

# An Introduction to Employee Assistance Programs

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### Faculty Disclosure

Contributing faculty, Jennifer Shotlander, LCSW, LCSW-C, LICSW, CEAP, has disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

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The division planner and director have disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

### Audience

This introductory course is designed for psychologists who may be doing employee assistance work or who are considering adding employee assistance to their practice.

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### **Course Objective**

Employee assistance work is different from traditional therapy, and an EAP clinician should be prepared to address workplace impact during assessment and counseling sessions. The purpose of this course is to provide psychologists with a comprehensive overview of an employee assistance program (EAP), including the core technology, history, referral and assessment processes, and confidentiality requirements.

### **Learning Objectives**

*Upon completion of this course, you should be able to:*

1. Discuss the history of employee assistance programs (EAPs).
2. Review EAP core technology.
3. Differentiate EAPs from therapy.
4. Discuss the problem of dual EAP clients.
5. Identify EAP stakeholders and types of EAP referrals, including the use of call centers.
6. Outline all aspects of an EAP appointment, including assessment, referral, and follow-up.
7. Analyze the connection between substance abuse assessment and EAPs.
8. Describe the relationship between unions and EAPs.
9. Explain all services provided by an EAP and variations in program models.
10. Discuss confidentiality in an EAP setting.
11. Identify laws and organizations that impact and support the EAP community.

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## INTRODUCTION

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Employee assistance programs (EAPs) serve organizations and their employees in many ways, ranging from consultation at the strategic level to assistance to employees and family members experiencing personal difficulties [1]. As workplace programs, the structure and operation of individual EAPs vary according to the structure, function, and needs of the organization it serves. Each EAP is designed to help work organizations address productivity issues and identify and resolve a range of employee concerns (e.g., emotional, financial, legal) [1].

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## HISTORY OF THE EAP

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The first employee assistance programs were known as occupational alcohol programs (OAPs) and began as informal programs created by recovering alcoholics who had overcome drinking problems by attending Alcoholics Anonymous (AA) meetings [2; 3]. In the 1940s, many organizations realized that employees with alcohol problems could be treated and returned to work. Employers recognized that as long as employees continued to abstain from drinking, they showed improved work productivity and personal life satisfaction [3].

In the late 1940s through the 1950s, the Labor Management Committee of the National Council on Alcoholism (NCA) worked with many companies, unions, and governmental agencies to establish numerous OAPs [3]. Over time, the programs were refined and formalized, and they gained acceptance by business managers and executives. One refinement was a shift from rehiring employees in recovery to a focus on identifying employees with alcohol problems before termination. This task was performed by supervisors and union representatives who received training in identifying the signs and symptoms of alcohol abuse and dependence.

However, there were many shortcomings in using first-line supervisors to identify employees with alcohol abuse problems. For example, supervisors who were themselves alcoholics did not recognize or accept alcohol abuse as a problem and so were reluctant to identify employees showing signs of the problem.

In the 1960s, the focus of OAPs shifted from identifying signs and symptoms of alcoholism to identifying job performance problems in general. This transition was welcomed by most because there were fewer stigmas associated with job performance problems than with alcoholism. Supervisors were more comfortable identifying performance problems and were trained to observe and document symptoms (e.g., excessive absenteeism, poor work quality, missed deadlines, poor customer service). By focusing on job performance problems, supervisors were able to contend with an employee's denial of alcohol abuse. The shift in focus to job performance revealed that employees needed assistance for more than problems with alcohol abuse. It was from this realization that modern employee assistance programs were created.

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (also known as the Hughes Act) provided the next momentous push in the employee assistance (EA) field. The Act decriminalized alcoholism by defining it as a physical and psychologic disease and mobilizing treatment resources for alcoholic employees [3; 4]. In 1971, the National Institute of Alcohol Abuse and Alcoholism (NIAAA) was established and numerous alcohol-related programs in private and public organizations were formed. In 1974, the organization of the Association of Labor and Management Administrators and Consultants on Alcoholism (ALMACA) (renamed the Employee Assistance Professionals Association [EAPA] in 1989), further solidified the EA field. ALMACA published a directory of EAP specialists to increase awareness about and access to EAPs.

The contemporary employee assistance approach is comprehensive. EAPs offer assistance with individual psychologic problems (e.g., depression, anxiety), relationship or family troubles, work stress, financial and legal concerns, and more. The goal of EAPs is to provide a wide range of services for employees/clients and encourage early use of the program (i.e., before an individual's problems reach a chronic and potentially less manageable stage). The original focus on alcoholism is not as prevalent but still exists.

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## EAP CORE TECHNOLOGY

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The EAP core technology consists of eight components that, when combined, create a unique approach to addressing productivity issues and employee concerns of a work organization. The core technologies include [1]:

- Consultation to work organizations
- Promotion of EAP services
- Assessment
- Constructive confrontation
- Referral for treatment
- Resource development
- Health insurance advocacy
- Evaluation

### CONSULTATION

EAP consultation is specifically directed toward organizational leadership (e.g., managers, supervisors, union stewards) seeking to manage troubled employees, enhance the work environment, and/or improve employee job performance [1].

### Example

EAP X wins a contract to provide services for Company A. EAP X holds a two-hour training for all supervisors in Company A to educate them about EAP services, about how to refer an employee to the EAP, and about how to identify an employee who is having work performance problems (e.g., change in attendance, quality of work, personal hygiene, attitude). After the training, a Company A manager calls EAP X to discuss concerns about an employee. EAP X coaches the manager in how to document the concerns, refers the manager to Human Resources, and provides the manager with tools for confronting and referring the employee to EAP.

### PROMOTION OF EAP SERVICES

The promotion of EAP services in an organization involves providing education and outreach to an organization's employees and dependents to facilitate awareness and encourage the use of these services when needed. Newsletters, health fairs, onsite workshops, and webinars are examples of effective promotion techniques [1].

### Example

EAP X wants to provide outreach and education to employees and dependents about EA services. They may send a newsletter to every employee's home, participate in health fairs at Company A, offer live workshops at the worksite, and/or produce webinars monthly for employees and family members.

### ASSESSMENT

EAPs provide confidential assessment services for employee clients regarding personal issues that may affect their job performance.

### **Example**

An employee of Company A calls EAP X to request grief counseling. The EAP representative gathers basic demographic information and screens the employee for risk factors (e.g., suicide, homicide, violence, substance abuse). The EAP representative then refers the employee to an affiliate EAP counselor who will complete an assessment. Depending on the assessment results, the affiliate counselor will either provide the employee with a referral for longer-term counseling or provide short-term supportive and skills building counseling.

### **CONSTRUCTIVE CONFRONTATION**

Constructive confrontation is a tool used to facilitate referral of employees to EAP to address problems affecting their work. Constructive confrontation involves a meeting between an employee and a manager/supervisor to discuss work performance concerns and initiate referral to the EAP.

### **Example**

A manager consults with EAP regarding an employee who is having job performance problems. The manager uses the constructive confrontation process to refer the employee to the EAP. The manager sits down with the employee in a private location and expresses his concern about the employee's work performance. The manager then specifically outlines the work performance problems, expectations for improvement, and consequences for failure to improve. He also strongly recommends that the employee call the EAP to request an appointment. The manager explains that the EAP offers free, confidential counseling to employees with work performance problems.

### **REFERRAL**

EAPs offer employee client referrals for diagnosis, treatment, and assistance.

### **Example**

An EAP counselor completes an assessment of an employee/client and determines that the employee's problems cannot be resolved through short-term counseling. The counselor then provides the employee with at least three pre-screened referrals for diagnosis and therapy. (The referrals are screened for competency, appropriate fit for client needs, and insurance acceptance.) The counselor coaches the employee on how to contact the referrals and set up initial appointments. The counselor also follows up with the client (either by appointment or telephone) to ensure that a successful connection was made to one of the referrals.

### **RESOURCE DEVELOPMENT**

EAPs establish and maintain effective relationships between work organizations and treatment providers.

### **Example**

The EAP counselor networks with local treatment resources (e.g., substance abuse treatment centers, private clinicians, psychiatrists, therapy groups) to allow for easy referrals and to link company employees with the specialists that most effectively meet their needs. The EAP counselor also maintains relationships with subcontractors that provide additional work-life services (e.g., child-care and eldercare referrals, financial consultations, legal referrals).

### **HEALTH INSURANCE ADVOCACY**

EAPs provide assistance to work organizations to support employee health benefits covering medical/behavioral problems including, but not limited to, alcoholism, drug abuse, and mental/emotional disorders.

### Example

EAP X works with Company A to review the company's employee health insurance plan. EAP X offers this service to ensure that employees have access to comprehensive mental health and substance abuse services through the contracted health insurance plan. EAP X may also help Company A negotiate for additional coverage of services or look for additional insurers.

## EVALUATION

EAPs monitor and evaluate the effects of their services on the work organization and on individual employee job performance. The EAP also works with the company to evaluate if the EAP has reduced absenteeism, workplace accidents, disability claims, and health insurance claims.

### Example

The EAP collects client satisfaction surveys from individual employee clients after they complete EAP counseling. These surveys gather information about the impact the EAP has on job performance including productivity, attendance, and quality of work.

The EA field continues to struggle with definitions, descriptions, and consistency among EAPs. However, the core technologies provide an outline of the functions required to be considered an EAP. The core technologies create a unique identity and definition for the EA field and separate the field from the functions of other human service professions. The core technologies outline what constitutes a functional EAP and provide a basis for evaluation of a program or EAP vendor.

The primary focus of an EAP is not therapy, diagnosis, or long-term counseling. The majority of licensed mental health professionals who provide EA services are primarily focused on confidential and timely problem identification and diagnosis and treatment referrals for clients. The EA field uses a network of private practice clinicians to provide assessment, referral, and short-term problem-solving counseling to the individual employee

client. This distinguishes EA work from the rest of the clinician's practice. It can be confusing since the same insurance company may offer both EAP and therapy benefits; however, the expectations for services are different.

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## HOW EAPs DIFFER FROM THERAPY

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### MISSION AND SERVICES

Employee assistance is a workplace-based program. As discussed, its mission is to improve workplace productivity through the resolution of employees' personal problems and consultation with the work organization. EAP services include assessment, referral, and short-term counseling (i.e., advice or guidance given by a specially trained individual to a person having emotional problems). EAP services do not include treatment or therapy [5]. EAP core technologies specifically state that employee clients are referred from the EAP to treatment and outline that the primary role of an EAP counselor is to complete an assessment and connect employees to appropriate treatment resources.

The first sessions with an EAP client should include a comprehensive psychosocial assessment. After the assessment, the EAP counselor should determine whether the client should be referred to a therapist, physician, or other specialist, or whether the client's problem can be resolved through short-term EAP counseling. An EAP counselor can offer supportive, skills-building services to individual clients if the assessment shows that such services could help improve the client's work performance. Common services provided by EAP counselors include: counseling for work-related problems, such as stress, that do not require treatment or therapy; teaching communication skills to help the client improve relationships with colleagues and/or supervisors; improving the client's time-management habits; helping the client to establish a better work-life balance; or helping the client adjust to a new work role or environment.

## DIAGNOSIS

EAP counselors provide supportive and skills-building services to employee clients, but because they do not provide treatment or therapy, no diagnosis following assessment is required. Supportive services may include short-term counseling for personal relationship problems, occupational problems, bereavement, or phase-of-life problems [5].

Counselors are sometimes asked to supply an EAP network with information about the primary focus of the counselor's work with a client. This information is gathered to improve EAP monitoring and follow-up and to ensure that an organization's workplace needs are met. It is not gathered to be recorded as an "official diagnosis" in the client's employment record.

### Example

An employee client presents with job dissatisfaction. The EAP counselor helps the client explore and identify unmet job-related needs and assists the client with exploring options for improving job satisfaction. Depending on the client's needs, the EAP counselor may teach stress management skills, help the client build better communication skills to more effectively communicate desires and needs to management, and work with the client to identify and pursue career goals.

## FOCUS

All assessments performed by an EAP counselor should include an assessment of employee work performance. This is essential because EAPs are work-based programs focused on improving productivity; a therapist or counselor who is not conducting an EAP assessment may not ask questions about work. It is important for an EAP counselor to ask about workplace performance, satisfaction, and attendance. It is also important to include workplace improvement goals in the employee's counseling plan and to ask about work performance during follow-up sessions and telephone calls.

An EAP counselor might want to ask the following questions during an assessment:

- How is the presenting problem impacting your work?
- How was your last performance review?
- Has your supervisor expressed any concerns about your attendance or performance in the past six months?
- How many days have you called in sick in the past month?
- Do you look forward to going to work?
- Are you satisfied with your current job?
- What are your professional goals?
- How do you get along with your supervisor?  
With your colleagues?

## FOLLOW-UP

Follow-up should include contact with a client to monitor progress and/or the impact of EAP recommendations (including referrals to treatment resources) and to determine the need for additional services. Follow-up may include telephone calls, face-to-face meetings, written surveys or questionnaires, or a review of job performance and attendance records. This type of follow-up is different from the therapeutic process of aftercare in that it is a monitoring process. Some EAP networks ask the EAP counselor to make follow-up calls to ensure a successful connection with the referrals provided and to assess additional referral or EAP needs. Other EAPs assign a staff counselor (often located at an EAP call center) to follow up with clients, while still others use a questionnaire or survey as the follow-up method.

### Example

An EAP counselor completes a comprehensive assessment and refers an employee/client to a therapist for treatment of depression and to a psychiatrist for a medication evaluation. The EAP counselor also recommends a few books for the employee client to read to learn more about depression. The client and the EAP counselor agree to this plan and the client commits to calling the therapist and the psychiatrist within one week to schedule appointments. The EAP counselor calls the client two weeks after their last session to monitor compliance with the agreed upon plan and to assess both the fit of the referrals and additional client needs. During the telephone call, the counselor learns that the client ordered one of the recommended books but did not make any calls to the referrals provided. The counselor positively acknowledges that the client ordered the book and then coaches the client regarding what to expect when the referral calls are made, including how to set up appointments. The counselor follows up again one week later to monitor progress, and the employee reports having seen the therapist, that it was a good experience, and that a second appointment is scheduled for the next week. The follow-up is now complete and the case can be closed.

### COST

The source of payment for services is another difference between EAPs and traditional therapy. In the majority of circumstances, an organization pays for EAP services for its employees (typically included as part of the organization's benefits package). Businesses who outsource EAP services typically pay a fixed price (i.e., a monthly, predetermined, per employee rate) to an EAP vendor. The EAP vendor then performs all EAP functions requested or required during the contract period. The EAP vendor pays the EAP counselor, per the terms of its agreement with the counselor. EAP clients pay nothing, including no co-pay.

One benefit of this structure is that it removes financial concerns as a barrier preventing an employee from using counseling resources. One potential problem is that the employee who does use the resources may not fully value or commit to the counseling process because it requires no personal investment.

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## DUAL CLIENTS

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At all times, an EA professional has two clients: the employee client seeking assessment, referral, and short-term counseling, and the company that obtains and pays for the EA program. No matter which client is the primary focus, the EA professional should be cognizant of and give attention to both clients at all times. It is also essential that an EAP counselor remain neutral and maintain confidentiality at all times.

### CASE EXAMPLES

#### Case 1

An EAP is asked to work with the Strategic Human Capital Committee of a company. The Committee asks the EAP to monitor the assessed problems, by department, and report back observed trends and recommendations for management development or needed organizational changes. As the EAP explores this request it realizes that there are several very small departments in which there are only a few employees and that disclosing any information about such small groups might compromise the confidentiality of the individual employee/clients. The EAP helps the Committee identify alternative organizational management strategies that would not create a potential conflict of interest for the EAP, allowing the EAP to remain a neutral entity in the organization.

## Case 2

The EAP is asked to provide a stress management workshop for a particular department that has had a lot of turnover the past year. Despite conducting a thorough needs assessment prior to the workshop, the EAP counselor quickly realizes that the employees believe their supervisor and the company are responsible for their high levels of stress. The employees use the workshop as an opportunity to vent their frustration and anger about their work loads and company expectations. The EAP counselor serving the employees allows them to feel heard and helps them learn how to take control of their stress levels. The counselor completes the training and helps the employees focus on maximizing their productivity at work. It is important that the counselor shows sufficient empathy to build rapport and gain the trust of the employees, but also remains neutral. The counselor can serve both clients by giving the employees the opportunity to express frustration then refocusing them on finding healthy ways to manage anger and stress.

## Case 3

An employee is seeking counseling for “work stress.” The employee reports that he feels his supervisor is discriminating against him and tells the counselor he plans to hire a lawyer and sue the company. Again, it is important for the EAP counselor to remain neutral in this situation. The EAP counselor connects enough with the client in order to complete the assessment and make a plan of action to address the employee client’s needs but does not take sides with either the company or the employee client. It is not the counselor’s job to conduct an investigation of the discrimination, to make a determination of fact, or to be involved in the disciplinary process. He stays neutral and focused on supporting the emotional needs of the

employee client and connecting the employee client to problem-solving resources, which can involve empathizing with the employee client, helping him identify resources for emotional support, and creating a self-care plan. The counselor is also aware of the internal resources of the company and encourages the employee client to seek additional problem resolution through the equal employment office (EEO), human resources office, and union. Connecting an employee with internal company resources helps the employee and the organization resolve the problem more quickly and typically with less financial cost to both the employee client and the organizational client.

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## STAKEHOLDERS

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A stakeholder is a person, group, or organization that can affect or be affected by an organization’s actions, objectives, or policies. Stakeholders vary in their levels of power or influence and also in their levels of interest. Stakeholders should be engaged, supportive of, and knowledgeable about the EAP in order for it to be successful.

### TYPES OF STAKEHOLDERS

EAP stakeholders include such entities as individual employees, supervisors and managers, executives, union officials, family members, medical staff, and human resources.

#### Individual Employees

It is important to educate employees about the availability and confidentiality of EAP services so they will use the services at the onset of a problem, rather than when the problem becomes a crisis. The EAP should engage in employee outreach in the form of brochures, newsletters, mailings to the home, or participation in health fairs.

### **Supervisors and Managers**

Supervisors and managers play an important role in monitoring the work performance and attendance of individual employees, and they are an important link in the early identification of problems and in the problem-resolution process. The EAP should provide supervisors and managers with training to identify problems with work performance (e.g., change in attendance, change in quality of work product, arguments with coworkers, extended lunch breaks). The EAP should also coach managers in how to confront and refer employees who have work performance problems.

### **Executives**

Executive management sets the tone and culture of a company. Executives who are knowledgeable about EAP services and who support the use of the EAP as a means to resolve personal problems and improve workplace productivity will ensure higher employee utilization and a more successful worksite. In turn, it is important for the EAP to understand the mission, values, expectations, and culture of the organization in order to operate effectively within the organization.

### **Union Officials**

Union representatives and/or officials are the first individuals many employees turn to for support. It is important for the EAP and the union to establish mutual trust to facilitate appropriate referrals. The EAP should also be familiar with the role of the union and with the bargaining agreements between the union and the organization.

### **Family Members**

Reaching out to ask for help can be difficult. A supportive family member may provide motivation and/or encouragement to help an employee seek needed counseling. Family members may also be EAP clients, making it important that their needs are also considered.

### **Medical Staff**

It is not uncommon for a stressed employee to seek assistance from occupational health staff. Medical staff can further assist employees in need by referring them to the EAP when appropriate. The EAP should be familiar with the occupational health services offered so employees can be referred from the EAP to other programs as needed. Health services may include blood pressure monitoring, influenza vaccinations, allergy shots, and nursing stations. The EAP may also collaborate with medical staff to offer workshops on topics such as stress management and healthy living.

### **Wellness Staff**

Wellness staff includes individuals who provide coaching, exercise programs and instruction, smoking cessation, nutrition education, and other services that promote wellness. Wellness staff should be aware of EAP services to facilitate referrals as needed. They may also collaborate with EAP by providing workshops for employees on such topics as changing health habits and setting goals.

### **Equal Employment Opportunity**

When an employee seeks assistance from the EEO office, it is often because the employee has experienced serious stress in the workplace, such as harassment or discrimination. Employees often come to the EEO in an emotionally fragile state and in need of emotional support. It can be helpful for the EEO to address the issue presented and refer the employee to the EAP for assessment, referral, and short-term counseling. The EAP in turn should have relevant EEO contact information and be prepared to connect the employee to EEO. The EAP should be able to tell the employee what to expect from the EEO but should refrain from investigating the situation or making a determination about what should happen.

### **Human Resources/Employee Relations**

This department is responsible for handling disciplinary procedures for the company. The EAP should educate employee relations about the impact of personal problems on work performance and encourage the department to include a referral to the EAP when investigating or handling such problems. The EAP may make a referral to employee relations when a supervisor or manager is consulting an employee with work performance problems.

### **Benefits Department**

The benefits department is often tasked with handling claims for disability, extended leave, and reasonable accommodations. The EAP may be a good resource for employees who are transitioning in or out of the workforce and are in need of extra support and/or resources. Benefits staff who are well versed in EA services can facilitate appropriate referrals. In turn, the EAP should be prepared to provide employees with an overview of how the disability or accommodation processes work and facilitate a connection between the employee and the appropriate benefits staff member. Because the EAP is a neutral entity in the workplace, the EAP is not directly involved in the disability or accommodations process.

### **Corporate Policies**

There are numerous corporate policies that impact the EAP. For example, a company's drug-free workplace policy may include a referral to the EAP if an employee tests positive on a drug test. A company may also have a formal policy regarding the EAP that assures confidentiality and outlines regulations for administrative or sick leave when an employee seeks EAP counseling. The EAP should be familiar with all workplace policies and ensure that its roles and responsibilities are accurately represented.

### **HOW STAKEHOLDERS INFLUENCE COUNSELING**

Each of these stakeholders influences the EAP regardless of whether the EAP is aware of the stakeholders and their programs or resources. Supervisors and executives create the culture in which EAP clients work, so it serves these clients well when the EAP is fully informed about employees' perceptions of their work environment. Human resources, union officials, EEO, and medical staff all develop policy and implement organizational change that impacts EAP clients. It is important, therefore, for EAP counselors to be familiar with organizational resources. Counselors in private practice also may benefit from a general understanding of the typical resources available in many organizations. Helping employee clients explore internally available resources may help them to avoid the use of other more expensive or time-consuming community resources. Building awareness of workplace resources also helps to empower employee clients to re-establish a sense of control and/or influence over their work and personal lives.

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### **TYPES OF EAP REFERRALS**

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This section outlines the various types of EAP referrals and the ways in which employee clients learn about and access EAP services.

#### **SELF-REFERRAL**

Self-referral is the most common type of EAP referral. It occurs when an employee or family member recognizes a need for counseling help and initiates contact with the EAP. Management and/or the company is not involved.

## **INFORMAL MANAGEMENT REFERRAL**

An informal management referral occurs when a manager becomes aware of an employee's personal problem, has a private discussion with the employee about the problem, informs the employee about the availability of the EAP, and encourages the employee to call EAP for an appointment. Management and/or the company are not involved beyond educating the employee about the EAP.

### **Example**

An employee comes into her manager's office and begins to cry. She tells her manager that she is going through a divorce, is very upset, and would like to take the rest of the day off. The manager (who is now aware of an employee's personal problem) informs the employee about the free and confidential resources available to her through the EAP. The manager then provides the employee with the EAP contact information.

## **FORMAL MANAGEMENT REFERRAL**

This type of referral typically requires that an employee's manager follow a formal process. The process starts with the manager observing and documenting work performance problems and then reporting these observations to the EAP and human resources. The EAP coaches the manager in how to confront the employee regarding the work performance problems and how to talk to the employee about the EAP. Human resources typically assists the manager with adhering to company policy and employment law and with writing a formal letter of referral to the EAP. The manager then confronts the employee about the work performance problems and formally refers the employee (through the letter) to the EAP. With this type of referral, it is common for the EAP counselor to request that the employee sign a release of information authorizing the EAP to confirm the employee's attendance at the EAP (but not to release clinical details).

### **Example**

A patrol officer receives three citizen complaints in two months. The complainants allege that the officer made discriminatory and/or degrading comments to them during traffic stops. The officer's supervisor has also documented that the officer has made negative comments to colleagues and others while at headquarters. The officer's supervisor and human resources meet with the officer and his union representative at a disciplinary hearing to review the complaints. The parties agree that if the officer seeks EAP counseling, then no disciplinary action will be taken in response to the citizen complaints. The officer calls the EAP to set up an appointment. The EAP counselor's assessment does not warrant a referral to treatment. The counselor works with the officer to develop a career plan to address the officer's reported career dissatisfaction. In addition, the counselor helps the officer develop a stress-management plan that will allow for release of work-related stress, anger, and frustration. The counselor also works with the client to help him identify internal cues that signal he is becoming frustrated and develop a list of acceptable responses and strategies (e.g., walking away, taking a break, deep breathing).

## **DRUG-FREE WORKPLACE REFERRAL**

Most companies have a drug-free workplace policy that outlines the role of the EAP to include assessment and referral for employees who self-identify as having a problem with drugs and for employees who have tested positive during a drug test. In addition, the EAP is responsible for monitoring employee progress through treatment and rehabilitation. With this type of referral, the employee is typically asked to sign a release of information authorizing the EAP to confirm EAP attendance and report compliance with EAP recommendations, but not to release other clinical details. It is important to remember that the EAP is a neutral workplace entity and should be separate from the drug testing and disciplinary processes. While

compliance with EAP recommendations is often a requirement to maintain employment following a positive drug test, it is not the only requirement, and alone, it does not guarantee that an employee retains employment.

## **MEDICAL REFERRAL**

A medical referral occurs when an employee's personal physician recommends counseling and the employee decides either to begin with an EAP assessment or seek EAP help in identifying a therapist. This type of referral may also come from a nurse or physician who works for the company's occupational health unit. The referral may be a result of the employee presenting with physical symptoms of stress, anxiety, or depression, or it may be following a physical examination (as is required for many law enforcement agents). In this situation, it is sometimes useful to request that the employee sign a release of information allowing the EAP counselor to consult with medical staff.

### **Example**

An employee sees her primary care physician for a routine physical and learns that her blood pressure is higher than normal. She tells her physician that she is under a lot of pressure at work because of a backlog and unrealistic expectations from management. She also tells her physician that she has been working 10- to 12-hour days, six days per week. She reports that she no longer has time to exercise or cook nutritious meals. Her physician recommends that she resume exercising, seek career coaching, and look for help establishing a better work-life balance. However, the employee is not certain how to accomplish any of this. A colleague subsequently reminds the employee about the EAP and suggests that she see if the EAP can help. The employee makes an appointment with an EAP counselor. The counselor works with the employee to develop communication skills so that she can talk with management about her work

load and needs; develop assertiveness skills to set boundaries regarding work hours; and explore time management skills to determine if she can improve her productivity. The counselor also provides a referral to a career coach.

## **CRISIS-INITIATED REFERRAL**

This type of referral may be initiated by an employee in crisis or by a family member, manager, or other staff member. It generally involves an employee who is suicidal or homicidal or occurs following a crisis at the worksite (e.g., death of an employee, worksite accident, robbery).

### **Case Examples**

#### **Case 1**

An EAP counselor is asked to be onsite following the murder of an employee. (The murder occurred after work hours and away from the worksite.) During the group intervention, an employee (and good friend of the deceased) reports that he does not see a point in living in a world where good people are murdered and murderers roam freely. The employee goes on to say that he plans to drink himself to death that night. After concluding the group intervention session, the counselor follows up with this employee to complete an assessment, including a risk assessment.

#### **Case 2**

An employee walks into her supervisor's office, hands her supervisor her ID badge, and says: "I won't be needing this after tonight." The supervisor knows that the employee has been counseled for work performance problems and that she is going through a divorce. The supervisor immediately calls security. She also alerts the EAP that she has an employee who needs immediate attention. The company has an onsite EAP counselor who handles this crisis-initiated case. The counselor's job is to complete an assessment, including a risk assessment.

In both examples, the counselor takes immediate action, helps the employees identify supportive resources, establishes a safety plan with the employees, and facilitates a referral for medical evaluation and therapy. (If needed, the counselor may call 911 so an ambulance can take the employee to the hospital to ensure his or her safety.)

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## THE EAP CALL CENTER

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Unlike when seeking traditional therapy, an EAP client cannot search through a provider directory and initiate EAP counseling. If a company has an onsite EAP counselor, the client may be able to stop by the company's EAP office, but most clients must first telephone their EAP's call center (usually a toll-free number accessible 24 hours per day, 7 days per week). The call is answered either by a specially trained customer service representative or a Master's level mental health clinician. Customer service representatives are typically college graduates who have been trained regarding the sensitive nature of EAP calls. Customer service representatives verify eligibility for EAP service, educate the client about available benefits, gather basic demographic information (e.g., name, telephone number, address, age, presenting problem), and complete a basic risk assessment for substance abuse, domestic violence, suicide, homicide, and child abuse.

If no risk is identified, then the customer service representative connects the client with an EAP provider who participates in the network within the client's preferred geographic area. Some EAPs also accommodate other client preferences, including gender, religion, ethnicity, military status,

health insurance participation, or evening/week-end hours. The EAP attempts to connect the client to the EAP counselor who is best matched to the client's location and counseling needs. Some EAPs provide the client with the counselor's contact information and instructions about how to set up an appointment. Other EAPs call the counselor directly to set up the appointment for the client. If risk is identified, or if the client is upset or requests to speak with a counselor immediately, the client is transferred to a Master's level mental health clinician immediately. Most EAPs have a Master's level clinician available 24 hours per day.

In addition to completing the tasks outlined for the customer service representative, the EAP counselor offers telephonic supportive counseling and problem-solving. The counseling may also include creating a safety plan, calling 911 or another mobile crisis unit for immediate support, teaching the client deep breathing or other stress management techniques, or sending the client literature about their topic of concern.

Both the customer service representative and the Master's level clinician have difficult jobs. Many contracts require that all incoming calls be answered in less than 20 seconds, creating a lot of pressure on the staff. In a call center environment, it is common to require staff to be logged in and ready to answer calls a certain percentage of the time, limiting the number of breaks they can take. Staff must also be able to transition quickly from one topic of concern to the next, remain calm during crisis, understand the client's needs without the aid of body language, and maintain professionalism even when dealing with difficult clients. The call center is a fast-paced, intense work environment.

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## ASSESSMENT, REFERRAL, AND SHORT-TERM COUNSELING

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After the client calls the EAP and connects with the EAP counselor, the next step is assessment, followed by either short-term counseling or referral, as outlined in the core technologies. A comprehensive assessment includes consideration of the following elements:

- Presenting problem and history of the problem (including what, if anything, the client has done to resolve the problem)
- History (e.g., family, medical, mental health, substance abuse)
- Current symptoms (e.g., sleep, appetite, concentration, mood)
- Cognitive functioning (e.g., orientation to date/place, memory, speech/appearance)
- Workplace impact (e.g., attendance, performance)
- Relationships and support systems
- Risk (e.g., violence, substance abuse, child abuse)
- Strengths
- Client goals and desired outcomes

After the assessment is completed, the counselor makes recommendations and works with the client to develop and agree upon a plan of action. The action plan may include short-term EAP counseling, a referral to treatment, recommended readings for the client, self-help group participation, and other community resources. The plan should also include measurable outcomes and a follow-up plan. The assessment and development of a plan is typically completed within the first two sessions.

Short-term EAP counseling is used if the assessed problem and the client's desired goals can be fully addressed and accomplished in the remaining one to six sessions. Short-term counseling may include the following elements:

- Psycho-education
- Problem solving
- Skills building
- Support
- Homework between sessions
- Ongoing measurement of progress and re-evaluation of original plan

### EXAMPLE

A client contacts the EAP following his supervisor's retirement and recent problems with his new supervisor. The client reports that his new supervisor is unresponsive to emails containing questions about draft work products, but then expects him to work evenings and weekends to make last-minute corrections. The client reports a disruption to his work-life balance. No current symptoms are assessed—no problems with sleep, appetite, mood, or concentration and no risk of substance abuse. The EAP counselor employs short-term counseling to help the client develop alternate communication strategies to use when talking to his new supervisor about concerns and needs; learn stress management skills such as deep breathing and journaling; and develop assertiveness skills to set limits with his new supervisor.

A different approach would be needed if, for example, the assessment had revealed that the client has a history of clinical depression; averages only four hours of sleep each night; has gained weight in the past two weeks; or is drinking four glasses of wine each work night. In this case, due to the client's history of depression and current symptoms, he would be referred to a therapist with experience working with depression and substance abuse. He would also be encouraged to abstain from alcohol use and attend AA for additional support regarding his use of alcohol. The EAP counselor may provide SAMHSA literature about unhealthy drinking behaviors and alcohol abuse and encourage the client to consider the consequences and problems associated with using alcohol as a stress management tool.

If the counselor's assessment indicates that a client's problem requires more sessions than allotted by the EAP for resolution, or if a specialist is needed for diagnosis and treatment of a mental health disorder, a referral to treatment resources is included in the action plan. Referrals to treatment resources should be made after the first or second session, before the client gets too connected or goes too deeply into the problem with the EAP counselor.

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## REFERRALS AND THE REFERRAL DATABASE

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An EAP referral requires more than a statement or conversation between the EAP counselor and the client. It is NOT sufficient for the counselor to say: "My assessment indicates that treatment for depression would be beneficial to you. Please contact your health insurance company to identify therapists in your network." EAP counselors should identify appropriate referral providers, educate the client about the referral process, and follow up with the client to ensure successful connection with the referral.

EAP counselors should be continually familiarizing themselves with local treatment resources before a referral is needed. Counselors should build a network of treatment resources that includes therapists with various specialties and health insurance panels, psychiatrists, therapy groups, support groups, outpatient mental health and substance abuse programs, partial hospitalization programs, inpatient mental health and substance abuse programs, anger management classes, couples and family treatment resources, gambling and other behavioral addiction treatment programs, parenting classes, and a database of literature resources. It is best if the counselor can talk with each provider or treatment program to learn more about the program, health insurance coverage, cost, and credentials of the staff.

When a referral is needed, the EAP counselor provides the client with treatment and therapy options, including the names of providers, providers' contact information, and an overview of each provider's services and credentials. The counselor should consider the clinical needs of the client and the client's preferences for location, insurance, cost, and other specifications. If the counselor is not familiar with an appropriate referral source, it may be necessary to telephone several providers in order to prescreen them and find suitable resources for the client.

In addition to providing the referral information to the client, the counselor should coach clients about how to contact referrals and initiate treatment. The counselor also should educate the client about the treatment process and what to expect from the treatment program. The counselor should discuss a follow-up plan and explore the client's motivation to follow through on contacting the referral. Motivational interviewing techniques can be useful strategies for increasing a client's commitment to follow through. The job of an EAP counselor is most successful when the client adheres to the plan and contacts the referral.

### FOLLOW-UP

Referrals are a fundamental part of EAPs, however, case monitoring and follow-up are also included in the EAP service model. This differentiates EAP from the traditional therapy model in which the client is responsible for initiating any desired follow-up. EAP follow-up is typically achieved by telephoning the employee, but it may also be achieved with either a face-to-face session or via a survey in the mail. Typically, follow-up assesses whether the client accessed referral resources and whether the referral was a good fit. Follow-up may also assess current work performance and any other additional needs. If the client is complying with the agreed-upon plan, finding the plan to be helpful, and has no new work performance problems, the

case is normally closed. If the client is not complying with the plan and/or has not contacted the referrals, then the counselor engages in additional motivational work to help the client break down barriers that are preventing compliance and follow through. If the client cannot be reached, the EAP counselor often documents three attempts to contact for follow-up before closing the case.

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## SUBSTANCE ABUSE

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Assisting employees with substance abuse problems is fundamental to EAPs. As discussed, OAPs were the original model. According to the 2020 National Survey on Drug Use and Health, the rate of substance use disorder was 16.9% among full-time workers and 16.7% among part-time workers. In addition, of the 54.1 million adults with alcohol use disorder, 71% were employed either full or part time [6]. Substance abusers have been shown to have higher rates of absenteeism, workplace accidents, disability claims, healthcare claims, and conflicts with coworkers, thus the continued emphasis by EAPs to screen all clients for substance dependence or abuse.

In 1986, President Reagan signed Executive Order 12564 for the Drug-Free Federal Workplace, which mandates that federal employees refrain from illegal drug use and that each agency establish a plan for obtaining a drug-free workplace and establish a drug testing program [7]. The order specifies that each agency's plan should include EAPs that emphasize "high-level direction, education, counseling, referral to rehabilitation, and coordination with available community resources" [7]. The Order also requires that supervisors be trained to help identify and address illegal drug use by employees, which is often a role that an EAP counselor is asked to perform. In 1988, the Drug-Free Workplace Act (Public Law 100-690, Title V, Subtitle D) required certain federal contractors and

all federal grantees to agree to provide drug-free workplaces as a precondition of receiving federal grants or contracts [8]. These actions by the federal government increased the demand for EAPs and emphasized the need to continue to assess for and provide treatment resources to employees with substance abuse problems.

Most drug-free workplace plans and regulations require that companies offer assistance to any employee who tests positive for substance use. (The company is not required to pay for treatment or to retain the employee; it is only required to offer the employee assistance in finding and obtaining treatment.) This is typically achieved by referring the employee to an EAP counselor who completes an assessment and refers the employee to appropriate treatment resources. If the employee continues to be employed during treatment, the EAP counselor may be asked to provide case monitoring and follow-up to ensure that the client is receiving treatment and complying with treatment recommendations. The EAP is not responsible for releasing the client to return to work or determining appropriate disciplinary action.

### EXAMPLE

Employees report to management that they often smell alcohol on their supervisor's breath and that sometimes the supervisor disappears after lunch. Management talks with the supervisor who assures them that she is not drinking. She says that she often has meetings in the afternoon and that she will do a better job of communicating her schedule to her team and to other departments who may need her. Later the same month, the cleaning crew supervisor reports finding several empty single-serving wine bottles in the supervisor's trash can. (This is a mandatory reporting as outlined in the company's drug-free workplace manual.) Management discusses the matter and decides to formally refer the supervisor to the EAP but to take no additional disciplinary action. Management

reports to EAP that the supervisor has been with the company for more than 30 years and that she is close to retirement, so they do not want to tarnish the supervisor's employment record or jeopardize her retirement. The EAP coaches management on how to confront and refer the supervisor. The supervisor comes to the EAP, which assesses her problems as depression and alcohol dependence. The EAP strongly recommends an outpatient substance abuse treatment program as well as therapy with a local provider who has experience with addiction and depression. The supervisor rejects the recommendations and instead prefers to attend Self-Management and Recovery Training (SMART) meetings and see her former therapist. The EAP continues to follow up with the supervisor to ensure compliance with the two-prong plan. About one month later, the supervisor is found passed out in the office building lobby and is taken to a hospital for treatment. Management then gives the supervisor three choices: resign from the company; work with the EAP and comply with all EAP recommendations; or do nothing and be fired for violation of several company policies. The employee chooses the second option and begins outpatient treatment and therapy. The EAP will continue to monitor her compliance and will report results to management.

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## UNIONS

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A union is an employee group organized to bargain with employers over wages, benefits, work hours, working conditions, and other terms of employment. Some EAPs are union-sponsored plans (also known as Member Assistance Programs [MAPs]), meaning assistance is contracted for and paid for by the union in an effort to provide their members (and members' family members) with additional resources for problem resolution. A good example of a MAP is the Lawyer Assistance Program that exists in most states in the United States [9].

Unions provided support, assistance, and counseling programs before EAPs existed. Unions are stakeholders in current EAPs, and EAPs should look to collaborate with unions. When employees are dealing with stress and other problems that affect their work, they often turn to their fellow union members for support. Building collaborative relationships with union leaders can position EAPs as a resource for additional support. The union also plays a role in the perception and the acceptance of an EAP within an organization.

It is useful for the union to understand the EAP and its role, and it is also useful for the EAP to understand the union's role and scope of assistance. In order to facilitate appropriate referrals from the union to the EAP and to further encourage promotion of the EAP, many EAPs offer union steward training, which encompasses an orientation to EAP services, training in how to identify employees with problems, and training in how to talk about the EAP with employees. The EAP should also seek training from the union.

## CASE EXAMPLES

### Case 1

While working with a client, an EAP counselor asks why the client did not seek assistance earlier, before the issue became a crisis. The client responds that "my union representative told me the EAP is the devil." The EAP counselor then reaches out to the union representative and learns that the union had experienced problems with the EAP about 10 years ago. Through numerous conversations and collaborations, the EAP counselor and the union representative are able to build a good working relationship; the union soon becomes one of the biggest referral sources for the EAP.

## Case 2

An employee contacts her union because she is unhappy with the performance evaluation she recently received from her supervisor. The employee is seeking the union's assistance in obtaining an extension on the evaluation period and a re-evaluation after three months. The employee reports to the union that she is dealing with her son's recent suicide attempt and may, therefore, have fallen behind at work. She believes that she can be back on track in three months and would like a new performance evaluation at that time. The union recommends that she contact the EAP and then explains that setting up an appointment with EAP would be good for two reasons: the EAP can provide support and additional resources to ensure that the employee can focus on work for the next three months, and letting management know that she is seeking EAP support shows that she is taking action to resolve the personal problems that are impacting her work performance. (Note: This is not a violation of confidentiality. The client can tell anyone she wants that she is seeking counseling; it is the EAP counselor who needs a signed release of information in order to disclose information about EAP participation.)

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## OTHER EAP SERVICES

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When the average person, or even a counselor who is not familiar with this field, thinks about EAP work, they often think about the short-term counseling services that EAPs provide. However, a comprehensive EAP provides many more services to an organization, and an EA professional may provide numerous services and fulfill a variety of roles.

## MANAGEMENT CONSULTATION

Consultation with work organization leadership (e.g., managers, supervisors, union officials) seeking to manage the troubled employee, enhance the work environment, and improve employee job performance is a part of the EAP core technology component 1 [1]. This service is typically initiated by a supervisor who contacts an EAP counselor to discuss concerns about an employee. The EAP counselor's responsibilities are to listen, build rapport with the manager, validate the manager's experience, and begin to assess the problem. It is common for a manager to telephone, give the EAP counselor a brief description of the area(s) of concern, and then ask: "So what do I do?" Often, an EAP counselor's next step is to slow the manager down and gather additional information so the counselor has a comprehensive understanding of the problem and the history. The skills required for a successful management consultation are transferable and similar (if not the same) to the skills used when working with an individual employee client.

One of the most fundamental and important tasks of the EAP counselor is to keep the supervisor focused on work performance problems, as these are within the supervisor's realm of expertise and responsibility. Supervisors should not diagnose employees (as they are not trained mental health professionals and diagnosis of employees falls out of their scope of responsibility). The EAP counselor should coach managers about staying away from words such as depression, anxiety, alcoholic, or bipolar and redirect them to focus on attendance, conflicts in the workplace, missed deadlines, quality or quantity of work product, complaints from customers or colleagues, attitude, and other work performance criteria.

As part of the management consultation, the EAP counselor should educate the manager about available resources and encourage the manager to access additional support (EAP core technology component 2). For example, if a supervisor has observed work performance problems, the supervisor should consult with human resources to ensure that he or she is documenting the problem in accordance with company policy. Human resources can also provide the supervisor with guidance to ensure that any actions taken are compliant with employment laws and union agreements.

Assisting the manager in making a referral of the employee to EAP is also part of the consultation. This may include outlining the steps involved in the referral process, providing the manager with key phrases to use, and discussing how to handle potential reactions from the employee. Some managers may also want to role play the conversation; this is especially useful if it is the first time a supervisor is referring an employee to the EAP. This meeting and referral is termed “constructive confrontation.”

Constructive confrontation (EAP core technology component 4) is a meeting between the employee and the supervisor to discuss performance concerns; in some cases, a union representative and/or human resources may be present. The purpose of the meeting is to motivate the employee to make changes and improve job performance. The meeting also identifies the EAP as a resource for the employee and outlines possible future consequences if improvements are not made. During constructive confrontation, the supervisor will review the documented and specific performance problems with no focus on any suspected personal problems. The supervisor should avoid criticizing and instead focus on the documented and unac-

ceptable behavior. The supervisor may ask for reasons for the performance problem and should listen to the employee’s answer. The supervisor should then express a desire to help the employee resolve the problem and encourage the employee to contact the EAP.

The EAP counselor should coach the manager about how to talk about the EAP. A manager may say, “I’m concerned that something is happening to you that is affecting your performance in a negative way. The EAP is a free and confidential resource that can assist you in identifying obstacles and resolving problems that may negatively impact your performance. I highly encourage you to schedule an appointment.” It is best if the employee is given a letter of referral to the EAP. These meetings should be held in private locations, free of interruptions, and should allow for sufficient time to cover all concerns.

Many managers enable their employees and then problems worsen. It is not uncommon for a manager to make excuses or cut the employee slack when problems start. Managers often believe that they are protecting and/or helping employees by not holding them accountable. The EAP should help managers learn the importance of holding employees accountable. This in turn helps prevent problem escalation and encourages problem resolution. Educating managers about enabling behaviors is a key part of the management consultation process.

### **Example**

A supervisor calls the EAP after a supervisory orientation. The supervisor reports she is having a problem with one of her employees. She says that the employee is good at his job and probably knows more about it than anyone else in the department; the problem is with the employee’s attendance.

According to the supervisor, the employee has always used a lot of leave, but it has become excessive in the past six months. The employee currently has no accrued sick leave, has forgotten to call twice in the last month to let her know that he is not coming to work, and has been late or left early on most days in the past two months when he has come to work. The supervisor states that she spoke with the employee about her attendance concerns, but the employee's behavior has not changed since that conversation took place. She says that she has no other areas of concern related to the performance or conduct of this employee. The EAP's consultation with the supervisor results in the following actions:

- The EAP counselor coaches her on how to refer the employee to the EAP on the basis of work performance problems, specifically his attendance.
- The EAP encourages her to consult with human resources regarding company policy and procedure when there are attendance problems.
- The EAP educates her about enabling behaviors to help motivate her to follow through with the employee.
- The EAP discusses stress management and supervisory self-care with her to ensure that she has the resources needed to handle the stressful situation.

Because the supervisor has never used the constructive confrontation and EAP referral process, she and the EAP counselor develop the following talking points for her to use when she meets with the employee:

- I called this meeting today to discuss my concerns about your attendance.
- You are a valuable employee and my goal is to help you improve your attendance.
- You have no accrued sick leave as of May 15.
- You did not call in to alert your supervisor that you would not be at work on April 28 or May 10.

- You left early on May 3, 4, 11, 12, and 13.
- You came in late on April 29 and on May 6, 7, 14, and 15.
- I informed you of my concerns on May 6, and no changes have occurred since then.
- Our company attendance policy states...
- Possible consequences for violation of that policy include...
- You are a knowledgeable and good employee when you are at work.
- I expect that you will be at work every day, that you will be on time, that you will stay until the end of your shift, and that you will schedule your leave ahead of time so appropriate coverage can be obtained.
- I am concerned that something is negatively affecting your attendance. I have contacted the EAP and they are expecting your call. The EAP is a free, confidential resource that offers employees assistance when they have work performance problems. I highly recommend that you meet with them. If you need time off to attend an appointment, I can arrange administrative time if I have proper notice from you.
- Here is a letter outlining the referral to the EAP, including their contact information. Here is a brochure about EAP that outlines the confidentiality of the program. The EAP does not tell me what you discuss in session, and it does not become a part of your personnel record. There are federal laws protecting your confidentiality when you meet with the EAP.
- Let's schedule a follow-up meeting for two weeks from now to discuss your improvement.
- Is there anything you need from me to ensure you successfully meet my expectations?

## ORIENTATION AND SUPERVISORY TRAINING

Training of managers and supervisors seeking to manage the troubled employee and outreach to employees and dependents about the availability of EA services are key components of the EAP. EAPs typically provide three types of training: employee orientations, supervisory training, and health and wellness seminars.

Orientations are typically offered either when a new EAP is contracted to provide services to an organization or at new employee orientations sponsored by the organization. However, employee orientations may be included in town hall meetings held by executives, in staff meetings, or during other events, and are good ways of reminding employees about the availability of EAP services. Typical orientations educate employees about the services offered by the EAP, the number of counseling sessions available to them, the confidentiality for employees who meet with the EAP, and contact information and the location of the EAP.

Supervisory training is a formal training session for supervisors and managers to orient them to EAP activities and benefits and to educate them about their role in the identification of work performance problems and EAP referral. Trainings will typically include an overview of EAP services, a thorough review of confidentiality policies, indicators of a problem employee (e.g., performance, attendance, conduct), types of EAP referrals (informal vs. formal), and how to discuss and refer an employee to the EAP (constructive confrontation). Trainings also provide supervisors with education about how to document work performance deficiencies, and they differentiate the roles played by the supervisor, union, human resources, and EAP.

## OTHER TRAINING

### Marketing and Outreach

An EAP can only be successful if employees know about and use the program. Marketing and outreach are necessary activities and are included in EAP (core technology component 2). In addition to the orientations and trainings discussed, the next most common form of marketing and outreach is participation in health and wellness seminars and health fairs.

Health and wellness seminars include topics such as stress and time management and balancing work and family. They offer employees tools for improving their work and personal lives while increasing employee awareness of EAP services. Seminars typically provide an overview of a topic area, rather than an in-depth discussion, but should include a definition of the topic definition and identify relevant, topic-related research.

Health fairs are often company-sponsored wellness days designed to promote employee health. Health fairs allow employees to meet with nutritionists, dietitians, or masseuses, and receive blood pressure and cholesterol screenings, among other options. Some health fairs occur during a health insurance provider's open enrollment period when providers participate by answering employee questions and providing them with materials that help them make healthcare decisions for the following year. EAP counselors may be asked to staff a booth at a health fair in order to distribute brochures and answer questions about program benefits. The counselor may occasionally be asked by an employee for advice or for a consultation. However, privacy and confidentiality considerations preclude this from occurring in such a public setting.

Additional outreach efforts may include the preparation and distribution of an educational newsletter that provides employees with information about mental health and healthy living; sending brochures or business cards home with employee paystubs; putting information on the company's Intranet; including information in benefits packages sent to employees; displaying posters in the lunch room; offering webinars; and holding depression, alcohol, or other screenings on National Depression Screening Day or during National Alcohol Awareness Month.

The EAP website is the starting place for many employees, so it is important that it be comprehensive and interactive. Many EAP websites offer downloadable literature about depression, anxiety, substance abuse, parenting, and other topics for employee client education. EAPs have additionally expanded into social media forums to promote awareness of services and disseminate information. Some EAPs offer the "chat" option as an alternative to scheduling EAP services via the toll-free telephone number.

### **Critical Incident Stress Management Services**

Critical incident stress management (CISM) is a comprehensive crisis intervention system consisting of seven core crisis intervention components [10]:

- Pre-crisis preparation (i.e., education about stress management, resistance, and crisis mitigation)
- Disaster or large-scale incident management
- Defusing
- Critical incident stress debriefing (CISD) (a post-crisis group discussion)
- One-on-one crisis intervention/counseling
- Family/organizational crisis intervention/consultation
- Follow-up and referral

The goals of CISM services are to provide support to employees, to provide education to supervisors about how to support and monitor their employees, and to provide employees with coping resources. EAP counselors may be asked to provide onsite CISM services following, for example, the death or terminal illness diagnosis of an employee, a robbery, workplace violence accident, industrial accident, or other trauma impacting employees. The EAP counselor should be specifically trained in CISM response before performing this type of service.

### **Example**

A manager calls the EAP to request that a counselor come to the workplace and hold a group session following a critical incident. The manager reports that an employee who had been with the company for almost 30 years died over the weekend following a battle with cancer. The manager reports that the employee had missed a lot of work over the past year for medical treatment. The manager reports that the other employees are grieving; some are tearful, some are withdrawn, and the manager believes a group session might be helpful. The EAP counselor comes to the worksite and offers a voluntary and anonymous group discussion on grief. No information is collected from those who attend the group; the EAP counselor simply records the number of employees in attendance. The EAP counselor creates a safe space for the employees to talk about the loss of their colleague and to share their memories, feelings, thoughts, fears, and reactions. The EAP counselor validates the experiences of the employees, normalizes their reactions, and provides strategies for managing grief and stress. The counselor also distributes tip sheets for additional educational information about grief. The counselor remains onsite to allow employees to have individual grief consultations as needed. In addition, the counselor meets with managers to ensure that they have the tools and resources to support their employees and to review how to identify employees who need referral to the EAP.

### **Legal Referrals**

It is becoming more common for EAPs to offer legal referrals. A legal referral is typically a referral to an attorney who is credentialed in the necessary jurisdiction and who identifies as having experience in the requested area of law. Many EAPs provide the employee client with a free 30-minute consultation with an attorney. This benefit is subcontracted by many EAPs and it can be a useful benefit for many clients (e.g., to a client seeking counseling for divorce or DUI). Due to the potential for conflict of interest, no referrals for employment matters are provided by the EAP because the employer is paying for this service.

#### **Example**

A woman comes to the EAP office at her company to ask about a legal referral. She reports that her teenaged son has been charged with misdemeanor possession of marijuana. The EAP counselor reviews with her the legal referral process and gives her the relevant contact information. The woman tells the counselor that her son is applying for U.S. citizenship and that if this legal problem leads to application denial, her son will have to return to their home country. She will then have to quit her job to accompany her son, because she does not want him to be alone. The woman becomes very upset and displays signs and symptoms of a panic attack. The counselor employs short-term supportive counseling techniques to help the employee manage her anxiety. The counselor also recommends that the woman implement stress management strategies to regularly lower her stress level and further prevent additional panic attacks.

The employee calls the legal referral number and finds an attorney. She receives the assistance she needs and does not have to quit her job. She becomes a more productive employee because of the work she did with the EAP.

### **Financial Consultations**

A growing number of EAPs offer up to one hour telephone consultations with a financial advisor, as often as needed. Again, this service is often provided by a subcontractor of the EAP. Financial consultations can help employee clients who are experiencing stress with foreclosure, debt, taxes, college savings, retirement, and more.

#### **Example**

A couple (employee and employee's spouse) comes to the EAP to request marital therapy. The spouse reports feeling neglected because the employee is always working voluntary overtime hours, which leaves the spouse alone in the evening to care for the children and handle most of the household chores. It also makes it impossible for the couple to talk or be intimate. The employee reports feeling pressured to work the overtime in order to support the financial needs of the household. The spouse is considering a separation because of feeling "so alone." The household budget is a big source of stress for the couple, so the EAP counselor recommends that they call and request a consultation with a financial professional in order to learn together how to structure their finances to allow the employee to work less. Once a budget plan is in place, the EAP counselor refers the couple to a marriage and family therapist to improve communication skills and rebuild their relationship.

### **Child Care and Elder Care Referrals**

These referrals are often called work-life benefits and are included as part of the EAP in some companies. This component includes calling, screening, and gathering information about available child and/or elder care providers for employee/clients.

An employee working in Washington, D.C., for example, can ask their EAP for help locating an in-home nursing aid for an elderly mother who lives in Kentucky, or a pregnant employee can request help locating child-care providers. Many employers find it cost effective to assist employees in finding child care and elder care services (in addition to other types of concierge referral services) because the employee is better able to concentrate on work rather than on making numerous personal telephone calls.

### **Administrative/Account Management Roles**

There are many administrative roles in an EAP, including preparing utilization reports, evaluating the effects of EA services on the work organization and job performance (core technology component 8), and responding to client complaints. In addition, an external EAP should continually respond to open contracts by creating proposals (business development), implementing new programs (upon winning a new contract/account), and meeting with client companies to ensure that their needs are being met. Other roles may include writing and developing trainings, coordinating CISM requests, providing clinical supervision, and auditing case records. While the administrative role is not one that most clinicians fill, it may nevertheless be helpful to understand it and to know that it is available should an account manager, for instance, need information about the documentation requirements of the company's EAP.

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## **PROGRAM VARIATIONS**

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Each EAP is different. Large EAPs that service several contracts may have a different structure for each contract. EAPs vary in the type and structure of services provided as well as in the availability and placement of staff.

### **NUMBER OF EAP SESSIONS**

The number of counseling sessions an employee can receive varies based upon the contract the company establishes with the EAP vendor. Most EAPs allow for 3 to 8 sessions. It is important to verify the number of authorized sessions before working with a client.

### **CONTACT INFORMATION**

Most EAPs offer a toll-free number that is available 24 hours per day. This can be an important resource to incorporate into a plan with an employee. If an employee is in danger of relapsing or is in need of immediate emotional support, the EAP may be able to serve as an additional resource.

### **ONSITE AND/OR OFFSITE COUNSELORS**

Some companies have an EAP counselor onsite. This counselor is typically familiar with human resource policies, corporate culture, and internal company resources that may be useful to an employee client. Even if the employee client chooses to be seen offsite by an affiliate EAP provider, the client may want to call the onsite counselor to inquire about resources and options. An onsite counselor can make it easier for a client to find time to make and keep appointments. An onsite counselor also increases the overall visibility of the EAP. Onsite EAP counselors should take special precautions with information stored on a computer; ensure that all files are locked; and select a discrete location that protects client confidentiality. Onsite counselors should also be cognizant of who they socialize with in order to maintain confidentiality and the perception of trustworthiness. Most EAPs offer offsite counseling even when a counselor is available onsite.

## INTERNAL/EXTERNAL EAP

An internal EAP is a “company” EAP, meaning the EAP and its services are part of the company’s structure, not provided by an outside vendor. Internal EAP counselors are employees of the company.

There are fewer internal EAPs now than in the past. One advantage of an internal EAP is that the counselor is often best situated to understand corporate culture and company resources. A potential disadvantage is that other employees often question the confidentiality of the EAP (more so than with the external model). The company must also know how to build, regulate, staff, and run an EAP. Internal EAPs are most commonly found among local, state, or federal governments or in other public agencies (e.g., a large school system).

An external EAP is not a company EAP; rather, the EAP and its services are provided by an outside vendor. The external EAP is the most used model in the private sector. One advantage of an external EAP is that it can streamline processes, combine resources (e.g., an account manager or quality auditor can manage more than one company contractor), and write one set of policy statements that apply to several companies. The disadvantage of the external EAP is that it creates distance and obstacles that prevent the EAP from understanding the company culture and its needs.

Internal and external models should not be confused with onsite and offsite counselors. These are separate nuances. It is possible to have an internal EAP that sits offsite. For example, a large school system may have an internal EAP with an offsite counselor. The school system has placed the EAP counselor offsite to centralize the location for all staff members and to further ensure confidentiality for EAP clients. Alternatively, a large manufacturing plant may have an external EAP with an onsite counselor. The plant’s contract with the EAP vendor requires that a counselor sit onsite several days every week to allow greater accessibility for employees.

## DEPENDENT COVERAGE

Most EAPs extend benefits to significant others, children, and/or family members living in the employee’s home. If an employee has a family member who is dealing with a personal problem, the employee is more likely to be distracted at work and take more leave. Therefore, resolution of the problems of family members increases the overall work productivity of the employee.

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## CONFIDENTIALITY

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### 42 CFR, PART 2

The Code of Federal Regulations (CFR) refers to administrative laws that spell out details about how the executive branch interprets laws. The CFR is considered legally binding by courts. Title 42 of the CFR covers public health laws. Chapter 1, Part 2, addresses the Confidentiality of Substance Use Disorder Patient Records and states [11]:

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e), be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b).

Disclosures of information that may be made if the patient provides written consent include: in cases of medical emergency; for scientific research, audits, or program evaluation; to satisfy a court order; or to report child abuse.

## **PUBLIC LAW 93-282**

Also known as the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments or the Hughes Act, this law protects the confidentiality of patients seeking treatment for alcoholism or alcohol abuse education, training, treatment, rehabilitation, or research. Protected records include the identity, diagnosis, prognosis, and treatment of the patient [12]. As a result of this Act, all EAP records are considered confidential.

## **PUBLIC LAW 93-579 (PRIVACY ACT OF 1974)**

This law was created to protect the privacy rights of U.S. citizens and permanent residents. It safeguards privacy in four specific ways [13]:

- It requires government agencies to show an individual any records kept on him or her.
- It requires agencies to follow “fair information practices” when gathering and handling personal data.
- It places restrictions on how agencies can share an individual’s data with other people or agencies.
- It allows individuals to sue the government for violating its provisions.

The Act applies only to certain federal government agencies; state and local governments are not covered by the Privacy Act [13].

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996**

HIPAA establishes national standards for electronic healthcare transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data.

The HIPAA Privacy Rule establishes national standards regarding the use and disclosure of individuals’ health information, called protected health information (PHI), as well as standards for individuals’ privacy rights to understand and control how their health information is used. A major goal of the Privacy Rule is to protect individuals’ health information while also allowing the flow of that information as needed to provide and promote high-quality health care. The Privacy Rule establishes requirements of providers to notify patients regarding their privacy practices, to obtain written authorization for disclosure, and to disclose only minimally necessary amounts of information. The Privacy Rule also outlines individual patient rights, such as a right to access records, to request amendments, to request an accounting of disclosures, and to file a complaint [14].

The HIPAA Security Rule establishes national standards for protecting the security of certain health information that is held or transferred in electronic form [14]. The Rule outlines three sets of administrative, technical, and physical security procedures for “covered entities” to use that will assure the confidentiality of electronic PHI. Covered entities include health plans, healthcare clearinghouses, and healthcare providers who transmit certain health information electronically [14]. Half of the regulations in the Security Rule fall under the Administrative Safeguards section, which requires the development and documentation of policies and procedures for managing day-to-day operations, access of workforce members to electronic-PHI (e-PHI), and the selection, development, and use of security controls. Physical safeguards refer to regulations designed to limit physical access to electronic information systems while ensuring authorized access. This may include the use of security guards, locking offices, or placing computers with patient information in restricted areas. Technical safeguards include access control policies and procedures that allow only authorized access to e-PHI, audit controls for information sys-

tems that contain or use e-PHI, integrity controls that ensure e-PHI is not destroyed or improperly altered, and security measures to protect against unauthorized access to PHI that is transmitted electronically [14].

## **APPEARANCE OF CONFIDENTIALITY**

The perception of confidentiality is just as important as maintaining confidentiality. This is most important for EAP counselors who are onsite at the client company. The goal is to maintain a place for employees to visit that allows them to safely discuss personal and sensitive concerns. EAP staff can promote and facilitate this atmosphere by holding collaborative meetings in private (e.g., staff office) rather than public (e.g., the lunchroom) settings.

### **Case Examples**

#### **Case 1**

Human resources (HR) conducts a benefits fair and invites the EAP manager to participate as an outreach effort. HR provides the EAP manager (and all HR representatives) with a t-shirt labeled with “HR” and the company’s name. To preserve the appearance of confidentiality, however, the EAP manager decides to wear professional attire rather than the company t-shirt. It is key that the EAP remain a neutral entity in the organization.

#### **Case 2**

An EAP manager and counselor are standing in the hallway openly venting frustrations with their boss. An EAP client walks by and overhears their conversation. Later, the client does not show up for a scheduled appointment. The EAP counselor calls to follow-up with the client and discovers that the client is concerned about confidentiality based on the discussion he overheard in the hallway. Although the EAP manager and counselor were not discussing client information, the perception of confidentiality has been violated.

#### **Case 3**

An EAP counselor is invited to play on the company’s kickball team. The counselor wants to play, but declines the offer in order to preserve the appearance of confidentiality. She decides it is best for EAP counselors to maintain professional boundaries at all times with all employees.

## **EXCEPTIONS TO CONFIDENTIALITY**

EAP counselors hold licensure that is regulated through various state and other jurisdictions. Most jurisdictions mandate an exception to confidentiality to report suspected child or elder abuse and to protect the client from self-harm or from harming another person. In addition, counselors are required to notify the appropriate authorities if a client threatens them (as established by The California Supreme Court decision *Tarasoff v. Regents of the University of California*).

## **SECURITY CLEARANCE AND CONFIDENTIALITY**

Employees with a security clearance are often concerned that seeking EAP counseling will result in the loss of their clearance and then loss of their job. It is often best to refer these employees back to the EAP program manager or to their security office for clarification about these concerns. Regulations of the U.S. Office of Personnel Management (OPM) and the U.S. Department of Defense (DOD) state that security clearance will not be revoked or denied solely on the basis of seeking mental health counseling. It can be useful to remind employees that resolving personal problems can protect their security clearances and jobs by promoting personal and professional performance. Employees who need counseling and who fail to seek counseling will likely, over time, find problems escalating, symptoms worsening, and work performance declining, which puts their security clearance at risk.

In a memorandum that addressed the post-traumatic stress often experienced by military personnel, former Secretary of Defense Robert Gates stated that seeking professional mental health care should not be perceived as jeopardizing an individual's security clearance, whereas failure to seek care increases the likelihood that psychological stress could escalate and preclude the individual from performing sensitive duties [15].

The evaluation guidelines for issuing security clearance to an individual who has a psychological condition require a review of the individual's judgment, reliability, and trustworthiness. According to OPM guidelines, conditions that could raise a security concern and may be disqualifying include: (a) behavior that casts doubt on an individual's judgment, reliability, or trustworthiness that is not covered under any other guideline, including but not limited to emotionally unstable, irresponsible, dysfunctional, violent, paranoid, or bizarre behavior; (b) an opinion by a duly qualified mental health professional that the individual has a condition not covered under any other guideline that may impair judgment, reliability, or trustworthiness; (c) the individual has failed to follow treatment advice related to a diagnosed emotional, mental, or personality condition (e.g., failure to take prescribed medication) [16].

If an EAP counselor is contacted by a security clearance investigator, it is important that the investigator provide the EAP counselor with an authorization (or release of information) that specifies the EAP and what information that particular EAP can disclose. An EAP counselor should not accept a general medical release as authorization to release information.

### **Example**

A security clearance investigator provides the EAP counselor with a specific release or authorization allowing the counselor to talk with the investigator. The investigation is being conducted for standard renewal of a security clearance. Before meeting with the investigator, the EAP counselor meets with the former client to obtain additional written consent and to verify what information the EAP has permission to disclose. The EAP counselor then meets with the investigator, who presents appropriate identification and credentials. The investigator asks the counselor to provide the dates of service, any diagnoses made, treatment recommendations, and outcome. The counselor provides the dates of service but no diagnosis (as the EAP does not make official diagnoses), informs the investigator that referrals to a therapist and a support group have been made, informs the investigator that the client reported improvements at the one month follow-up call. The investigator asks the counselor if she has any reason to believe the employee might have impaired judgment, reliability, or trustworthiness. The counselor responds that there does not appear to be any such impairment. The 5-minute interview is completed.

### **IMPACT OF EAP ON EMPLOYEMENT**

Another misconception and concern of many employees is that seeking the services of an EAP will result in termination or in the inability to be promoted. It is important to assure employee clients that EAP services are confidential and that EAP records are not shared with their manager or with the organization. In addition, EAP records are not a part of any personnel records and are maintained according to federal confidentiality laws. EAP professionals should also emphasize that, as discussed, failure to seek EAP assistance may result in escalation of problems, decline of job performance, and thus result in job termination or an inability to be promoted.

## **LAWS IMPACTING EMPLOYEES IN THE WORKPLACE**

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An EAP counselor should be familiar with laws that regulate the workplace and should be able to talk about them in general terms with the employee client. These laws establish workplace programs, options, and services that the employee may benefit from using, if the employee knows to ask for such assistance from human resources. An EAP counselor can have a great impact on an individual employee by providing education about the policy in general and encouraging the employee to talk with a human resources representative about the policy specifics and requirements. An EAP counselor should avoid making guarantees about specific benefits or results, as each employee's situation is unique and subject to interpretation under employment laws. Laws governing the workplace contain many nuances and should be discussed with employees only by individuals who are professionally trained to interpret and implement them.

### **THE FAMILY AND MEDICAL LEAVE ACT**

The Family and Medical Leave Act (FMLA) of 1993 entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons [17]. Reasons for taking FMLA may include birth and care of the newborn child of the employee; for placement with the employee of a son or daughter for adoption or foster care; to care for an immediate family member (i.e., spouse, child, parent) with a serious health condition; or to take medical leave when the employee is unable to work due to a serious medical condition. In 2008, the first-ever amendments to FMLA were signed into law. They provide new military family leave entitlements, including leave for a qualifying exigency arising out of the fact that an immediate family member (i.e., spouse, child, parent) is a covered military member on covered active duty. Up to 26 weeks

of leave in a single 12-month period may also be granted to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin [17]. In some cases, leave may be taken intermittently. FMLA applies to both public-sector employers and private-sector employers who employed 50 or more employees in 20 or more workweeks in the current or preceding calendar year. To be eligible for FMLA, an employee must work for a covered employer; have worked for the employer for a total of 12 months; have worked at least 1,250 hours over the previous 12 months; and work at a location in the United States or a U.S. territory.

### **WORKERS' COMPENSATION**

Workers' compensation, sometimes referred to as "workman's compensation" or "workers' comp," is the name given to a system of laws meant to protect injured workers. Workers' compensation laws are designed to ensure that employees who are injured or disabled on the job are provided with fixed monetary awards, eliminating the need for litigation. These laws also provide benefits for dependents of workers who are killed because of work-related accidents or illnesses. Each state has its own workers' compensation laws. Most laws provide for partial pay of an employee's salary following a workplace accident and coverage of medical expenses [18].

### **THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986 provides certain former employees, retirees, spouses, former spouses, and dependent children the right to choose temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events (e.g., voluntary or involuntary termination of employment for reasons other than gross misconduct, reduction in the number of hours worked, transi-

tion between jobs, divorce or legal separation, death, other life events). Group health coverage for COBRA participants is usually more expensive than health coverage for active employees, and qualified individuals may be required to pay the entire premium for coverage up to 102% of the cost to the plan [19].

## **EQUAL EMPLOYMENT OPPORTUNITY LAWS**

The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy), national origin, age (40 years or older), disability, or genetic information. It is also illegal to discriminate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. Most employers with at least 15 employees (or 20 employees in age discrimination cases) are covered by EEOC laws. Most labor unions and employment agencies are also covered. The laws apply to all types of work situations, including hiring, firing, promotions, harassment, training, wages, and benefits [20].

### **Americans with Disabilities Act**

Title I of the Americans with Disabilities Act (ADA) of 1990 prohibits discrimination in all employment practices, including job application procedures, hiring, firing, advancement, compensation, training, and other terms, conditions, and privileges of employment. The ADA covers employers with 15 or more employees, including state and local governments, employment agencies, labor organizations, and federal sector employees. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment-related activities. Employment discrimination is prohibited against "qualified individuals with disabilities." This includes employees as well as applicants for employment [14].

A qualified individual with a disability is a person who [14]:

- Has a physical or mental impairment that substantially limits one or more major life activities (e.g., seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, working);
- Has a record of such an impairment (e.g., recovering from cancer or mental illness) that limits one of the major life activities; or
- Is regarded as having such an impairment (e.g., severe facial disfigurement)

A qualified individual with a disability can, with or without reasonable accommodation, perform the essential functions of the job in question. Reasonable accommodation for qualified individuals is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities. Examples of reasonable accommodations include modifying work schedules, acquiring or modifying equipment, and reassigning a current employee to a vacant position for which the individual is qualified. Employers are not required to lower quality or quantity standards as an accommodation [14].

Title I of the ADA also covers medical examinations and inquiries. Employers may not ask job applicants about the existence, nature, or severity of a disability, but may ask about the applicant's ability to perform specific job functions. A job offer may only be conditioned on the results of a medical examination if the examination is required for all new employees performing similar jobs. Medical examinations must be job related and consistent with the employer's business needs [14].

Individuals who currently engage in the illegal use of drugs are specifically excluded from coverage under the ADA when the employer takes action on the basis of the drug use. Testing applicants for the use of illegal drugs is not subject to the ADA's restrictions on medical examinations. But, a person who currently uses alcohol is not automatically denied protection. An alcoholic is a person with a disability and is protected by the ADA if she or he is qualified to perform the essential functions of the job, and an employer may be required to provide an accommodation to an alcoholic. However, an employer can discipline, discharge, or deny employment to an alcoholic whose use of alcohol adversely affects job performance or conduct. Employers may hold alcoholics to the same performance standards as other employees [14]. An employer also may prohibit the use of alcohol in the workplace and can require that employees not be under the influence of alcohol.

### **Example**

An EAP counselor is working with an employee who has an alcohol dependence disorder. The employee's best treatment option is an intensive outpatient program that starts at 6 p.m., Monday through Friday, but the employee currently works until 6 p.m. The EAP counselor refers the employee client to human resources to ask about the reasonable accommodations process and request a temporary change in schedule so the employee can attend treatment.

### **Title VII of the Civil Rights Act of 1964 (Title VII)**

This law makes it illegal to discriminate against someone on the basis of race, color, religion, national origin, or sex. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. The law requires that employers reasonably accommodate applicants' and employees' sincerely held religious practices, unless doing so would impose an undue hardship on the operation of the employer's business [14].

### **The Pregnancy Discrimination Act**

This law amended Title VII to make it illegal to discriminate against a woman because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth [14]. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

### **The Equal Pay Act of 1963**

This law makes it illegal to pay different wages to men and women if they perform equal work in the same workplace. All forms of compensation are covered [14]. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

### **The Age Discrimination in Employment Act of 1967**

This law protects people who are 40 years of age or older from discrimination because of their age [14]. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

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## **EXPLAINING EAP**

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There may be times when it is necessary to explain what an EAP is, such as when consulting with a supervisor or manager, talking with an employee client who is unsure whether to schedule an appointment, presenting orientations or trainings, or simply talking with a neighbor (who probably has access to an employer's EAP). Additionally, one should be aware of and ready to discuss the misconceptions about EAPs.

One major misconception about the EAP is that it is just for people who are “crazy” or for alcoholics. In order to destigmatize the program, it can be useful to discuss EAP as a stress management tool, a supportive resource, and a program to help with skills-building to improve personal and professional functioning. Knowing these factors about the EAP helps to normalize their use and put people at ease. It may also be helpful to provide examples of EAP use, such as obtaining support following the death of an elderly parent, learning new communication skills and parenting tools, receiving individual stress management plans, creating better work-life balance, and learning how to help a loved one with depression or alcohol abuse.

When discussing EAPs, it is important to mention that they are confidential, free, and voluntary, and that they provide assessment, referral, and short-term counseling to employees who have personal problems. Mentioning that EAPs have been proven to help individual employees enhance their work and personal lives while simultaneously improving the overall productivity of the individual's employer can be helpful. This helps reinforce the business model of an EAP. Emphasizing the words confidential, free, and voluntary is critical.

Confidentiality is typically the biggest concern among employees. It is important, therefore, to communicate to them that their sessions with a licensed EAP counselor are protected by federal confidentiality laws. Additionally, participation in an EAP does not become part of the employee's personnel record, it is not communicated either to the employee's supervisor or to management, and it does not impact the employee's ability to be promoted.

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## THE EAP COMMUNITY

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### THE EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION

The Employee Assistance Professionals Association (EAPA) is the world's largest, oldest, and most respected membership organization for EA professionals. The EAPA has members in more than 40 countries worldwide and publishes the *Journal of Employee Assistance*, which focuses on professional development for EAs. The organization also hosts professional conferences, offers a variety of online training opportunities, and facilitates professional networking (**Resources**).

### EMPLOYEE ASSISTANCE SOCIETY OF NORTH AMERICA

The Employee Assistance Society of North America (EASNA) is a tri-national (Canada, United States, and Mexico) employee assistance trade association with a focus on promoting the growth of the EA field [21]. EASNA's diverse membership includes employee assistance and work/life professionals, behavioral health and addiction treatment practitioners, and human resource and benefits professionals. EASNA sponsors an annual educational conference and provides online training opportunities (**Resources**).

### OTHER ORGANIZATIONS

Other, smaller, professional EA organizations include:

- The Canadian Employee Assistance Program Association (CEAPA)
- The Employee Assistance Professional Association of Australia (EAPAA)
- The Employee Assistance European Forum (EAEF)
- The Asia Pacific Employee Assistance Roundtable (APEAR)
- The International Association of Employee Assistance Professionals in Education (IAEPE)

EA professionals may find additional support in related fields and organizations, including the Society for Occupational Health Psychology (SOHP) and the Society for Industrial and Organizational Psychology (SIOP), which is a division of the American Psychology Association (APA).

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## EAP CREDENTIALING

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### CERTIFIED EMPLOYEE ASSISTANCE PROFESSIONAL (CEAP)

The Certified Employee Assistance Professional (CEAP) program is administered by the Employee Assistance Certification Commission (EACC), an autonomous credentialing body established in 1986 by the EAPA. The CEAP program is recognized worldwide and was the first credential to represent the EA profession [22].

There are four pathways to becoming a CEAP, each with a designated combination of education and experience: Master's degree with experience; no Master's degree with experience; Master's degree without experience; and all other candidates. "Experience" is defined as a minimum of 1,000 hours paid or unpaid EAP work within previous 10 years. Depending on an individual's education and experience, certain prerequisite and postrequisites must be met to become a CEAP [22].

CEAP certification demonstrates mastery of the body of knowledge required for competence in EA practice. Those who earn the CEAP credential may benefit from increased compensation and career opportunities. Surveys have found that many companies hire only CEAP-certified individuals to provide EA services, as these individuals, through continuing training and education, help companies remain on the cutting edge of developments in the EA field. Having CEAP-certified EAs on staff also demonstrates that the company subscribes to the CEAP code of conduct [22].

### SUBSTANCE ABUSE PROFESSIONAL (SAP)

EA professionals who already have their CEAP certification may choose to qualify as a Substance Abuse Professional (SAP) and perform SAP services, as outlined by the U.S. Department of Transportation (DOT). EAP services and SAP services have some overlap in responsibilities and duties. However, while EAP professionals have a responsibility to the general well-being of a workplace, employers, and employees, SAP services are primarily meant to serve public health and safety. SAP services are designed for employees who have failed to adhere to a DOT drug and alcohol program, particularly employees who hold positions of high responsibility, such as pilots, bus drivers, subway car engineers, or other occupations that require great concentration because of the potential risk to the public. SAP services include treatment, follow-up, continued drug and alcohol testing, and education for employees who violate a DOT drug and alcohol program [23].

In order to qualify as an SAP, EA professionals must familiarize themselves with the 49 CFR, part 40, Subpart O, and the Substance Abuse Professional Guidelines, as provided by the U.S. Department of Transportation. Professionals hoping to become an SAP must also complete a training course and pass an exam. Once qualified as an SAP, professionals must complete continuing education courses every three years [22].

More information about certification programs can be found on the EAPA website (**Resources**).

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## CONCLUSION

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An EAP counselor may be compared to a primary care physician. A primary care physician should be knowledgeable about and able to assess a wide range of medical problems, from the common cold to kidney disease. A primary care physician needs to treat what he or she can appropriately resolve and be prepared to coach patients on connecting with specialists when needed. This is similar to the EAP counselor, who must be knowledgeable about and able to assess a wide range of mental health problems, have the tools to resolve short-term matters, and have access to a network of specialists to refer clients to as needed.

Providing EAP counseling can be very rewarding. For many people, their first encounter with the mental health field or a counselor of any sort is through an EAP. As a result, it is of vital importance that EAP counselors create a safe environment and help the client have a positive first encounter. EA programs offer a broad scope of services, including those of the EAP counselor. To best serve the individual client, it is important for EAP counselors to remember their role in the organization and to promote EAP benefits.

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## RESOURCES

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**International Employee Assistance Professionals Association (EAPA)**  
<https://www.eapassn.org>

**International Employee Assistance Digital Archive**  
<https://www.eaarchive.org>

**International Association of Employee Assistance Professionals in Education**  
<http://www.iaeape.org>

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