should only be told:

a. The employee kept the appointment.

b. He or she does or does not need treatment.

c. He or she has accepted or rejected recommended treatment.

V. Supervisor and Labor Steward Training - should be conducted at least once a year. The recommended size of the group is 15. It should cover:
a. Alcohol Awareness - The disease concept states that it is a condition for which there is treatment, enabling behavior is common, there are effects on productivity, accidents may occur more often, and that it has an effect on the family. Don’t diagnose, look for signs of erratic behavior, tardiness, irritability and a drop in productivity.

b. Family and other problems

c. Drug Abuse

d. Any problem is a referral situation.

e. No problem is too small


VI. Financial Aspects and Insurance Coverage.

Usually the company pays for the first three visits.

Often the Insurance will pay for 80% of therapy and the employee pays the remaining 20%.

Many programs have a 8-10 percent penetration rate for five years.

Recovered alcoholics use their insurance less, have fewer accidents, and are sick less.

An approved list of providers should be maintained.

VII. Professional Personnel used as additional resources

1. Alcoholism and Alcohol Treatment.

2. Marriage and Family Counseling.


4. Other Typical Problems - Financial, Legal, etc.

5. Basic interview / Counseling Techniques and Case Management.

VII. Broad Service Components

EAP should be designed to respond to a wide variety of problems (e.g., alcohol, drug abuse, personal, family, financial, grief, mental health, medical, legal, etc.)

VIII. Accessibility - the off-site model is more effective because of confidentiality.

XI. EAP Awareness - Provided by supervisor trainings, talks before shifts, home mail-outs, site visitations, and wellness presentations.


35.8 % of the workers experience personal problems that were serious enough to cause a reduction in job performance or the use of company benefits.

All upper management, supervisory personnel and labor representatives should receive training pertinent to the functioning of the EAP.

Variety of Funding

1. Organization assumes all expenses by maintaining in-house staff.

2. Organization performs all functions except Information and Referral and / or short-term counseling which is contracted out for a fee-for service and is covered by the organization's insurance.

3. Flat administrative fee levied by the contractor to the employer in addition to the fee for service charges.

4. Organization contracts for a flat fee to the provider who is not reimbursed by an insurance carrier.
   - Initial visits to the EAP are at no cost to the employee.
   - Certified Employee Assistance Professional credential by EAPA.
   - One professional full time staff person for every 3,500 - 4,000 employees

Evaluation
Penetration rates, cost effectiveness, client population utilization, client satisfaction, management/labor satisfaction, medical cost savings and productivity gain are areas to be evaluated.

EAP could add value to its services by increasing its emphasis in the areas of risk management and early intervention.

New Edition Notes

**Chapter 5**

**Supervisor and Labor Steward Training**

Killing with Kindness - Cautioning against enabling by helping “friends”.

Insurance must be helpful in paying for any inpatient or ongoing outpatient visits the employee or their family may need.

There should be an “okay to pay” list provided by the EAP coordinator and accepted by the insurance company……. Marriage and family counselors, alcoholism counselors, drug abuse specialists, sex therapists, rehabilitationists, social workers, nutrition specialists, and others.

The American Medical Association has declared alcoholism a primary, chronic, progressive disease. Yet, many insurance companies ignore this and exclude alcoholism, especially outpatient treatment.

**Chapter 6**

**Union Involvement: A Key Ingredient To Successful Employee Assistance Programs**

**Most EAP programs are management conceived, financed, and managed.**

Success is contingent upon mutual cooperation, involvement and trust between union and management.

**Benefits to the Union**

1. Consistency with the Union’s Mission.
2. Building of Cohesiveness. A Union’s strength and power is derived from its caring about the well-being and wellness of its members.

3. "Real Help" Versus "Sympathy" Alcoholics rarely respond to sympathy.


Bottom line consideration for a union is that higher wages are more easily negotiated from a profitable than a nonprofitable company.

Benefits to Management

1. Increased cooperation between employees and management.

2. Enhanced morale of all employees.

3. More troubled workers are helped.

4. Enhanced productivity of the employees increase the organization’s profit.

5. Increased Alternatives and Options to Problem Resolution. There is an option other than disciplinary action regarding a troubled employee.

Benefits to the Employee Assistance Program

1. Increased Probability of Success.

2. Increased Referrals. 8-10% penetration rate.

3. Freedom of Movement in the Plant and the Union Hall.

4. Joint Training Sessions. Train mixed intervention teams focusing on employee concerns; educate and market the program; assist leadership on knowing "how to not enable the troubled worker."

5. Early Intervention.

Benefits to the Employee

1. A well-run EAP.
2. Real Help in Response to One’s “Cry for Help.” Part of the person wants to hide and another part wants to be identified and helped.


4. Feeling Cared For as a Person.

5. Affordable Access to Help.

**Conclusion**

*The Employee is central to all three. The human being is industry’s most precious, valuable, and essential resource.*

**Chapter 7**

*A National Employee Assistance Program: The Ceridian Experience*

There was steady growth in wages and benefits through the 90s and workers productivity continued to rise. Continuous reorganizations and downsizing since then has made them feel more uncertain and fearful about job security.

Productivity gains now means that employees need to work longer, harder, and smarter.

Motivated, satisfied, and healthy employees are more productive, and EAPs and Work Life Programs are instrumental in reducing barriers to productivity.

**Impediments to Productivity**

- **Reorganization and Downsizing**

There was a 33 percent higher claim incidence among employees whose firms have restructured.

- **Child Care**

In 49 states, child - care costs are greater than the tuition of public colleges.

- **Elder Care**
The “sandwich generation” is a growing group of adult children who are caring for aging parents while raising their own families.

Caring for an elderly relative typically takes at least eight hours a week and spans eight years.

- **Absenteeism**

  Common reasons for last minute worker no-shows:
  - Personal illness – 32%
  - Family issues – 21%
  - Stress – 19%
  - Personal needs – 11%
  - Entitlement mentality – 9%
  - Other reasons – 8%

- **Substance Abuse and Depression**

  1 in 13 adults abuse alcohol or are alcoholics.

  Half of all traffic fatalities involve alcohol.

  6% of the population 12 and older currently use illegal drugs.


  Depression is just as costly as substance abuse.

- **Rising Health Care Costs**

  Health insurance is the most expensive single employee benefit - $5,000 per employee and $7,000 per family per year.

  Health costs for depressed employees are 70% higher than for those who are stressed.

- **Workplace Violence**

  Workplace violence is the number one security concern facing American business.

  It is the leading cause of death for women in the workplace and the second leading cause of death for men.

  One out of four full-time workers have been harassed, threatened, or attacked on the job, leaving the victim angry, fearful, stressed or depressed.
Legal actions following an incident of workplace violence often involve negligent hiring, retention, and management as well as inadequate security.

**EAPs task:**

Help organizations recognize and prepare for managing multigenerational and aging work forces,

Offer retirement planning information,

Assist employees in evaluating nursing homes,

Provide more proactive risk management services including ethics hotlines.

**History of Ceridan’s EAP Business**

**Ceridan’s Corporate History**

Grew out of Control Data Corporation, and acquired IBM’s subsidiary, Service Bureau Corporation.

Became the first EAP in the U.S. to have masters-level consultants available for 24 hours a day, seven days a week.

Started with face-to-face sessions, then added telephone access. In 1991 they acquired the Hazelden counseling service, and became a national EAP provider.

They are now the single-source provider of the most comprehensive solutions covering the full range of human resources administration and management.

**Development of the EAP Industry**

In 1972 there were just 300 national occupational alcoholism programs. Most were internal programs.

In 1996 there were approximately 20,000 EAP’s with 81% being external programs.

Today’s EAP have the goal to increase productivity, improve morale, decrease absenteeism, accidents, and turnover.

**They offer:**
Child, elder and dependent care services  Health and wellness promotion
Mid-life and retirement support  Convenience services
Critical incident interventions  Violence prevention services
Management consultation  Preventive health and Intervention services

Evolution of Productivity Practice

In the past there was a command - and - control management that simply demanded compliance form workers.

Now there is a more empowering form of management that asks workers to be innovative and do “smart” work.

“Employee Empowerment” emphasizes information sharing, self-managed work teams, and the creation of worker autonomy.

Technological Developments in EAP

Ceridan is now bringing the power and convenience, and privacy of the Internet through LifeWorks Online. Self - assessment tools give employees a confidential way to get an initial self - assessment. They receive feedback on the likelihood of a problem, along with resources and practical information targeted to the need identified in the assessment.

Ceridian’s Life-Works Offerings

Reasons people use these services:

Career and vocational concerns  Emotional concerns
Relationship issues  Legal matters
Parenting and child care  Financial matters
Work and management consultations  Substance abuse
Older adults referrals and resources

How Ceridan’s EAP Services Work

Easy availability of help - counselors are available by telephone, Internet and in person.
There is an initial screening, collection of demographic information, discovery of the reason for the call, assessment of the situation, evaluation of the risk, and determination of the proper specialist.

The limits of confidentiality are explained, no release without written permission, & within the legal limits of the applicable state and federal laws.

**Return on Investment**

Because the cost of substance abuse are so great that for every dollar invested in substance abuse components of an EAP, the employers can generally expect to save anywhere from $5 to $16.

Ceridan’s integrated EAP, work-life, and health and wellness service typically yield a blended return on investment of up to 8:1.

Average cost of providing Ceridan’s employee effectiveness services is only $2 - $4 per month per employee.

**The Future of EAPs**

The coming decade will see an expansion of employee benefits of all kinds, as well as greater cost and risk-sharing between employers and employees.

Employees will be steadily encouraged to take greater personal responsibility for their own personal health and welfare, career development, and performance on the job.

**Chapter 8**
Case Management, Caseload Management, and Case Recording and Documentation in Professional EAP Service Delivery

Important Professional Attributes of the "Case Manager"

*Case Management* is the practitioner's managerial activities that facilitate the individual client's progress.

*Caseload Management* is the responsibility of the practitioner for the progress of the whole group of clients on the caseload.

Community Resource Awareness.

Internal community and External community.

Formal and informal infrastructure of the company.

Community of available human services.

a. best professional, center, or facility.

b. most appropriate inpatient or outpatient, day care, night care, individual or group, and / or AA or NA facility or center.

c. What are the cost, location, and availability of public transportation.

One third of the employees have alcohol / drug problems. One third will have marriage and / or family relationship problems. One third will have a combination of problems and difficulties: legal, medical, financial.

Clinical Assessment.

(a) Based on accurate information.

(b) When making a suggestion, a treatment strategy, and / or making a referral, the client will listen to him or her and follow through.

Usually three or four evaluation visits are allowed so that accurate and thorough assessments, and accurate and relevant treatment strategies can be determined.

Visits with significant others, family members, and supervisors, and standardized personality testing may be utilized.

*Relate -- Don’t Challenge.*
Case Flow Expertise

The case manager is responsible for knowing what is happening, and retains responsibility for the client’s progress throughout the process.

(Clients may feel rejected, betrayed, or discouraged by the prospect of going through the story again with someone else.)

A brief follow-up check with the referred professional is recommended.

A systematic method of follow-up is recommended, a "tickler file".

Professional Behavior.

1. The case manager must be in close touch with professional providers, supervisor, manager, administrators in the company, union leader, and other EAPs.

2. They must be a representative of the EAP, and the records are confidential, but they can also function as a provider when referred to by another EAP.

3. Case managers should make a very clear distinction between the assessment-referral roles and their treatment-practitioner roles. They do not refer the client to themselves.

   (a) Subconsciously they could be less than professionally influenced by self-referral decisions.

   (b) May not be as objective.

   (c) Others may question such processes and ultimately the level of professionalism could become tarnished.

   The client always comes first.

Case management, Caseload Management, Case Recording, Documentation Roles, and Functions.

The EAP must know – What you are doing, how to do what you are doing, and why you are doing it.

Case Management

1. Case Finding - Client’s awareness of the EAP.

2. Intake - Conducting the interview and processing the contact.
3. **Eligibility Determination** - Deciding whether or not the client is eligible for services.

4. **Assessment** - Determining the problems, developing a treatment plan, identifying treatment sources, and determining the client’s readiness.

5. **Counseling** - Counseling services provided.

6. **Plan Development and Implementation** - Working with the client.

7. **Service Provision and Supervision** - Providing, coordinating, monitoring, and supervising all services provided to the client.

8. **Monitoring Service Effectiveness** - Follow-up activities to follow the efficiency and effectiveness of services.

9. **Closure Determination** - Deciding when the case should be closed.

10. **Post Services Follow-up** - Evaluate the effectiveness of all the services the client has received and potential needs for additional service.

**Caseload Management**

- Analyzing, planning, supervising and administering the flow of services.
- Predicting through evaluation, setting objectives, processing, and coordinating.
- Organizing, and coordinating for the maximum return from the services.

**Planning, Organizing and Coordinating Work Tasks**

a. plant visitations and "walk-throughs"

b. community contacts and visitations

c. staff meetings and professional consultations

d. paperwork

e. scheduling of appointments and intakes

**Time Management**

Must have good planning, organizing, and coordinating skills and make use of the most efficient and effective use of time.
Case Recording and Documentation

1. client records
2. reporting progress to appropriate persons
3. summary reports

Recording and Reporting

1. completing assessment and evaluation summaries.
2. recording steps in a recommended treatment plan.
3. summary reports and letters.
4. reporting to a treatment team.
5. writing case notes, interim and summary reports.

Use of Forms

1. Assessment & Planning
2. Legal Protection ...... Release of Confidentiality .... Consent for Services
3. Program Evaluation and Documentation ...

I. Intake Interview

1. Identification information .
2. Reason why the client came.
3. Counselor’s perception of referral.
4. Referral’s assets, liabilities, problems, concerns, and difficulties.
5. Referral’s experiences and perception of the problem.
6. Referral’s understanding of the EAP.
7. Referral’s current circumstances ... family situation.
8. Referral's background ... education, employment, problem experience.

9. Social or leisure activities.

10. Justification for accepting or denying the referral.

11. Financial resources and ability to pay.

12. List of necessary evaluations.

13. Recommended action steps.

II. Services Planning

1. Client, counselor and date.


4. Recommended treatment services.

5. Client’s involvement in the planning.

6. Selection of professionals, facilities or center.

7. Releases and signed forms.


III. Routine Contact

1. Client, counselor and date.

2. Person, facility and center.

3. Reason for contact.

4. Discussion of accomplishment.

5. Action steps.

IV. Case Closure
1. Client, counselor, and date.

2. Description of services.

3. Status of the client’s resolution of the problem.

4. Why the case is being closed.

5. Future follow-up.

Chapter 9

Alcoholism and EAP Programs: Assessment and Treatment

Alcoholism is known for its pervasiveness, and is often seen along with mental illness (40% alcoholic), heart disease, cancer, orthopedic impairments and amputations, birth defects (fetal alcohol syndrome) and other disorders.

Definition of Alcoholism

Jellinick - Any use of alcohol that causes any damage to the individual / society.

National Council on Alcoholism - Alcoholism is a chronic, progressive, and potentially fatal disease.

American Psychiatric Association - Alcoholism is a pattern of pathological alcohol use or impairment in social or occupational functioning due to alcohol, and tolerance or withdrawal.

Disease - The Disease Concept

5. Fatality     6. Arrestableness

Symptoms Critical to Early Identification

1. Has there been an increase in tolerance?

2. Has there been an arrest record, especially a DWI or a DUI charge?

3. Have there been periods of forgetting events or blocks of time, even though not asleep, while drinking?
4. Are their signs of physical withdrawal indicative of some phase of physical addiction?

5. Does the client become defensive when asked about his drinking pattern?

6. Is there anything in the medical history with a probable relationship to an abusive drinking pattern?

7. What in the marital and family history and present situation may point to alcoholism....child or spouse abuse reported...history of alcoholism.... frequent divorce?

8. Are there any signs of loss-of-control drinking?

9. Do they project frequently rather than take responsibility for their behavior?

10. Have any of the problems presented been accompanied by drinking?

**Intervention Strategy**

**Caring Confrontation**

1. Get the alcoholic into treatment.

2. Significant others have to be involved.

3. Significant others have to be trained:
   a. Present the facts they have seen and felt.
   b. Be nonjudgemental and with a minimum of emotion.
   c. Be specific about the facts.
   d. Only data related to drinking.
   e. Feel comfortable about helping, not condemning.
   f. They also must be involved in a program of recovery.
   g. Agree upon appropriate treatment modalities.

4. Present available, appropriate choices to the alcoholic.
**Treatment Plan**

1. Visit the client.
2. Arrange for outpatient follow-up.
3. Arrange for AA to meet the client
4. Arrange for weekly follow-up counseling with alcoholism specialists for client and for family.
5. Check on the progress.
6. Provide for family therapy if needed.
7. Contact Adult Children of Alcoholics specialist counselors for the family.

**Signs of Recovery .... more that abstinence.**

1. Hope replaces despair.
2. Acceptance of alcoholism.
3. Attendance at Alcoholics Anonymous meetings.
4. Improvement of general appearance.
5. Responsibility is recognized.
6. Communication is improved.
7. New interests are developed.
8. Present - centeredness is noticeable.
9. Goal - directedness can be determined.
10. Spirituality is observable.
11. Family growth is noted.
12. Children’s growth can be seen.

**Follow - up and Reentry**
Telephone calls, plant visitations, or sessions every month.

Chapter 10
Working With Families through Employee Assistance and Wellness Programs

A healthy workplace promotes healthy family and community living, and healthy family living promotes healthier workplace performance.

A comprehensive health promotion programs includes:

- Healthy Lifestyle Education
- Screening, Monitoring, and Follow-up
- Safety Promotion and Accident Prevention
- EAP ..... Family Health Promotions .... Domestic counseling.....
- Preparation for retirement ..... Psychological counseling

Methods and techniques used to deliver the program

- Print Materials Audio-Visual Materials
- Management & Authority Committees
- Microcomputer Software Health Promotion Events
- Lectures / Talks Workshop / Skills Training
- Ongoing Programs Self - Help / Support Groups
- Referral Health Risk Appraisals

Chapter 11
The Mental Health Component of EAP Historical Development
Patient care in mental hospitals in the past was primarily custodial, and effective treatment was largely unknown.

Freud’s theory attributed mental and emotional disturbances to psychological causes and gave a psychological approach to treatment of mental disorders.

1. **Stress causes mental and emotional distress and pathology.**

2. **Difficulties in interpersonal relationships and pathology-producing social conditions affect the onset, course and severity of mental disorders.**

3. **Enhancement of mental health and prevention of mental disorders are possible.**

**Current Status**

In the 1980’s EAPs have assumed responsibility for identifying and treating mental and emotional problems of individuals in the nation’s work force.

**Psychotherapy and Counseling**

There is a lack of agreement on the essential features of human personality, on how it functions, and of how change in functioning may be affected.

Group therapy experience can enrich the possibilities for therapeutic gains.

**All psychotherapies are rooted in respect for the worth and dignity of the human individual, promote personal autonomy, empower the client to use his own inner resources in living the life of his enlightened choice.**

Many psychotherapists choose to be eclectic in methodology and in therapeutic aims.

**Increasing evidence shows that the personal characteristics of the individual psychotherapist have a powerful influence on the therapeutic outcome.**

Important attributes of the therapies include: warmth, empathy, expressiveness, genuineness, expectations of improvement in the client, faith in the capacity of the client to help himself, basic regard and respect for the client as a human being.

**It is usually necessary that an EAP have a system of referral to community therapeutic programs and practitioners who are skilled and caring, who are not too narrowly focused on a particular therapeutic model.**
Due to the limited EAP funds, use should be made of time-limited, problem-centered therapeutic approaches and in marital and family therapy.

**Prevention Programs, Promoting Physical and Mental Health**

The goals of prevention programs are to block dysfunction in those who are currently healthy and to prevent existing problems from growing more serious.

Prevention programs are far less costly than traditional medical care for sick individuals.

Programs may include physical fitness, nutrition and weight control, eliminating smoking, avoiding alcohol and chemical abuse, and accident prevention.

There may be group psychoeducational and counseling services to individuals suffering from similar disorders or facing similar life crises and major difficulties.

Interpersonal areas may include assertiveness training, parent effectiveness training, developing social skills.

Unfortunately the American system of health care usually does not come into play until people are sick.

**CHAPTER 11**

**THE MENTAL HEALTH COMPONENT OF EMPLOYEE ASSISTANCE PROGRAMS**

Children today are responding to the lost of loved ones to suicide and divorce and are dealing with the barriers created by symptoms of mental disorders including self blame, affectional inability, decrease self care and poor self esteem.

EAPs must integrate EAP work with Managed Mental Health Care, which emphasizes brief and time-limited treatment, and cost containment, which is not always congruent with the severity and treatment needs of the patient.

Consulting the *Synopsis of Psychiatry* can direct one to the best practices for treatment of mental disorders.

The development of more sophisticated medications has helped restore normal functioning in specific situations.
Some of the newer and effective therapy methods include: **EMDR, NLP, Brief Therapy, Cognitive Behavioral Therapy** and **Solution Focused Therapy**.

**Children and Adolescents**

**Mental Disorders**

It is critical when working with children and adolescents to always consider what is **developmentally appropriate behavior** for a client of a specific age.

Young children have **limited language facility**, you must often rely on reports from others about the child’s behaviors and assessment results are usually less reliable. Children and adolescents have limited control of their environments.

**DSM-IV-TR** provides separate section for this population and the commonly employed treatment technique.

**Mental Retardation.**

Individuals show **below average cognitive ability** and deficient adaptive functioning.

**Learning Disorders.**

Characterized by **achievement levels significantly lower than expected** based on an individual’s intellectual ability, age, and educational history.

**Motor Skills Disorder**

The development of motor coordination is **markedly impaired**.

**Communication Disorders.**

The inability of an individual to understand language (receptive language), or express ideas through language (expressive language).

**Phonological Disorder** - Inability to produce certain speech sounds expected for a given age, and **Stuttering** - a disruption in speech fluency.

**Pervasive Developmental Disorders.**

Individuals have severe **impairments** in the development of normal social interaction, communication, activities, and interests.

**Attention Deficit and Disruptive Behavior Disorders.**
Typified by inattentiveness, hyperactivity, and impulsivity, but may present with only inattentiveness or only hyperactivity and impulsivity. Often treated with stimulant medication.

**Oppositional Defiant Disorder**

A pattern of negative, hostile, and defiant behaviors may be a precursor to Conduct Disorder.

**Feeding and Eating Disorders of Infancy or Early Childhood.**

*Pica* is characterized by eating nonnutritive items.

*Rumination Disorder* – food is repeatedly regurgitated and re-chewed.

*Feeding Disorder of Infancy or Early Childhood* – Individual fails to eat adequately or gain weight.

*Tic Disorders* - Sudden, rapid, recurrent, non-rhythmic, stereotyped motor movement or vocalization.

**Elimination Disorders.**

*Encopresis* - Passage of feces into places not appropriate.

*Enuresis* - Urination into bed or clothing.

**Other Disorders of Infancy, Childhood, or Adolescence.**

*Separation Anxiety Disorder*

*Selective Mutism*

*Reactive Attachment Disorder*

**Collaboration with the Schools and Family**

*Consultation* - Working with teachers and caregivers.

*Special Education* - Special services in the schools, depending on the severity they may be mandated by federal law.
Approaches to Primary Prevention

Resiliency – coping and adapting well in the face of major, enduring life stress

Protective factors include – Dispositional attributes of the child, family warmth, security, cohesion, and availability of outside supports.

Primary Prevention Programs – Early intervention targeted to normal and at-risk populations.

Additional Disorders of Adults

Cognitive Disorders

Memory loss – Alzheimer’s type, multi-infart dementia, amnestic disorder, etc.

Schizophrenia and other Psychotic Disorders

Psychotic symptoms (delusion and/or hallucinations)

- Schizophrenia
- Delusional
- Shared Psychotic
- Schizophreniform
- Brief Psychotic

Mood Disorders

Depression

- Bipolar I
- Bipolar II
- Cyclothymia
- Major Depression
- Dysthymia

Treated with antidepressant medication and cognitive behavioral therapy.

Anxiety

- Panic Disorder without Agoraphobia
- Panic Disorder with Agoraphobia
- Specific Phobia
- Social Phobia
- Obsessive-Compulsive Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Generalized Anxiety Disorder

Treated with anti-anxiety medication and cognitive behavioral procedures, EMDR, NLP, and systematic desensitization and psycho-education.
Somatoform Disorders

Physical symptoms without a biological etiology (e.g. medical condition or substance induced).

Dissociative Disorders

- Dissociative Amnesia
- Dissociative Identity Disorder
- Depersonalization Disorder

Suspension of consciousness, memory, identity, or perception. Treated with insight-oriented procedures including hypnotherapy, amytal interviews and integration of the dissociated trauma.

Sexual and Gender Identity Disorders

- Sexual Dysfunction – disturbances in normal sexual functioning
- Paraphilias – Distressing behaviors that cause impairment in important areas of social functioning. Pedophilia, necrophilia, exhibitionism.
- Gender Identity Disorder – cross gender identification

Eating Disorder

- Anorexia Nervosa – refusal to maintain normal body weight
- Bulimia Nervosa – Binge eating followed by self-induced vomiting, laxative and diuretic use, fasting or excessive exercise.

Sleep Disorders

A disturbance of the normal sleep pattern that interferes with an individual’s social functioning.

Impulse Control Disorders

1. Trichotillomania – Pulling out one’s hair for pleasure or relief of tensions.
2. Pathological gambling – Results in financial, social and sometimes physical injury.
3. Pyromania – Setting fires for pleasure.
5. Intermittent Explosive Disorder – Serious assault and destruction of property by not resisting aggressive impulses.

**Adjustment Disorder**

Emotional or behavioral symptoms that appear *three months* after an identifiable stressor.

- Depressed mood
- Anxiety
- Mixed anxiety and depressed mood
- Disturbance of conduct
- Disturbance of emotions and conduct

**Personality Disorder**

Traits and behaviors that are pervasive and deviate from cultural norms.

1. Paranoid
2. Schizoid
3. Schizotypal
4. Antisocial
5. Borderline
6. Histrionic
7. Narcissistic
8. Avoidant
9. Dependent
10. Obsessive-Compulsive

**Family and the Workplace**

Positive and negative variables from each setting are exported to the alternate setting.

EAPs can assist by:

1. **Education**
2. **Teaching communication skills** (including how to assess the problem, develop a plan of approach, and carry out the plan)
3. **Consulting** in the development of workplace policies and procedures (important to determine if the workplace is iatrogenic).
Primary Prevention

EAPs must stay up on the recent mental health information through websites and reading so they can provide education to employees and organizations.

Chapters 12 & 13

Program Planning and Evaluation of EAP Foundations and Concepts

Evaluation includes a determination of the relative importance of something, an extent to which a predetermined goal or expectation has been attained, and the relative effectiveness or efficiency of specific activities or sets of activities.

**Reasons for evaluations are:**

- Vindication
- Salesmanship
- Verification
- Improvement
- Understanding
- Accountability

Important attributes include:

- specificity
- objectivity
- awareness of detail
- reality factors
- realistic goal setting

**The Program Planning and Program Evaluation Cycle**

The goal attainment model focuses on measuring the extent to which a program achieves the objectives.

The systems analysis approach focuses on the program’s functional organizational units and the demonstration of their worth in accomplishing the program’s objectives.

The program mission is the purpose and rationale for the developing and continuing existence of a program.

Program Goals are action statements related to the program’s client, customer and consumer-related activities. They suggest directionality and are not time bound.
Program Objectives are specific, concrete, and time-limited. They must be observable, occur within a time frame, and be measurable.

**Program Evaluation**

Was the program implemented as intended?

Were the program’s objectives achieved?

Was the program effective?

Was the program efficient? (cost benefit or cost-effectiveness analyses)

Through evaluations a decision can be made regarding:

- a. to continue operating the program as planned and implemented.
- b. to modify the program or some component of the program.
- c. to terminate the program or one of its components.

**Types of EAP Evaluations**

1. **Input evaluations** - The resources an organization intended for the EAP to have compared with those features the program actually possessed.

2. **Utilization evaluations** - Who is using what services and to what extent.

3. **Satisfaction evaluations** - Level of client, supervisor, or labor satisfaction.

4. **Outcome evaluations** - The degree of the impact of the EAP activity has on the outcome variables such as level of absenteeism, number of grievances, and the number of workplace accidents.

5. **Cost-Benefit evaluations** - Summarization of the program’s cost, determining savings to the organization on all outcome measures, then calculating a ratio of the costs to the benefits in order to reflect the "cost-worthiness."

**Many EAP evaluations tend to be in-house promotional efforts.**

All of the different interest groups upon whom EAP activities may impinge should be involved in determining program outcomes. All goals and objectives must be clear, specific, and realistic. Evaluation should incorporate a team approach with all stakeholder groups participating to assure that all of these relevant perspectives are employed.
Chapter 15

Service Delivery: Implications for the Utilization of Program Evaluation Information

The service delivery professionals, the counselors in an EAP department, are concerned about the same issues as the program administrators.

They are a valuable source of information in the ultimate determination of answers to program evaluation questions. Often they are in the best positions to identify relevant and appropriate program modifications.

At times the professional is confronted with making choices between commitments to professional expectations and the commitments to organization of the agency.

1. **Goals** - The EAP program wants for the nonworking employees back to work and to increase the efficiency and effectiveness of less-than-productive employees. The human service professional tends to operationalize a client-centered, holistic philosophy and are concerned with the overall well-being of the individual.

2. **Occupational Rewards** - Salary, promotion, prestige, and job stability.

Professionals also cherish professional and occupational autonomy.

3. **Occupational Punishments** - Low merit increases, lack of promotion, low recognition, loss of job, required mobility or transfer. Professionals fear failure in their working with their clients, and disrespect for their professional integrity.

4. **Locus of Control** - Bureaucracy is associated with rigidity, and mechanical and authoritarian ways. Professionals prefer to respond "internally" to their own individual and professionally derived guidelines and procedures.

5. **Principle and Guidelines** - It is not rare for a situation to arise in which there is a discrepancy between the guidelines of the program and those of the professional’s training and background.

6. **Targets of Attention** - It is important to keep up on the paperwork and yet the professional often senses a real need to see the clients. An organization is in trouble if it cannot control the production and application of knowledge and skill to the work it performs.

**Future recommendations**
Special service needs assessments ..... Multifaceted program planning .... implementation and evaluations.

New Edition Notes

Chapter 15

Service Delivery: Implications for the Utilization of Program Evaluation Information

Benchmarking – Isolating key metrics in specific functions and comparing one's own practices with those of organizations that have established themselves as leaders or innovators in that specific business functions.

Two pertinent questions:

- How many of our employees are utilizing the EAP?
- In what ways are they using the EAP?

Chapter 16

Human Resources: Basic Definition and Concepts for the EAP Professionals

Demographics of age, sex, ethnic background, current income level and socioeconomic background are important in making informed decisions in program implementation.

Performance Appraisal Systems - Used to guide the employee toward becoming a more effective and productive member of the organization.

EEO and Affirmative Action - Federal Guidelines for hiring, promoting, and discharging employees. They take into consideration race, sex, age, religion, handicap and veteran status.

Workers Compensation / Rehabilitation - Programs designed to protect workers that are injured on the job or while carrying on work-related duties.

Americans with Disabilities Act - Employers may not ask questions which are designed to determine the extent of a real or perceived disability during the hiring
process. After an offer of employment is made a company may ask for a "fitness-for-duty" physical exam to determine suitability for employment. If a disabling condition is learned a "reasonable accommodation" might be appropriate. "Business necessity" or a "severe threat to the health or safety of others" may cause the offer to be rescinded.

**ERISA** - Employee Retirement Income Security Act - The federal agency that regulates pension funds, profit sharing plans and other company sponsored savings plans.

**COBRA** - Consolidated Omnibus Reconciliation Act - Requires that employers offer health insurance to their resigning employees for an additional 18 months and 36 months for employees who are discharged. The employee must pay the entire cost of the insurance.

**OSHA** - Occupational Safety & Health Act - The federal agency which formulates and enforces standards that provide for a safe working environment for employees in private industry.

**Supervisor** - The key individual in the attainment of the organization’s goals, the connection between the organizational management and the employee.

**Union Shop** - Collective Bargaining Agreement (The contract is negotiated by the officials of the Union for increased wages and improved working conditions. Monthly fees are paid by the members.

**Grievance Procedure** - A step-by-step process that is used to settle employee complaints.

**Nonunion Shop** - The supervisor is the key in communication of the organization philosophy. It is necessary to have a process for appeal in cases of perceived mistreatment. Through the periodic performance appraisal the employee learns how management feels about their job performance.

**Employee Benefits** - Nonmonetary compensation or "Fringe Benefits". Generally includes medical insurance coverage, vacation time, and holidays. Sometimes tuition reimbursement, free meals, free uniforms, stock purchase plan, pension, and profit-sharing plans are available.

**Family and Medical Leave Act** - Employees who experience certain life events and may need some time away from work may request unpaid leave time. Few employees actually take unfair advantage of the FMLA law.

**Training and Career Development** - Basic orientation and "on-the-job-training" intended to equip individuals to perform specific functions. More sophisticated programs may assist the employee in achieving their goals in the organization.
Safety and Security - A strong safety and security program can maintain employees at a level of fitness that is conducive to the goals of the organization.

Violence in the Workplace - Programs and policies can assist in helping company officials understand the profile of the potentially violent person and what may drive them to this level. They may provide additional safety measures.

Health and Wellness - Employees who have a more healthy lifestyle will live longer, be more productive employees, and cost their employers less in terms of absenteeism, utilization of benefits, and fewer debilitating injuries. These programs may be involved in problems of hypertension, overweight, a lack of exercise, smoking and substance abuse. "Health risk appraisals" may be utilized.

Chapter 17

Human Resource Development in EAP Programming

"Training" literally means the act or process of directing or forming, typically by instruction, formal discipline and or drill.

"Human Resource Development" is a series of organized activities conducted for a specified period of time that is designed to produce behavioral changes. The individual must feel that the intended activities and the overall outcome is for his or her benefit. The activities must be organized with predetermined specific processes and outcome goals.

1. Education - Learning activities designed to increase and enhance the individual's overall learning. It is concerned with individuality, diversity and the future ability to function autonomously.

2. Training - Assists an individual in improving a specific job task or set of job tasks. It minimizes individual differences among staff and enhances uniformity.

3. Development - Activities designed to move the organization and the employees toward the future and possible new program developments & activities. Future possibilities could entail change and change can be very scary.

As the world changes, as the clients change, we too experience change and development in ourselves and continually seek out ways to help our programs to be maximally responsive to such changes. Quality definition, quality assurance and quality control have become increasingly important to human service programs in the past decade.
Chapter 17
Comment / Update

Basic concepts of Human Resources:

**Administrative functions**

*Equal Employment Opportunity* (EEO) and Affirmative Action – Must comply with EEO regulations, hear employee complaints and conduct investigations.

*Title VII of Civil Rights Act* – Prohibits employment discrimination based on race, color, religion, sex, or national origin.

*Equal Pay Act* (EPA) - Protects men and women who perform substantially equal work in the same establishment from sex-based wage discrimination

*Age Discrimination* (ADEA) – Protects individuals who are 40 or older.

*Americans with Disabilities Act* (ADA)– Protects qualified individuals with disabilities.

*Workers Compensation* – Insurance programs designed to protect workers that are injured on the job.

*Employee Retirement Income Security Act* (ERISA) – Ensure that employees receive the pension and other benefits promised by their employers.

*COBRA* – Requires most employers with group health plans to offer employees the opportunity to continue temporarily their coverage.

*OSHA* – Prevent work-related injuries, illnesses and deaths.

*Employee Benefits* – Medical insurance coverage:

- Health Maintenance Organizations, Preferred Provider Organizations
- Point of Service, Managed Indemnity
- Retirement programs and 401K - type plans
- Vacation time, Holidays, tuition reimbursement, stock purchases, childcare, award programs, wellness programs, and EAP services.
Employee relations challenges –  
(Practices that will increase employee commitment and performance)

Performance Appraisals – Tools that measure the direct contribution of the performer without resorting to inferences will ultimately be more effective.

Grievance Policies – A procedure that allows an employee to bring their issues to someone within the organization. The goal is to attain due process and a sense of fairness for the individual.

Disciplinary Procedures – A three-step process of progressive discipline, verbal warning, written warning and final warning. The focus is on confronting the individual with the specific problem, giving them time to think about it and then having them develop a plan with needed resources to correct the problem.

Motivation Programs – Range from doling out gifts and rewards to involving people in important programs and decisions.

Strategic Implementation Change Events.

Strategic Partners – Senior managers are asking HR to reduce its own costs while providing a more comprehensive and multifaceted contribution to the core of the organizations business.

EAP Professionals and HR Professionals – Professions that have many interests in common and are yet quite distinct.

Chapter 18

Alcohol and Drug Abuse Awareness: Implications for Intake Interviewing

The first interview sets the foundation for a relationship between the counselor and the client; it opens up the psychological realities in the client’s situation.

Questions to be answered during the intake include:

1. Can the agency provide the help the client needs?

2. What is the length of treatment required?

3. Where is the problem located?
4. Who is to be seen?

It is important to accurately communicate empathic understanding and to influence the client’s attitude toward counseling.

Relevance of Alcohol and Drug Abuse

**Divorce** - There is a significantly higher divorce rate among families experiencing alcohol problems.

**Family Violence** - A positive relationship exists between alcohol and other drug use and family violence.

**Spouse Abuse** - Drinking and other drug use and spouse abuse are associated.

**Child Abuse** - Excessive alcohol and other drug are associated with child abuse.

**Sexual Dysfunction** - Alcoholics of both genders have an unusually high rate of sexual dysfunction.

**Interpersonal Communications** - Drinking increases negative affective response.

Seldom does the problem family mention drinking as a factor unless alcoholism has developed to an advanced stage. **Denial is a universal defense.**

Preservice, inservice, and continuing education programs for counselors should include alcohol and drug abuse awareness content.

**New Edition Notes**

**Chapter 18**

Preservice, inservice, and continuing education programs for counselors should include alcohol and drug abuse awareness content.

Research and demonstration projects should be conducted to empirically test the findings and recommendations of the authors’ pilot observations.

Where known associations between alcohol and/or drug abuse and individual, marital, and family problems exist, research and demonstration projects should be conducted to see if cessation of the associated alcohol and drug abuse reduces, minimizes or remediates the client problems.
Chapter 19

The Preparation and Development of EAP Professionals

Students should be cognizant of the importance of developing themselves for a career - not just a job. There may be extensive travel requirements. There can be an expectation in industry that referred employees should "get better quickly". It is not a 9:00 - 5:00 job. Good writing skills are necessary.

There is a multiplicity of professional identities and the potential for role ambiguity and role strain exists.

Educational Program Issues. - EAP programs are considered employment settings in which a variety of professionals work and are not professional disciplines unto themselves at this time.

The nine common competency areas include:

1. Locating persons in need of services.
2. Determining eligibility for specific services.
3. Using diverse community resources.
4. Assisting clients with the development of a rehabilitation plan.
5. Insuring community services are appropriate and available.
6. Determining which diagnostic procedures are needed.
7. Interpreting data from testing to clients.
8. Developing and maintaining a counseling relationship with clients.
9. Using appropriate techniques to effect the job placement and job retention of clients.

Available resources should include:

Adequate library holdings .... Counseling and learning laboratories ....

Well designed educational programs
One member of the faculty should be in charge of the program, the Director. A multidisciplinary approach provides depth of training.

Curriculum Issues and Content

An Arts and Sciences approach encourages course work in the traditional, basic disciplines (social work, sociology, psychology, humanities, etc.).

The Professional School approach encourages course work in applied classes within the specific professional discipline area, and emphasizes supervised clinical practice.

Four Modular areas in which EAP education and development course work and course content are recommended are:

Module 1 - Work Employment and Industry.
Module 2 - Human Conditions: Employers and Clients.
Module 3 - EAP Service Delivery.
Module 4 - Organization, Administration and Management.

In future EAP programs should focus increased attention to stress, and the expanding "wellness" programs such as:

- communication skills training
- assertiveness training
- retirement preparation
- parenting
- sexuality and changing sex roles
- loss and death
- victim assistance
- daycare.

New Edition Notes

Chapter 20

Professional, Ethical, and Program Developments in EAP Professionalism
Professionalism:

The licensed or certified practitioners possess the knowledge, skills, and attributes necessary for quality service delivery.

Accreditation connotes that “people can trust that an accredited program will do what it professes to do.”

Certification is awarded by a national certification body.

Licensure is awarded by a state licensing board.

**CEAP Exam Eligibility**

- Graduate degree – in related discipline
- 2000 hours of supervised work experience in an EAP setting within the past 2 - 7 years. Supervision must be EACC - approved.
- 15 Professional Development Hours (PDHs) completed prior to taking the exam.

**OR**

- No Graduate degree –
- 3000 hours of supervised work experience in an EAP setting within the past 2 - 7 years. Supervision must be EACC - approved
- 60 Professional Development Hours (PDHs) completed prior to taking the exam.

**EAPA STANDARDS AND PROFESSIONAL GUIDELINES FOR EAP – 1997**

**Professional Responsibility** – EAPA members help protect labor, management and the community against unethical practices by an individual or organization engaged in employee assistance programs, direct treatment, or consultation activities.

**Procedures for Review of Member Conduct** –

a. A complaint against a member shall be submitted in writing to the National President.

b. A copy of the charge shall be delivered to the member either in person or by registered mail with in 30 days and there will be a closed hearing.

c. The committee Chairperson and the Regional Representative shall determine if a violation has occurred. The bylaws or Ethics Committee determine the consequence.
d. The Board will act upon the report and the recommendation.
e. The member may appeal the Board of Directors concerning the interpretation of facts or proposed penalty.

Confidentiality –

EAPA members treat client information as confidential.

Professional Competency –

EAP providers are expected to possess knowledge of work organizations, human resources management, EAP policy and administration and EAP direct services.

Consumer Protection –

EAPA members do not discriminate because of a client’s race, religion, national origin, physical handicap, gender, or sexual preference.

Assessment and Referral –

Members are to make assessment and referral decisions only within their area of specific competency and seek consultation or supervision when clinically indicated. It is recommended that members who do the initial assessment refer clients to individuals or entities not affiliated with the referring EAP or original referral source.

Public Responsibility and Professional Relations –

Members are responsible for educating and fostering the professional development of trainees, encouraged to promote EAPA to the public, and to provide public statements based on objective information.

Definition of an Employee Assistance Program

"Employee Assistance Program" or "EAP" is a worksite-based program designed to assist (1) work organizations in addressing productivity issues and (2) "employee clients" in identifying and resolving personal concerns (including, but not limited to health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal issues) which may affect job performance.

Program Design

Advisory Committee - There shall be an advisory process at a high level within the organization, which provides for the involvement of representatives of all key segments of the workforce.
**Needs Assessment** - The program design shall be based on an assessment of organization and employee needs.

**Service Delivery Systems** - EAP services shall be provided through comprehensive, formal delivery system.

**Implementation**

**Policy Statement** - The policy statement defines the EPA's relationship to the organization, describes the EAP as a confidential resource, and states the scope and limitations of the program’s services.

**Implementation Plan** - An implementation plan shall outline the actions needed to establish a fully functioning EAP and set forth a time line for their completion.

**Management and Administration**

**Policy and Procedures** – Standardized policies and procedures for program administration and operation shall be developed in response to program objectives and organizational needs.

**Staffing Levels** - An adequate number of EAP professionals shall be available to achieve the stated goals and objectives of the program.

**Community Networks** - The EAP shall identify, foster, create, utilize and evaluate community resources which provide the best quality care at the most reasonable cost.

**Confidentiality** - The EAP shall prepare and implement a confidentiality policy consistent with all professional standards and ethics and adhere to all other regulations that may apply.

**Staff Qualifications** - The EAP shall retain professionals qualified to perform their duties.

**Liability** - All EAP professionals shall have adequate professional and other appropriate liability coverage.

**Ethics** – EAP professionals shall adhere to the codes of ethics espoused by their professional organizations and by appropriate licensing and certifying bodies.

**Direct Services**

**Crisis Intervention** - The EAP shall offer responsive crisis intervention services to employees, eligible family members, and the organization.
Assessment and Referral - The EAP shall identify employee or family member problems, develop a plan of action, and recommend or refer the client to an appropriate resource for problem resolution.

Short - Term Problem Resolution - The EAP shall determine when to provide short-term problem resolution services, and when to make a referral to community resources.

Monitoring – The EAP shall review and monitor the progress of referrals.

Follow - Up - The EAP shall provide follow-up services to employees, covered family members, supervisory and union personnel and the organization to monitor and support progress in the resolution of personal problems and improvement of job performance.

Training of Organization Leadership - The EAP shall provide training for supervisory, management and union personnel to give them an understanding of EAP objectives, procedures for referring employees and the impact of the program on the organization.

Supervisor/Union Consultation - The EAP shall provide individual consultation to supervisors and union representatives regarding the management and referral to the EAP of employees with job performance or behavioral / medical problems.

Organizational Consultation - The EAP shall be both proactive and responsive when organizational developments and events impact employee well being and fall within the EAP professional's areas of expertise.

Program Promotion and Education - The EAP shall ensure the availability and use of promotional materials and activities that encourage the use of the program by supervisors, union representatives, peers, employees, and covered family members

Education – Information about the EAP and its services shall be part of new employee orientation and ongoing employee education.

Linkages

Internal Organizational Activities - The EAP shall be positioned at an organizational level where it can be most effective with linkage to the executive office.

External Community Organizations and Resources - The EAP shall develop and maintain relationships with the external health care delivery system and other community resources.
Professional Organizations - EAP professionals shall maintain and upgrade their knowledge through such activities as belong to one or more organizations specifically designed for EAP professionals.

Evaluation

The EAP shall evaluate the appropriateness, effectiveness, and efficiency of its services and operations. Measurable objectives shall be stated for both program processes and outcomes.

New Edition Notes

Chapter 21

Legal Issues Critical To EAP

EAP as the Employee's Therapist – In most cases the EAP will provide therapeutic services to the employee, as a work related benefit.

EAP as Consultant - Evaluator to the Employer - In some cases the EAP acts as a consultant to the company when they assess the employee’s behavioral, emotional, and/or physical functioning and describes how it might affect the employee’s work ability. For instance in respect to Workers compensation, short or long-term disability, or fitness for duty.

It is important to make clear to the employee the non-therapeutic nature of the relationship.

Multiple Roles, Mixed Roles, and Confused Roles – The different roles impose different duties and allegiances on the EAP.

Informed Consent – It must be knowledgeable, competent, and voluntary.

The EAP must provide the employee with information and the proposed evaluation or treatment, any relevant alternatives, and potential benefits, risks, and outcomes associated with each alternative.

Privacy, Confidentiality, and Privilege

As of 1999 only two states had comprehensive laws detailing the privacy of health care records.
Confidentiality – It is the health care professional’s ethical and legal obligation to keep client communications private and confidential. All communications made in the context of a therapeutic relationship must remain confidential, with some exceptions.

EAP must disclose to the employee the limitations on confidentiality, whether the relationship is therapeutic or consultative to the employer.

**State Law Regarding Confidentiality of Records –**

The client may expressly waive it and request that the EAP to provide the information to a third party.

All states require health care professionals to report suspected abuse, neglect or abandonment of a child, and in some states that includes disabled adults and elderly persons.

Some states require breaching confidentiality to protect third parties, “duty to protect”.

**Federal Law Regarding Confidentiality of Records –**

Health Insurance Accountability and Portability Act (HIPPA) establish a national minimum standard for protecting the privacy of health care information.

Health care professionals must:

- Inform patients about their privacy rights,
- Adopt clear procedures to ensure privacy of records,
- Train employees to be aware of and carry out privacy procedures,
- Designate an employee who is responsible the privacy of records,
- Secure the records so that privacy is ensured.

42 CFR (Code of Federal Regulations) regulated the confidentiality of persons who received treatment for substance abuse in “federally assisted” alcohol and drug abuse programs.

**Privilege –** Privileged communications are protected from being revealed in legal proceedings, but it is not absolute.

Exceptions are when the client:
Waives privilege,

Raises his or her mental state as an issue,

Initiates a licensing complaint or litigation against the treating professional,

Or is the subject of a commitment proceeding.

*Jaffe v. Redmond* allowed federal courts to recognize a psychotherapist-patient privilege protecting confidential communication between a patient and psychotherapist. This did not hold specifically to EAPs.

**Privacy, Confidentiality, Privilege, and Informed Consent** – EAP must inform the employee about the nature, extent, and limitations of confidentiality and privilege prior to establishing any kind of professional relationship.

**Liability and Professional Sanctions** –

1. A finding of malpractice in civil court.
2. Discipline imposed by the relevant professional board.
3. Discipline resulting from any proceeding by any professional organization of which he/she is a member.

**Malpractice** – When a health care professional caused harm by an action or omission that deviates from the prevailing standard of care within the particular profession.

EAPs may also be involved in court as an expert witness for the plaintiff or the defendant.

**Licensing Complaints** – Clients may file complaints alleging substandard practice with the state board that regulated the EAO professional’s discipline.

It is designed so that complaints can be filed easily and without legal assistance or representation. It is not necessary to show that harm occurred but only prove that the professional failed to meet the applicable standard of care or violated standards established in the licensing statutes. The decision maker is the relevant professional board.

**Discipline by Professional Organizations** – The organization may discipline any member who fails to meet the standards or ethical principles promulgated by the organization.

**Emerging Issues: Test and the Americans with Disabilities Act** - EAPs are involved peripherally with workplace testing issues, specifically drug testing.
EAPs may suggest testing for drug use in certain circumstances.

EAPs may provide treatment as a result of a drug test.

(Also specific whether in a therapeutic role or as a consultant to the employer)

**Americans with Disabilities Act (ADA)** – Prohibits discrimination on the basis of “disability” in a variety of areas, including employment.

EAPs may be asked to:

- Determine if the employee has a disability within the meaning of the statute,
- Provide treatment to an employee with disability,
- Advise the employer on what might be a reasonable accommodation.

**Chapter 21**

**Legal Issues: Confidentiality / Privilege**

A *Release of Confidential Information* must be a written consent by the client and should include:

- Name of the program making the disclosure.
- Name of the person or organization to which the disclosure is to be made.
- Name of the client.
- Purpose or Need for the disclosure.
- Nature of the information to be disclose.
- Statement that the consent can be revoked and a specific date, event, condition upon which the consent will expire
- Date that the consent is signed.
- Signature of the client.

*A court may, in appropriate circumstances, authorize disclosure of information which otherwise would be prohibited under the federal regulations.*

**All 50 states require certain individuals to report child abuse or neglect when there is a danger of harm to the child.**

**Merely because a client has abused alcohol or drugs is not sufficient grounds for reporting child abuse or neglect.**
Maintaining Client Records

Keep only records which are necessary. EASNA, another EAP professional organization, guidelines suggest that only the following information should be included ....

- Information which is related to the purposes of the individual or agency providing the service,
- Information that is necessary for optimum clinical service,
- Personal values and judgments should be excluded,
- Information which is no longer relevant is deleted, including psychiatric records and psychological tests. (This provision may be open to question).

Disclosures of Confidential Information

Subpoena and Subpoena Duces Tecum

A subpoena requires an individual to appear in court. A subpoena duces tecum will compel the individual to appear in court and to bring documents or notes which are specifically listed in the subpoena duces tecum.

Seek legal advice !!!!

State Laws which allow disclosure (included in some state statutes)

When the patient’s purpose in disclosing the information is to seek advice in furtherance of a crime or fraud, confidentiality can be broken.

When the patient has waived the privilege, in writing and within certain conditions, confidential information can be disclosed .

The disclosure relates directly to facts or circumstances of a homicide or lawsuit for malpractice which has been filed against a professional.

Child Abuse

When an EAP counselor believes or suspects that a child is being abused, the information must be reported to the appropriate state agency.

Dangerous Client

Disclosure also may be required when a therapist knows or should know that a client is dangerous and that the behavior of the client represents an unreasonable risk of harm to others.
Tarasoff v. Regents of the University of California.

There is an obligation to use reasonable care to protect the intended victim against danger. This may require the therapist to take one or more of various steps depending upon the nature of the case.

It is necessary to warn the intended victim or others likely to apprise the victim of the danger, to notify the police, and to take whatever steps are reasonably necessary under the circumstances.

**Malpractice** - To prove liability an individual must show the following:

An EAP practitioner had a duty to an employee.

- There was a breach of said duty,
- The therapist was negligent.
- There were damages to the victim,
- There was no interruption or intervening event between the behavior of the therapist and the subsequent injury.

To show negligence the therapist must have departed from acceptable standards of care in the profession. It must be determined that the therapist failed to do that which a reasonably prudent therapist would do.

**Types of Malpractice**

Misdiagnosis - The negligent failure to assess any problem, or the failure to assess the correct problem. (Referral to a more experienced practitioner or institution for a more detailed assessment may be necessary.) Recognize the limitations of your competence.

Negligent Referral - Refer employees only to those referral sources who have a proven track record. Be thoroughly familiar with the private and public service providers available in the area. Verify the provider’s accreditations with the licensing agency.

Abandonment - Improperly terminating the relationship with a client. You must take the time to refer the employee to another source of assistance. There should be at least one follow-up session following termination of employment to allow the EAP practitioner to refer the individual to another qualified source. Abandonment also may occur if an employee attempts to make an appointment and is unable to do so for several weeks.
Sexual Relations with a Client - Sexual involvement with a patient is becoming more and more widespread. The result is liability for damages and possible loss of license. This practice is inexcusable and unethical.

Defamation - A communication by one person that harms the reputation of another. "Libel" is a written communication and "slander" is an oral statement. A wrong, hasty diagnosis may well constitute libel. Document what clients were doing, what they said, and how they looked rather than making a diagnosis which may prove to be incorrect.

Wrongful Death - When a negligent intentional act takes place which leads to the death of an individual.

Negligence - An employer may be responsible for the negligent death or injury of an individual.

Intentional Infliction of Emotional Distress - Damage by an employer's negligence in maintaining personnel records.

Breach of Confidentiality - There is no absolute confidentiality and there may be situations which require disclosure.

Invasion of Privacy - Often added as a separate claim for damages in lawsuits involving other claims.

**Chapter 22**

**Drug and Alcohol Testing: Current EAP Dilemmas**

Drug screening policies must meet the objectives of the company, and certain legal requirements. They should be developed with union representatives, personnel managers, management, security and legal advisors.

1. The company should show the need for a drug screening policy by making the employees aware of the substance abuse problems.

2. Clear, explicit notification of the policy should be made to all employees.

3. Disciplinary action as a result of a violation of the policy should be stated.

4. Which employees are subject to the test and under what circumstances should be stated.
5. Notification to employees of positive test results must be provided.

6. Provisions for referrals to the company EAP following a positive screen should be included.

7. Safeguard for protecting employee confidentiality must be established. No results from the drug and alcohol testing should be disclosed until a second test has confirmed the positive results.

**Who should be tested?**

Many companies limit testing to pre-employment screens only.

All applicants should be tested and consent must be obtained from each.

Testing can be done when there is a *reasonable suspicion* of drug use, being involved in an accident, or being unable to work.

Reasonable cause may be deteriorating work performance, excessive tardiness, absenteeism or an accident on the job or suspect behavior including exhibiting signs of intoxication and smelling of alcohol. Document !!!

Refusal to take a drug test, if based on reasonable cause, can result in dismissal.

**Off Duty Use of Drugs**

If the conduct of the employee could affect the business reputation of the company, render the employee unable to work or affect morale, then discipline is permissible.

**Constitutional Issues**

Most of the challenges to the drug testing have been brought in private companies.

**Right to Privacy**- May be involved when there is no evidence of drug problems among the workforce, nor was there reasonable cause to test.

**Unreasonable Search and Seizure** - May apply when there was not reasonable suspicion prior to a search of vehicles and persons, including urinalysis and
Due Process Rights - There must be a second confirmation test and a hearing before a discharge. Safety-sensitive positions are a special category and are even more restrictive.

Arbitrator's Views - Arbitration may be utilized to settle disputes between management and employees.

They prefer for the company to have rehabilitative services offered by an EAP.

The dissemination of information regarding EAP must be adequate.

They consider if "progressive discipline" was used, the length of employment, work history, type of job involved and if there is a danger to the public or others. They favor use of an EAP prior to discharge, but have little sympathy for an employee who fails to recover or follow a "last chance" agreement.

EAP Involvement in Testing - EAP is involved in setting up a "last chance agreement" which addresses and includes a plan for treatment, and requirements for continued employment. It should be in writing and signed by the employee. Those person who will receive follow-up information regarding improvement should be listed so that there will be no question regarding breach of confidentiality if information is disclosed.

Statistics regarding abuse of alcohol in the workplace

Abusers are 8 times more absent or tardy than nonabusers.

10% of abusers steal from the employers and co-workers.

There are 5 times more claims made by abusers.

Abusers use 3 times more sick leave.

Abusers work at 20-30-% less capacity than nonabusers.

47% of workplace accidents are drug related.

49% of workplace deaths are drug related.

Drug Free Workplace act of 1988
1. Notification is made to employees that, as a condition of employment on federal projects or grants, each employee must not engage in unlawful manufacture, distribution, dispensation or use of controlled substances in the workplace. The employee must notify the employer of any criminal state drug conviction for a violation occurring in the workplace not less than five days after the conviction.

2. The employer must notify the contracting federal agency within 10 days of notification by an employee or any other person of the conviction, or face sanctions including loss of the grant or contract.

**Omnibus Transportation Employee Testing Act of 1991** - These rules cover the "safety-sensitive" positions of the transportation industry. They require post accident testing where alcohol could have been a factor, random testing, testing where the supervisor suspects employee misuse, and testing before returning to work.

**Americans with Disabilities Act (ADA) of 1992** - Prohibits discrimination against "qualified people with disabilities" and severely limits an employer’s ability to inquire into an employee’s or job applicant’s medical history. The employer cannot require an applicant to undergo a medical examination prior to making a conditional offer of employment. A drug test is not considered a medical examination under the ADA.

New Edition Notes

**Chapter 22**

**Drug and Alcohol Testing**

**Basic Guidelines for a Drug Policy** – The policy must meet the objectives of the company and still meet certain legal requirements.

It should be developed in conjunction with union representatives, personnel managers, management, security and legal advisors.

**The Arbitrator’s Views** – They will consider the consistency of the treatment of employees.

They will expect that reputable laboratories with accurate results will be chosen to perform the tests.
Update / Comment – More companies are giving employees who test positive a second chance.

The “Last Chance Agreement” is not a guarantee that the employment will be maintained.

The courts have ruled that:

1. Drug testing that target a narrow set of workers whose drug use imposes a threat to fellow workers, the public or the agency are considered constitutional

   (Omnibus Transportation Employee Testing Act of 1991)

2. Random testing of all workers within a specific job if used as a deterrent to future drug use will also be seen as constitutional.

New Edition Notes

Chapter 23

Critical Incident Stress: Principles, Practices, and Protocols

Some individuals after a traumatic experience struggle with returning to normal living and are at risk for developing a posttraumatic stress disorder and other anxiety disorders, personality disorders, or depression.

One third to one-half of “at-risk” individuals have developed PTSD.

If intense symptoms persist after two days following a traumatic event the individual may be at risk for developing acute stress disorder (ASD). If it continues for four weeks it may become PTSD.

CISD, Critical Incident Stress Debriefing, is a group crisis intervention technique designed to alleviate the acute symptoms of distress. It is not group therapy.

CISM, Critical Incident Stress Management is a 10 – part comprehensive integrated crisis intervention system of which CISD is a part.

Literature Review
Critical incident stress is a unique type of personal condition that occurs when an individual experiences or witnesses an event that is unusual, extraordinary or violent.

It involves a vacillation between numbness and hyper-arousal, blocking out feelings and recollections of the event, and a myriad of physiological symptoms.

Some researchers question the effectiveness of a CISD as potentially damaging. Most expert view it as the single most effective tool that can be employed to assist the survivor in returning to his/her previous functioning.

**Principles and Practices**

The experience of trauma and the subsequent development of PTSD often involve the person’s loss of a sense of safety and control.

It is most important that the helpers develop and maintain a non-anxious presence through all phases of the work.

**People Skills**

The trauma responder must have the ability to be warm, open, and engaging with survivors.

In Critical incident response, the responsibility for contacting, engaging, and intervening rest solely with the responder, not the survivor. This is a reverse of the usual power relationship.

It is not uncommon to initiate contact with survivors who have difficulty or resist communicating their thoughts and feelings about the incident, or who may be antagonistic or hostile toward the responder.

**The SCHWOOP: Cognitive – Affective – Cognitive**

All CISDs begin with assessment of safety and is kept in the “thinking” and “present” realm. It then moves to remembering and feeling the traumatic event – the “affective” and “past”. As it reaches closure there will questions about the future and feeling in control of the present.

It is the ability of a critical incident responder to “make sense” of the symptoms and processes in an accessible and easily understood language that is very helpful in mitigating the negative effects of the trauma.

The experience of moving from the cognitive here-and-now perspective to the affective there-and-then is described as “you’re just in the schwoop”.
Often the survivors engage in the unconscious and involuntary fixation of their eyes while they are reviewing visual material often associated with the recent event.

A survivor who is experiencing intense affect and visual intrusions will likely need acute mental health assistance.

It is often helpful to ask, “What are you looking at right now?” in order to move out of the overwhelming affect and back into cognitive control.

**Expression of Affect**

The responder needs to tolerate many levels of expression, or lack of expression, of affect. It is necessary to “work with what presents”.

Some responders who are uncomfortable with expressions of high levels of intense affect may attempt to cull and silence strong feelings. Other well-meaning responders may attempt to trigger and coerce the expression of pain, anger terror or grief and by so doing retraumatize the survivor. Both are mistakes.

**Normalize Responses/Symptoms**

One of the most helpful statements is “You are a normal person having a normal response to an abnormal event”.

A brief explanation of how brain mechanics and memory systems function relative to PTSD can be helpful.

An explanation that posttraumatic symptoms are attempts by our body’s natural healing mechanisms to make sense of, resolve, and recover from the event are also helpful.

**Socialize for Possible Symptoms**

Have a prepared handout of possible symptoms that the survivor my experience over time can be helpful in preparing them for a possible protracted recovery. It should also contain contact and referral information for mental health professionals who specialize in treating traumatic stress. There should also be good self-care information that can minimize symptoms’ intensity, frequency and duration.

**Connect with Support**

Final task is to connect them with indigenous and ongoing support systems. This may include family members, friends, clergy, or co-workers.
Team Work

Critical intervention work is done in teams. Or at least pairs because the work is difficult and complex, so that no one responder is becoming overwhelmed, to be alert to possible compassion fatigue, and so that there can be a varied and creative service delivery.

Protocols

Individual Defusing – *It is the helping of survivors through the use of a brief conversation.*

One should make contact with the survivor and establish a warm relationship, after which one can begin the assessment, triage, service planning and assistance. All of this is done in an unobtrusive and conversational manner.

1. **Make Contact** – warm, inviting introduction and informal socializing.

2. **Make Assessment** – Any medical emergencies reported by the survivor should be reported to an emergency medical professional.

3. **Gather Facts** – Ask about the facts associated to the trauma and provide a gradated and objectified approach to discussing the traumatic event.

4. **Inquire About Thought** - By moving from the facts to the thoughts the responder is helping the survivor to gently move to narrating and integrating aspects of the traumatic event.

5. **Support, Reassure, Provide Information** – use a warm and nonanxious presence that serves as a bridge for the survivor to reconnect with other people and services. Reconnect them with a support system as soon as possible.

Demobilization –

A short intervention of about 30 minutes in which a brief 10 – 15 minutes of information presentation is followed by a rest period of 20 – 30 minutes during which food is provided.

Goal: 1. Assess the well being of the staff.

2. Mitigate the impact of the event

3. Provide stress management information to personnel
4. Provide an opportunity for rest and food
5. Assess need for debriefing.

**Crisis Management Briefing –**

Goal: 1. Provide information
2. Control rumors and speculation
3. Stabilize chaos
4. Provide coping resources
5. Identify and facilitate follow-care
6. Increase group cohesion and morale
7. Assess further need of the group
8. Restore adaptive functions of personnel

**Group Defusing –**

Short version of the CISD. Stop gap measure to provide immediate assistance.

Goal: 1. Mitigate the impact of the event
2. Accelerate the recovery process
3. Assess the need for additional services
4. Reduction of PTSD symptoms

**Critical Incident Stress Debriefing –**

Occurs with in 12 – 72 hours - lasts for 90 minutes to 3 hours

**Stage 1. Introduction Phase –** Process is explained, expectations are set and ground rules are established.

**Stage 2. Fact phase –** participants introduce themselves, their role during the incident and the facts surrounding their first experience of the incident.
Stage 3. Thought Phase – Identify the cognitive experiences associated with the event.

Stage 4. Reaction Phase – Share their emotional reactions during and since the event.

Stage 5 Symptom phase – How has the event negatively affected them.

Stage 6 Teaching Phase - Provide informational handouts on possible stress symptoms and coping techniques for “making sense” of the event and normalizing the symptoms.

Stage 7 Re-Entry Phase – clarify any ambiguities, prepare for termination, facilitate closure and prepare participant for re-entry into normal daily functioning.

Individual Debriefing – Adapting the group CISD to an individual

Eye Movement Desensitization and Reprocessing, or EMDR, offers a protocol for resolving traumatic stress symptoms associated with recent events, as does Traumatic Incident Reduction or TIR.

Compassion Fatigue – Working with survivors of traumatic experiences can produce deleterious effects for the caregivers, such as secondary traumatic stress, vicarious traumatization, burnout, and compassion fatigue. It is important to have a comprehensive self-care plan that is designed to minimize the effect of helping while maximizing resiliency.

Chapter 23

Critical Incident Stress Debriefing

A critical incident is an unusual, extraordinary, or violent occurrence.

The reaction to a sudden, random, and senseless incident is called a critical incident response.

60% of the individuals who observe a distressing event report experiencing subsequent emotional consequences.

Most people adjust within four weeks. Those who do not may be diagnosed in the DSM IV with Post Traumatic Stress Disorder (PTSD), acute stress disorder (ASD) or other anxiety disorders.
Each individual’s response is unique, depending upon one’s interpretation of the event, their coping style, and their support system.

The person must have experienced, witnessed, or been confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. The person’s response will have involved intense fear, helplessness, or horror.

**Critical Incident Stress Debriefing**

A CISD is an intervention for two or more individuals experiencing or witnessing a common distressing phenomenon. It is intended to normalize the experience and provide an opportunity for individuals to express their interpretations, thoughts, and feelings about the event.

It is an opportunity to freely discuss their perceptions, interpretations, feelings, and recollections in a supportive environment. **These are to be conducted only by trained mental health professionals.**

An **abreaction** is the relieving of a repressed emotion by talking about it.

**There is no one "normal" response to the extraordinary experiences.**

The goals of the debriefing process are to reduce the probability of PTSD or other psychiatric disorders and to reduce the probability of accessing worker’s compensation benefits or stress-related early retirements.

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**Chapter Notes 24**

**CYBERSPACE: THE NEW FRONTIER FOR EMPLOYEE ASSISTANCE PROGRAMS**

The computer and related information technologies (IT) such as the Internet have provided employees and employers **tools to organize and decimate information** in ways never before possible.

Employee Assistance Program (EAP) professionals are being asked to “help” those employees who have been identified as abusing or misusing the technology. It interferes with their ability to do their job, creates potential legal problems and in its most innocuous form, devours employee’s time and capabilities to be productive.
Cyberspace offers disenfranchised or bored employees many non-work related options to occupy their time and avenues to vent their hostility.

On the positive side, the Internet offers employees a unique opportunity to affiliate socially and exchange information with professional peers whom they may never have met and who are half the globe away.

Any number of work-related activities could take place, these include:

- Using private chat rooms available between two people with similar interests to explore solutions to a work-related issue.
- Private e-mail exchanges between two individuals to solicit information, public relations, etc.
- The ability of “user” groups to ask an “expert” a question by accessing her/his e-mail address.
- The ability to make announcements, post marketing information, etc.
- The ability of news networks to informally “poll” a captive audience and post results in a near immediate manner.
- The posting by corporations, business, nonprofit organizations, etc. mission, procedural, etc. statements.
- The ability to provide links to specific areas in the corporation.
- The ability to contact numerous and dispersed employees at once who are working on a project.
- Creation of discussion groups to facilitate problem solving.

Innocuous ways in which most persons have misused the Internet include:

- Sending personal e-mail
- Accessing information for personal use such as concert information and sports scores
- Making appointments
- Paying bills
- Buying personal items such as CD’s, books, etc.
Also, many employees have experienced some low level but manageable harm in regard to Internet use. Ways that these persons have been negatively impacted are as follows:

- Creation of an unfounded hope for a solution
- Acceptance of inaccurate information, just because it is posted
- Wasting time and getting behind on work
- Creation of unwarranted guilt, fear or anger
- Delaying a decision, by the continually seeking of information
- Alienation, or withdrawal from the organization through the use of various means of Internet diversions when bored.

**Online Environments**

Face to Face (FtF) communication is dynamic and transactional; the direction and flow of conversation goes back and forth between participants. Each person exchanges the position of sender and receiver of information during the process.

The downside of online communities is that they provide the individual environments where they can present a fragmented projection of self. It is the ability to have multiple moods, to change opinions, and have our beliefs evolve and thus allowing for the development and growth of the individual as well as the expansion of culture.

**Online Personality Issues**

AGGRESSION. The manifestation of aggressive behavior on the Internet has been called “flaming,” a form of intense communication characterized by the uninhibited expression of anger or hostility toward another person or groups of persons.

However, in its extreme and problematic instances it can lead to public relations problems and often civil and monetary consequences.

The ability to obscure or even recreate oneself online allows a person to explore, as never before, dimensions of their “private” selves.

MULTIPLE ASPECTS OF SELF. The ability of a person to explore and express such deviant aspects of personality is only enhanced by the ability to mask ones identity when on the Internet.
**FRAGMENTATION.** Aspects of the personality that are necessary to continue and enhance relationships are qualities such as **compromise, openness to change, and empathy are discouraged.**

**Social Isolation.** It can result in a **decrease in human contact** in the form of face-to-face communications.

**INTERNET ADDICTION**

The following are demographic information related to **excessive Internet use:**

- The “average addict” uses the Internet **38.5** hours per week
- 72% of these persons self identify as Internet addicts
- 10.6% as dependent on the Internet.
- The average IT worker uses the Internet about **18** hours per week
- 13% of workers reported their Internet use was excessive and interfered with their personal lives
- The majority of users are **male.**
- Pathological users (those considered addicted were predominantly male (12.2%) rather than female

**Chapter 25**

**CULTURAL DIVERSITY ISSUES IN EMPLOYEE ASSISTANCE PROGRAM**

An **ethnically diverse work force** has emerged as a necessary and expected reality of the twenty-first century organization.

Diversity is **increasing worldwide.**

The **consumer market** has become increasingly diverse.

The use of **teams** as building blocks of organizations is growing.
Management Practices

The global market in which American corporations must now do business became intensely competitive.

The makeup of the US work force began changing dramatically, becoming more diverse.

Individuals began to increasingly celebrate their differences and became less amenable to compromising what makes them unique.

Managing diversity will require initiatives that are culturally and ethnically relevant, organizationally sound, and mission focused. These initiatives must be designed to:

1. Increase sensitivity to cultural differences;
2. Develop the ability to recognize, accept, and value diversity;
3. Minimize patterns of inequality experienced by women and ethnic minorities;
4. Improve cross-cultural interactions and interpersonal relationships among different gender and ethnic groups;
5. Modify organizational culture and leadership practices.

Once a team identity has been established, consensus building toward achieving a common task or goal must occur.

Supervisory Relationships

The supervisory relationship is at the heart of effective diversity management and often transcends formal policies and programs.

Attributes of a quality supervisory relationship:

1. Effective introductions to the organization;
2. Recognition and support for career aspirations and contributions;
3. Facilitation of acceptance and inclusion in the organization and in professional groups and informal networks;
4. Advancing their ideas and proposals to benefit the organization; and
Supporting them in difficult situations and going to bat on their behalf in battles they cannot win on their own

**Diversity Training**

Diversity training programs are typically aimed at:

1. Increasing participants’ **awareness** of their own personal attitudes, beliefs, and values;
2. Imparting culture specific **knowledge** about various ethnic groups; and
3. Developing skills to enhance cross-ethnic, cross-cultural interactions

**Common Problems with Diversity Training**

Quality diversity training does not attempt to change one’s attitudes, values or beliefs but rather attempt to bring about an **awareness** of how such attitudes, values and beliefs impact one’s behavior and decision making.

**Limited time** is a common problem associated with diversity training. In addition to handling resistance, one of the principle goals of diversity training is increased self-awareness of one’s attitudes, values and beliefs relevant to other cultures and ethnic groups.

Diversity training is often viewed as a **necessary** learning activity primarily for white males, or the majority culture yet most voluntary attendees are typically females and non-white males.

**Designing a Quality Diversity Training Program**

Diversity training usually concentrates on one of several of these general objectives:

- Fostering **awareness and acceptance of individual differences**.
- Fostering greater **understanding of the nature and dynamics of individual differences**.
- Helping participants **understand their own feelings and attitudes** about people who are “different.”
- Exploring how differences might be tapped as assets in the workplace.
- Enhancing work relations between people who are different”
Consequently, not only is it essential for whites to possess and understand cultural specific knowledge about ethnic group members, but it is equally important for ethnic group members to possess and understand white American culture.

**Six questions managers** should entertain when planning diversity training programs:

1. Who should conduct the training?
2. Who should get the training?
3. Does the training address attitudes or behaviors?
4. What’s being said versus how it’s being said?
5. Does the training provoke feelings of guilt or empathy?
6. Does the training focus on victims or survivors of discriminatory practices?

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**Chapter 26**

**Changes in the Work Force and Changes in the Workplace Critical to Employee Assistance Programs**

The ideal workers once were employed by a company knew their job, did them well, were loyal, and depended on their jobs until retirement.

Today, informational technology (IT) workers have been described as self-employed, outsourced, retrained, and self-sufficient.

**Macro Level Changes**

Globalization has been described as a hybrid, created when IT business demands and goals of developing countries encountered the IT business demands and goals of the developed nations.

At the core of these changes are inconsistencies to nationalistic philosophies, which had provided the moral foundation of the industrial era.
Ideas and information are the commodities; time and space are no longer constraints.

Business leaders see globalization as desirable and necessary for economic growth.

Ideas such as implementing “flexible wages” to respond to changes in variations in supply and demand, are being discussed by the WTO and are given serious consideration.

Micro Level

This transformation is causing a postindustrial bureaucratic work organization that is characterized by decentralization, reductions in class structures, and greater economic polarization.

Class Structure Changes

The “haves”, people with up to date IT skills, find great fiscal rewards. The “have-nots”, those with no, few, or outdated technical skills, are consigned to the low end of the wage scale.

55% or more of the total jobs are in the service/retail occupation

18% are in manufacturing.

Workplace Demands on Workers

The IT workplace demands that workers be more educated, better trained and willing to take greater career risks. Increased risks can be illustrated by the numerous losses of jobs for persons employed by ENRON, WorldCom, and other dot.com companies.

Organizational Changes

The structure of information age has fewer hierarchical levels and is exemplified by a “two-tier” polarized occupational arrangement.

This is exacerbated by the increased emphasis placed on education, external credentialing and recruitment from without the organization.

This is multifunctional activity, or teamwork, which utilizes the expertise of people from different departments and/or corporations.
Today’s employees often feel deserted, isolated and used as “rules” which once governed individual work have been replace by new ones stressing the importance of “group” outcomes.

EAP professionals increasingly will face issues surrounding feelings of abandonment, loss of control, and loss of self-esteem.

**Promotion and Retention**

Service firms are looking for more than competence. They want potential managers and supervisors to be persons who can quickly tell the difference between acceptable and un-acceptable customer relations, and who are able to identify and prioritize work that creates new value.

Retention of “proven” employees has become a concern for service firms since training takes longer and is costlier.

In manufacturing retention has also become an issue due to the rapid decline in the number and proportion of blue-collar workers needed. Employees must often agree to retraining to meet the technological demands of automation or to enter the “white collar” side of the company.

EAP providers will need to take the role of:

- screening,
- retention counseling,
- employee advocacy,
- social skills training,
- supervisor sensitivity training.

**Individual Level Changes**

The impact on workers well being will be felt in the following areas:

1. **Stress** related to the ever evolving need for knowledge and education.
2. **Decreased opportunities** and **job security**
3. **Effects on family** and individual roles in the family
4. **Differential impact of change on certain groups**

**Educational/Skill Requirements**

The new technology will require entry level workers to **know more in order to obtain entry level and well-paying jobs.**
EAP professionals will need to: provide support, goal setting and esteem building as workers grapple with the demand for greater skills and increased education.

**Job Security and Advancement**

If a person has the necessary skills and gets a “good” job, expectations for a secure future with one company are less likely than they once were.

Promotion and advancement opportunities are eroding along with job mobility for many workers. Requirement credentials (academic degrees, training, etc.) coupled with an increase in professional and managerial hiring from outside the organization has decreased the potential for “loyal workers” to receive in-house training or retraining and/or promotion.

EAP professionals will need to rejuvenate the enthusiasm of white-collar workers caught unprepared in corporate downsizing.

**Effects on Family**

Families serve many purposes in our society such as, providing comfort, support and purpose in a person’s life and providing social cohesion. They must now endure more stress related to flex time and increased work demands placed on working parents.

In agrarian societies families who went through the transition to working in an industrial-based economy had to break down the old system of cooperative family work and were replaced by the concept of a nuclear family.

Large numbers of women have rejected the burden of maintaining social norms and educating future generations. Increasing numbers of women made the decision to “go it alone” as a single parent.

**Discrimination**

Workers who are more often women, nonwhite, and older generally are those in the lower paying positions.

Better opportunities are available in the technologically driven workplace and primarily employ white men.

Polarization of the workplace has served to amplify the concerns of racism, sexism, and ageism.

**The “Aging” Work Force**

Managers, supervisors, etc. are often younger than many workers.
EAP providers will need to help the older workers to,

1. Learn **new ways of doing a job** (working in a multidisciplinary group)
2. Acquire **new skills**
3. Handle the **stress of adjusting to and accepting intergenerational differences** in communication, social behaviors, and work habits
4. Understand the **realities of discrimination** as it impacts older workers when dealing with younger and more powerful superiors.

**Gender**

As more educated **women** are willing to work flexible schedules they are accepting the new work "rules" and have been **hired in great numbers** in technical "support" positions.

**Gender stereotypes persist** in the IT work place and **femininity** is viewed as negating any high level technical ability.

EAP counselors must be **sensitive and skilled in dealing with issues of discrimination as well as issues of conflicting roles (family and employee) and physical abuse.**

**Elder Care**

Caring for a dependent elderly family member, and successful job performance are at times **competing demands for men, but more so for women.**

**Child Care**

As **more families are dual career homes**, concern for the care of dependent children often invades the workplace.

75% of all mothers are employed,

8.2 million preschool-age children have working mothers,


**Retirement Planning.**

A substantial number of aging Americans are **not adequately prepared financially to retire** or leave the work force.
This issue disproportionately impacts women and minority elderly populations due to insufficient employment histories. Many will rely on social security benefits as the sole resource when considering retirement.

Chapter 20

Professional, Ethical, and Program Developments in EAP
Professionalism
CEAP Exam Eligibility

Graduate degree - 2000 hours of supervised work experience in an EAP setting within the past 2 - 7 years. Supervision must be EACC - approved.

15 Professional Development Hours (PDHs) completed prior to taking the exam.

OR

No Graduate degree - 3000 hours of supervised work experience in an EAP setting within the past 2 - 7 years. Supervision must be EACC - approved

60 Professional Development Hours (PDHs) completed prior to taking the exam.

EAPA STANDARDS AND PROFESSIONAL GUIDELINES FOR EAP - 1997

Definition of an Employee Assistance Program

"Employee Assistance Program" or "EAP" is a worksite-based program designed to assist (1) work organizations in addressing productivity issues and (2) "employee clients" in identifying and resolving personal concerns (including, but not limited to health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal issues) which may affect job performance.

EAP services are designed to address work organization productivity issues and "employee client" problems affecting job performance and their ability to perform on the job.

STANDARDS AND PROFESSIONAL GUIDELINES

I. Program Design

A. Needs Assessment - The program design shall be based on an assessment of organization and employee needs.

B. Advisory Function - There shall be an advisory process within the organization which provides for the involvement of representatives of all key segments of the workforce.
C. Service Delivery Systems - EAP services shall be provided through a distinct, identifiable delivery system.

D. Additional Services - The EAP shall remain alert for emerging needs and may add new services when they are consistent with and complementary to the employee assistance program (EAP) core technology.

E. Organization EAP Policy Statement - The organization shall adopt a written EAP policy which defines the EPA’s relationship to the organization, describes the EAP as a confidential resource, and states the scope and limitations of the program’s services.

F. Implementation Plan - An implementation plan shall outline the actions needed to establish a fully functioning EAP and set forth a time line for their completion.

II. Management and Administration

A. EAP Administrative and Operating Procedures - Procedures for EAP administration and operation shall be developed based on organization needs, program objectives, and the organization’s EAP policy statement.

B. Staffing Levels - An adequate number of EAP professionals shall be available to achieve the stated goals and objectives of the EAP.

C. Staff and Affiliate Criteria - The EAP shall retain professionals qualified to perform their duties.

D. Affiliate Management - The EAP shall assure that all affiliates understand and accept the policies and responsibilities associated with their role in the EAP.

E. EAP Consultation and Case Supervision - Every EAP professional who provides client services shall receive consultation and / or case supervision.

F. Professional Development - The EAP shall support EAP professional’s efforts to maintain and upgrade their knowledge.

G. Record Keeping - The EAP shall create and maintain client records that are consistent with the EAP service delivery system, organization policies, program procedures, and all applicable legal requirements.

H. Risk Management - EAPs shall take all reasonable precautions to limit their risk for exposure to liability.

I. Ethics - EAPs shall require that all EAP personnel adhere to the EAPA Code of Ethics.
III. Confidentiality and Regulatory Impact on Protective Rights

The EAP shall prepare and implement a written policy of confidentiality that reflects professional standards and ethics and clearly elucidates all limits of confidentiality.

IV. EAP Direct Services

A. Problem Identification / Assessment and Referral - The EAP shall identify and / or assess problems of the client, develop an appropriate plan of action, and, when necessary, recommend or refer the client to an appropriate resource for problem resolution.

B. Crisis Intervention - The EAP shall offer responsive crisis intervention services to employees, eligible family members, and the organization.

C. Short - Term Problem Resolution - The EAP shall establish procedures to determine when to provide short-term problem resolution services, and when to make a referral to professional and/or community resources.

D. Monitoring and Follow - Up - The EAP shall establish procedures to assure appropriate follow-up and / or client progress.

E. Training of Organization Leadership - The EAP shall provide training for organizational leadership to communicate EAP purpose and procedures and to explain their role in the program.

F. Consultation with Organization Leadership - The EAP shall provide individual consultation to the organization leadership regarding the management and referral to the EAP of employees with job performance or behavioral / medical problems.

G. Organizational Consultation - The EAP shall provide consultation to the organization regarding issues, policies, practices and events that may impact employee well-being.

H. Program Promotion and Education - The EAP shall coordinate the development, availability and use of promotional materials and activities which encourage the use of the program by employees, eligible family members and organization leadership.

V. Drug - Free Workplace / Substance Abuse Professional Direct Services
A. Drug - Free Workplace - The EAP shall assist the organization in the development and implementation of policies, procedures, programs and services that advocate and support a drug - free workplace.

B. SAP Direct Services - EAP professionals who perform the role of Substance Abuse Professional (SAP) shall be knowledgeable about and comply with the Department of Transportation (DOT) drug testing regulations of the specific governing agency under which they provide Substance Abuse Professional services.

VII. Strategic Partnerships

A. Internal Organizational Activities - The EAP shall be positioned at an organizational level where it can most effectively communicate and have influence with the executive level of the organization.

B. Integrated EAP and Managed Care Systems - The EAP shall collaborate with all managed behavioral health care (MBHC) systems which provide services to the organization to establish and define the relationship between the EAP and the MBHC systems and to delineate their respective roles and responsibilities.

C. External Community Organizations and Resources - The EAP shall identify, utilize and continuously evaluate health care delivery systems and other community resources which provide quality assistance to employees, eligible family members and the organization.

D. External Agencies - The EAP shall maintain an awareness of the activities of external bodies which may impact the EAP. External bodies include regulatory agencies, legislatures, courts, advocacy groups, business groups and academic centers.

VIII. Evaluation

The EAP shall evaluate the appropriateness, effectiveness, and efficiency of its services and operations. Measurable objectives shall be stated for both program processes and outcomes.
Chapter 2

The Need for Employee Assistance Programs

In the formation days of Alcoholism Recovery Programs a team comprised of a "caring" physician and a recovering alcoholic provided the system that enabled many sufferers to become healthier human beings.

As long as large waves were not made, boats were not rocked, and success stories were available to be pointed out, these informal programs were permitted "to do their thing."

The Problem:

18 million adults have alcohol-related problems.

10 million plus suffer from the disease of alcoholism.

4 million teenagers are problem drinkers.

The economic loss nationwide is $144.2 billion annually. Adding mental health problems the workplace total is $102.3 billion annually.

Rationale for EAPs:

1. Reduction of costs: The opportunity to drastically reduce the enormous dollar burden that the workplace now bears through:
   a. The containment of health care costs.
   b. The possible prevention of potential problems through training and education.
   c. The potential for an increase in productivity.

2. Rehabilitation Rate: The capability of retaining 70 to 80% of the troubled employee population.
   a. Through family coverage and involvement there is the opportunity to reach domestic problems.
   b. Through utilization of improved and sound treatment modalities, in order to maintain a high level recovery value.
   c. Provision of support through the use of self-help groups.
3. **Enhancement of Labor / Management Relations**: The opportunity for labor and management to jointly tackle a problem that will benefit all.

4. **No-lose Situation**: The opportunity to provide a benefit to employees and families that returns more than its costs.

5. **Humane Aspects**: The capability of projecting a "caring" image.
   
   a. Fulfilling a corporate responsibility within the community.
   
   b. The possibility of saving valued employees and their jobs.
   
   c. The possibility of restoring families.
   
   d. The capability of saving lives.

The basic need is **commitment**: commitment at the top of every organization that EAPs will be implemented; commitment by every aspect of the world of work that "this will be a way of life in the workplace;" commitment to the realization the Employee Assistance Programs are factual, beneficial and the best way to resolve personal / behavioral problems in the workplace.

**Broad Brush Programs** include substance use disorders, psychological problems, marriage and family problems, legal / financial problems, HIV / AIDS, domestic violence, single parenthood, unwed teenage parenthood and newer substances of abuse.

The workplace has also changed. The concept of downsizing to increase corporate profits has left many managers and workers without jobs, without the option to move and change jobs, to accept early retirement, or to change careers entirely. Workplace violence has increased. **Traumatic stress debriefing has become a standard EAP service along with anger management and conflict resolution training.**