

EMPLOYEE ASSISTANCE PROGRAM MANAGEMENT LETTER

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Employee Assistance Programs Addressing Workplace Needs: EA Opinions Divided

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Opinions are split between employee assistance professionals; 45.9 percent believe that EAPs are not adequately addressing the needs of employees and employers today, while 45.9 percent disagree, according to results from the *EAP Leadership Survey: Forecast 2007*, conducted by **Employee Assistance Programs Management Letter** and the EAP Manager Discussion Group.

Life events are not well-integrated with work/career development cycles, believes one respondent who feels more won't be done.

EA is still a young field that has to grow into its potential and evolve with changes in society, said another respondent.

EAPs tend to focus on symptom relief, not systemic improvement of lifestyle and health, replied another professional.

Most responses seemed to stem from one of the top concerns that EA professionals also reported in the survey: a problem with defining EAP core values.

"We are so concerned with bottom line issues such as our cost versus that of our competitors, some of which are not providing the same services, we lose sight of proactive solutions we can provide our client companies," said Heidi Naumowicz, LCSW, CEAP, SAP, senior account manager, Creative Care Management, a managed behavioral health company.

One respondent said EAP cannot address problems adequately because "There is a lack of knowledge about the scope of services available by supervisors/HR who are crucial in promoting and referring to EAP."

Another EA professional said that EAPs cannot efficiently address the needs of employers and employees because of insufficient data reflecting EAP utilization. "The informed partnership with employers has substantially eroded. It is rare that a large employer will actually train supervisors and HR leaders in the basics of making a performance-based referral and to systematically orient employees ... Utilization is now being defined as using

web articles, asking for information on the telephone, supervisory consults, the number of employees in a training session ... any encounter equals a case counted towards utilization. Most vendors do not report specific stats on face-to-face cases so this traditional metric won't be easily revealed or highlighted."

EAP is using the wrong model to address employee and employer needs. "EAP and the mental health field [evaluates] employees using a medical model," said Jane Luke, WorkCare. "How many employees are on psychotropic drugs in order to function in a dysfunctional work environment? How many employees self-medicate? How predominant is the lack of trust in many organizations? How capably are organizations in thwarting the development of their employee? How many co-workers are encouraged to use EAP when they are worried about a coworker? How many EAPs are actually addressing work dynamics and leadership or even know how?"

Pam Aylmer, MS, PHR, CEAP, who is with an external EAP, agrees with the argument. "We are composed of clinicians who see organizational dysfunction through a clinical model. That lens is too narrow," she said. "We need to understand strategic HR and to have a place at the executive table. We need to focus on wellness, the mind/body connection and the ROI of changing health habits."

Barbara Curry, DriveTime benefit manager, said that it was the entire process of EAP contact that seems inefficient. "No matter how good the initial contact is the follow up visits are the real meat of the programs. Due to the limited number of providers in this area it becomes an increasingly more alarming trend that fewer providers are eligible, or accepting new patients."

Respondents who replied "yes" to the question – *Do You Think EAPs are Adequately Addressing the Needs of Employee and Employer?* – said they believed so because they are able to define EA core technologies in their workplace.

"For the most part I think that EAs are dedicated and passionate professionals who serve their employees, family members and the employer with quality programs. However, they often lack recognition as being an integral part of the organization rather than a benefit that is expendable and often lack staff and an adequate budget," a respondent said.

Another respondent said technological advances helped the EA reach employee and employer needs. "Our EAP vendor provides more than just traditional services, they provide information and services in multiple ways – phone, online, books, tapes/cds, etc."

"I think EAPs can and do address needs of employees and employers when there is a general understanding/definition of EAP to assess and refer based on presenting issues and needs or resolve using an EAP benefit," said an EAP provider and clinical manager.

One respondent with an internal EAP replied "yes," but cited how new issues that crop up in the workplace continually create new challenges for EAPs. "If anything, I think sometimes the profession tries to stretch too far beyond what should be its logical borders and provide services we as a group may not be best qualified or most appropriate to provide, like managed care health services, risk management, occupation safety and health administration safety programs, welfare to work, lactating mother programs, etc."

"It seems that the profession of EAP, in an effort to make itself invaluable in the workplace, has reached (and keeps reaching) for every shred of service it can find, qualifications and torpedoes be damned ... I agree that we must continue to learn new things and be open to new ideas but there is a point at which EAP needs to go back to square one (AKA, core technology) and practice that which it does best, not try to be all things to all people."

Do You Think EAPs Are Adequately Addressing the Needs of Employees and Employers Today?

No – 45.9%

Yes – 5.9%

Left unanswered by 8.1% of respondents

Source: *EAP Leadership Survey, Forecast 2007, Employee Assistance Program Management Letter, 2007*

*Editor's Note: The exclusive poll of EA professionals was conducted online among subscribers of the **Employee Assistance Management Letter** and members of the EAP Manager Discussion Group.*

Address: **Employee Assistance Management Letter**, 1913 Atlantic Avenue, Suite F5, Manasquan, NJ 08736; (888) 843-6242, www.eapmanager.com.

EAPA CEO: EA Must Be Recognized As A Knowledge Profession

“EAP has to come to be seen, in the world of work, as a *knowledge profession* instead of a *service profession*,” said Dr. John Maynard, CEO of the International Employee Assistance Professionals Association (EAPA), when he was asked what he sees as some of the biggest challenges to the field of employee assistance.

Rather than the familiar list of issues, which are certainly valid: low fees, “free” EAPs, abandonment of core technology, and so on, Maynard sees this as the overarching issue from which most of the other EA professional challenges stem. “Service professions are typically low-paying, and I think that is where the world has tried to position us. Solve this and we have solved most of our other challenges,” he said.

Maynard believes that “we need to show that what we are really about is knowledge; what we bring to the table is knowledge about the behavior and behavioral health of employees in the workplace.”

How EA professionals do that varies. It might be, for example, identifying employees with personal problems and getting them help, helping companies reduce the risk of violence, or responding to critical incidents, such as a pandemic flu and earthquakes. But in all of these cases, he said, EAP offers something that no other profession offers – not human resource management and not organizational development.

Asked about EAPA’s priorities for 2007, Maynard said, “I think EAPA’s responsibility is to lead the profession and provide the tools needed to go

in that direction [being seen as a knowledge profession].” But busy professionals can’t always travel to conferences and workshops, so a major thrust at EAPA will be developing training opportunities that take advantage of electronic technologies, such as webinars, online courses and other distance learning modalities. Expect to see more resources on the EAPA Web site, too.

Maynard invites EAPA members to e-mail their suggestions for training topics, areas they need information about, and other resources they would like to see EAPA provide, to: profsvcdir@eapassn.org.

EAPA has been through some challenging times in the not too distant past, but Maynard reported that it is “much more solid” now, financially and otherwise. There were staff reductions between 2001 and 2004, but two new positions have been added since then, which puts staffing at 11 positions.

“The profession is very dynamic and growing, but the market in the United States is saturated,” Maynard said. One of the exciting developments in the EAP field is its globalization. “The biggest area of growth we are seeing, and a huge interest in the organization, is internationally. We get a number of requests every year from [other] countries to open branches of EAPA within their country.”

The globalization of EAP started with U.S.-based multinational companies providing EAP services to their expatriates, Maynard explained, and has expanded to non-U.S. companies seeking to provide those services to their own employees.

Maynard reported that there were participants from over 30 countries at the last annual World EAP Conference. The next such conference will be in San Diego in October. “There will be many international presentations because it is the only time EAP professionals from around the world gather and we continue to strengthen that event.”

The association continues to work on improving the value of certification, said Maynard. “The CEAP exam is being updated and strengthened, because the CEAP is the only credential that measures mastery of the employee assistance body of knowledge. That is part of being seen as a knowledge profession.”

Two new versions of the CEAP exam are in the process of being psychometrically validated.

Asked for his thoughts on whether EAPs should expand services beyond the “core technology,” Maynard replied, “The core technology was never meant to be the definition of EAP. It was meant to be what is at the center of it. It was never meant to express any sense of boundary of EAP.” He views the core technology simply as statements about “delivery mechanisms” of the knowledge represented by EAP.

He believes that the profession should not abandon the core technology, but sees no problem with expanding what EA professionals do. He sees EAPs offering wellness programs, for example, as “inevitable,” and said “it makes a huge amount of sense.” The most expensive diseases are all “lifestyle diseases,” he said. “They have behavioral components, so if we are the behavioral experts in the workplace, it’s natural for us to deal with the behavioral aspects of physical disease, or preventing it.”

Maynard believes that the “biggest danger is letting EAP be seen as a service profession that can be boxed up and made into a commodity product.”

“We really have to be seen as part of the world of work, and not as part of the world of healthcare,” he said. “We are behavioral experts in the workplace, and we connect that workplace, as appropriate, to healthcare systems, but we are not a healthcare service ourselves.”

Editor’s Note: John Maynard earned his Ph.D. in counseling from the University of Colorado, and currently lives in Boulder. In the 1970s, he founded one of the first successful EA companies in the United States. He has been the CEO of EAPA since January 2004.

– Jeff Van Pelt, Ed.D., CEAP –

Employee Assistance Professional Says EA Is At A Crossroads

Employee assistance professionals must take action rather than wait for a solution to appear for the current issues that face EAs today, urged George W. Martin, Jr., CEO of CorpCare Associates, during the audio conference sponsored by **Employee**

Assistance Program Management Letter, “What’s Ahead for Employee Assistance Programs.”

Martin addressed five tasks that EAs should keep in mind for the future of the profession to combat challenges such as redefining core issues, proving relevance to upper management and how EAs should adapt to the changing workforce.

He first asked EA professionals to remember the mission of the EA. “We are here to help people. I think that that was our task in the beginning, it’s our task today, it’s our task forward, from today.”

The second task is the need to give a definition to the EA profession. Martin said that although the core of EA has remained the same, EAs need to continually ask themselves, what they are and what they are not in today’s corporate world, Martin said. “I have seen during the 20 odd years that our tasks have clearly changed, our jobs have clearly changed. The core of it has remained the same, trying just to help people circumvent or to handle some of the issues that address their lives on a daily basis. But what are we not? I think that’s a critical piece. It’s part of the definition process.”

Martin expressed concern that marketing has actually done more to design EAP service delivery systems rather than EAPs themselves as a consequence of trying to keep a step above or ahead of the competitor. As a result, EAPs have taken on some responsibilities that do not meet the EA core service description.

Martin also asked how EA professionals can quickly demonstrate to the workplace that their services have relevance without jeopardizing core technologies services. He also expressed concern about the role of technology in EA and how technology is meant to enhance the delivery of services, but not replace EA services.

Competition between EAs has hindered EA communication. “It’s a shame that our competition between each other has, I think, diminished the ability to be professional colleagues and be able to share different ideas ... By combining ideas, we come up with some solutions for the worksite. And so competition can be, I think, in some sense that which hinders our development as opposed to enhances it.”

The fourth task Martin asked EAs to be aware of is the roots of the profession. “For the sake of trying to remain vibrant in the marketplace and competitive and trying to be all to everybody, have we lost that ability to serve the individual? My hunch is the traditional programs have not, but still I think that’s something to be aware of.”

The fifth task Martin addressed is change. Increasingly important issues for EAP such as bridging cultural gaps are on the rise. “How do we demonstrate that [EA] is a confidential service when in their own [different] culture there may be some resistance to the idea of mental health and using counselors?”

With his belief that although EA is going through a rough patch in its effort to redefine itself in the workplace, the profession is not going anywhere.

“Every EAP company out there understands the cross roads of where the mental health world intersects the work world and how those two language systems and mind sets make sense. Frankly, my belief is that we are indispensable,” Martin said. “I do not see EAP as being adopted and merged into something else that I don’t know what to even refer to it as because as long as there’s humanistic problems at the worksite we are the answer, we are the resolution.”

Martin’s was one presentation from an audio conference based upon the opportunities and challenges for EA professionals in the year ahead. Additional agenda included: a vision for the EAP industry’s future; combating the “free EAP” crisis; how to educate senior management and employees about the value services EA provides; new opportunities in the EA marketplace; the potential of performance measurement as a counterforce to market pressure on price; how to be competitive while remaining profitable; how to be competitive while remaining profitable; how to make the case for the alignment of better outcomes to better payment; what is the appropriate cost for a decent quality EAP; guiding principles for the future EAP industry; and a live question and answer session.

For more information on the 90-minute audio conference “What’s Ahead for EAP in 2007,” visit www.healthresourcesonline.com/edu/eap07.htm. This executive-level program took place on March 1.

Addresses: George W. Martin, CorpCare Associates, 7000 Peachtree Dunwoody Road, Atlanta, GA 30328; (800) 728-9444, george@corpcareeap.com. **Employee Assistance Management Letter**, 1913 Atlantic Avenue, Suite F5, Manasquan, NJ 08736; (888) 843-6242, www.eapmanager.com.

EAP Firms See Foreclosure Crisis As Educational Opportunity For Employees

Reacting to the recent foreclosure crisis brought on by the real estate slump, two different EAPs have developed counseling programs for employees.

ACI Specialty Benefits is offering stress counseling and corporate trainings to individuals faced with looming foreclosures or other stress-related illnesses resulting from the real estate slow down.

“Individuals who are on the brink of foreclosure, losing their home or any financial discomfort can suffer from an incredible amount of fear, anxiety and sleeplessness that impact their daily lives,” said Ann Clark, PhD, the CEO and founder of ACI Specialty Benefits. “Our job is to help these individuals manage this difficult time and provide the resources to find a better outcome.”

Workplace Options (WPO) also offers financial support and education programs to employers and their employees through its financial assist program.

“Time spent worrying about financial pressures due to a foreclosure or other concerns can mean the loss of an employee’s focus and productivity,” said Alan King, president of WPO. King continued, “Phone calls to lending institutions or a search for solutions on the Internet means an employee can’t focus on the job at hand. This is why it is in the employer’s best interest to assist their workforce as much as possible by educating them on mortgage options, pitfalls and the consequences of default.”

As part of ACI’s Specialty Benefits package, clients may receive financial and legal assistance to help individuals sort through their financial situation or legal options. ACI’s exceptional team of clinicians can

help employees straighten out a complex web of emotions relating to money and spending and offer ways to ease the emotional and physical manifestations of financial stress. ACI said it has received a recent surge in calls from employees undergoing emotional and physical stress due to the housing slump, prompting corporate wide trainings to address these issues and concerns.

The WPO program offers access to certified financial professionals as an employee benefit. Services not only include housing education, but debt management, bankruptcy prevention and many other tools needed by employees looking for financial advice and assistance.

Addresses: ACI Specialty Benefits Corporation, 5414 Oberlin Drive, Suite 240, San Diego, CA 92121; (858) 452-1254, www.acieap.com. Workplace Options, 4020 Capital Boulevard, Suite 100, Raleigh, NC 27604; (800) 628-5437, www.workplaceoptions.com.

About One-Third Of Mental Health Needs Go Unmet, Study Finds

The prevalence of mental health needs that have gone unmet for a local population may suggest the needs of larger cities, found a study by the Medical College of Georgia.

Nearly 30 percent of the general population in the Baltimore region need mental healthcare and about one-third actually receive it, researchers found. The greatest need was for treatment of alcohol dependence, nearly 14 percent, and major depression, nearly 11 percent. The study focused on Baltimore, where a team of psychiatrists interviewed 816 people between 1993 and 1999.

“There are a lot of people who need psychiatric care who aren’t getting any,” said Dr. Erick Messias, psychiatrist at the college and lead author of the study. Many people do not seek help because of a perceived lack of efficacy of treatment, societal pressures, stigma or a lack of comprehensive insurance coverage for mental health, as well as an insufficient number of mental health professionals, he said.

The study also examined the most common mental health problems such as social phobia, panic disorder and agoraphobia – in addition to depression and alcohol dependence. The problems may not require medication but could benefit from treatment, from psychotherapy to programs such as Alcoholics Anonymous, he said.

Those with severe mental illness, such as schizophrenia, are more likely to get help. “However, from a public health perspective these conditions, albeit causing great pain and suffering, compared to prevalent mental disorders, affect a smaller proportion of the population,” Messias said.

“Prevalence of mental disorders is only an approximation of the need for treatment,” he and co-authors write. “There is a substantial need for mental health services in the general population.”

The study appeared in the March issue of *Psychiatric Services*.

Address: Medical College of Georgia, 1120 15th Street, Augusta, GA 30912; (706) 721-0211, www.mcg.edu.

University In Search Of Practices That Address Mental Health In The Workplace

The Family and Employee Assistance Program (FEAP), to which the University of Toronto (U of T) subscribes, is seeing increases in the numbers of employees and their families using the counseling services to address issues of depression and stress.

Professor Angela Hildyard, vice president of human resources and equity at U of T, said the university is looking at a variety of ways to help individuals such as utilizing the expertise of the family care office and accessing FEAP.

According to Hildyard, the Canadian Mental Health Association found that five of the top 10 leading causes of disability worldwide are mental disorders; the organization estimates that about 2.5

million Canadian adults, or more than 10 percent of those 18 and older, will have a depressive disorder.

Hildyard said the mental health challenges that face the U of T are many, and support is not just about accommodating the person afflicted with illness; it's also about helping the employee's colleagues who may have to adapt to an absence in the office and then adapt again when that employee returns.

"If someone has been off with a broken arm you can see that person getting better but when a co-worker is off due to stress you often don't know how to talk to them or even ask if they're feeling OK without feeling intrusive and awkward," Hildyard said. "In such a situation, the university could bring in a FEAP counselor for advice on sensitive staff communications as an employee makes the transition back to working."

One key to dealing with mental health issues is raising awareness, Hildyard said. "Mental illness is one of those taboo subjects in society, yet all of a sudden this campaign enabled others on campus to reckon that if these students could identify themselves so bravely then maybe they could too. Organizations everywhere are finding that people are willing to talk about their problems like never before, so mental illness is becoming less of a stigma in the workplace."

Hildyard said the university will continue to search for exemplary practices from across North America and look for policies and procedures in a very global sense that will help employees deal with these issues.

Address: The University of Toronto, Human Resources and Equity, Simcoe Hall, Rm. 112, 27 King's College Circle, Toronto, ON, Canada M5S 1A1; www.hrandequity.utoronto.ca.

Long Term Depression Eased By Phone-Based Therapy

People who receive brief telephone-based psychotherapy soon after starting antidepressant medication, may achieve strong positive effects that continue for 18 months after their first session, found a study by Group Health.

Evette J. Ludman, Ph.D., senior research associate, Group Health Center for Health Studies and

the paper's lead author, said that it is believed to be the first study to assess the effectiveness of combining phone-based therapy with antidepressant drug treatment as provided in everyday medical practice.

The study describes one more year of follow-up since a 2004 Journal of the American Medical Association report on the same random sample of Group Health patients.

Long-term positive effects of initially adding phone-based therapy included improvements in patients' symptoms of depression and satisfaction with their care, Ludman said. At 18 months, 77 percent of those who got phone-based therapy (with only 63 percent of those receiving regular care) reported their depression was "much" or "very much" improved. Those who received phone-based therapy were slightly better at taking their antidepressant medication as recommended, but that did not account for most of their improvement. Effects were stronger for patients with moderate to severe depression than for those with mild depression, the study found.

"We were surprised at how well the positive effects were maintained over time," said Ludman. "As with weight control, maintaining improvement is the hardest part of treating depression."

"Giving psychotherapy to people with depression who were not seeking therapy may help them significantly," said Ludman. Depression symptoms, including feeling discouraged and avoiding other people, can prevent people from seeking help. One in four depressed people who make appointments for in-person therapy are no-shows. "They slip through the cracks," she added.

Few of the patients who received phone-based therapy – even fewer than those who did not receive it – sought in-person therapy. "This suggests the phone-based therapy met their needs, without whetting their appetite for more," said Ludman. Phone-based therapy is more convenient and acceptable to patients than in-person psychotherapy, she said.

The study appears in the April issue of Journal of Consulting and Clinical Psychology.

Address: Group Health, P.O. Box 34590, Seattle, WA 98124-1590; (888) 901-4636, www.ghc.org.

Psychodynamic Psychotherapy Proves Effective For Panic Disorder

Classic psychoanalytic talk therapy is effective in treating panic disorder, according to a study from physician-scientists at NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

The study, involving 49 patients, compared 12 weeks of twice-weekly psychodynamic psychotherapy sessions to another well-known approach, applied relaxation training (ART).

“The psychoanalytic strategy was highly effective, achieving nearly double the level of patient response by the end of treatment as compared to ART,” said Dr. Barbara Milrod, the study’s lead author and associate attending physician at NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

The findings are significant because the trial, while preliminary, is among the first to prove clinical efficacy for a psychoanalytic therapy for any major psychiatric disorder, Milrod said.

“Right now, two therapies – cognitive behavioral psychotherapy (CBT) and the use of antidepressant or anti-anxiety drugs such as selective serotonin reuptake inhibitors – are the main forms of treatment for panic disorder in the United States,” Milrod said.

Unlike CBT – which relies on exposure to panic triggers and a highly structured set of exercises aimed

at easing attacks – psychodynamic psychotherapy has a different focus.

“It’s really aimed at getting patients to understand the underlying emotional meaning of their panic, its root psychological causes,” Milrod said. “Once that is achieved, patients can acknowledge previously unacceptable feelings and ideas, which have led to panic, as they arise.”

It’s important to note that this trial is small, so no definite conclusions can be drawn at this point as to efficacy. Efficacy is considered well-established once results such as these are replicated, Milrod explained. “The important take-home message for patients battling panic disorder is that psychoanalytic treatment may provide a much-needed therapeutic option. We know that when it comes to panic disorder – and psychological disorders in general – not everyone is going to respond to one therapy,” Milrod said. “It’s really important to conduct rigorous trials like these, to let patients know that they have a real choice.”

Her team published the findings in the *American Journal of Psychiatry*.

Address: NewYork-Presbyterian Hospital/Weill Cornell Medical Center, 525 East 68th Street, New York, NY 10021; (866) 697-6397, www.nyp.org.

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