History of EAP programs

- EAP started in 1972 following the efforts of "The Thundering 100"

- The National Institute on Alcohol Abuse and Alcoholism asked for 2 representatives from each state with a mix of recovering alcoholics, medical professionals, clinical social workers and psychologists to meet at a conference.

- Goal was to figure out how to identify signs of alcoholism earlier and treat it as a primary illness using a multidisciplinary approach.

EAP History cont'd

- NIAAA decided the employment setting offered a new approach to early identification of alcoholics

- Only 5% of alcoholics were on skid row while the other 95% were in the workplace

- Employers appeared to have a vested interest in assessing and referring alcoholic employees for treatment due to the costs of alcoholism in the workplace

EAP History cont'd

- By the late 1970's a Broadbrush approach to assessing and referring employees was adopted. Supervisors were trained to identify employees with performance issues and refer them to an outside person w/ clinical training to assess and refer for treatment if needed.

- An early EAP program at Kennecott Copper Co. in Utah showed outcome data for the EAP program of 52% reduction in absenteeism, 74.6 % decrease in weekly indemnity expense and 55.4% reduction in medical surgical costs.

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EAP History cont'd

- At the Kennecott Copper Company only about ½ of the employees who were referred to the program had alcohol problems. The other half had concerns relating to other mental health, family or financial issues.

- This led to debate about who could provide EAP assessment and referral functions; an EAP provider needed to accurately assess a broad range of issues, create a bond w/employee and motivate them to make changes.

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EAP History cont'd

- By the 1980's a new business area with commercial EAP providers sprang up. The initial focus on just addiction became lost.

- In the early 1990's, another shift occurred with the start of Managed Behavioral Health Organizations which limited costs as their goal.

- In the late 90's, the telephone EAP model became the cost saving model sold to businesses despite indeterminate outcome data.

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Insurance History of Coverage

- 1972- State legislatures following the models of Maryland and Minnesota began mandating treatment of alcoholism, drug addiction and mental health issues.

- Prior to 1972, insurance companies refused to cover mental and nervous disorders

- In 2008, the Mental Health Parity act passed as a federal law to prevent insurance companies from setting negative benefit limits on treatment for behavioral health disorders which were different than medical/surgical benefits.

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EAP Core Technologies

1. Consultation with and training of work organization leadership seeking to improve job performance and the job environment

2. Active promotion of EA services to employees, their family members and the work organization

3. Confidential and timely problem identification and assessment services for employees with personal concerns which may affect job performance

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Core Technologies cont'd

4. Use of constructive confrontation, motivation and short-term intervention with employee clients to address problems that affect job performance.

5. Referral of employee clients for diagnosis, treatment and assistance as well as case monitoring and follow-up services.

6. Assisting work organizations in establishing and maintaining effective relations with treatment and other service providers and managing provider contracts.

Core Technologies cont'd

7. Consultation to work organizations to encourage availability of and employee access to health benefits covering medical and behavioral problems, including, but not limited to, alcoholism, drug abuse, and mental and emotional disorders.

8. Evaluation of the effects of EA services on work organizations and individual job performance.

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Unique Focus of EAPs

- An EAP is a workplace-based program designed to assist:
- Companies in addressing productivity issues
- Employees in identifying and resolving personal concerns which may affect job performance

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2 EAP models: Internal & External

- Internal: EAP provider is an employee of the company

- Advantages: ?

- Disadvantages: ?

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External EAP model

- EAP services are outsourced to a vendor who may serve multiple client companies. Staff of the EAP are employees of the external vendor or an affiliate provider network is used.

- Advantages: ?

- Disadvantages: ?

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Knowledge Check

- In which model do you provide EAP services?

- What role(s) do you play in the EAP system?

- How experienced are you in the 8 Core technologies?

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EAPA Code of Ethics

- What are the similarities and differences with other Codes of Ethics and licenses for psychologists, social workers, marriage and family therapists, pastoral counselors and professional counselors?

- Group discussion

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Dual Client Exercise

- Harry is an assistant professor at a local university. He is seeking help from his internal EAP provider and reports he is stressed because he has been engaging in an affair with a graduate student. Harry is married with 2 children.

- His wife calls the EAP provider and asks for individual sessions because she is stressed with her job, having marital problems and is a care provider for her elderly parent. She is also employed at the university in the HR dept.

- What do you do as the EAP provider?

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Affiliate Provider Exercise

- You are an affiliate EAP provider for the Unum EAP company. An employee client was referred to you for assistance with anger management issues. He completed 6 sessions with you and made significant progress. The client asks you to write a summary letter of his progress for his supervisor at supervisor's request.

- What do you do?

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EAP Ethical Decision Making Model

4 Step process for EA professionals:

1. Consider the potential ethical issues in the situation

2. Consider who may be affected by the situation (individuals, organization, myself)

3. Consider all possible choices of action   (what benefits the client, the work organization or others)

4. Make a decision

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EAP Differs from Private Practice

EAP

- Focus on prevention, education and early intervention

- Provides follow-up and ongoing support after treatment (when required)

- May require feedback to the company

INSURANCE

- Focus on treatment/recovery

- Rarely provides follow-up/support

- Does not require feedback to client's employer

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EAP vs. Insurance cont'd

EAP

- Purpose of assessment is to identify needs and resources

- Assessment includes details on workplace concerns

- Employees may be referred to EAP by employer

Insurance

- Assessment focused on identifying symptoms/disorders to be addressed in psychotherapy

- Assessment rarely attends to workplace concerns

- Not typical.

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EAP vs. Insurance

EAP

- Clinical services are brief and solution-focused.

- DSM and dx codes may or may not be used. Z codes are often accepted. Some EAP contracts only allow Z codes; if employee has other DSM codes, has to be referred to insurance for tx

Insurance

- Services include full range of behavioral health tx as needed

- DSM codes are required; Z codes are not accepted by insurance as they do not indicate medical necessity

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Employee Assistance Providers

- Are professional problem solvers

- Focused on prevention, intervention and resolution of personal concerns which may negatively impair work performance

- Utilize evidence-based methods and specialized expertise

- Improve employee job performance and behavior

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EAP Affiliate Providers

- Will provide EAP assessment
- Do referrals as needed to community resources
- Short-term problem resolution
- Transition from EAP services to psychotherapy tx if appropriate
- On-site crisis responses
- Represent EAP at employer benefit fairs

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EAP Vendor Expectations

- EAP vendor expects affiliate therapist to provide professional office environment and appearance
- Thorough EAP assessment using evidence-based tools
- Appropriate consultation with EAP staff regarding EAP client progress
- Appropriate referral, follow-up
- Timely case closing

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Confidentiality/SOU

- The EAP vendor should provide you with their specific procedures, including a statement of understanding (SOU) for you to review with the EAP client.

- Examples of situations where EAP info may not be confidential; disclosure of abuse when reporting is required by law; acutely suicidal/homicidal; violation of company substance abuse policy or other important company rules of conduct

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Consult with EAP vendor

- When domestic violence and other mandated reporting requirements are present
- Security clearance issues
- Duty to report (substance abuse, if in policy)
- Labor arbitration
- Court mandated
- FMLA/Disability paperwork requests
- When in doubt, consult with EAP vendor

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Advanced EAP Specializations

- Fitness for duty evaluations
- DOT/SAP Assessments
- Crisis management/responses
- Distance/on-line counseling
- Wellness coaching
- Mediation

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Workplace Crisis Responses

- Critical Incident Stress Debriefing model as developed by Mitchell was used for years until research indicated it may be retraumatizing to persons

- EAP companies then switched to Psychological First Aid Model being used for Rapid Response Critical Incidents (RRCI).

- Newest model being used is a multi-systemic resiliency EAP model which was developed by Robert Intveld, LCSW, CEAP.

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Psychological First Aid response

- PFA is a specific crisis intervention technique designed to facilitate stabilization, mitigation and restoration to prior level of functioning for persons. It is an evidence-based model.

- Establish a human connection in a non-intrusive, compassionate manner

- Enhance immediate and ongoing safety; provide physical and emotional comfort

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PFA cont'd

- Calm and orient emotionally overwhelmed employees

- Help employees to state immediate needs and concerns

- Offer practical assistance and information to help employees address their immediate needs

- Connect employees as soon as possible to social support networks, including family members, friends, neighbors and community resources

- Support positive coping efforts and strengths. Encourage employees to take active role in their recovery

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CIR: Resiliency approach

- A critical incident is any event which has the power to overwhelm a person's usually effective coping mechanisms.

- A critical incident can negatively impact both employees and organizations. The goal of the multi-systemic resiliency approach is to use and restore the connectivity between the systems.

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Components of Resiliency approach

- There are 3 core clinical competencies to understand: stress response, bereavement and resilience.

- CIR responder also needs to understand principles of crisis intervention, the EAP mission and how to conduct interventions which blend these aspects.

- There are 2 typical situations: bereavement (death of coworker) and traumatic incident i.e. robbery, workplace accident and/or death.

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CIR: Bereavement

- Important to remember that not all employees' grief reactions will be the same as people will feel different levels of connection to the deceased.

- 3 stages of Bereavement response are shock/disbelief, sadness and work integration. Work can force return to a routine which can help foster resilience.

- Usually within a week, workplaces return to routine.

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Traumatic Incident

- Crisis intervention group needs to support the stabilization, safety and return to wellness for employees. The group will foster and build upon ongoing resilient behaviors.

- Focus on resiliency, normalizing reactions, give people the option of retelling their experience and also encourage work re-integration.

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Resiliency Attributes

- Optimism, mission in life, faith/spirituality, humor, moral compass, positive role models, sociability, altruism, self-efficacy, hardiness, perseverance, mindfulness/self-awareness, problem solving, decisiveness, pursue meaning and growth. Affirm resiliency in group members.

- Identify and/or discuss positive ways for employees to cope with trauma

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CIR example

- There has been a store robbery with 2 masked robbers entering the back door after employee unlocks it. Both robbers were armed with guns and threatened to hurt the 5 employees present if they did not cooperate. The robbers took money from the cash drawers and stole some items from the store. The asst. manager was forced to unlock the cash drawers and had a gun aimed at him throughout the robber. Another employee, Mary, had been thru a previous robbery. Jill was a new employee age 20 and was in shock. How do you handle the CIR response?

Q & A

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Resources

- www.eapassn.org   Employee Assistance Professional Association

- EAP Critical Incident Response: A Multi-Systemic Resiliency Approach by Robert D. Intveld

- A Brief history of Contemporary EAP by Jim Wrich: located on EAPA website

- EAS-C training manual: developed by EAPA

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