Employee assistance professionals are climbing a steep mountain of establishing ourselves as a true “profession.” The decisions we make today will ultimately decide whether we survive. Unfortunately, we have failed to reach a firm conclusion to one of the most basic of questions: “Is EAP primarily a performance management tool or is EAP really an extension of a company’s benefits package?”

EAP as a Performance Management Tool

The term “core technology,” key elements that define the uniqueness of EAPs from other workplace or work-life interventions, was derived from a number of articles on “best practices” in the field developed by Paul Roman and Terry Blum in the 1970s and 1980s. Their focus has been, and continues to be, addressing substance use/abuse issues in the workplace. While the field has in many ways moved beyond this more narrow focus, it’s still helpful to look back.

According to Roman and Blum, core technology has six components, which may be divided into two general categories: activities primarily concerned with supervisory management, and activities primarily involving the relationship between the EAP and benefits management.

Supervisory Management

Supervisory management in EAP core technology includes identifying troubled employees based on documented evidence of impaired job performance. Another element of supervisory management involves constructive confrontation — using evidence of job-performance problems to precipitate an employment crisis that leads to assistance in an atmosphere of confidentiality.

Workplace-based EAPs also enter into a relationship with managers as well as with the employees. This relationship builds confidence and promotes utilization of the EAP.

Benefits Management

The benefits management dimension of EAPs includes the linkages between employees and community resources that address problems. Without an EAP, an employee usually either does not seek services or does so in a haphazard way, without guidance. EAPs can provide a “micro-linkage,” matching the employee’s problems, work situation, insurance coverage, and geographic location with the best available services. EAPs also provide or monitor follow-up services.

A related benefits management dimension of EAPs is the ability to create long-term linkages between the workplace and insurance carriers. These “macro-linkages” place the employer in a position to negotiate with insurers for appropriate employee treatment services.

Roman and Blum note that another value-added dimension of core technology involves the EAP providing the workplace with an opportunity to offer constructive

Which EAP Model Do We Want to Be?

By Dave Worster

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assistance for dealing with employees’ problems, thus encouraging a willingness by the workplace to identify those problems.

EAP as a Benefit Extension

Over the years, with the advent of managed care and changing workplace demands, some EAPs have become more of a “gatekeeper.” This typically involves telephone triage from a centralized location that provides general support and problem solving. Complex cases are referred to a network of local therapists, usually part of the affiliated insurance company’s provider panel. They provide mental-health intervention or serve as a general referral to local resources. Management training and consultation opportunities may be limited.

The latest development in the EAP as benefit extension is the appearance of so-called “free EAPs.” Dave Sharer and Dale Masi recently examined this phenomenon. The authors reported that “in many cases the free EAP provides little more than access to a website, the opportunity to make a toll-free call (for) brief support, and the potential for a non-customized referral for additional care.”

Sharer and Masi note that the formal supervisory referral component, which is basic to workplace-based EAPs, is almost totally missing from this model. They suggest these programs duplicate existing community “hotline” referral resources, and are potentially less effective since they aren’t as familiar with the community.

Consequently, they state that these programs should not be called EAPs unless they meet the criteria set forth by Roman and Blum. (Editor’s note: The so-called “free” EAP model was also discussed in the May 2006 E.A.R.)

In a 2004 article, John Burke suggested that EAP professionals need to change their thinking. He postulates: “How are EAPs positioning themselves?” “What are they offering?” Burke goes so far as to suggest that the use of the term EAP be limited or eliminated as “stigmatized, outdated, and not speaking to the skills and capabilities of the profession.” While I would not necessarily go that far, I believe the time has come for us to agree about what EAP is — and isn’t.

John Maynard, longtime EA professional and current CEO of the Employee Assistance Professionals Association, has written that “the essence of employee assistance is (A) the application of knowledge about behavior and behavioral health, (B) to make accurate assessments, (C) followed by appropriate action and (D) to improve the productivity and healthy functioning of the workplace.”

I would add that knowledge of local resources and culture to assure the best possible fit to any proposed solutions is also essential.

EAPs must embrace what we have always known, that we have two clients: the employee AND the employer. Solutions that are good for one, but not the other, are ultimately not helpful. EAPs need to provide value in areas that are central to any company’s goals and mission:

• Retention of qualified employees;
• Enhanced employee engagement;
• Reduction of absenteeism, grievances, and risks of all kinds; and

We need to sell the fact that our skills: problem solving with managers and supervisors; providing a different and creative perspective; and having a knowledge and appreciation for the nuances of each work culture, is a valuable asset.

At their best, workplace-based EAPs add value by being proactive. A major value of EAP lies in

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businesses on their terms and explain to them how EAPs are vital to their future success.

Our failure to effectively articulate the value of EAP to our customers is illustrated by a study conducted by a provider of human resources and employment law services. Their 2006 survey found that the rate of unscheduled absenteeism at responding companies climbed to its highest level since 1999, costing some large employers at least $850,000 per year in direct payroll costs — even more than when lost productivity, morale, and temporary labor costs were taken into consideration.

Their findings indicated that almost two out of three employees who failed to show up for work weren’t physically ill. Of the work-life programs offered by these employers, EAP ranked as the most used resource. Unfortunately, EAP was not ranked as among the most effective at helping to manage absenteeism. Why is this?

Summary

The fact of the matter remains that workplace needs and business demands will determine the final structure that EAPs assume — if EAPs survive. It is clearly in our best interest to make ourselves indispensable to companies and other organizations.

— Dave Worster

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Some ‘Best Practice’ Suggestions

• Use core technology as a base, but be prepared to be flexible in the face of workplace needs.
• Work to establish generally accepted performance measurement standards and common definitions of terms. In the interim, be clear about how you measure your services with employers.
• Talk with local business leaders about what EAP can do for them. Learn their language and what’s important to them. Be sure you let them know how EAP can help them achieve their goals.
• Be familiar with major workplace issues: worker shortages, education and talent shortages, increasing stress and overtime, and the need for greater resilience. Be able to relate to these issues in business terms and be specific about how EAPs can help.

— Dave Worster

Dave Worster, LICSW, CEAP, is the director of EAP services for Concord Hospital in Concord, N.H. He is also President-Elect of EAPA, and a longtime contributor to EAR. For more information on this article or the references used, contact Dave at dworster@crhc.org. Portions of Dave’s article were adapted from articles by Brenda Blair, John Burke, and John Maynard that appeared in the “Journal of Employee Assistance” and by Paul Roman and Terry Blum that appeared in “The Almacan.” Special thanks also to Katie Borkowski of EAPA headquarters staff for her assistance with research for this article.
Geriatric Care Managers: an Important Resource

Employee Assistance professionals wanting to help employees navigate the complexities of eldercare will often use geriatric care managers (GCMs), but who exactly are they? How do you find a competent GCM? What assistance can they provide to EAPs?

Direct service provided by GCMs includes:

- Conducting a comprehensive assessment of the psychological, social, medical, safety, and financial issues affecting the elderly individual;
- A thorough evaluation and review of resources available based on individual needs;
- Implementation of a care plan that provides for the greatest degree of autonomy, safety, and comfort for the elderly individual;
- Care plans can include home care services, arrangements for transition to a facility (assisted living, nursing home or a rehabilitation program), scheduling medical appointments, and assistance with paperwork (bill paying and insurance claims);
- Coordination of services and ongoing monitoring of the elderly person;
- Short-term or ongoing assistance for long-distance caregivers or other assistance;
- Cost containment by avoiding inappropriate placements, duplication of services, and crisis intervention to avoid hospitalizations; and
- For the EAP client, concrete assistance, enabling a reduction in stress with a positive impact on work performance.

Many EAPs subcontract with GCMs. EAP professionals need to be aware that the field of care management is not currently regulated or licensed. Therefore, a GCM’s credentials should never be accepted at face value. It is imperative that the individual’s qualifications be reviewed. The majority of GCMs are social workers and RNs who are licensed in their states and have additional training in the field of geriatrics.

However, due to the lack of regulations, anyone can identify themselves as a GCM. EAPs should look for the GCM to hold an additional credential, the “Certified Care Manager” (CMC) awarded by the National Academy of Certified Care Managers (www.naccm.net). This certification requires a professional to successfully pass an examination and participate in continuing education in geriatrics and care management.

Other recognized credentials include the CCM awarded by the Commission for Case Management Certification (www.ccmcertification.org) and the C-SWCM awarded by the NASW (www.socialworkers.org).

The EA professional should always ask questions about the GCM’s education, training, credentialing, and experience before referring a client or hiring them to provide training. Additionally, it is important to ask about ease of accessibility — does the GCM have email and carry a cell phone? Are they available for emergencies? How long have they been a GCM? While one should ask for references, it’s not always possible to obtain them due to confidentiality reasons.

Fees can range from $75 to $300 per hour. Although care management services are not covered by medical insurance, some long-term care insurance plans may pay for a GCM. EAPs often negotiate for a reduced fee with preferred GCM providers.

Finally, the National Association of Professional Geriatric Care Managers maintains a list of social workers, nurses, and others who have met specific criteria in geriatrics. Call them at (520) 881-8008 or visit www.caremanager.org to learn more and locate GCMs by zip code. ■

Source: Excerpted with permission from “Geriatric Care Managers — an essential resource for EAPs” by the Employee Assistance Professionals Association (EAPA, www.eapasn.org).
It’s not unusual for family members to live in different communities in today’s mobile society. As a result, two of the most challenging aspects of long-distance caregiving involve getting organized and staying informed about a loved one’s condition. The following are some tips that will help make these challenges easier:

• **Keep an ongoing log of your loved one’s needs and document important information** — names, addresses, phone numbers, etc. Consider organizing it into the following sections: Doctors; Caregivers; Hospitals; Medications; Financial & Legal; Community Resources; and Miscellaneous Information.

• **Establish a network of neighbors, friends, and family members who are willing to check on your loved one periodically.** Select trustworthy people, and encourage them to call you if they are concerned that your loved one’s health or safety is in jeopardy. Give them your contact information and keep a list of their names, addresses, and phone numbers handy.

• **Stay in close contact via phone or email.** Agree to contact one another each day at a specified time. If you can’t get in touch with him/her yourself, alert a neighbor or the police so they can check on your loved one for you.

• **Ask your loved one questions about his/her health, needs, etc.** Make sure your loved one doesn’t hide the truth to prevent you from worrying or embellish stories to get you to come visit. (This is where an informal network of friends and neighbors can really help.)

• **Consider traveling occasionally to assess your loved one’s physical and mental health.** If you want to investigate care options while you’re visiting, set up appointments well in advance.

• **Consider hiring a Geriatric Care Manager (GCM).** A GCM can assess an individual’s situation, prepare a personalized care plan, and provide supervision and monitoring as necessary. *(Editor’s note: See accompanying article.)*

**Source:** LifeCare®, Inc. (www.lifecare.com)

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**Clinical Perspective**

**Novel Technique Suggests how Lithium Works**

Neuroscientists at UCLA have shown that lithium, long the standard treatment for bipolar disorder, increases the amount of gray matter in the brains of patients with the illness. The research is featured in the July issue of *Biological Psychiatry*.

When researchers compared the brains of bipolar patients on lithium with those of people without the disorder, and those of bipolar patients not on lithium, they found that the volume of gray matter in the brains of those on lithium was as much as 15% higher in areas that are critical for attention and controlling emotions.

The neurobiological underpinnings of bipolar disorder — an illness marked by a roller coaster of emotions between mania and depression — are not well understood. Nor is it understood how lithium works in controlling these severe mood swings, even though it has been the standard treatment for some 50 years.

These new findings suggest that lithium may work by increasing the amount of gray matter in particular brain areas, which in turn suggests that existing gray matter in these regions of bipolar brains may be underused or dysfunctional.

While other studies have measured increases in the overall volume of the brain, this imaging method allowed the researchers to see exactly which brain regions were affected by lithium.

Unfortunately, Carrie Bearden, assistant professor of psychiatry at UCLA, states there is no evidence that the increase in gray matter persists if lithium treatment is discontinued. “But it does suggest that lithium can have dramatic effects on gray matter in the brain,” she said.

*Source:* UCLA Health Sciences Media Relations.
Advice Presented on ‘Virtual’ Managing

Millions of Americans head to their home office instead of their car to start their day. While the benefits of telecommuting or working from remote locations are numerous, so are the pitfalls.

Balancing deadlines, projects and employees’ personalities can be a difficult task even when workers ARE present physically. So, how can a manager successfully lead a team of workers who might never meet face to face? (Editor’s note: And how can an EAP handle the concerns of off-site workers?)

The secret, according to Colleen Garton, author of Managing Without Walls ($37.95, MC Press) lies in understanding the dynamics of building and leading a virtual team. Garton notes that successful virtual managers can’t just cut and paste the same skill set for “traditional management” to lead a virtual team.

The telecommuting trend shows no signs of slowing. The International Telework Association and Council estimates that 20 million Americans are presently telecommuting. That’s why Garton says it’s increasingly crucial for managers to develop and polish virtual leadership skills.

The author demonstrates the importance of understanding the subtext of a conversation and how cultural differences can dictate an employee’s behavior.

Equally important, the book explains how managers can overcome the problem of missing out on non-verbal cues, which is a cumbersome barrier to effective communication. Using a variety of business scenarios and easy-to-read charts, Garton is straightforward and direct in delivering the salient points of successful virtual management.

In a highly competitive and changing world market, the author’s goal is to prepare readers for the challenges of virtual management. “Unless managers can adapt quickly to this new business model by making changes to the way they manage and communicate, they will not be successful,” Garton says. “Managing Without Walls shows them how to develop the tools for success.”


Workplace Trends

Demand Growing for Background Checks

The growing trend for employment background checks was evidenced at the recent National Association of Professional Background Screeners (NAPBS) conference in Austin, Texas. It was a record attendance for the nonprofit, founded in 2003 to promote high professional standards and ethics.

“Background screening has become a multi-billion dollar industry,” says Tracy Seabrook, NAPBS executive director. “Terrorism and corporate scandals have made screening a critical step in hiring for information-sensitive or high-responsibility positions.”

And now, she adds, “a jump in negligent hiring lawsuits has companies taking a closer look at applicants for minimum-wage jobs, university MBA programs, even volunteer positions.”

According to Seabrook, background information is becoming increasingly detailed and accurate thanks to new screening technology — and the fact that more public records are being digitized and made available online.

Nevertheless, Seabrook notes that background screening is a new field, and, as such, members are working to craft standards and practices that best serve the organizations that hire them, while also safeguarding the screened individual’s reputation and privacy.

Source: National Association of Professional Background Screeners (www.napbs.com).

Book Review

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Source: National Association of Professional Background Screeners (www.napbs.com).
Panic Attacks in the Workplace: Recognizing Signs, Helping Employees

By Dr. Nancy O’Reilly

Michael was a star salesperson. In his line of work, Michael often dealt with deadline pressure. In the midst of closing two deals, he received an alarming phone call — his mother had just suffered a stroke and was in the emergency room.

Michael felt like his world was falling apart. His breathing became labored, and his heart raced. His manager had no idea what to do, so he took Michael outside for some fresh air. That seemed to calm him down.

Finally, when Michael had a chance to talk, he quietly explained to his boss that he had a history of panic attacks — and this had been one of them.

If left untreated, panic attacks — which affect one in 75 people — can lead to a more chronic condition such as substance abuse, depression, or ulcers.

Unfortunately, panic attacks can happen anywhere, and at anytime. In the workplace, panic attacks may lead to poor job performance and even termination. Symptoms include:

- Racing heartbeat;
- Difficulty breathing;
- Terror that is almost paralyzing;
- Trembling, sweating, and shaking; and
- Fear that you’re crazy or about to die.

The level of fear experienced during a panic attack is out of proportion to the actual situation. In other words, to the person experiencing the attack, it’s terrifying and very real. But to others, the situation (whatever it is) is not scary or threatening. Furthermore, an attack typically passes within a few minutes, while some attacks can be repeated and reoccur for hours.

The workplace can be seriously impacted when an employee has panic attacks. Talented workers may leave jobs that are perceived as possible triggers for future attacks. A staff member may be passed over for a promotion because travel is required and he/she is fearful of flying or driving a car long distances.

Moreover, it’s not unusual for a person with panic attacks to be embarrassed of their condition and keep it a secret from co-workers and supervisors. This means the condition often remains hidden until a situation arises that brings it to the forefront. When a panic attack occurs in the workplace, there are some steps that can be taken:

1) **Deal with the situation quickly.** If an employee appears to be having a panic attack remain calm and don’t overreact. If they persist, you may want to call 9-1-1 for professional help. Some helpful strategies during an attack include breathing and muscle relaxation exercises. The employee may need to see a doctor or mental health professional and he/she may require some time off work for treatment.

2) **Be supportive and empathetic.** Don’t jump to conclusions. Remember that the person experiencing panic attacks can’t make them go away. Attacks are not a sign of weakness. They are real to the person experiencing them, and they will react that way.

3) **Supervisors should encourage the employee to talk about the situation in private.** It may be an initial attack, or the employee may have them frequently. There may be stresses at work causing the attacks, or they may be triggered by something that’s happening in the individual’s personal life.

4) **Supervisors should make appropriate referrals** (such as to an EAP) to ensure that the employee receives help, and that his/her job performance isn’t compromised. Fitness for duty is an issue for all supervisors when faced with an employee with a medical or mental health condition. If no such program is in place, the supervisor or upper-level manager may wish to establish one.

5) **Perhaps the best help for any person who suffers from panic attacks is to help them understand that they are not going crazy, nor will they die.** However, panic attacks should be taken seriously and the person should be seen by a qualified medical or mental health professional as soon as possible. Proper diagnosis and treatment are the keys to recovery.

Nancy O’Reilly, PsyD, is a clinical psychologist and author of “You Can’t Scare Me: Courageous Women Speak About Growing Older in a Youth Oriented Society.” For more information, visit www.womenspeak.com or call (417) 860-5834.
Understanding Anger & Aggression

By Shannon P. Robinson, LICSW

The emotion — anger — and its action — aggression — are two of the most frequent topics discussed in counseling. Their relative, depression, is considered the “common cold” of the mental-health field, and is often rooted in unresolved anger.

Understanding that anger is a natural emotional experience, let’s focus our attention on how each of us responds to that experience. Take a few minutes to complete the following aggression inventory:

Would you rate your level of aggression as... Average? Moderate? Serious? Severe?

Next, rate yourself on the following 10 items according to this scale: 0) Not at all; 1) Very little; 2) Somewhat; 3) Quite a bit; and 4) Most of the time.

I get mad easily.
0 1 2 3 4
I have a bad temper.
0 1 2 3 4
My heart beats fast.
0 1 2 3 4
I feel uptight.
0 1 2 3 4
I have urges to beat up someone.
0 1 2 3 4
I have urges to break or tear things.
0 1 2 3 4
I get into arguments.
0 1 2 3 4
I yell or swear.
0 1 2 3 4
People try to take advantage of me.
0 1 2 3 4
Other people put me down.
0 1 2 3 4

Your total score will give you an idea of how much of a concern your aggressiveness might be. Scores of 20 or above are consistent with individuals attending counseling and anger-management groups.

Certainly, we can all become aggressive at times, and not all aggression is rooted in anger. What do we do with anger when it occurs? The difference between “mildly irritated” and “enraged” is dramatic, but both fall into the realm of anger. The following are some possible strategies:

For lower-level anger/stress:
• Learn to ignore or tune-out provocation.
• Be aware of your “hot spots” and how to prepare for them or avoid them.
• Count to 10, delay your response, or avoid saying the first five words that come to mind.
• Leave the anger-causing situation.

For higher-level anger/stress:
• Rip up old magazines.
• Go for a brisk walk.
• Do push-ups or hit a punching bag.
• Do anything else that is physically exhausting and non-destructive.

Editor’s Notebook

This month I wish to call to your attention to the insert with hotline numbers that we’ve included with the June and July EARs. Past reader surveys indicated that subscribers wanted us to publish hotline numbers on occasion, so we’re glad that we’ve been able to provide this service.

Secondly, I wish to also call your attention to our new website at www.impact-publications.com. Like most technical projects, revamping the site took longer than we would have liked, but we think you’ll find that the wait was worth it.

For example, the site’s ordering capabilities include being able to purchase the full-color posters that we provide as a quarterly catalog in this newsletter. The posters are also grouped into different categories to make it easier to decide which ones might best suit your needs.

Peruse our new site and send us an email with your comments and suggestions. We’re here to serve YOU, and just like this newsletter, your opinions count! Until next month.

Mike Jacquart, Editor
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Finding what works for you is more important — these are suggestions only. Furthermore, such actions don’t substitute for further conflict management in particular situations. However, they DO allow for more rational, civil communication to occur. Remember, people or situations may make us angry, but it’s our responsibility to react to it constructively.

Editor’s note: This article originally appeared in the January 1999 EAR.