

SOCIAL WORK CONSULTATION TO EMPLOYEE ASSISTANCE

PROGRAM PERSONNEL: AN EXPLORATORY STUDY

ROBERTA R. GREEN

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SOCIAL WORK CONSULTATION TO EMPLOYEE ASSISTANCE  
PROGRAM PERSONNEL: AN EXPLORATORY STUDY

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By

ROBERTA ROSTLER GREEN

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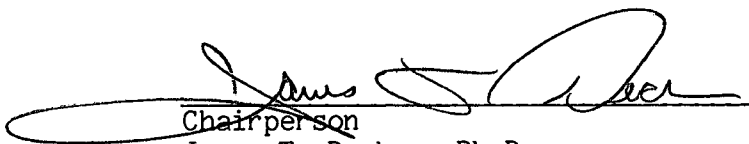
by

ROBERTA ROSTLER GREEN

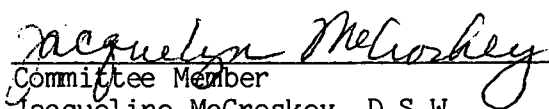
candidate for the degree of

Doctor of Philosophy in Clinical Social Work

Doctoral Committee

	<u>5-20-83</u>
Chairperson	Date
James T. Decker, Ph.D.	

	<u>6-3-83</u>
Committee Member	Date
Beatrice Sommers, Ph.D.	

	<u>5-25-83</u>
Committee Member	Date
Jacqueline McCroskey, D.S.W.	

## DEDICATION

Dedicated to the memory of my father,  
James J. Rostler, who taught me profoundly  
about loving and working.

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## DISSERTATION ABSTRACT

### Social Work Consultation to Employee Assistance

#### Program Personnel: An Exploratory Study

by

Roberta Rostler Green

This research addressed an area of industrial social work practice that is the focus of increasing attention: employee assistance programs (EAPs). Born of management's concern for both the well-being of employees and the health of corporate profits, these programs provide services for employees with personal problems. Because EAPs are burgeoning without unified principles and practices, research is needed to provide clear conceptualizations and foundation knowledge for responsible and effective practice.

The purposes of this research were 1) to identify the work-related concerns (particularly knowledge and skills) needed by new EAP personnel (0-3 years tenure) in order to function effectively in their work settings; and 2) to investigate strategies that a clinical social work consultant can utilize to facilitate learning of clinical and organizational knowledge and skills.

An exploratory research design was selected so that a broad range of data could be generated and analyzed. To implement this exploratory design, a small, voluntary sample was selected from the population of new EAP personnel. A ten-session consultation group was conducted by the researcher, who functioned as the group's con-



sultant. Data was gathered by use of participant-observation so that the researcher/consultant could both observe and intervene. Data was also gathered from tape recordings of the group sessions and journals kept by the group members and the participant-observer. Content analysis was applied to all data. The researcher/consultant employed an ecological perspective as the theoretical orientation that guided data collection, analysis, and interpretation, as well as consultant interventions.

Five prevailing themes were abstracted from the data to express generalizations about the work-related concerns of new EAP personnel. For each theme identified and described, a corresponding key group process was identified and described. Each process consisted of a constellation of specific consultant interventions and group activities that facilitated learning in relation to each theme. In the actual operation of the consultation group, these processes were applied to all situations where appropriate. The five recurring themes and facilitating processes were: 1) The Quest for Knowledge (Sharing); 2) The Search for Professionalism (Validating); 3) The Need for Legitimate Power (Expanding Awareness); 4) The Operation of Organizational Constraints (Examining); and 5) The Achievement of EAP Aims (Integrating).

Based on the themes and processes delineated, an ecologically-based practice model was presented. This group consultation model (EAP Ecology) was described and guidelines for implementing the model were specified. Guidelines included the following factors: 1) group composition (group size, participant characteristics, company size, and stage of EAP development); 2) physical and social environment

(physical location, group milieu); and 3) requisite consultant knowledge and skills (clinical, organizational, programmatic, and group process).

The research demonstrated that new EAP personnel need a vehicle to facilitate learning of clinical and organizational knowledge and skills and a process for socialization into their new occupational roles. The special attributes of a social work consultation group for learning and socialization were discussed.

Several implications for social work education and practice were considered. It was proposed that for effective EAP practice, clinical social workers must 1) expand their knowledge base to include knowledge and skills related to organizational politics and power dynamics; 2) modify their existing knowledge base for industrial application; and 3) resolve value conflicts concerning work with the powerful rather than the powerless.

## CHAPTER I

### INTRODUCTION

#### Statement of the Problem

Inspired by love and money, a new field is developing in the world of work. The field is generically known as employee assistance and the programs emanating from it are called employee assistance programs (EAPs). The rationale for sponsoring such programs in workplaces and unions is an amalgam of humanitarian ideology and cost-effectiveness reasoning. These programs are designed to assist employees whose personal problems have caused, or could potentially cause, deteriorating job performance. By assisting employees, employers demonstrate concern for their employees' well-being and the well-being of their corporate profits.

Increasingly, employers are recognizing that, along with technical skills and competencies, workers bring the sum of their personal adjustment to work each day. Thus, employees bring the impact of their intrapsychic development and their family history. They bring the impact of their health, legal, and financial status. And, they bring the impact of their current living arrangements and significant relationships (Figley, Sprenkle, & Denton, 1976; Kanter, 1977; Thureson, 1982).

Recognizing workers as whole persons, whose problems may impede acceptable levels of work performance and thereby reduce corporate

profits (Foote, Erfurt, Strauch, & Guzzardo, 1978; Madonia, 1982; Wrich, 1980), many companies have instituted specialized programs to assist employees with personal, behavioral/medical problems.

Through the resources of these specialized workplace programs--called employee assistance programs (EAPs), troubled employee programs, referral assistance programs, industrial or occupational alcoholism programs, or special health services--employees can obtain help for personal problems that have affected, or could potentially affect, job performance. It is reasoned that by providing opportunities for help, once valuable employees can be restored to former levels of health, welfare, and productivity, and company dollars can be saved. The popular press bears witness to this approach. The Los Angeles Times carried an article in its Sunday edition on December 27, 1981, entitled, "If Good Worker Turns Sour, Firms Offer Aid" (Keppel).

Initiating programs to assist employees with behavioral/medical problems is an economic rendition of the proverb "a stitch in time saves nine." It is deemed more cost-effective to rehabilitate a troubled employee than to incur the expense of firing a formerly good performer. It is further argued that, in addition to the costs of hiring and training a new employee, the new employee may actually have more costly behavioral/medical problems than the fired predecessor.

This economic reasoning is often accompanied by evangelic zeal, particularly when the advocate represents a special interest group. Alcoholism is one category of employee problems that has been widely



used to demonstrate cost-effectiveness. As one ardent proponent states:

When faced with such striking evidence that alcoholism is an illness, that it does prevail in every business or industry, and has a devastating toll on productivity, the only solution to the problem is to acknowledge its existence and take appropriate remedial and preventive action. (Brisolara, 1979, p. 18)

In contrast to this impassioned approach, some scientific investigators express a more cautious view. DuPont and Basen (1982), hold that

It cannot be said with confidence that financial returns to employers who use these programs outweigh their costs, although most programs make these claims and there are few data to refute them. Most research in this area has been unsophisticated. (p. 204)

Only recently has the validity of this cost-effectiveness rationale been challenged. Trice and Beyer (1983) contend that the rationale for company-sponsored programs for troubled employees is not based on empirical evidence of a linear sequence of cause (employees' personal problems) and effect (increased corporate costs and reduced profits). Instead, they believe that the rationale for company programs is strongly rooted in a humanitarian ideology. Hence, the philosophical base for this programming remains a topic of debate and a source of instability for the future of EAPs.

Stemming from the debate over philosophy, much controversy exists concerning the proper focus and scope of EAPs. Should they serve the troubled employee by remediation or should they serve the troubled company through prevention? Some EAPs focus on mental health prob-

lems, some on alcoholism, and others on wellness and preventative services. Similarly, the scope of EAP services are not standardized. One EAP may provide assessment and referral services, another may offer brief counseling (using a crisis intervention model), and a third may conduct "direct interventions" (a method for confronting alcoholic employees). Because EAPs are part of the organic whole of the company or union (or joint effort) that sponsors them, they are developing in highly individual ways that reflect the distinctive characteristics of their patrons.

Given the multiple origins, it is not surprising that the employee assistance field is populated by practitioners with widely divergent educational and experiential backgrounds. While some people working in employee assistance have graduate degrees in social work, psychology, or counseling, others have training and experience in management and business administration and have "come up through the ranks" of their organizations. Another group of personnel reflect the heritage of industrial alcoholism programming and are recovering alcoholics, highly committed to early identification and treatment of alcoholism through the mechanism of EAPs.

According to one national survey, less than half of the employees performing employee assistance functions have had specific preparation through formal education and/or clinical experience relevant to their job functions (Byers, Note 1). Standards for requisite knowledge and skills have yet to be determined. To date, clinical social workers, trained in the theory and practice of psychosocial assessment and intervention, have contributed significantly to the

successful installation and management of numerous EAPs in businesses, factories, government agencies, and labor unions (Blanco & Akabas, 1968; Cutting & Prosser, 1979; Reynolds, 1951; Skidmore, Balsam, & Jones, 1974; Weiner & Brand, 1973, pp. 347-351). Through this accumulated expertise, social workers can provide leadership and guidance to practitioners in employee assistance functions through a variety of consultation services.

Practitioners working in the EAP field for many years have acquired relevant knowledge and skills through their hard-won work experience. While experience is a master teacher, this method of learning can be painful and ineffecient. If there are knowledge and skills specific to this work, then they need to be identified, articulated, and taught to people entering the field. It is anticipated that the kind of knowledge and skills needed by new EAP personnel corresponds to what Blake and Mouton (Gallessich, 1982) have identified as sources of problems in professional development. These sources of problems include: 1) lack of factual information; 2) lack of skill; 3) lack of concepts and principles; 4) inappropriate or unjustified beliefs and values; and 5) lack of objectivity. These deficits are expected to be evidenced by new EAP personnel because of their neophyte status and the absence of any formal process for learning requisite knowledge and skills.

The people in greatest need of this body of knowledge and skills are those recently (within the past three years) hired to perform EAP functions. Similarly, the companies in greatest need of EAP guidance are those who have been recently (during the past three years) devel-

oping EAPs. Therefore, a person engaged in EAP work for less than three years, or a company engaged in employee assistance programming for less than three years, is expected to benefit most from learning the kinds of knowledge and skills determined to be essential in this work.

Currently, standards are being developed for appropriate training and experience requisite for employment in this emerging field ("Task Force Formed", 1982; ALMACA Conference, Note 2). However, adoption and application of uniform criteria are still several years away (Blair, Note 3). Unfortunately, the standards for required competencies are so broad that they do not account for the individual differences in practitioners and their organizations. These standards have been proposed by a group of senior EAP professionals, based on their cumulative experience. Competencies that are identified by senior EAP professionals may not be identical to what new personnel feel they need. It is equally important to learn about needed knowledge and skills as expressed and demonstrated by new EAP personnel.

To obtain this kind of direct information, it is necessary to participate with and observe new EAP personnel over time. One way to participate with and observe new EAP personnel is to structure a group in which EAP problems can be identified and studied.

Following from the above described circumstances confronting new EAP personnel, research was conducted for the purpose of identifying knowledge and skills needed by new EAP personnel and helping them meet these learning needs.



### Overview of the Study

This study has two purposes. One is to identify the kinds of knowledge and skills new EAP personnel demonstrate they need (through involvement in a consultation group) to function effectively in their work environments. A second purpose is to investigate strategies that a social work consultant to EAP personnel can utilize to facilitate learning needed knowledge and skills. The following questions guided the research:

1. What are the work-related concerns (particularly professional knowledge and skills) specific to new EAP personnel?
2. What interventions can a social work consultant utilize to help new EAP personnel acquire clinical and organizational knowledge and skills?

An exploratory research design was selected so that a broad range of data could be generated and analyzed. A ten-session consultation group composed of new employee assistance personnel was conducted by a clinical social work consultant. Data was gathered by use of participant-observation so that the consultant/researcher could both observe and intervene. The consultant/researcher employed an ecological perspective (Germain 1979, 1981; Germain & Gitterman, 1980; Gitterman & Germain, 1976) that conceptualizes the dynamic interaction between EAP personnel and their work organizations. This theoretical orientation guided data collection, data analysis, and consultant interventions.

This study utilized the clinical practice of social work consultation to generate a conceptual framework for understanding EAP

people and processes. The value of generating research from direct clinical experience is emphasized by Bartlett (1970). She believes that much knowledge that could be derived from social work is embedded in practice as "practice wisdom." It is not identified as "knowledge" and hence, is not lifted out of the practice context and formulated as "knowledge generalizations" (p. 73). She urges social workers to "move beyond the traditional discussion of skill and process toward the formulation of social work knowledge about the problem in which they are intervening" (p. 75).

The present research contributes to the scant literature on social work consultation in industry. The existing social work consultation literature describes aspects of consultation in a variety of human service settings. There is, however, a paucity of published literature describing social work consultation to business and industry (Cutting & Prosser, 1979; Googins, 1975; Kurzman & Akabas, 1981; Morris, 1982; Ozawa, 1980).

Business organizations differ significantly from human services agencies in their structure, focus, and goals. In general, industry's primary goal is maximizing profit by "doing well" rather than providing human services and "doing good."

The most commonly used model in social work consultation has been the mental health model or a variation of this model (Beisser & Green, 1972; Caplan, 1963, 1970; Collins, Pancoast, & Dunn, 1977; Haylett & Rapoport, 1964, chap. 17; Kadushin, 1977; Rapoport, 1963). The model was designed for use in agencies and not-for-profit organizations involved in human services delivery. There have been no

comparable models elaborated for social work consultation to persons and programs in business and industry.

This study generates the foundations of a practice model that social workers can utilize in providing consultation to new employee assistance personnel. The model synthesizes and delineates the clinical and organizational knowledge and skills needed by new EAP personnel. It advocates group consultation as a training modality and specifies possible interventions to help new EAP personnel acquire needed knowledge and skills. The model utilizes an ecological perspective to integrate individual and organizational problems and solutions.

Social workers will be in a stronger position to offer leadership in the employee assistance field when they have concrete data about the needs of new EAP personnel and have specific, workable strategies available to meet these needs. Understanding EAP problems and solutions within an ecological perspective gives focus and direction to conceptualizing and intervening in employee assistance programs. Once requisite knowledge and skills are identified for EAP personnel, educational programs can be designed to teach these competencies to future practitioners.

The present study is based upon the following assumptions:

1. There is a body of knowledge and skills necessary to function effectively in a professional role.
2. The knowledge and skills requisite for professional functioning can be identified and learned.
3. People are motivated to acquire work-related competencies in order to attain a sense of mastery.

4. Raw experience alone does not necessarily lead to learning. Experiences must be processed and placed in a context in order to give them meaning and make them accessible for learning.
5. A consultation group is an efficacious format for learning work-related competencies.
6. EAP personnel and their organizational environments must be understood in the context of their reciprocal impact on each other. The ecological perspective is a useful framework for understanding EAP personnel, employee assistance programming issues, and the EAP phenomenon in general.

In support of the need for research to advance EAP knowledge, the following chapter reviews literature pertinent to this study.

## Chapter II

### REVIEW OF THE LITERATURE

This chapter reviews and examines major topics germane to the present research: the ecological perspective, industrial social work, employee assistance programming, and social work consultation. These content areas are interdependent and have been artificially separated for the purpose of this discussion.

The ecological perspective, also known as human ecology, is a primary conceptual component of this study. It is the theoretical framework that integrates the research. The origin, development, and applications of the ecological model are reviewed.

The ecological perspective has implicitly influenced the professional training of social workers. Social workers are currently applying this training to business and industry, particularly in the area of employee assistance programming. Therefore, the history and current status of social work in industry are described as a background to the research. Similarly, the history and current status of employee assistance programming are reviewed.

A review of social work consultation is also provided since the research design involved the use of a consultation group to generate data and to apply intervention strategies.

## Ecological Perspectives

### Human Ecology in Behavioral/Social Sciences

A fundamental shift in thinking is taking place in the behavioral and social sciences. This change in thinking has led to a change in the paradigm used to study human behavior and social change. The long-standing, linear, cause-effect viewpoint is giving way to a non-linear, ecological perspective.

The behavioral and social sciences have extrapolated an ecological perspective from its original use in biology. As used in biology, ecological studies concern themselves with the adaptive processes by which living organisms seek a goodness-of-fit (adaptive balance) with their environment over evolutionary time. These adaptive processes involve the active contribution of both organism and environment. Each change in the organism or environment creates a new challenge to further reciprocal adaptation in a continuous, evolutionary spiral. This ecological study of biological organisms takes place in the natural or customary environment of the molecule or species under investigation.

The biological model with its concepts of interdependent interaction, reciprocity, and positive adaptation, has been effectively applied to human/social phenomena under the appellation of human ecology.<sup>1</sup> Adoption of an ecological perspective for studying human

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<sup>1</sup>The term "human ecology" was coined by the Chicago school of sociology of the 1920's and 1930's (Moos, 1976).

concerns has been, itself, an evolutionary process. In part, interest in a broadened framework grew out of dissatisfaction with the limitations of person-oriented assessment procedures in the behavioral sciences. The tendency of clinicians of various disciplines to attribute the cause of behavior to individual personality, while minimizing contributing environmental factors, was recognized as restrictive to full understanding and change possibilities in people and environments.

The contributions of field theory and general systems theory, among others, presaged the theoretical expansion of human ecology. Lewin's field theory (1935) views an individual's behavior as determined by the total context in which the person is embedded. Behavior is seen as a function of the individual's characteristics and the immediate structure of the situation. These elements together comprise what Lewin calls the individual's "lifespace".

Some of Lewin's ideas, abstracted, find their way into general systems theory. General systems theory directs attention to the interaction of parts within a given system and to the boundaries between a system and its environment (a larger system). Systems with permeable boundaries can have healthy exchanges with the environment. Exchanges are described as inputs, throughputs, and outputs. These exchange processes keep the system in a state of dynamic equilibrium, or adaptive balance in ecological terms (Germain, 1978).

Human ecology, which is a special instance of general systems

theory, has gained favor with social and behavioral scientists.<sup>2</sup> The appeal of the ecological perspective stems from the fact that it is less abstract and less mechanistic than general systems theory (Germain, 1978).

The ecological model allows for integration and synthesis of a broad range of phenomena. Gordon (1982) elaborates on these attributes:

By providing a conceptual frame encompassing the human and nonhuman environments, the model offers a framework for gathering data of a multidisciplinary nature without disturbing the natural interplay of environmental forces. (p. 11)

The ecological perspective refocuses attention from singular units, such as individuals, work groups, or organizations, to interaction among units. Cause and effect are reconceptualized along the lines set forth by Kraft and DeMaio (1982):

The linear notion of cause and effect--that the 'cause' of a problem lies within the given unit of analysis - is replaced by a reciprocity of cause and effect--via transaction among individuals within and among the social systems. (p. 132)

In this reformulation, dysfunction is seen as an attribute of the relationship/transactions, not as an attribute of individuals or social systems.

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<sup>2</sup>Human ecology is not the conceptual property of any one discipline. Aspects of the ecological model related to individuals call for contributions from such disciplines as biology, chemistry, neurology, and psychiatry. The environmental elements invite input from "such diverse disciplines as economics, sociology, group dynamics, organizational development, political science, labor relations, and architecture" (Carroll & White, 1982, p. 48).



Utilizing transactional concepts such as reciprocity, interdependence, and adaptation, the ecological model integrates psychosocial, physical, and sociocultural domains. The work of several researchers demonstrates increasing emphasis on the reciprocal nature of interaction in human affairs. Events affect individual behavior and reciprocally, the individual actively shapes environmental events. Pervin (1968) proposes a "process transaction" model that represents person and environment as reciprocally interacting components of the same system.

New theoretical frameworks are developing to conceptualize the interrelationships among personal and environmental factors. The next step in conceptualizing ecological systems involves construction of environmental assessment procedures to measure identified dimensions (Moos & Fuhr, 1982). For instance, Moos and associates (1979) have conceptualized and developed assessment scales for nine different types of social environments. Perceived climate scales were developed for environments such as correctional institutions, junior and senior high school classrooms, therapeutic groups, and families.

Bronfenbrenner (1977) recently conceptualized four basic components of social-ecological systems: 1) The microsystem represents the complex of relations between the individual and the environment in a given setting, such as a work unit. 2) The mesosystem involves the interrelations between two or more microsystems, such as the relationship among all the departments in a company. 3) The exosystem represents formal and informal social structures that impinge upon the mesosystem, such as influences of the company's board of

directors or regulatory agencies. 4) The macrosystem includes the overarching institutional patterns and the social values and beliefs that support these patterns. The macrosystem's influence is experienced indirectly. The micro, meso, and exosystems are concrete manifestations of the macrosystem's societal patterns.

The ecological concepts that have been elaborated are increasingly being applied to various aspects of clinical practice. For example, Moos and Fuhr (1982) describe the case of an adolescent girl in which influences of the microsystem, mesosystem, and exosystem were conceptualized to enhance clinical assessment and recommend treatment strategies. Through environmental assessment, it was determined that the girl's school problems were not academic, but were derived from a combination of interpersonal and social factors. The authors conclude that detailed understanding of environmental systems can "help clinicians to overcome the attributional error of underestimating the relative importance of environmental as compared to dispositional determinants of behavior" (Moos & Fuhr, p. 121). In a similar application, Hess and Howard (1981) used an ecological model for assessing children's difficulties in psychosocial functioning. They deduced that "the assessment process itself constitutes an intervention in the ecological sphere of the child" (p. 501).

In addition to clinical applications, the ecological model has great potential for multidisciplinary research. Placing research, particularly counseling research, within an ecological framework is a concern expressed by Zimmer (1978), among others. He calls for research that is ecologically conceived. Specifically, he suggests a

broader base of questions, and investigations that are "conceptualized within a global framework" (p. 230). Zimmer warns against seduction by "the elegance and pseudoprestige of statistics" (p. 229), urging instead a methodology that deals with "natural and more open systems" (p. 229). He recommends that the observational skills of counselors be applied to observation and data collection so that clinicians' relevant competencies can be used for ecologically-based research. Both Moos and Bronfenbrenner utilize monitoring, participant-observation, and interviewing as methods for data gathering about the immediate and broader environment (Hess & Howard).

#### Human Ecology in Social Work

Within the past ten years, the ecological perspective has been embraced by the discipline of social work. Since its beginnings, social work's clinical focus has been on "the person-in-his-situation", a viewpoint that mirrors the broad context of ecology. This dual concern for the person and his environment was first articulated in the psychosocial approach to casework.

Representing the oldest tradition in clinical social work, the psychosocial approach is a blend of concepts from the social sciences and psychiatry, along with a body of empirical knowledge developed from "the continued systematic study of treatment, focusing upon client response to the procedures employed" (Hollis & Woods, 1981, p. 17).

Despite the stated dual focus, actual psychosocial practice has emphasized the person to the near exclusion of the situation. In the

literature on the psychosocial approach and its clinical applications, much attention is given to intrapsychic formulations and interventions, while environmental aspects are relegated to a position of little consequence. Akabas describes the historical roots of this imbalance. The psychosocial model's

reliance on a disease metaphor, developed within the Charity Organization Society, was reinforced by the later adoption of psychoanalytic theory into the knowledge and technological bases of the approach; . . . it has expanded these bases by the addition of ego psychology, dynamic social science concepts, and (among some adherents) object relations theory. (Akabas, Germain, & Silverman, Note 4, p. 5).

Turner (1978, 1979), a strong proponent of the psychosocial approach, acknowledges the underuse, and implied undervaluing, of the environment in this model. In an effort to fulfill their commitment to the person-in-his-situation focus, the authors of Casework: A Psychosocial Therapy (Hollis & Woods) attempt to give "environmental work" (the situational dimension of the person-situation configuration) greater consideration. They offer rudimentary classifications of the environment in an endeavor to rectify the underemphasis on environmental thinking and attendant interventions. Further, they include concepts from general systems theory and make reference to the ecological perspective. Akabas and her collaborators astutely point out that the systems ideas Hollis and Woods seek to incorporate are, in fact, treated by annexation to their existing psychosocial framework and do not achieve any measure of integration. Even with its modernized nomenclature, the psychosocial approach has been un-

able to successfully integrate the social/environmental dimensions in theory or practice.

Germain (1979) explains that lack of knowledge about "the environment" has been partially responsible for the lack of practice attention to this domain. She writes, "environmental modification remained an undifferentiated and global concept and its procedures essentially unconnected to the complex structures which lay beneath the notion of 'environment'" (p. 14).

Germain (1981) has expanded understanding of environmental structures. She sees environment as consisting of the physical environment and the social environment. The physical environment includes the natural world (climate, plants, animals) and the built world (buildings, freeways, communication systems). Physical space and time are key variables that can impinge or facilitate; they can be resources or sources of stress and conflict. The social environment, governed by social space and the cyclical nature of events, consists of social networks (kin, natural helping networks), organizations and institutions (the social systems of work, education, health care), and societal values, as represented in political and economic structures. By delineating aspects of the environment, Germain provides a vocabulary that can be utilized by researchers and practitioners.

Weick (1981) provides an alternative framework for describing dimensions of the environment. She depicts an internal and external environment. This conceptualization yields four interacting environments that influence and shape individual behavior. The four dimen-

sions are the internal-social environment, the external-social environment, the internal-physical environment, and the external-physical environment.

Social workers have confined their interventions to the internal-social sphere, focusing on personal history, intrapsychic dynamics, and internal affects and cognitions. The external-social, the macrosphere, has received little focus and the physical environment has been all but ignored, except for the recent, cited literature.

Weick contends that social workers' "preoccupation with a unidimensional view of human behavior" (p. 140) and a "shriveled view" (p. 140) of the impact of environment on behavior, restricts the theoretical base for intervention and narrows the possibilities for change.

Bartlett (1970) also raised opposition to the persistence of bipolarity in relation to the person-situation, person-environment concepts in social work. She claims that "the two variables have been viewed together as being social work's concern without the forging of a meaningful connection between them" (p. 133).

Bartlett suggests viewing person and situation together by directing attention to "what goes on between people and environment through the exchanges between them" (p. 116). She contends that it is at that dynamic juncture of exchange that social work practice should operate.

Germain (1973, 1979; Germain & Gitterman, 1980) advocates a "life model", which addresses Bartlett's concerns. In her "life model" she employs an ecological metaphor for practice. People and

their environments form a unitary ecosystem in which each part can only be fully understood in terms of its interdependence with the other parts (1979). Through "processes of continuous reciprocal adaptation" (1980, p. 5) the person and environment are each shaped and changed by the other. These active reciprocal processes of adaptation result in a "goodness-of-fit for both organism and environment when they work" (1979, p. 9). A problem, then, is a lack of good fit between the coping capacities of the individual, group, or organization and the facilitative or impinging qualities of an environment (Gitterman & Germain, 1976).

From the ecological perspective, all social work practice is aimed at "improving the transactions between people and environments in order to enhance adaptive capacities and improve environments for all who function within them" (Germain, 1979, p. 17).

The ecological perspective is especially valuable in understanding the increasingly complex environments in which social workers function. The ecological model helps to guide conceptualizations and interventions in multidimensional environments such as the workplace, where growing numbers of social workers act as change agents. With the ecological perspective in mind, the involvement of social workers in industry is now considered.

#### Overview of Industrial Social Work

This section reviews the emergence of social work in industry and describes its recent expansion. Obstacles to further growth of this field of practice are identified.

### Historical Views

The history of social work in industry is open to controversy. While some authors proclaim industry as a relatively new arena for social work practice (de Vegh, 1978; Googins, 1976; Kurzman & Akabas, 1981; "Proposed Policy", 1981), others trace its roots to the late eighteenth century (Neikrug & Katan, 1981) or late nineteenth century (Poppo, 1981). Hellenbrand and Yasser (1977) suggest calling industrial social work a "rediscovered territory"; it is a fertile new frontier for practice, but not necessarily a new territory.

In general, social workers who worked in industry in the late 1800's and early 1900's were social secretaries or welfare secretaries who provided services to special populations such as women, immigrants, and destitute employees. With the decline of welfare capitalism in the 1920's, social workers were absent in industry for the next several decades. A notable exception to this dearth of social work involvement in industry is described by Reynolds (1951). She details the provision of clinical social work services in a mid-1940's project jointly sponsored by the Maritime Union and the United Seaman's Service, a private war service agency. This project was an innovative approach to delivering social services outside of traditional sponsorship and settings.

Elaboration of social workers' sporadic involvement in industry is well documented in the historical reviews of Akabas, Germain, and Silverman (Note 4), Akabas and Kurzman (1982), Carter (1975, 1977), Masi (1982), and Poppo (1981). Neikrug and Katan call attention to the difference between the presence of social workers in industry in



former times and the expanded functions of social workers in industry more recently.

### Recent Expansion of Industrial Social Work

The momentum of industrial social work over the past decade is the result of developments both within the profession of social work and within the society at large. From within social work, the era of intense introspection (1950's and 1960's) in which the profession defined and redefined itself, has given way to looking outward toward new target populations and new service delivery models.

During the past fifteen years, social workers have individually and collectively voiced dissatisfaction with an exclusive professional focus on the individual personality and its dynamics. Newer models of practice, particularly those generated from systems theories and the ecological perspective, have promoted a recognition that individual change on the one hand, and organizational and societal change on the other, need not be dichotomous goals. The workplace is a setting in which social workers can foster individual, organizational, and societal change.

Social workers are increasingly appreciating that the world of work is an appropriate context for engaging people in their "natural life space" (Akabas et al., p. 29). Intervening through the workplace is a way to offer non-stigmatized services on a universal basis. For 100 million workers and their families, under the auspices of over 100 international unions and more than 4 million employers (Akabas et al.), work is their social context. Many people

in this target population have been unserved or underserved by agency-based service delivery models (Dworkin, 1969; Leeman, 1974; Riessman & Scribner, 1965; Skidmore et al., 1974).

Factors in the society at large promoting the development of industrial social work are cogently summarized in the Proposed Policy Statement on Industrial Social Work ("Proposed Policy", 1981):

- A reaction to the increasing compartmentalization of life, paralleled by a renewed realization of the interconnectedness of work/family and the broader community.
- A renewed interest in the importance of work, not only because of the financial returns it provides, but because of the meaning it adds to individual lives.
- Renewed attention within the social work profession to person-in-environment as the focus for practice and an interest in a developmental, nonstigmatizing approach to services.
- The increasing turbulent environment in which we live, including stress in the workplace.
- New groups with special concerns entering the workplace, among them: minorities (in particular blacks and Hispanics), women, and the handicapped.
- The consumer movement and the development of workers' advocacy for their own rights, resulting in legislation such as the Occupational Safety and Health Act, the Employee Retirement Income Security Act, the Age Discrimination in Employment Act, and affirmative action in Title VII (Civil Rights Act) and Title V (Vocational Rehabilitation Act).
- The union's concern for job satisfaction and job security as issues independent and separate from the salary a worker receives.
- Changes in women's roles as wage earners and new family structures which make less of a separation between the workplace and the home.
- Management interest in increasing efficiency and productivity as a way of lowering costs and influencing profits.

- Identification of the cost of problems being experienced at the workplace, particularly those of alcoholism and substance abuse, which has led management to explore new ways to deal with workers' problems.
- Interest in the question of corporate social responsibility, which is highlighted by criticism of the public sector and proposed cutbacks in government spending.  
(p. 36)

In the past ten years, social work participation in industry has accelerated at an ever-increasing pace. A variety of activities and events have been stepping stones in the evolution of this developing field of practice.

One of the first post-World War II industrial social work projects in the United States, staffed by a trained full-time social worker, began in 1963 (Cole, Note 5). In 1970, the Industrial Social Welfare Center was established at Columbia University. As a research and training center, it was instituted to develop mental health, social, and rehabilitation services in the workplace (Weiner, Akabas, & Sommer, 1973; Weiner & Brand, 1973, pp. 347-351; Yasser & Sommer, 1975).

The potential contribution of social work was recognized by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). In 1973, the NIAAA provided a grant to Boston College School of Social Work to inaugurate occupational programs at five industrial sites in the Northeast. Social work graduate students staffed these beginning programs as part of their supervised field-work training (Feinstein, 1978, pp. 27-42).

As pilot programs and demonstration projects developed, there was a desire to document the historical roots of social work in

industry. In 1975, Irl Carter authored the first systematic account of the history of industrial social work. That same year, Carter began editing one of the first industrial social work publications, The Industrial Social Work Exchange.

In May, 1976, the Council on Social Work Education (CSWE) sponsored a meeting to discuss social work in industry. Educational implications and curriculum needs relative to industrial social work were addressed as well. The meeting was attended by a select group of practitioners, educators, and representatives from labor and industry (Masi). The outgrowth of this meeting was the CSWE/NASW Project on Social Work in Industrial Settings, a project jointly sponsored by the Council on Social Work Education and the National Association of Social Workers (NASW). The objectives of the Project were to assess the needs of the industrial community for social work services; identify knowledge, skills, and values needed for this specialized practice; and recommend steps for educational program development.

June 1978 heralded the First National Conference on Social Work Practice in Labor and Industrial Settings. Sponsored by Columbia University School of Social Work's Industrial Social Welfare Center, the World of Work Program at Hunter College School of Social Work, and the CSWE/NASW Project on Social Work in Industrial Settings, this historic event was described as imbued with pioneering adventure and enthusiasm (de Vegh).

The issuance of a Proposed Policy Statement on Industrial Social Work by NASW in 1981 provided official endorsement to a broad range

of social work activities in industry ("Proposed Policy", 1981). The following year, Donald Cole formed the American Association of Industrial Social Workers. The first National Conference of this new association was held in May, 1983.

In late 1982, an Occupational Social Work Task Force was created. Chaired by James Francek, the task force was charged with:

Assessing the job functions of occupational social workers and the knowledge, skills, and abilities needed to perform those functions; reviewing recent trends in the use of occupational social workers and projecting how and in what settings they are likely to be employed in the future; recommending to NASW how to respond to current and future practice needs; and recommending curriculum developments for occupational social work training to the Council on Social Work Education and continuing education providers. ("Occupational Social Work", 1982, p. 5)

As a concomitant of this burgeoning activity, a professional literature on industrial social work was emerging in the 1970's. The industrial social workers who introduced and/or staffed programs serving industry and labor contributed to the literature by describing their programs and experiences (Blomquist, Gray, & Smith, 1979; Brooks, 1975; Carter, 1975, 1977; Cutting & Prosser, 1979; Feinstein, 1978; Heyman, 1971; Masi & Spencer, 1977; Miller, L., 1977; Mills, 1972; Pertzoff, 1979; Skidmore et al., 1974; Weiner et al., 1973; Weissman, 1975; Yasser & Sommer, 1975; Masi & Googins, Note 6).

Other social work authors debated ideology, philosophy, and conceptual issues of industrial social work in professional journals (Fleming, 1979; Francek, 1982; Googins, 1975; Walden, 1978; Weissman, 1975, 1976). Miller and Akabas' (Note 7) monograph documents the

contributions of industrial social work to the generic social work curriculum through the presentation of illustrative cases accompanied by didactic commentary. The entire issue of Practice Digest was devoted to Social Work and the Workplace in September, 1982.

The present scope of industrial social work can be estimated from the following data. NASW has identified over 2,000 industrial social workers (Kennedy, 1982). Training for industrial social work is rapidly expanding. The American Association of Industrial Social Workers (Note 8) lists 15 schools of social work offering industrial social work programs. In a 1982 survey of all 89 graduate schools of social work in the United States, Gould (Note 9) found that 31 schools have an industrial social work course, 50 schools have industrial social work field placements<sup>3</sup>, and 17 schools have an industrial social work concentration or specialization. Twenty-two additional schools are currently planning to develop industrial social work concentrations in the near future (Gould). Columbia is the first university in the United States to offer a doctoral specialization in industrial social work ("EAPs Seen as Growth", 1982).

Carter (1977) has identified three means through which social work has appeared in industry: through graduate schools' field placements (Morgenbesser, 1982), through employment with social work agencies contracting with industry, and through private practitioners contracting with industry for EAP and other services. Carter asserts

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<sup>3</sup>see Brooks (1975) and Diasucci, de Silva, Keegan, & Weinberg (Note 10) for a report on industrial social work education through the use of field placements.

that the latter approach "is the most promising as a permanent foothold" (p. 15).

Indeed, social work has demonstrated a serious interest in, and commitment to, the provision of services in the workplace. Fleming (1979) believes the success of this effort depends on the profession's ability to "convince industry it has a viable product" (p. 185). The achievement of full integration in industry will equally depend on overcoming several significant obstacles.

#### Obstacles to Social Work in Industry

Despite the current thrust of demonstration projects (Feinstein, 1978; Weiner et al., 1973), industrial social work curriculum development in graduate schools of social work (Masi, 1982; Gould), and recent contributions to the literature on industrial social work, several obstacles to social work's integration in the workplace still exist.

Fleming maintains that social workers continue to have "an image problem" with labor and management. Antagonism, mistrust, and suspicion have historically characterized social work's relationship with unions, workers, and employers. Inasmuch as the needs and goals of workers are not always compatible with the needs and goals of industry, it has been difficult for social work to be seen in a nonadversarial role by management or labor (Akabas & Kurzman, 1982). Lack of appreciation for union goals and union culture engendered ill feel-

ings toward social workers (Masi)<sup>4</sup>. Labor viewed social workers as the servants of capitalists (whose contributions provided agency funding) and the handmaidens of management (who paid their salaries).

Masi describes the continuing stereotypes held by many decisionmakers in business and industry about social workers. She writes that social workers are characterized as bleeding hearts, doling out individual and corporate tax money to undeserving recipients. Management, says Masi, conjures up a vision of do-gooders supporting the downtrodden employees to the detriment of sound management and corporate profits. According to Ozawa (1980), such attitudes on the part of unions and management have virtually disappeared. "Gone are the days when unions were ambivalent about social workers' services in industry" (p. 464); and "the day has faded into memory when businessmen called social workers 'bleeding heart do-gooders'" (p. 464).

Obstacles to social workers' acceptance in the workplace come from within social work as well as outside. Social workers have actively, albeit unwittingly, contributed to their current difficulties. Historically, social workers have served the poor and underprivileged, dispensing categorical aid. In working with the disadvantaged, social workers have championed the powerless. Social workers' own work experience in bureaucratic agencies, where responsibil-

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<sup>4</sup>In the early days of union organizing, social workers took an official position against strikes (Akabas & Kurzman, 1982).



ity outweighs authority and laws and policies impose limitations on what practitioners can do, reinforces identification with powerlessness (Akabas et al.). Blake and Mouton (1976) point out social workers' dis-ease with the dynamics of power and influence. This discomfort, in part, has kept social workers from working in and with the powerful mainstream organizations that are American business.

Social workers' stereotypes of business and industry are as exaggerated and uncharitable as those proffered by business and industry about social workers. More than a few social workers hold stereotypes of industrial organizations as exploiters of people for the sake of profits (Bakalinsky, 1980; Blomquist et al., 1979; Jacobson, 1974). In describing the traditional disdain with which some mental health professionals perceived and treated business and industry, Cutting and Prosser (1979) relate:

Businessmen were suspected of having only profit oriented values and of exploiting workers. In addition, particularly in recent years, industry has been perceived as the polluter of the environment, oppressor of minorities, manipulator of attitudes, and conformity stimulator, as well as being in collusion to develop and maintain high prices for their products. (p. 237)

To the extent this conception was shared, "social work tended to think of itself as a bulwark against inhumane practices in the industrial sector" (Jacobson, p. 9).

Distaste for the imputed motives and morality of big business has kept social workers from having the direct experiences that can

dissipate such stereotypes.<sup>5</sup> What is required, then, is an expanded conceptualization of the professional mission in order to deliver services on a universal basis and promote institutional change in the workplace ("Proposed Policy", 1981).

Social workers have created an obstacle to expanded functions and integration in the workplace by behaving "as if" the industrial auspices of their employing organizations restricted them. They have preemptively restricted themselves (Walden, 1978) in "the options they have been willing to test" (Akabas et al., p. 28). By solely providing direct services to employees, clinical social workers have reinforced the status quo of the workplace/employer by locating the problem and source of change within the worker (Akabas et al.). Walden (1978) criticizes this approach as "professionally short-sighted" and "a throwback to the pathology-medical model of yesteryear" (p. 9). "Industrial social work clinicians have assumed that when problems arise, they most often do not grow out of issues at the workplace and therefore the solutions sought rarely include the workplace as a significant dimension" (Akabas et al., p. 31).

Neikrug and Katan (1981) and Walden (1978) criticize social workers' avoidance of identifying the impact of the workplace on employees' well-being for fear that industry will withdraw funding of their programs. Walden warns that this pattern will become a self-fulfilling prophecy if not tested and challenged. Akabas et al.

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<sup>5</sup>For glimpses of corporate life as viewed by its residents see de Mare, 1976 and Kanter, 1979.

assert that by allying themselves to EAPs, social workers confine themselves to micro-level change. Both the NASW Proposed Policy Statement on Industrial Social Work ("Proposed Policy", 1981) and Walden call for an expanded role for industrial social work, a role that includes interventions aimed at corporate and union change.

A serious obstacle confronting social workers who want to work in industrial settings has been their lack of knowledge and skills in alcoholism assessment and treatment. This deficit is a handicap since alcoholism is a major presenting problem in EAPs. When social workers relied almost exclusively on psychoanalytic concepts to understand and treat alcoholics, they became understandably frustrated. Instead of questioning the psychodynamic formulation, they declared the alcoholic to be untreatable (Zimberg, Wallace, & Blume, 1978) and turned their attention to more "responsive" client groups. Masi contends that

if schools of social work continue to teach that alcoholism is a symptom of underlying deeper illness in the context of Freudian psychotherapy, they will not be training social workers for EAP positions. Training for treating alcoholism according to current theories is essential. (p. 166)

In the literature, there is unanimous agreement that knowledge about problem drinking and the disease concept of alcoholism is essential for any professional seeking to provide EAP services.

Social workers have not distinguished themselves in the field of alcoholism studies with the exceptions of Altman and Crocker (1982), Barnard (1981), Black (1982), Kinney and Leaton (1978), and Krimmel (1971). Social workers who have adopted appropriate treatment strat-

egies have succeeded in helping alcoholics and have documented their experiences (Fine, Akabas, & Bellinger, 1982; Jenzen, 1978; Mueller, 1972).

As social workers overcome the obstacles discussed, opportunities for their increased contributions in industry will be possible. To date, social workers' involvement in industry has had its greatest impact in the development and operation of employee assistance programs. The following section reviews the evolution, functioning, and current status of EAPs.

#### Employee Assistance Programs

Employee Assistance Programs (EAPs) are difficult to characterize because they are manifestations of such a wide spectrum of influences. Because of their many facets, they demonstrate the working of human ecology.

Transactions between employees and their work environments have immediate and important consequences for both employees and employers. The workplace can be either a facilitating or constricting environment for its workers. Reciprocally, employees, through their attitudes and behavior, either facilitate or retard the actualization of employers' goals. While the recent focus on quality-of-work-life addresses the environmental impact of work on the satisfaction and well-being of employees (U.S. Dept. of HEW, 1973), employee assistance programs address the impact of employees on the well-being of work organizations.

A wide range of personal, behavioral, and medical problems

affect employees. However advantageous the business ethos that decrees employees keep their emotional, behavioral, family, health, financial, and legal problems away from the workplace, it is coming to be regarded as an untenable expectation (Kurzman & Akabas, 1981). Such a dichotomy contradicts the ecological reality that people are integrated, holistic beings.

Feinstein and Brown (1982) enumerate five categories of problems that affect employees and that can negatively impact their job performance. 1) marital conflict: one out of every four marriages results in divorce; it is estimated that 40 to 60% of all marriages are in need of marital counseling; 2) parent child relations: an estimated 10,000 children annually are victims of child abuse; more than 500,000 runaways are reported each year. The delinquency rate for youngsters 10 to 17 is 33.6 per 1,000. Over 300,000 children receive foster care in any given year; 3) the aged: elderly relatives pose many problems for a family, including their often low, fixed income, health care needs and requirements for physical care and protection; 4) health and mental health: health care costs are the fastest rising item on family budgets--nearly \$63.6 billion was spent for inpatient and outpatient care in 1977.<sup>6</sup> Alcoholism affects an estimated 18 million Americans and their families. Over 60 million prescriptions were written for Valium in 1978; 5) indebtedness: over half the families and individual workers in the United States live

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<sup>6</sup>Levinson and Meninger reported the connection between emotional problems and employer costs as early as 1954.

above their means.

It is estimated that nearly one-fourth of the United States' work force has some behavioral/medical problem at any given time. It is further estimated that half to three-fourths of these problems are identifiable on the basis of the employee's deteriorating work performance (Presnall, Note 11). Some empirical evidence and a considerable body of literature support the thesis that job performance is affected early in the course of behavioral/medical problems. Thus, the workplace is regarded as an important location for early identification of, and intervention for, behavioral/medical problems.

While the most apparent indicators of behavioral/medical problems are substandard job performance and reduced productivity, employees' problems are also evidenced in increased worker compensation claims and grievances filed. Problems are further detected in high usage of medical insurance benefits (Erfurt & Foote, 1977; Gottstein, 1979; Madonia, 1982; Pell & D'Alonzo, 1970; Trice & Roman, 1978; Presnall, Note 11). It has been calculated that seven percent of the work force uses over 80% of group insurance payouts (Motivision Ltd., 1973). Follman writes: "Inevitably, the troubled employee is one with a record of excessive absenteeism and lateness, is inclined to be accident-prone, waste time and materials, and make too many erroneous and costly decisions" (1978, p. 21).

These work-site manifestations of employees' behavioral/medical problems result in both direct and indirect industry costs (Gottstein, 1979; Manes, cited in Madonia, 1982; Trice & Roman, 1978) that substantially reduce corporate net profits.

Based upon the assumed correlation between employees' physical and emotional health, their productivity, and the employers' profit, business and industry have inaugurated EAPs as one adaptive solution.

This programmatic solution serves a multiplicity of purposes:

- 1) it is considered cost-effective by many (i.e., it is less costly to operate an EAP than to incur the reduction in corporate profits attributable to employees' diminished productivity)<sup>7</sup>;
- 2) it demonstrates a humanitarian concern for employees (Trice & Beyer, 1983) and constitutes one approach to meeting corporate social responsibility (Landon & Feit, 1982);
- 3) it provides management with a procedure for monitoring job performance and a method for constructively dealing with troubled employees;
- 4) it promotes good public relations for the company;
- 5) it partially meets compliance requirements of federal legislation (OSHA, EEO, Hughes Act);
- 6) it offers employers a way of avoiding labor arbitration since arbitrators are disallowing many employer actions (Shain & Groeneveld, 1980); and

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<sup>7</sup>For example, in 1970 the Federal Civil Service estimated the annual cost of an occupational program to be \$15 million with potential savings estimated at between \$135 and \$280 million (Hayward, Schlanger, & Hallan, 1975). DuPont and Basen (1982) are more cautious in their appraisal.

- 7) it provides an innovative and critically needed source of mental health care and social services (given severe federal and local cutbacks in public services).

Hence, EAPs are seen as a benefit to employers, employees, and society.

The ability of EAPs to incorporate such diverse purposes (and the special interest groups that support particular purposes), is understandable in light of the multiple roots from which EAPs grew. The historical, social, and political factors that gave impetus to EAPs and bear upon its current status are briefly reviewed. Influences discussed here are performance-based management ideologies, conducive social trends, contributive legislation, and the antecedent model of occupational alcoholism programming.

#### EAPs as a Management Strategy

Trice and Beyer (1983) cite EAPs as a recent descendent of managerial strategies to improve work performance. They assert that the procession of performance-oriented managerial innovations, designed during the past century, were "expressions of currently popular ideologies rather than applications of scientifically proven facts" (p. 21). From the perspective of performance-oriented ideologies, Trice and Beyer further contend that the EAP movement is a recent attempt to harmonize the conflicting ideological themes of impersonal control and humanitarianism.

The management theme of impersonal control was given early expression in the adaptations of Social Darwinism to work perfor-



mance. The competitive process of "survival of the fittest" was held to lead to the emergence of the superior worker via natural selection. It was believed that allowing these natural, impersonal, competitive processes to operate would lead inexorably to improved performance.

The management orientation ushered in by Frederick Taylor (1911) employed a Darwinian model by emphasizing individual competitive achievement, measured by mechanistic methods, to engineer better performance. Modern scientific management is the current outgrowth of this tradition.

The fields of industrial psychology, industrial engineering, and later operations research extended and refined the impersonal, mechanistic control theme of Taylorism (Braverman, 1974; Leavitt, 1965). Both jobs and workers were scrutinized ever more carefully with the aims of engineering better fits between the two and of removing any other impediments to performance. (Trice & Beyer, 1983, pp. 5-6).

Industrial Betterment was the humanitarian ideology for greater work performance that stood in opposition to Social Darwinism (Trice & Beyer). Emerging in the 1900's, the Industrial Betterment movement sought to promote improved performance by enhancing conditions at work (e.g., lighting, ventilation, physical comfort) and providing opportunities for recreation, education, and financial savings plans. Lending a "helping hand" was considered "good business." Moreover, these paternalistic efforts were justified on the basis of a presumed relationship between performance and human welfare.

The well-known Hawthorne studies suggested that workers' needs

were significantly related to performance. These studies served as an empirical base for the human relations movement of the 1930's and 1940's. More recently, the human relations approach has been theoretically strengthened and intellectually elaborated by the work of McGregor (1960), Likert (1961), Argyris (1964), and Bennis (1966). Business journals and the popular press inform their readerships that attending to employee's welfare is morally correct and fiscally sound (Busch, 1981; Kelvin, 1983).

#### Social Trends Supporting EAPs

Trice and Beyer (1983) suggest that in addition to managerial performance-oriented strategies, a distinct social trend lent support to EAPs. They believe that the EAP movement is a clearcut and direct expression of the social trend of broadening of compassion. Over the past two hundred years, there has occurred "a gradual widening and institutionalization of compassion" (Nisbet, 1966, p. 8). This trend is evidenced in the long history of employee counseling and mental health programs in industry.

As an outgrowth of the seminal Hawthorne studies, an employee counseling program was instituted (1936) at the Hawthorne Plant of the Western Electric Company in Chicago, Illinois. The program was rooted in Elton Mayo's idea that employees (and their work performance) could benefit from opportunities for emotional ventilation and non-judgmental listening. These efforts were directed toward all employees, not just those who were emotionally troubled (Dickson & Roethlisberger, 1966). Over the next few years, other companies

(Caterpillar Tractor, 1945; Prudential Life Insurance, 1948) began programs using a similar approach to counseling "normal" employees. Aimed at the improved adjustment of the worker, these nonpaternalistic, nonauthoritarian programs were initially staffed by nonprofessionals (Bellows, 1954). As employee counseling programs became more widespread, they became "the psychologist's rightful area of concern" (McLean, 1969, p. 16).

A tandem endeavor that reflected the expansion of compassion was the development of occupational mental health programs. Industrial mental health programs grew out of industrial medicine and led to the specialty of industrial psychiatry (McLean & Taylor, 1958). Whereas employee counseling programs focused on all employees, industrial mental health programs focused on the treatment of employees with emotional disturbances. Under the auspices of company medical departments, mental health programming of the 1960's and 1970's reflected increasing concern with prevention. In addition to providing psychiatric first aid, they were concerned with factors in the workplace that fostered mentally healthy behavior and factors in the workplace that were pathogenic.

A further manifestation of the widening of compassion is evidenced in recent efforts (particularly by social workers) to bring psychiatric care to blue collar workers (Blanco & Akabas, 1968; Masi, 1982, pp. 33-43; Weiner et al., 1973).

### Legislation Promoting EAP Development

Governmental legislation reflecting social, political, and economic philosophies and realities of the times influenced the emergence and development of EAPs. EAPs may be viewed as an outgrowth of a tradition of "in-kind" benefit programs that originated through policies of the National War Labor Board during World War II (Ozawa, 1980). While this Board imposed wage stabilization, it allowed industries to develop wage supplement programs for their employees. Employers supported these supplements because they thought that the supplements would stabilize the work force by reducing turnover. Two kinds of benefit programs developed. Cash benefit programs (called "essential benefits") developed first; these included extra pay for working holidays and unusual hours, and pay for time not worked (unemployment benefits). In-kind benefits, such as health, welfare, and security benefits, developed later. Counseling and mental health services in the workplace are, according to Ozawa, rooted in this tradition of in-kind benefits.

Some thirty years later, another piece of legislation provided a forward thrust to EAP development. In 1973, Congress passed the Vocational Rehabilitation Act. Section 504 of this act guaranteed the rights of handicapped people; it specified that "reasonable accommodation" must be made for their continued employment. In 1977, the Attorney General defined alcoholism and drug addiction as handicaps. This gave further impetus to companies to develop occupational programming as a means of compliance. Affirmative-action departments, charged with monitoring compliance with the requirements of

the 1973 Act, now work closely with OAPs and EAPs (Masi, 1982).

#### OAPs as Precursor to EAPs

The most influential precursor to EAPs was the industrial programming related to problem drinking and alcoholism.<sup>8</sup> Prior to the 1940's, most of American industry denied that problem drinking and alcoholism existed. Further, they denied that it caused difficulties within work organizations. Where alcohol use led to flagrant misconduct, work impairment, or violation of company policy, the offending employee was summarily fired (Habbe, 1969).

Trice and Schonbrunn (1981) identify three forces that "combined in the late thirties and during the war years to escalate these concerns into embryonic programs" (p. 194). One potent force was the rapid rise of the self-help organization, Alcoholics Anonymous (AA). The second force propelling development of OAPs was the efforts of several dedicated and influential company medical directors. The third driving force toward OAPs was the labor market conditions created by labor and production demands of World War II. Some workers who would not be hired under normal labor conditions became employed; this resulted in "many cases of problem drinking and alcoholism which would otherwise have remained largely outside the typical workplace" (Trice & Schonbrunn, p. 175).

During the early 1940's, several progressive companies, notably DuPont, Eastman Kodak, Consolidated Edison of New York, Caterpillar

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<sup>8</sup>These terms are used interchangeably without a position implied regarding the disease status linked with the term alcoholism.

Tractor, New England Electric, and North American Aviation (Hayward, Schlenger, & Hallan, 1975; Trice & Schonbrunn), recognized that alcohol-related work problems did, in fact, exist. They existed in sufficient magnitude to justify setting in motion some form of occupational alcoholism programming. Many of the early program efforts were fragmentary. They consisted of unwritten and informal policies, often without the endorsement of top management.

Early programs relied heavily on the disease concept of alcoholism. The location of most occupational alcoholism programs within the medical department of the company evidenced the influence of the disease model (Archer, 1977).

During the 1950's and 1960's, several other companies began informal and formal alcoholism activities (Heyman, 1971). Among the formal components instituted were written company policy statements, supervisory training, disability benefits for alcoholism and alcohol-related illnesses, and alcohol detoxification and rehabilitation coverage within company or union-sponsored medical insurance plans.

In 1959, there were approximately 50 viable industrial alcoholism programs (Presnall, 1970) out of nearly 1.5 million companies nationwide. Although OAPs numbered over 4,000 by 1979 (Godwin), Trice (1979) estimated that no more than 20% of them were well-implemented.

One factor that dramatically advanced the expansion of industrial alcoholism programs was the medicalization of dysfunctional drinking. In 1956, the American Medical Association categorized alcoholism as a disease amenable to treatment. In 1966, the U.S.

Department of Health, Education, and Welfare followed suit by recognizing alcoholism as a disease ("Alcoholism and Alcohol-related Problems," 1979). Archer notes that "the similarity between the disease model of alcoholism and the viewpoint of Alcoholics Anonymous is not coincidental. . . pressure from AA was a factor in the AMA's decision to classify alcoholism as a true medical disease" (p. 10).

One of the most far-reaching consequences of the medicalization of alcoholism was the reduction of stigma attached to dysfunctional drinking behavior. As a medical problem, everyone was vulnerable to the disease and the skid-row stereotype of the alcoholic dissipated. Defining alcohol problems medically made it more acceptable for alcoholics to acknowledge their disease and seek rehabilitation. In gaining health status, alcoholism was declassified as a manifestation of psychiatric illness and came under the aegis of physical rather than mental health. Although declassifying alcoholism as a mental health problem was supported by AA, it has not, however, received universal endorsement (Follman, 1978). For instance, Archer writes:

The disease model posits an evolutionary and deterministic progression of symptoms and outcomes that does not bear up under investigations of actual drinkers. Indeed, the findings of several epidemiological studies would appear to cast doubt on the unidimensional view of alcoholism progression represented by the disease model. (p. 11)

Medicalizing and destigmatizing problem drinking allowed industry to support programs for their ill employees whose disease was untreated and whose deteriorating job performance was unattended.

Another factor fostering adoption of occupational alcoholism

programs was the public attention that alcoholism received. Throughout the 1960's and 1970's, alcoholism received significant media attention that raised the national consciousness. Alcoholism was determined to be among the nation's leading health problems. Estimates of the prevalence of problem drinking among employed Americans and the related cost to industry became widely publicized, discussed, and debated. For example, one of the most often quoted prevalence figures is that of the National Council on Alcoholism. They estimated that 5.3% of the U.S. work force were alcoholic; this figure translates into roughly 5 million employed alcoholics (Hayward, et. al.). In addition, another 10% of the work population were considered problem drinkers (Follman, 1978).

Highly publicized estimates of the cost of alcoholism to industry prompted adoption of OAPs by some companies. Current estimates of the annual cost of alcoholism to business and industry range from 15 to 25 billion dollars. Estimates derive from a variety of indicators including absenteeism due to illness, sickness/disability payments, industrial accidents, material waste, and impaired productivity.

Another factor contributing to the increase in occupational alcoholism programs was the passage of the Federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act (the Hughes Act) in 1970. This act created the National Institute of Alcohol Abuse and Alcoholism (NIAAA). Within this new Institute, the law established an occupational branch, charged with sponsoring programs related to alcoholism in the workplace.



The Hughes Act additionally required that all federal agencies, both Federal Civil Service agencies and the military, have alcohol programs for their employees. It is the goal of NIAAA to make occupational alcoholism/employee assistance programs available to 50% of the work force by 1984.

The promotion of alcoholism programming became a popular business in itself. Many recovering alcoholics established consulting firms and treatment programs/facilities and proselytized for alcoholism awareness and programming. Trice and Roman (1978) introduced the term "alcoholism industry" to "characterize the collection of agencies and professionals who design and implement alcoholism prevention and treatment programs as well as those who try to obtain financial backing to support such efforts" (Archer, p. 8).

Other agencies have made contributions that have stimulated occupational alcoholism programming. The National Council on Alcoholism established a Labor-Management Services division. In 1971, an association of alcoholism service entrepreneurs, the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA), was formed.

Along with factors that promoted the expansion of OAPs were several factors that retarded the further expansion of occupational alcoholism programs. One critical problem stemmed from the way problem drinking/alcoholic employees were identified. In the early programs of the 1950's and 1960's, supervisors were trained to recognize the physical and behavioral symptoms of problem drinking. Which details several difficulties engendered by this supervisory

identification approach. Since first-line supervisors were the management group trained as diagnosticians, rarely was an employee above the level of first-line supervisor identified. Wrich (1980)

explains that:

The people identified, using this approach, were non-supervisory employees though all evidence indicates that alcoholism affects every occupation and professional level equally. When confronted about their drinking, it was easy for alcoholic employees to point to a supervisor or executive who had a drinking problem and then demand equal treatment. (p. 11)

Thus, non-supervisory personnel came under greatest scrutiny while upper-eschelon personnel were able to continue concealment of dysfunctional drinking.

Besides the built-in mechanism for differential identification, it became evident that supervisors were reluctant to identify and label fellow employees as alcoholic. In later years, it was confirmed (Wrich) that the symptoms supervisors were trained to recognize were those associated with chronic alcoholism. The training was inadvertently supporting diagnosis of "late-stage" alcoholism rather than early or "prodromal" alcoholism (Jellinek, 1960). Additionally, supervisors, fearing the embarrassment of misdiagnosis, waited until the employee evidenced clear-cut, obvious, late-stage symptoms. Moreover, it was argued that problem drinking identification and confrontation was not a routine supervisory function and was an intrusion into the private lives of employees. Many supervisors and employees complained that these early programs took on the semblance of "witch hunts."

Since the early programs, a great deal more has been learned about the centrality of denial, a mechanism that allows the alcoholic to continue drinking. Which sheds light upon the supervisor's difficulty in handling denial by alcoholics in traditional alcohol identification programs:

When a supervisor with one or two hours training in alcoholism symptomatology was matched against a practicing alcoholic who had stored up scores of excuses and alibis over the years, it was no contest--the supervisor nearly always lost . . . After two or three unsuccessful confrontations, supervisors usually gave up and reverted to the old method of covering up the problem until either the symptoms were easily recognized by everyone or the supervisor's own job was in jeopardy. (p.13)

To correct these problems inhibiting more widespread and effective alcoholism programming, several changes were instituted. It was recognized that despite the earnest, often evangelical, desire to help alcoholics, job performance rather than humanitarianism was the only legitimate basis for an employer's intervention. Which calls this model the "Job Performance Focused Alcoholism Identification Program." This variety of OAPs trained supervisors to identify, document, confront, and refer employees whose job performance was deteriorating or already unacceptable. Training supervisors to identify deteriorating job performance had the benefit of improving supervisors' management capabilities and relieving them of the inappropriate role of alcoholism diagnostician.

The central strategy of job-based programs is to use the deteriorating performance of alcoholic employees as a basis for constructive confrontation, in which supervisors and managers confront affected employees with evidence

of their impaired performance and simultaneously offer . . . nonpunitive, non-judgmental, rehabilitative help. (Trice & Beyer, 1982, p. 956)

After identification, the employee is referred to an employee alcoholism program and counseled by an alcoholism specialist. Thus, the supervisor's implementation of such a company policy evidences concern for both the employee's welfare and adequate task performance.

#### Shift to Broadbrush Programming

The shift from OAPs to EAPs resulted from several concerns. First, many people in the alcoholism field believed that calling a program an alcoholism program dissuaded many employees from accepting referrals to it. A program based on supervisory referrals accomplished through constructive coercion was seen as narrow. It was argued that alcoholics could be better served by programs that did not focus exclusively on their alcoholism, a problem they were unlikely to acknowledge as causing their job-performance decline. Further, research indicated supervisors were more responsive to a broader approach than one focused exclusively on alcoholism (Trice & Beyer, 1983). As Valle (1979) points out:

It is unusual for a client to seek help for a drinking problem unless some other problem areas have initially emerged. It is more normative for one's job, family, or social life to become affected before it is recognized that alcohol is the primary reason for the disruption. (p. 83)

Thus, it was hypothesized there would be greater problem-drinker identification through occupational programs by removing the alcohol-

ism stigma<sup>9</sup> (Shain & Groeneveld, 1980).

Second, it was reasoned that if constructive confrontation was based solely on the job-performance standard, employees whose problems were not alcohol-related were not being offered equal services. To correct this inequity and to encourage denying alcoholics to seek help, occupational alcoholism programs gave way to employee assistance programs. In 1972, the NIAAA officially endorsed this new "broadbrush" program model. The broadbrush (EAP) approach has borrowed heavily from its OAP predecessor. The EAP literature describes several components (Appendix A, 1-3) considered essential to the implementation and operation of an effective EAP (Googins, 1975; Hayward et al.; Shain & Groeneveld; Wrich).

- 1) A written company policy statement. The statement usually expresses concern for human problems and employee performance. It supports employees' efforts to resolve their problems and ensures that job security and status in the company will not be threatened. To be effective, this policy requires the support and commitment of top management. In Studebaker's study (Note 12) top management support was evidenced by provision of adequate financial backing, promotion of program visibility, and "empowering EAPs with organizational clout" by their position in the organizational hierarchy (p. 58).
- 2) Labor-management involvement where some part of the company's work force is unionized. In a national survey of 129 EAPs, Byers et al. (Note 1) found that in 2/3 of the companies with unions, management initiated the EAP. In this survey, "joint programs were developed by labor and management in nearly all cases possible" (Wrich, 1980, p. 190).

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<sup>9</sup>According to Hayward et al. this hypothesis has not yet been supported.

- 3) Companywide information/education program. Information must be disseminated so that all employees are aware of the EAP and its services. Many companies provide information on specific problems (job stress, alcoholism) as part of their educational programming.
- 4) Supervisory training. Supervisors constitute the first-line detection system and are the key to a program's success. Training is best conducted in small groups; discussion, films, and role playing are used as training techniques. Training must deal with the attitudes of supervisors toward confronting subordinates, human problems, and the company's EAP. Training must be repeated frequently.
- 5) Uniform identification and referral procedures. Hayward et al. note the gap between policy and practice that results from a) supervisors' reluctance to utilize the policy of constructive confrontation; b) failure to apply the policy uniformly across all levels of the organizational hierarchy; c) absence/inadequacy of treatment resources. DuPont and Basen suggest that this ideal process of confrontation and referral is not suitable for executives, most professionals, and those who work in small businesses and isolated settings.
- 6) Availability of treatment resources. Treatment may be provided by EAP personnel or through linkages with community resources. In some programs, assessment and treatment are combined; in other programs, they are separate with EAP personnel conducting assessment and referral only. Controversy exists about the value of on-site counseling services. In support of on-site or accessible mental health services, Leeman (1974) found that 60% of all workers treated in an on-site center could not name one other source to which they might have gone for help. Arguments are also raised for having a solid network of referral sources rather than providing company counseling. It has been argued "if management is given the power to define mental illness, then the worker who simply acts differently from management may be labeled as having a mental problem" (Austin & Jackson, p. 103).

An additional problem with availability of treatment resources stems from variations in employees' benefits. Because of differences in coverage and exclusions in prepaid plans, the appropriate services might not be available to the employee. Based on their analysis of employee insurance coverage, Austin and Jackson conclude: "present employee health insurance is insuffi-

cient to cover the mental health needs of workers and is parochial in its medical approach to the treatment of emotional problems" (p. 110).

- 7) Follow-up procedures. This includes such diverse activities as record keeping, research, and evaluations (program evaluation and cost-benefit analyses).<sup>10</sup>

These components constitute what Shain and Groeneveld call "the ideal model". They point out that this model is well-suited to centralized, bureaucratically-run companies with more than 1,000 employees. Since this company profile is not the norm for American business, programs are modified to fit the characteristics of individual companies. EAPs, therefore, differ on a number of dimensions. Large, centralized companies are more likely to have in-house EAPs while small and decentralized organizations may contract with an EAP consulting firm to provide assessment, referral, and follow-up services externally. An additional service delivery approach is through the establishment of a consortium. In this approach, a number of small organizations (often in a rural area) provide partial funding to a central resource to which employees are referred.

This ideal, broadbrush model, and its variations based on company characteristics, has been criticized by those who advocate the management-controlled, job-based alcoholism programs. For example, Trice and Beyer (1982, Chap. 80) discuss disadvantages in the shift from OAPs to EAPs. EAPs, they charge, de-emphasize the role of the supervisor and the core strategies of constructive confrontation and

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<sup>10</sup>see Shain & Groeneveld (pp. 81-108) for elaboration of empirical data that support or refute the underpinnings of these components.

crisis precipitation (job threat) and instead advocate the dubious goal of self-referral. Trice and Beyer (1983) protest that

the proven and long-standing operative goal of using resources in the workplace to motivate problem employees was replaced by the unproven operative goal of self-referral . . . With such a goal, there would be no need to identify marginal performance, no need to use it as a motivational tool, no need to train supervisors, scarcely any need for the workplace at all--except to provide cases and finance program costs. (p. 29)

With convincing reason, Trice and Beyer (1983) oppose the EAP emphasis on the value of self-referral (Wrich) and the role of the professional counselor. They charge that in EAPs "the potential for social control available in the work setting is deliberately bypassed in an effort to be compassionate" (p. 9). Further, they suggest that EAPs lack a coherent strategy; they are a social movement in search of a cause.

Shain and Groeneveld suggest that EAPs would benefit from developing a foundation based upon prevention rather than remediation. They suggest that EAPs are limited to being devices for the management of "certain types of employees with relatively advanced problems in certain kinds of organizations" (p. 180). To ensure the future of EAPs, they suggest linking or integrating EAPs with other forms of intervention such as preventive health programs or safety programs. Shain and Groeneveld point out that prevention-oriented programs may be more appealing to corporations and more effective in reaching executives, white-collar workers, and other groups of employees whose work performance is difficult to routinely evaluate. Such an ap-



proach can reach "those not easily amenable to coercion, and who might respond to a form of intervention or prevention which emphasized growth, development, and maximization of potential rather than minimization of damage" (p. 180). This shift from remediation to prevention is being implemented in some progressive companies and discussed widely in EAP circles. A gradual movement from illness to wellness in some work environments is congruent with the EAP conceptualizations held by industrial social workers.

Trice and Beyer (1982) believe that the EAP movement has spawned new occupations that "seek regular, paid employment with work organizations by claiming some degree of expertise" (p. 964) in helping troubled employees. They suggest that lack of workplace experience among many of these newly employed professionals has led to "an inordinate emphasis on service delivery systems . . . and concerns taken from the treatment milieu" (p. 965). The unitary OAP concept has been bifurcated, with the supervisor responsible for constructive confrontation and the counselor taking the benign role of providing support, services, and referrals.

In short, Trice and Beyer (1983) warn that the EAP movement runs grave risks if it succumbs to

cooptation by the 'helping professions' . . . that favor discarding all concern with performance and base the movement and its programs solely on the extension of compassion. In order to retain its appeal to management, the EAP movement needs to continue to blend both ideologies. (p. 66)

Since the scope and function of EAPs are still being debated, it follows that debates concerning appropriate backgrounds and training

for EAP personnel would also be unresolved.

### EAP Personnel

The matter of who should staff EAPs is as enigmatic as the unresolved priorities and goals of the programs themselves. After conferring with EAP directors throughout the country, Wrich (1980) concluded that

this field is not currently able to precisely define a reliable set of qualifications regarding academic, experiential, and personal characteristics that will assure success in the assessment and referral position. (p. 45)

Blair and Weedman attribute part of this difficulty to the failure of EAP personnel to

cooperate with one another in establishing a set of general principles that can grow into a body of 'presumed fundamental knowledge'. Until this cooperation occurs, the identified technical skills needed by those in the Employee Assistance field will remain debatable. (p. 2-3)

Cooperation within some sectors of the field has led to beginning efforts to specify criteria for work in the EAP field. A Program Standards Committee<sup>11</sup> began outlining personnel standards in 1980. "Qualifications of EAP Staff", Section 2.6, of the interim report reads,

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<sup>11</sup>"The committee was chosen as follows: five members were to be named by NCA; five by ALMACA; three by labor, and two by the federal government. It was further decided that NCA and ALMACA would each name three corporate program heads, one private consultant and one individual who was operating a consortium. A representative was also to be named by the Occupational Program Consultant's Association (OPCA)." ("Standards", preface, Note 13)

The EAP staff should combine two primary qualifications: 1) Appropriate managerial and administrative qualifications; 2) Skills in identifying problems, interviewing, motivating, referring clients, and, where appropriate, in counseling or related fields. Experience and expertise in dealing with alcohol related problems are essential. (p. 4)

Assessing the knowledge, skills, and abilities needed by social workers to perform EAP functions is the charge of The Occupational Social Work Task Force, created in 1982. Their study is still in progress and results are not yet available.

Blair and Weedman distinguished skills and knowledge needed by EAP administrators from skills and knowledge needed by EAP counselors.

Since an EAP administrator is responsible for the total operation and integration of the EAP, Blair and Weedman consider the following skills necessary:

1. Ability to write and revise official policy supporting the objectives of a planned program.
2. Ability to establish and cooperate with an advisory board or council to help monitor program effectiveness and protect the project from pressures which may threaten its success.
3. Sound management skills allowing for the implementation of a program sensitive to the company's administrative style and internal structure.
4. Basic knowledge and understanding of likely identified employee problems.
5. Training design abilities, as required either to conduct supervisory training personally or to contact training resource people with a clear idea of what is needed.

6. Public relations skills necessary for the dissemination of information about the program to employees, their families, management, the union(s), the community, and other interested parties.
7. Administrative skills necessary to fulfill duties in the areas of record-keeping, budget control, maintenance of confidentiality, supervision of program staff, and general monitoring of program operations.
8. Ability to implement a reliable evaluation system to measure the achievement of established program objectives. (p. 3-4)

The recommended skills for an EAP counselor, assuming that the roles of administrator and counselor are separate, include:

1. A complete working knowledge of the company program, its goals and expected outcomes, its philosophy, and relationship to management and union(s).
2. Communication skills, particularly necessary to encourage supervisors in their role and to motivate the employee to accept appropriate recommendations.
3. A thorough understanding of likely identified problems, e.g. alcoholism, drug abuse, marital and family problems, legal and financial issues, etc.
4. Counseling skills. In many situations the skills required are primarily motivation, such as breaking denial, warm encouragement, etc. When the problem is not clearly identified, the counselor must have the skills to obtain a baseline of data necessary to identify a problem and make a referral.
5. Familiarity with treatment issues and the ability to develop cooperative working relationships with organizations treating a variety of problems.
6. Follow-up counseling skills.
7. Case management and record-keeping skills.
8. Adherence to a personal and professional code of ethics, with emphasis on confidentiality of information. (p. 5-6).

Companies may require different skills in EAP personnel depend-

ing on their programs. Considerable variation exists regarding the breadth and depth of the EAP services offered. In many companies, assessment and referral takes place in a single interview. In other companies, program guidelines allow for several interviews and may permit program staff to provide brief counseling in the course of these interviews. The rationale for this latter policy is that by providing clinical intervention (up to six visits) at a critical time, the need for referral to long-term care may be obviated. However, it is not common for EAP staff to provide direct treatment.

EAP staff typically meet with referred employees for one to three sessions (Brooks, 1975; Decker, Note 14). For example, counselors in Decker's survey met with employees an average of 2.3 times.

Thus, the role of the EAP practitioner to EAP clients is that of broker (Weissman, 1975) or case manager (Studebaker). Wrich believes that the assessment and referral resource (counselor) "is the key to the entire employee assistance program" (p. 39). In Blair and Weedman's list of counselor skills, they underemphasize the level of counseling skill required. They regard as adequate skills "warm encouragement" and "motivational skills". Motivating an individual requires an understanding of the person's functioning so that underlying motivations can be mobilized in the service of an appropriate referral to help. To conduct an adequate assessment, substantial clinical knowledge and skill is required. The assessment person must determine the nature and severity of the employee's presenting problem(s), screen for problems that may not be verbalized, and discuss potential solutions. Evaluation is based on the clinical inter-

view(s) as well as any psychometric tests or outside consultations deemed necessary.

In making a viable referral to a service provider in the community, a review of the employee's insurance coverage is frequently necessary. Employees may have elected a benefits package (company or union sponsored) that does not cover the expense of appropriate care. In such instances, alternative funding resources and a thorough knowledge of public community resources is imperative. (Wrich, 1980).

Only in the largest companies do EAPs have entire departments with the functions of administration, coordination, or management (director) separated from the functions of assessment and referral (counselor). Small and medium-sized companies usually employ an EAP generalist who typically performs the following functions: education; training of managers/supervisors; training of union representatives; assessment (possible treatment) and/or referral of employees to appropriate services; follow-up with employees, treatment providers, and supervisors; record-keeping and evaluation; and participation in community affairs (Byers et al.). Therefore, both administrative and counseling knowledge and skills are required by most EAP personnel. Apropos of this, Studebaker comments that "EAP staff tend to find themselves in positions where their potential domain of responsibilities far exceeds their human capabilities" (p. 78).

Feinstein and Brown (1982) endeavored to determine essential knowledge and skills needed by practitioners in the field by interviewing managers and consultants of successful EAPs. Those inter-

viewed identified a list of critical skills that included "group dynamics, organizational communications skills, organizational power/authority skills, programmatic responsibility, clinical experience, alcoholism training, and consultation skills" (p. 136-7).

The authors relate that many of the people interviewed were clinicians who had little or no formal training in administration or organizational development. These people believed that this deficit initially affected their ability to function in an organizational setting. They acquired the needed knowledge experientially or through business courses taken. Similarly, those practitioners who had business backgrounds, academically and/or experientially, felt they were seriously lacking in clinical knowhow. They felt inadequacies in their counseling skills, in assessment and diagnostic skills, and in resource development and referral skills.

Wrich discusses the following factors that can be indicative of ability to perform in this role: 1) Education level can be an indicator of one's knowledge of the problems with which an EAP must deal. "Degrees in psychology, social work, psychiatry and other human services can be valuable" (p. 42). 2) Training in alcoholism and other forms of chemical dependency is vital. 3) Clinical counseling experience is considered important by Wrich. 4) Personal recovery from human problems can be valuable if appropriately utilized. 5) The nature of one's overall work experience is a significant factor in ability to function in an EAP role. For instance, persons trained in human services can easily empathize with employees' problems, they are less able to comprehend and empathize with union or corporate

objectives.

Whether self-referral or supervisory referral, employees present a wide variety of difficulties (Figley et al., 1976; Foote, 1978; Madonia, 1982; Miller, 1972; Byers et al.). Some presenting problems are situational or life adjustment issues, such as concerns about career direction or a grief reaction following a relative's death. Problem drinking, alcoholism, and other chemical dependencies are thought to constitute as much as 50% of presenting issues (Wrich, 1980). Attempted suicide and delusional thinking are other examples of presented problems that may represent serious personality malfunctioning or mental illness. Still other requests for help are related to legal problems, indebtedness, and marital and family disharmony.

Persons within a company who are responsible for EAP assessment and referral come from diverse educational and experiential backgrounds (Googins, 1975; Byers et al.; Studebaker). A 1979 national survey (Byers et al.) of 129 EAPs and their program managers, found that 42% of the respondents had graduate degrees while 28% had not completed college. Studebaker's study (1980) of 11 Los Angeles EAPs revealed that fewer than 50% of the program coordinators and counselors had college degrees in the social or behavioral sciences.

The current composition of EAP staff often reflects the personal history of that company's EAP. Many people employed in EAP positions have come up through the ranks of their organizations or were in strategic locations within their companies at the time the EAP was being developed. For instance, if a company decided to adopt an EAP and chose to have it operate under the auspices of the medical de-



partment, the industrial nurse might be asked to organize the program. Likewise, if another company inaugurated an EAP under the domain of the industrial relations or personnel department, company representatives might ask a staff member from that department, who demonstrated an aptitude for "people work," to coordinate the program. That staff member's previous company experience may have been in staff development, benefits analysis, or secretarial services within the industrial relations or personnel department.

The greatest value of a staff member selected in the above-described manner is that he or she can contribute an in-depth understanding of their company's policies as well as the company culture, i.e., "the way we do things around here" (Deal & Kennedy, 1982). While this knowledge may facilitate program implementation, the staff member may have little, if any, training or experience specific to the clinical task of making psychosocial assessments, interventions, and referrals (Studebaker).

Because many of the now-operating EAPs began as occupational alcoholism programs (OAPs), they are commonly staffed by the recovering alcoholics who inaugurated the alcoholism program within their companies (Trice & Schonbrunn, 1981). These staff members felt competent to counsel fellow employees about drinking problems, but they have no professional training, little knowledge base, and few clinical skills with which to understand the broader range of personal problems they are now required to assess (Blomquist et al., 1979). The techniques and approaches favored by recovering alcoholics in counseling alcoholics can be inappropriate, ineffective

and, at times, detrimental when applied to a broad range of personal and family problems. For example, the technique of "constructive confrontation"<sup>12</sup> (Archer, 1977; Valle, 1979) advocated by Alcoholics Anonymous, would be contraindicated in a family assessment interview where father-daughter incest was disclosed. Similarly, a recovering alcoholic might firmly and directly advise a practicing alcoholic that the single solution to his/her drinking problem is to attend Alcoholics Anonymous meetings at the rate of "ninety meetings in ninety days." Such a prescriptive approach would not be appropriate for a woman considering dissolving a long-term marriage.

In the past three to five years, companies are becoming more disposed to hiring professional personnel with clinical degrees and clinical experience in social work, psychology, and counseling to fill EAP positions (Kelvin, 1983; Masi, 1982). Employee assistance programs at Polaroid (Miller, 1977), Kennicott Copper (Skidmore et al., 1974), and Northwestern Bell (Hackett, Note 15) are all under the management of professionally trained social workers. Managers of EAPs at Atlantic-Richfield Company, Wells Fargo Bank, and Trans-World Airlines hold PhDs in either psychology or counseling. This trend

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<sup>12</sup>The widespread, often indiscriminate use of constructive confrontation as an alcoholism counseling technique has been called into question. Valle believes many alcoholism counselors lack a conceptual understanding of when and how this procedure should be used. Similarly, they have no "appreciation for the potentially negative impact inappropriate confrontations can have upon clients" (p. 127) . . . Confrontation often serves "more as a barometer of the counselor's frustration than as a skill for facilitating constructive client change" (p. 127).

toward professionalization, however, is in its infancy and is the source of considerable controversy within the EAP field (Grimes, 1982; Wrich, Byers et al.).

Although a Joint Task Force ("Occupational Social Work," 1982) and the Standards Committee (Note 13) are currently proposing standards for EAP employment, and credentialing criteria are being considered, the field and the role of its practitioners are still in the process of definition. Meanwhile, persons assigned to EAP functions are expected to perform in a competent manner. The literature reviewed supports the need of EAP personnel to acquire a not-yet-defined body of knowledge and skills in order to function effectively in their professional roles. According to Feinstein and Brown, EAP practitioners interviewed recommended that training programs be offered to provide needed knowledge and skills. Such training programs "would serve as a forum to discuss experiences, define needs, and further develop the knowledge and skills for practice in this field" (p. 137).

The compatibility of EAP needs with social work training is also supported by the literature. Since social workers have been in the forefront in implementing and staffing EAPs, a logical extension of this involvement is the utilization of their EAP expertise to provide EAP training services. Consultation is proposed as an efficacious approach to meeting the learning needs of new EAP personnel. Toward an understanding of how social work consultation can serve EAP personnel, the literature on social work consultation is reviewed.

### Social Work Consultation

The concept of social work consultation has suffered from a lack of clarity. Both Kadushin (1977) and Rapoport (1963) point out that social work consultation has been conceptualized variously as a process, a function, a method, a specific type of relationship, a job title, and an area of practice. Not only is there a lack of agreement on definition of the phenomenon of consultation, there is a lack of specification of the ways in which social work consultation is distinctive from consultation performed by persons of allied disciplines. Kadushin refers to this as "the problem of explicating the 'functional specificity' and 'exclusive competence' which differentiates social work from related disciplines" (p. 199). These ambiguities are especially troublesome in an area of practice that Miller (1977) describes as "the most rapidly evolving area of social work" (p. 106).

This discussion reviews consultation concepts in their historical contexts and addresses the above-described concerns expressed by Kadushin and Rapoport.

### Development of Social Work Consultation

Consultation first developed in response to the needs of several fields of practice. Among the earliest published works on social work consultation are papers presented by Bartlett (1942) and Van Driel (1942) at a conference sponsored by the National Association of Medical Social Workers (Kadushin, 1977). In 1949, Babcock documented her experience as a psychiatric case consultant to social agencies.

Although activities now regarded as consultation were occurring prior to these publications, consultation was not fully recognized as a distinctive component of clinical practice until it received consensual validation through the printed word.

In the 1920's and 1930's, social work practice as a whole was described and analyzed in terms of identifiable fields of practice, namely, family and child welfare, medical, psychiatric, and school social work, and several decades later, corrections. Emphasis on the specific characteristics of each of these fields and their various settings obfuscated understanding and appreciation of the underlying common elements uniting all social work practice. One of the unanticipated consequences of this trend was the retardation of social work theory building (Bartlett, 1970).

In like manner, the early literature on social work consultation conformed to the then prevalent fields of practice orientation described above. Siegel's paper (1955), "Consultation: Some Guiding Principles for Medical Social Workers," Davis's article (1956), "Consultation: A Function in Public Welfare Administration," and Zwick's contribution (1958), "Special Problems in the Consultation Function of Child Guidance Clinics" are representative of the emphasis on fields of practice as definers of the phenomenon of social work consultation. In such literature, the contents of the consultation and substantive subject matter relative to a given field of practice were reported to the near exclusion of practice issues that could be abstracted from any one field of practice and generalized. One exception is the work of Insley (1959). While describing the social

work consultation process as applied to a public health setting, Insley conveyed a sense of the overall flow of the consultation process. Other efforts to abstract generalizable principles of consultation practice followed.

One such effort to explicate generic characteristics of social work consultation across fields of practice lines was that of Charlotte Towle. At workshops in Chapel Hill (1950) and Chicago (1951), Towle presented some of her formulations (Towle, 1970). She viewed consultation as an educational process that draws its practices from theories about how people learn. Her psychodynamic understanding of human behavior is well integrated with learning principles in her conceptualization of consultees' responses to a consultant and the consultation situation. Abromovitz (1958) shares Towle's views of adult learning in consultation and extends their application to mental health consultation.

Furthering efforts to clarify the consultation process, the National Association of Social Workers, Psychiatric Social Work Section sponsored an Institute on "The Psychiatric Social Worker as a Consultant" in May 1959. The Institute gave impetus to the widely read monograph Consultation in Social Work Practice (Rapoport, 1963). This collection of papers moved social work consultation literature from description to beginning conceptualization.

With the publication of Consultation in Social Work (Kadushin, 1977), appreciation for, and understanding of, this professional activity was considerably advanced. The devotion of an entire book to the subject of social work consultation was itself an achievement

and an important step in the recognition of this area of practice. In his compendium, Kadushin provides a succinct history of social work consultation, proposes his own working definition of social work consultation (after reviewing existing definitions), and details the process of consultation from preplanning through evaluation.

Publishing the same year as Kadushin, Miller (1977) discusses overall objectives of consultation. He regards the goal of consultation as two-fold: 1) to provide knowledge and technical assistance to aid the consultee in solving work-related problems, and 2) to strengthen the consultee "in his designated professional role" (p. 113). These objectives are implemented according to principles and guidelines that have come to characterize the practice of social work consultation.

Gorman (1963) distinguishes social work consultation from other social work activities by a particular constellation of components rather than any single distinguishing variable. She synthesizes the writings that define attributes and summarizes them as follows:

Professional consultation involves a process of planned change by which expert knowledge and skills are utilized in a relationship between consultant and consultee (individual, group, or organization) for the purpose of enabling the consultee to increase, develop, free, or modify his knowledge, skills, attitudes, and/or behaviors toward the solution of a current or anticipated work problem; and secondarily, for enabling him to be more effective in preventing or solving similar problems in the future. The consultant's role is a staff role. This means that he has no responsibility for direct action in regard to the work problem, or for directing or evaluating the overall work performance of the consultee. The consultant is responsible for

assessing the areas in which he is competent to give consultation, and for engaging in the relationship and guiding the process in a way which is functional for the achievement of the consultation objectives. The consultee is responsible for making use of the consultation experience.(p. 28)

Consensus exists about several defining characteristics of consultation (Gilmore, 1963; Gorman; Kadushin; Rapoport, 1963, 1977, pp. 193-197; Siegel; Stringer, 1961; Feldman, Note 15). 1) Consultation focuses on a specific aspect or segment of a work-related problem. 2) Consultation is time-limited, taking place within some agreed upon time frame. 3) Consultation is best when it is voluntary, offered on a "take it or leave it" basis. The consultant should have no administrative or evaluative role vis a vis the consultee. The consultant's authority rests on professional status as expert. 4) Consultation is an indirect service; the help is given for the consultee's own use in a program or with clients. The consultant takes no direct action in relation to the situation presented.

A further defining property of social work consultation is the manner in which knowledge is utilized from allied fields. Feldman notes how social work consultants selectively borrow knowledge from allied fields and integrate it with social work principles to help clients and client organizations "understand the interplay of the operating dynamics and environmental elements" (p. 6).

Siegel writes, "consultation by the social worker takes on certain characteristics of a social work activity not only in content but in skill" (p. 113). These assessment and intervention skills are informed by a body of knowledge from the social and behavioral sci-



ences and are guided by long-standing social work values that are the qualitative judgments of what is good and desirable.

The working definition of social work practice (Bartlett, 1958) emphasizes that certain elements must be present to some degree in all practice to be considered social work practice. Two fundamental elements, a body of theoretical knowledge and abstract values, are the definers of method and technique. Thus, social work consultation is distinguished by its particular use of pan-disciplinary consultation knowledge.

Social work integrates social and behavioral science knowledge with the professional purpose, values, focus, and existing knowledge base that are unique to social work and guide social work practice.

Gilmore believes that

It is the responsibility of the consultant, as social worker, to promote the values and utilize the best knowledge of the profession regarding the most favorable conditions and circumstances of social functioning. It is this kind of goal striving and value orientation which distinguishes the professional social worker from consultants who represent other disciplines. (p. 50)

This position is affirmed by Feldman in her statement that

The uniqueness of social work as a profession lies in its ability to recognize and deal with personality, social milieu, and institutional realities and, also, the reciprocal impacts of these on the individual or group central to the consultation. (p. 6)

Both Kadushin and Feldman have endeavored to assess the state-of-the-art of social work consultation practice. Based on a 1975 survey of consultation practice among NASW members and an eleven-year

review (1965-1976) of the social work consultation literature, Kadushin (1977) concluded that "consultation as a social work process is, as yet, a matter of limited interest and concern to the profession" (p. 23). Interestingly, some fifteen years earlier, Gilmore (1963) wrote that "currently there is a breadth and intensity of interest in consultation that is unprecedented" (p. 50). It is likely that these different viewpoints reflect differing perspectives of the authors more than dramatic shifts in the field itself.

Recently, Feldman expressed enthusiasm and optimism about the future of social work consultation. Based on a 1981-1982 survey of 100 widely recognized, experienced social work consultants<sup>13</sup>, Feldman and Carter report a steady acceleration in demand for social work consultation from within and outside the profession.

According to Feldman, requests for social work consultation are no longer confined to the settings in which social workers traditionally worked (schools, hospitals, public health clinics). Social workers have been called on by city councils, government programs, and personnel departments, which are outside the traditional realm of health and welfare.

Feldman recognizes the use of social work consultation in business and industry. She writes:

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<sup>13</sup>Feldman and Carter distributed an exhaustive questionnaire to 100 senior social work consultants to ascertain the state-of-the-art of consultation practice. Their findings and their implications, will be published in a forthcoming book.

The marked trend to utilize social work skills in employee counseling in a wide range of employing establishments and in some trade union organizations increasingly has been accompanied by utilization of social workers to consult with management with regard to needs assessment, access to counseling personnel for problem-identification and prevention or alleviation, planning or administration of employee benefits, and a wide spectrum of other activities that draw on the knowledge of social workers about human and organizational behavior. (p. 8)

Several industrial social workers share Feldman's conviction about the value of social work consultation to industry. Consultation services to industry were noted in several recent articles. Ozawa (1980) speculates that consultation by industrial social workers will occur in the latter stages of development of social services in industry. Kurzman and Akabas (1981) make brief reference to consultation as a potential role for social workers in industry, after program development, service delivery, and training are well established. They regard consultation as "the avenue for enabling organizational representatives to utilize the services of the industrial social welfare specialist" (p. 203).

However, consultation has been narrowly conceived in terms of in-house consultation to other staff members and departments within the employing organization. The sole example of such in-house consultation is provided by Morris (1982). Description of social work consultation, which is embodied in her duties as corporate community relations consultant for a Fortune 500 company, does not provide guidelines for more general consultation practice.

Whether in industry or other settings, most social work consult-

ants have not received specific preparation for their consulting role.

### Consultant Skills

Miller asserts that for the social work clinician to become an effective consultant an identity change is required.

When fully achieved, this new professional role reflects an integrated reorganization of previously acquired knowledge and skills to be used for the consultee's benefit, a strategically different use of the professional self . . . (p. 119).

For this reason, Miller and most other social work authors, affirm that consultation is "a function for the expert practitioner and the method is best practiced subsequent to achieving professional maturity" (p. 119).

Rapoport (1963, 1977, pp. 193-197) relates that professional seniority and the generic social work training are insufficient to prepare consultants. Competence in consultation requires additional knowledge and skills, such as knowledge about the structure and functions of consultees organizations, knowledge of various professional subcultures, concepts of social roles, and knowledge of social systems theories. Rapoport believes knowledge is also needed about "the objectives and methods of supervision, in-service training, and administration to understand the tasks of personnel charged with these responsibilities since they may become the actual consultees or may be involved in negotiations for consultation" (1977, p. 195). Plog and Ahmed (1977) also stress the need for knowledge of social systems and organizational structures and operations.

Consultation authors agree that a broad armamentarium of skills is required for successful consultation practice. The sine qua non of consultation skill is effective management of the consultant-consultee relationship. Invariably, written accounts of consultation principles or procedures note the vital importance of effectively establishing, maintaining, and terminating a consulting relationship. Dimensions of the consulting relationship are well treated in articles by Covner (1947); Dinkmeyer and Carlson (1975); Lippitt and Lippitt (1975); and Wolfe (1966) among others. Rapoport (1963, 1977) regards as essential, skills in the "use of communication and consultation techniques, whether individual or group-oriented. Skill in policy and program development is needed for administrative consultation, and skill in case analysis, for consultation that is case-focused" (p. 195).

Whatever the immediate focus of the consultation, "the overall focus of the consultant must be on the relationship of the consultees' problems to the institutional realities" (Kevin, p. 78). Having suitable knowledge and skills and an appropriate focus, the consultant achieves consultation goals through a variety of actions and activities. Gilmore (1963) categorizes appropriate consultant activities as follows: A consultant can 1) validate, reinforce, or corroborate; 2) clarify, analyze, or interpret; 3) inform, supplement, or advise; 4) facilitate, motivate, or change. Gilmore notes that these functions are not mutually exclusive and in practice often occur in combination.

Consultation functions have been conceptualized by some authors

as taking place through specific processes and stages. The idea that specific processes and stages occur in all consultations has been the subject of some literature within social work (Kadushin; Rapoport) and considerable literature in allied disciplines (Lippitt & Lippitt, 1975, 1978; Menzel, 1975; Wolfe, 1966).

Consultation activities have also been grouped into various classifications according to the target of the consultation. Insley (1959) distinguished case consultation from program consultation. Haylett and Rapoport (1964, Chap. 17) put forth a threefold typology based on whether the activity was client, consultee, or program-centered. McClung and Stunden (1972) used field research to empirically derive a scheme of seven distinct and mutually exclusive categories of consultation. The seven categories are based on the different targets of change, ranging from individual clients to international concerns. The mental health model, introduced by Caplan (1963, 1964, 1970) differentiates among client-centered case consultation, consultee-centered case consultation, program-centered administrative consultation, and consultee-centered administrative consultation.

In addition to categorizing the consultant's focus, consultant roles have also been classified in the cross-disciplinary consultation literature.

### Consultant Roles

Categorizing consultant roles highlights salient behaviors of each role. At the same time, the fluidity that occurs among several

roles in actual practice is minimized. Gilmore believes that the unifying role of the consultant is as a "problem-solving change agent" (p. 50). She regards as subsidiary the roles of trainer, expert, and administrative reviewer. Dinkmeyer and Carlson, educational consultants, see the chief role of the consultant as a catalyst. Rapoport suggests the prime role of the social work consultant is that of change agent with ancillary roles of enabler, educator, advisor, and technical assistant.

Blake and Mouton (1976) submit that social workers are uncomfortable with the idea of being change agents; they prefer to see themselves as providing education or therapy. Kadushin introduces the role of advocate into the social work consultation literature. "The objectives of the advocacy consultant generally involve a redistribution of power and rewards in the system he seeks to reform" (p. 80). In Helping: Human Services for the 80's, Baker and Northman (1981) argue for the generic overarching consultant role of "helper" while recognizing alternative roles such as mediator and advocate.

Lippitt and Lippitt (1975, 1978) present a descriptive model in which eight different consultant roles exist along a continuum from more directive to more non-directive. At the directive end of the continuum is the advocate role, followed by the roles of informational expert, trainer/educator, joint problem-solver, alternative-identifier and linker, fact-finder, and process counselor. The objective, observer/reflector role is at the extreme non-directive end of the continuum. Appropriateness is regarded as the central criterion for applying a given role to a particular client situation

at a given point in the consulting relationship.

Menzel (1975) observes that effective consultants link the needs of the client with relevant resources and, therefore, suggests the role of 'linker' be added to the expanding list of possible consulting roles. Wolfe (1966) views the consultant as a combination of catalyst, stimulator, and motivator. Steele (1975) proposes that consultants often play the role of 'detective,' discovering evidence and fitting pieces together. Among seven other consultant roles he enumerates, is that of "ritual pig." Steele explains that:

By this I mean that I served as an outside threat which needed to be killed off (fired, challenged, resisted) in order for the system to develop enough sense of solidarity and potency to be able to begin some difficult self change. (p. 7)

### Consultation Models

It is important to note that what some authors discuss as consultant roles, others conceive of as consultation functions, consultation models, or strategies of intervention (Galessich, 1982; Steele, 1975). For instance, the phrase "process consultation" (Schein, 1969, 1978) has been applied to the consultant's role as process expert, to a model of consultation termed process consultation, and to consultant functions in which the consultant works collaboratively on problem-solving tasks with the client.

Comparative analysis of consultation models is made painstaking and imprecise because of different usages of terms and conceptualizations that overlap in the kinds of data they utilize. For instance, Margulies and Raia (1972) see models of consultation as either task-



oriented or process-oriented. Task-oriented models deal with helping the client prioritize, generate alternatives, set goals, and mobilize resources. Process models focus on uncovering hidden agendas, opening up blocked communication, developing trust within a work group, clarifying values, or building team spirit and synergy.

Comparing Margulies and Raia's model with Schein's creates semantic and conceptual confusion. Schein, one of the foremost advocates of process consultation, uses the term process to include many topics cited by Margulies and Raia as belonging to the task-oriented model. Topics such as determining priorities and generating alternatives are seen by Schein as part of the process model because these activities bear on the problem-solving process.

Schein proposes dividing consultation models into two categories that differ from Margulies and Raia's. He establishes his two models based on the differential stance of the consultant. In the expert model, the consultant takes responsibility for problem assessment and recommendations for amelioration of the identified problem. In the process model, these are collaborative tasks; work on these tasks is the essence of the "process".

A spurious polemic within social work consultation and behavioral sciences consultation in general, arose over content versus process. Some argued for the importance of the consultant functioning as a technical expert in the content area about which consultation is sought. Others advocated the consultant function as a process expert, skilled in the process of helping the consultee assess and problem-solve irrespective of the content.

Kadushin (1977) and Rapoport (1977), the two synthesizers on social work consultation agree that neither content or process expertise alone is sufficient; the effective social work consultant needs specialized knowledge in relevant content areas as well as mastery in the use of the consultation process.

Caplan's model of mental health consultation, widely used in social work, considers both consultation content and process in its orientation. Originally based on the psychiatric case consultation model, mental health consultation was intended to occur between an experienced psychiatrist, psychologist, or clinical social worker and consultees who were professionals in allied fields such as education, public health, and corrections. The individual consultations were addressed to other fully trained professionals, based on a shared understanding of social institutions and personality dynamics (Collins et al., 1977). "The consultant focuses his main attention on trying to understand the nature of the consultee's difficulty with the case and in trying to help him remedy this" (Caplan, 1970, p. 32). The consultee is the target of change in this consultee-centered consultation. "The problem lies in the way the consultee relates to his client and consultee change is the primary, immediate intent of the procedure which has better client service as an ultimate consequence" (Kadushin, p. 71).

Although Caplan and Haylett make reference to understanding the consultee's institution and sub-culture, the consultation problem is seen as chiefly within the consultee. Entrenched in the medical model, pathology is located internally, in the personality of the

consultee. This appears to be as true in consultee-centered administrative consultation as it is in consultee-centered case consultation.

Perhaps it was the attempt to borrow wholesale the traditional mental health consultation model and apply it indiscriminately, that has led to recognition of its limitations. Many of the commandments of mental health consultation do not pertain outside human service organizations. For instance, the consultees do not always share the same knowledge base or professional values as the consultant. Further, not all consultees provide direct clinical services to patients, parishioners, probationers, students, or any other client group (Rapoport, 1971). Rapoport (1977) charges that mental health consultation is "an elitist model . . . maximizing the power and influence of the expert's role . . . and tends to stress a clinically rather than socially oriented approach to problem solving" (p. 196). She refers particularly to the realities in social work that promote the likelihood of group consultation (Abramovitz, 1958; Altrocchi, Spielberger, & Eisendorfer, 1965) rather than individual consultation, and the need to attend to organizational and structural social systems problems of large and small bureaucracies; they must rival attention from the idiosyncratic work problems of a consultee (Rapoport, 1971).

Answering Rapoport's charges, Mannino, MacLennan, and Shore (1975) in their lucid compendium, The Practice of Mental Health Consultation, are supportive of new theoretical models that apply systems theories, ecological theories, and organizational theories.

In the past ten years, mental health consultation has taken on expanded meanings that depart significantly from Caplan's narrow clinical model. As it is currently practiced (Beisser and Green, 1972; Grady, Gibson, & Trickett, 1981), mental health consultation can include behavioral and psychoeducational approaches as well as systems and organizational development models. In the annotated reference guide, Mental Health Consultation Theory, Practice and Research 1973-1978 (Grady et al., 1981), sponsored by the National Institute of Mental Health, numerous references pertain to management consultation and training and are authored by professionals who are not in the mental health field.

Feldman observes that whatever model is adopted, it is usually determined by the purpose of the consultation, the setting, and the discipline involved. Increasingly, consultation scholarship has become interdisciplinary. The past five years have seen the publication of both the newsletter Consultant's News and the first periodical devoted exclusively to consultation, entitled Consultation. In addition, the Journal of Applied Behavioral Science publishes frequent interdisciplinary articles on consultation research and theory. In her recent volume, The Profession and Practice of Consultation, Gallessich (1982) takes the position that a common base of consultation practice exists regardless of academic discipline or professional designation. She argues that the practice of consultation has suffered from having been professionalized as a sub-specialty within established professions. Consultants have been limited by the perspective of their own professional discipline; they may be unaware

of, undervalue, or under-utilize models and concepts of consultation outside their discipline. Gallessich delineates characteristics common to consultation regardless of the consultant's professional discipline.

One approach to consultation services that has received endorsement across disciplinary lines and differing theoretical positions is group consultation. Various social and behavioral science practitioners have successfully utilized group consultation in working with groups of elementary school teachers (under the mental health consultation model) as well as groups of senior executives (within an organizational consultation/organizational development model). The attributes of group consultation are reviewed within an historical framework.

### Group Consultation

The early behavioral science literature on group consultation (Abramovitz, 1958; Ormsby, 1950) has major shortcomings. Primarily, it fails to discuss the distinctive contribution of the group to the consultation experience. More recent writings give appropriate attention to the group dimension. Dinkmeyer and Carlson (1975) describe the psychological underpinnings and rationale for group consultation. They regard people as "social, decision-making beings whose actions have a social purpose" (p. 202). They believe that most problems consultees bring to a consultation group are interpersonal and social in nature.

Kevin (1963) describes the key role of the consultant in struc-

turing the development and focus of the group. The group is shaped by the emphasis the consultant places on different aspects of group phenomena. The consultant can choose to focus on: 1) the interaction between the consultant and individual consultees; 2) the feelings and attitudes of consultees; or 3) the interaction among consultees in "an interchange of problems and solutions" (p. 77). Altrocchi et al. favor the discriminating use of all three approaches to maximally facilitate the progress of a group. Kevin advocates the interactional approach because it fosters group cohesion.

Altrocchi et al. stress the centrality of cohesion to effective group functioning. Without the development of cohesion (cooperation, support), a consultation group may never move beyond the beginning stage in which a collection of professionals with similar jobs congregate. These authors note that groups with strong cohesiveness and high morale move quickly from an introductory stage to a productive problem-solving stage in consultation groups. Altrocchi et al. (1965) note that in a group atmosphere that is generally supportive and non-judgemental,

group members will feel inclined to share problems, anxieties, and guilt. Sometimes this occurs very quickly, sometimes only after a long testing-out period. The sharing of problems establishes meaningful rather than superficial communication between group members and gradually assures each consultee that his problems are not unique. This reduces the consultees' feelings of isolation and inadequacy, permits a more objective evaluation of problems, and leads to the formulation of helpful alternative courses of action.  
(p. 130)

Group cohesiveness is often related to the size of the group. If the purpose of a consultation group is to involve group members in their own problem-solving, then the group size must facilitate this goal. The consultant needs to determine what is a manageable size given the variety of interactions and content themes that require the consultant's attention (Kevin). Kevin believes that five to eight members is a suitable size for most consultation groups. Dinkmeyer and Carlson feel that five members should be the maximum number of participants.

Despite differences in group size, common processes can be identified. In making use of the group processes, Altrocchi et al. liken group consultation to group therapy. Both types of groups endeavor to increase personal growth, sensitivity, and effectiveness by applying group processes to affective and intellectual learning. However, consultation groups and therapy groups differ in several important ways:

- a) the implicit psychological contract in consultation involves a relationship between professionals in which the consultee is free to apply what he learns or not as he sees fit;
- b) the relative emphasis is on educational goals rather than on the modification of a disorder; and especially, c) the content focus is on the professional rather than the personal problems of the consultee. (Altrocchi et al., p. 128)

The processes that a group enacts have been conceptualized into three phases by Kevin. He posits an introductory phase, a problem-solving phase, and an ending phase. The activities of the crucial middle phase are characterized by: 1) sharing of work problems and

anxieties; 2) reality testing by group members; 3) problem-solving through the process of identification, and through the techniques of clarification, suggestions, and interpretation by group members and consultant; and 4) feedback and evaluation of work done as a result of sharing, reality-testing, and problem-solving.

In the consultation group, members and consultant have different roles and responsibilities. Dinkmeyer and Carlson require members in their groups to meet three conditions. Members must have: "1) a concern to discuss, 2) a willingness to discuss that concern, and 3) a real interest in being helpful to other staff members" (p. 212). These educational consultants believe group members must recognize that "they are making a contract which involves their willingness to present their concerns as well as to be of assistance to others" (p. 212).

Paralleling participants' responsibilities are the duties of a consultant. A group consultant must function simultaneously in several roles. He or she uses professional judgement to determine when to be a teacher, group leader, clinician, or resource person. In the role of teacher, Kevin suggests that "the consultant does not necessarily attempt to transmit specialized technical knowledge; but he does convey general principles and knowledge . . . within the range of the consultees' particular professional background" (p. 131). As a group leader, the consultant must bring knowledge of group dynamics and skill in facilitating group interaction and channeling peer influences (Altrocchi et al.; Kevin). The consultant as group leader acts as a catalyst to stimulate members to share experiences and



explore work issues. The leader functions to clarify problems, focus discussion, and conceptualize suggested solutions. As clinician, the consultant uses professional judgment to assess when to deal with a group members' affective expressions directly and when to redirect the discussion. Based on clinical experience, the consultant can offer practical approaches to consultees' problems, not just theoretical explanations (Kevin).

Given the foregoing discussion, several advantages of group consultation for adult learning are evident. Kadushin (1977) notes that group consultation is a more efficient use of time. While discussing a particular situation, discussion is generalized to the broader category of problems of which any given case is illustrative.

This approach can generate a greater variety of potential solutions, and it amplifies the consultant's impact. In addition to this "multiplier effect," Baker and Northman (1981) note the advantage of group members acting as consultants to each other, under the guidance of a consultant. Also valuable is the opportunity to share perceptions and feelings about a troublesome work issue, discover that the problem is not unique, and find that group members can provide a special kind of acceptance and empathy (Dinkmeyer & Carlson). Group members learn from one another's experiences and the group provides an opportunity for members to help each other grow professionally.

Kevin cites the particular value of group consultation in work situations where staff members with similar functions are isolated from each other and have few opportunities to share work problems and discuss solutions. Altrocchi et al. add that in group consultation,

consultees from different organizations can be included in the same group. This richness can enlarge a consultee's perspective and understanding and, at the same time, contribute to greater inter-organization cooperation.

Blackey (1957) suggests that the unique opportunity of group experience lies in the ability of participants to learn through the group as well as in it. Constructive group interaction provides the requisite learning environment. It is not surprising then, that group consultation is frequently the method of choice in delivering consultation services.

Use of group consultation was assessed by Kadushin and Buckman (1978). They found that 41.3% of those surveyed used group consultation, either as the exclusive modality or in addition to individual consultation. They reported that group consultation was more often used in client-centered consultation; individual consultation was more often used in administrative and program consultation. To further advance social work consultation, several steps are in order. Gilmore claims that "the first need is for more systematic analysis of consultative practice, plus basic theory building. This requires more carefully recorded case material than is presently available" (p. 44).

Following from Gilmore's recommendation, Rapoport (1977) calls for "more differentiated models of consultation to meet more flexibly and adequately a wider segment of community needs" (p. 196). One such model is proposed by McGreevy (1978) who sees promise in conceptualizing consultation practice ecologically. As Miller (1977)

points out, consultation takes place at the interface of two social systems, that of the consultee and that of the consultant. Environmental characteristics of both social systems importantly influence the process of consultation.

McGreevy asserts that a new view of consultation practice has developed from "the recognition that people can best be understood when considered in relationship to their environment" (p. 433). His statement is hardly a revelation to the field of social work, given the evolution from psychosocial to ecological conceptualization in social work. Nonetheless, no published social work literature was located that applied either the older psychosocial or the newer ecological perspective to the practice of social work consultation. The present research was conducted to partially fill this gap.

## Chapter III

### METHOD

This chapter begins with a brief statement of the purpose of the research. The exploratory design is then described and explained. With the design in mind, the procedures employed in sample selection, data collection and data analysis are discussed. The interpretation of data is described, including an explanation of the use of an ecological perspective as the theoretical framework.

#### Purpose of the Research

The first purpose of the research is to identify work-related concerns (particularly knowledge and skills) that new EAP personnel demonstrate (through involvement in a consultation group) they need in order to function effectively in their work settings. The second purpose is to investigate strategies that a social work consultant to EAP personnel can utilize to facilitate learning needed knowledge and skills.

#### Research Design

The design of the present research is exploratory. The objectives of exploratory research are to develop and refine concepts, and to elucidate questions and hypotheses for subsequent investigation. Exploratory research designs generally use qualitative data to explore and describe phenomenon. Sussman (Note 17) summarizes an

exploratory study as:

A qualitative and in-depth study of the phenomenon in which the theoretical concepts are used as sensitizing devices and are refined in the process of the study. An exploratory study may be used in the development or the illustration of a conceptual model. (sec. 2., p. 12)

An exploratory study makes the assumption that the process of knowing can best be achieved initially by qualitative investigation. The present research shares this assumption.

An exploratory design was selected for several reasons. As Babbie (1979) asserts, "exploratory studies are essential whenever a researcher is breaking new ground . . ." (p. 86). A review of the relevant literature reveals that little data has been generated on the subject of this research. The kinds of knowledge and skills needed by EAP personnel has not been systematically studied. Likewise, social work consultation to EAP personnel has not been the subject of any substantial research.

A further rationale for utilizing an exploratory design is its potential contribution to the building of models and theories. Dubin (1969) proposes that exploratory studies can "provide the input for developing units of a theory, laws of interaction, the system states, and the boundaries of the model" (p. 227). Glaser and Strauss (1967) suggest how exploratory research can generate substantive theory. They set forth a phenomenological approach to discovering theory by purposefully and systematically generating it from qualitative data. Known as grounded theory, because it is grounded in the data, this

approach stands in contrast to the logico-deductive approach in which theory is deduced from logical assumptions. By minimizing preconceived constructs like a priori concepts, measurements, and categorizations, an exploratory approach seeks to discover and revise insights, ideas, and concepts in the process of study.

Finally an exploratory design allowed for generation and analysis of a broad range of data. The exploratory approach facilitated understanding the data in its naturally occurring context, rather than understanding it abstractly, isolated from its interactional milieu.

From the perspective of logical empiricism, an inherent limitation of exploratory research is its inability to yield definitive or generalizable answers. Thus, the present research is expected to point the way toward answers by further refining questions and suggesting the next steps for investigation. Once research, such as the present study, provides a sufficient knowledge base in this area of inquiry, attempts to give meaning to data through conceptualizations, theory development, and measurement, can take place. At that stage of development, and if appropriate, more structured research can meaningfully study causality and generalizability with regard to the new knowledge base (Walizer & Wiener, 1978).

To implement this exploratory design, a small sample was selected from the population of EAP personnel.

### Sample

The sample for this research was composed of three persons (new EAP personnel) who registered to participate in a ten-session social work consultation group for EAP personnel.

This voluntary sample learned of the formation of the consultation group through one of the following outreach methods. The article "The Need for an EAP Support System" (Green, Note 18) appeared on the front page of the September 1982 issue of the Los Angeles Chapter ALMACA Newsletter (Appendix B). At the conclusion of the article, readers were informed that a consultation group was being formed and they were advised how to join if they wished to participate.

The researcher made verbal presentations regarding the formation of this consultation group at meetings of the Los Angeles Chapter of ALMACA and the San Fernando Valley Chapter of ALMACA. Personal letters were sent to colleagues in the employee assistance field who might wish to participate in this group.

In the article, verbal presentations, and personal letters, it was suggested that the consultation group would be especially appropriate for persons new to this function, those within their first three years in employee assistance program operations.

Three EAP personnel agreed to participate in the research project. The nature of the research was fully disclosed to these potential participants. They were deemed "not at risk" according to the Department of Health, Education, and Welfare Policy on Protection of Human Subjects guidelines as adopted by the Institute for Clinical Social Work. Participants were assured that in reporting the re-

search findings, names and details would be altered to protect their personal and organizational anonymity.

Participation in the consultation groups consisted of: (a) attendance at ten consecutive two-hour consultation meetings held twice monthly between November 1982 and March 1983 at the office of the consultant/researcher; (b) consent to be part of a research project by agreeing to allow the data emerging from the consultation meetings to be used for the purpose of research (e.g., permitting content analysis of participants' journals and tape recorded meetings); (c) agreement by each participant to think about, mentally prepare, and verbally discuss in the consultation meetings EAP issues and concerns about which they sought greater understanding. The necessity for confidentiality was fully discussed and participants agreed to keep confidential the contents of all meetings and the identity of the participants and their companies.

The use of a small, voluntary sample suited the purposes of this study. Glaser and Strauss affirm that the number of cases are less crucial when one's purpose is model and theory building. "A single case can indicate a general conceptual category or property; a few more cases can confirm the indications" (p. 30).

Bloom and Fischer (1982) and Howe (1974) among others, have utilized the single-subject model to advance clinical social work practice evaluations. Davitz and Davitz (1967) support use of a case study approach to provide intensive study of a social unit by means of "natural observation" rather than experimental manipulation. Were the present study empirical rather than exploratory research, the



sample size would be justly criticized and the biased selection deemed unacceptable.

Sussman aptly summarizes the rationale for the present sample:

Small or single sample studies are not done for the purpose of generalization or prediction; usually, they are used for in-depth and pilot work specifically to illustrate and describe; or even to try to explain the nature of the phenomenon under investigation by delineating the factors which appear to be at work in the single case or few cases. (sec. 3, p. 2)

### Collection of Data

An exploratory study, according to Sussman, may employ "any set of methodologies (data gathering and analysis procedures) which is not dependent on a large sample and long-term follow-up" (sec. 2, p. 12).

One of the most powerful methodologies for exploratory research is participant-observation (Walizer & Wiener, 1978). As a qualitative method of inquiry, phenomena are observed in their natural settings and natural-occurring contexts. The researcher participates in the interpersonal events of the group. "Taking the role of the other is translated into a methodology which demands that the social world be described from the perspective of the actors in it" (Deutscher, 1973, p. 306). In addition to subjective awareness and understanding, the participant-observer abstracts beyond subjective meanings to theoretical concepts.

Participant-observation is a combination of methods involving interaction in the field with subjects of the study, direct observa-

tion, informal interviewing, collection of documents and artifacts, and "open-endedness in the directions the study takes" (McCall & Simmons, 1969, p. 1).

Among the advantages of participant-observation are its ability to explore, its capacity to elicit hard-to-obtain data, and the rich data generated by the process. If little is known about a subject, group, or process, it is very difficult to design a sound experiment to study it. Participant-observation is suited to exploring unstudied problems in order to generate foundation knowledge. Because participant-observation is non-standardized, inquiry can be redirected on the basis of incoming data.

Another advantage of participant-observation is its ability to access certain kinds of information. When the nature of the information sought is considered "sensitive" or otherwise difficult to obtain, participant-observation is more likely than other methodologies to elicit pertinent data. It was thought that data unfolding in the consultation group meetings could involve exposure of corporate blemishes or secrets about companies within which participating EAP personnel work. Equally, studying concerns of new EAP personnel could expose their insufficient knowledge and skills, unjustified beliefs, or lack of objectivity (Gallessich). This type of information would be less obtainable through quantitative methods (NASW, 1963).

Walizer and Wiener describe the "richness" of data gathered through participant-observation. They take the view that

by experiencing, to some degree, the phenomena being studied, the researcher can potentially capture the richness of the experience. Viewing variables in the context in which they naturally occur may shed light on important interpretations which might otherwise be missed. (p. 337)

The participant-observer sees and feels social processes and events from the inside. This insider's view, with all its contextual complexities, accounts for the depth and richness of the data.

Like all data collection methodologies, participant-observation has limitations as well as definite advantages. In this study, the dual role of participant (clinical consultant) and observer (data collector) involved the difficult task of managing two sets of objectives simultaneously. The researcher's objectives were to gather and analyze data to answer the research questions. The consultant's objectives were to increase group members' knowledge and skills and to broaden their perspective regarding their roles in their work organizations. Hence, the optimum balance between participation and observation was approximated rather than definitively achieved.

Important to the credibility of the research methodology is the fact that the researcher is an experienced social work consultant. This expertise enabled the participant-observer to apply clinical acumen to participation and observation.

Bruyn (1966) points out that no procedure has been established to ensure the validity of the participant-observer's findings. Researchers utilizing participant-observation argue that the observer's status as outsider can either serve to decrease (Kornfein, Note 19) or increase (Filstead, 1970) the validity of their findings. The

observer's perceptions may be distorted for a variety of reasons and this would impugn the validity of findings.<sup>14</sup> The participant's role as consultant in this research undoubtedly influenced the kind of information shared by group members.

A final limitation of participant-observation is that it cannot answer questions about causality. In discussing this limitation, Kornfein states:

Participant-observation does not lend itself to causal analysis; variable and sample selection are not conducted with the focus of studying the statistical significance or predictive power of isolated variables. Similarly, inferences beyond the particular group does have to be considered cautiously.

Participant-observation was one of several means of data collection. Data was also gathered from tape recordings of the ten consultation group meetings, demographic data sheets completed by participants, hand-written journals kept by participants, and hand-written notes completed by the participant-observer/researcher immediately following each consultation meeting.

The participant-observer's notes included recollection of content areas, vignettes, recurrent themes, and interpretative commentary about the content and process of the consultation meetings, based on clinical judgement and experience. Each participant made hand-written entries into a personal journal following each meeting.

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<sup>14</sup>Madge (1965) notes three main causes of distorted observation: 1) inadequacies in our sense organs; 2) the confounding of observation and inference; and 3) the effects of interaction between the observer and the observed.

The journals were submitted to the researcher at the conclusion of the five-month group.

Thematic content areas served as the unit of observation as well as the unit of analysis.

### Analysis of Data

Content analysis was applied to the above-described sources of data. "Content analysis is any systematic procedure which is devised to examine the content of recorded information" (Walizer & Wiener, p. 344). According to Walizer and Wiener, the data can be written documents, audio recordings, or any other type of interpretable communication media.

The research questions provided a framework for developing a set of categories out of the data. Tripodi and Epstein (1980) affirm that in content analysis, categories and their behavioral referents come from studying the documents to be analyzed themselves, rather than from predetermined categories. An index-card system was utilized to record and retrieve data that were then coded into emerging categories of prevailing themes. In accordance with Glaser and Strauss, inspection and memo-writing were utilized along with coding to suggest categories, their properties, and their boundaries.

Glaser and Strauss instruct that comparison of coded data, within a category and then among categories, generates theoretical properties of the categories. Thus, each segment of data was compared with all other segments of data to discern and describe criteria that defined the categories (i.e., characteristics of the

clustered data), elements of patterns, and frameworks describing how patterned elements fit together.

By abstracting analytical constructs (themes) from the data, the content of the ten-session consultation group was systematically examined. Having achieved greater understanding of constituent attributes of the persons, their environments, and their dynamic interdependence, the parts (themes) were re-integrated into an ecological model.

Glaser and Strauss regard joint collection, coding, and analysis of the data as inseparable.

The generation of theory, coupled with the notion of theory as process, requires that all three operations be done together as much as possible. They should blur and intertwine continually. (Glaser & Strauss, p. 4)

A "synthetic" interpretation of data was sought. In a synthetic interpretation, "the parts and concepts are integrated into meaningful relationships, rather than analyzed and interpreted in a disjointed and compartmentalized manner" (Bruyn, 1966, p. 34). Such a holistic interpretation of data was aided by the application of an ecological perspective as the guiding theoretical framework. The ecological perspective focuses on the interdependent interaction of living systems and their social and physical environments.

The research explored needs of EAP personnel and characteristics of their work settings; the ecological perspective could account for individual and organizational phenomena and explain their relationship.

An ecological perspective was utilized because of its compati-

bility with the exploratory nature of this research. The ecological model achieves understanding through the breadth, rather than the depth, of its focus. It can take into consideration individuals and their organizational environments by such linking concepts as reciprocal interaction and dynamic adaptation. Using ecology as a practice metaphor, complex phenomena can be viewed in their interacting contexts. The level of abstraction of the ecological model is high enough to subsume living systems and their environments and yet concrete enough to humanize social phenomena.

The ecological framework holds values and priorities consonant with the exploratory design of the research and the views of social work. As Kornfein observes,

The focus on the individual-in-context goes back to the roots of social work. From the days of Mary Richmond, the Charity Organization Societies and settlement houses, social work has been a profession committed to understanding people in their environments. Participant observation as a research strategy and method is particularly compatible with that orientation. (p. 15)

## Chapter IV

### FINDINGS

The present study has been conducted to answer the following two research questions:

1. What are the work-related concerns (particularly professional knowledge and skills) specific to new EAP personnel?
2. What interventions can a social work consultant utilize to help new EAP personnel acquire clinical and organizational knowledge and skill?

The first section of the findings presents five recurring themes. These prevailing themes were abstracted from the data to delineate clinical and organizational knowledge and skills needed by new EAP personnel. The consultant interventions and group processes that facilitated acquisition of clinical and organizational knowledge and skills are reported in relation to each theme.

The second section of the findings presents an ecological model for EAP consultation that evolved from the findings in the first section. Also reported are key elements related to the conduct of the consultation group.

The five recurring themes identified by this research are:

- 1) The Quest for Knowledge; 2) The Search for Professionalism;
- 3) The Need for Legitimate Power; 4) The Operation of Organizational



Constraints; and 5) The Achievement of EAP Aims. Each theme is described and accompanied by data (examples, quotations, and vignettes) that illustrate and support the theme.

The five themes were abstracted to express generalizations about the clinical and organizational knowledge and skills needed by new EAP personnel. Participants related to themes differently, depending upon individual personality, stage of development of the company's EAP, professional discipline (knowledge base, goals, and values), nature of the work setting, and role in the work setting. Case vignettes and illustrations related to different themes reflect participant's individual differences.

The consultant's interventions and the group's activities were analyzed, and group processes pertinent to each theme were identified. For the purpose of explication, a prevailing process is paired with each theme. In the actual operation of the consultation group, these processes were applied to all situations where appropriate. The five key processes associated with the five themes are: Sharing, in relation to The Quest for Knowledge; Validating, in relation to The Search for Professionalism; Expanding Awareness, in relation to The Need for Legitimate Power; Examining, in relation to The Operation of Organizational Constraints; and Integrating, in relation to The Achievement of EAP Aims.

Two conditions were fundamental to the implementation and success of all interventions and activities reported. These were the establishment and maintenance of participant/consultant relationships and group cohesiveness. The consultant endeavored to build a trust-

ing, permissive relationship with each group member, and simultaneously to promote relationship building among group members. These relationships were the vehicle for conveying all interventions. For example, without having established a trusting relationship with the consultant, group members would not have been amenable to such interventions as role playing or confrontation.

Similarly, group cohesiveness was requisite for maximizing learning through group consultation. Group cohesiveness is characterized by group spirit, cooperation, and "consensual group action" (Yalom, 1975, p. 311). Such group solidarity, acceptance, and mutual support were essential to the group's activities. For instance, without a sense of "we-ness" and cooperation, group members might not have elected to change the time of one meeting so that another member could attend the session.

Since the themes that emerged and the group processes that occurred were influenced by participants' characteristics, by the nature of their employing organizations and by their companies' EAP histories, the following brief profiles of participants and their companies preface the findings. (For detailed descriptions of the participants, their companies, and companies' EAP histories, see Appendix C).

Rae is the manager of human resources for a local radio station. She is a recovering alcoholic who holds a master's degree in educational counseling. She is intuitive, warm, and committed to her managerial development. The radio station and its multi-national parent company have operated an EAP for the past three years.

Irene is the industrial nurse at a plant that manufactures navigation and communication equipment under government contracts. She is a licensed practical nurse and is working toward a bachelor's degree in psychology. While friendly and energetic, Irene evidences defensiveness about her lack of preparation for and understanding of EAP work. The plant where she works has no formal EAP. Informally, Irene has organized educational programs and unofficially conducted counseling and referral services from the dispensary.

Connie is the manager of employee services at a major motion picture studio. She is articulate, self-assured, and ambitious. She is working toward a master's degree in business administration and has moved up quickly in her company. The studio has no formal EAP, although a few EAP activities have been inaugurated. Connie's mission is to "take the EAP off the back burner" and manage it.

Despite these differences in group members' backgrounds and their companies' orientations, common needs and concerns led to the identification of five universal themes.

#### Theme 1: The Quest for Knowledge

The participants' quest for knowledge was a prime motivator for joining and continuing in the consultation group. All group members recognized the need to increase their knowledge about every aspect of EAP work. Group members sought knowledge in the form of facts, theories, insights, technical skills, and expanded awareness. Cross-disciplinary knowledge was needed in the areas of clinical practice, organizational functioning, and EAP program administration. In de-

scribing her primary reason for participating in the group, Connie remarked, "I want all the education and ammunition I can get."

Through the stimulus of the consultation group experience and clinical interventions of the consultant, group participants progressively expanded their awareness of the variety of presenting or underlying problems they might encounter in the clinical facet of their EAP work. During the course of the consultation group, participants listened to, collected, and shared information on many subjects they began to recognize as relevant and useful.

Five examples illustrate participants' quest for clinical knowledge.

- 1) Connie asked for elaboration on the similarities and differences between alcoholism and cocaine addiction.
- 2) Irene requested evaluative comments concerning her intervention with an employee whose husband had sexually abused her.
- 3) Connie sought knowledge regarding others' experience in utilizing a particular treatment provider. Although she had found this person effective in helping her studio's rank and file employees who have drinking problems, she was reluctant to refer executives to him. She believed his earthy, unpolished approach was not sophisticated enough to establish rapport with management-level personnel. She perceived him as "sorely lacking in understanding of the dynamics of a corporation." She wondered if other group members' experience and judgement of this provider were similar.
- 4) Rae presented a situation of an employee who was underperforming in her job. The employee claimed she was bored with her job and saw no way to transfer to another position. Rae wanted to explore different ways to assess this employee's presenting problem.

5) Connie had a particular interest in learning about employer-sponsored day care. She invited discussion about how to market a day-care program to management and employees.

By the conclusion of the ten-session consultation group, twenty-two separate clinical topics had been introduced and discussed.

In facilitating the Quest for Knowledge, the consultant intervened in two ways: 1) encouraged and reinforced the value of sharing information and resources; and 2) imparted knowledge in the areas of clinical practice, organizational dynamics, and EAP program administration. (The kind of organizational dynamics and program administration knowledge sought and acquired are detailed in the discussion of themes three, four, and five.)

Ritualized sharing. The consultant suggested that one method for fulfilling participants' quest for knowledge was through sharing information and resources. A cooperative exchange of knowledge became ritualized after several consultation group meetings. Each group meeting began with the ritual of sharing written and verbal information of immediate interest to participants. Examples of written materials exchanged among group participants included recent newspaper and journal articles, announcements of forthcoming conferences, and samples of company EAP publicity materials. The consultant contributed to the sharing of written information by distributing a variety of materials related to emerging topics (Appendix D). Examples of verbal information included critiques of EAP films previewed, summaries of speeches heard, and reports on workshops attended.

Frequently, the sharing by one group member brought to light an idea, insight, or piece of information previously unknown or unconsidered by another group member. Such knowledge was received gratefully, in an ambience of esprit de corps. As the group gained confidence in its own functioning, members increasingly looked to each other as valuable sources of information. For instance, since Irene demonstrated extensive knowledge about community resources, other group members consulted her about how to locate a community speaker on a particular topic.

Imparting knowledge. In addition to facilitating group sharing, the consultant imparted knowledge in the areas of clinical practice, organizational dynamics, and program administration. When the consultant provided information, it was calibrated to the group's level of sophistication about the subject. For instance, in describing the dynamics of clinical phenomenon such as anorexia nervosa or child abuse, the consultant endeavored to provide enough knowledge for use in clinical assessments without inundating participants with abstract theoretical formulations.

Upon request, the consultant described dynamics common in physically abused women. The impact of very low self-esteem, lack of a cohesive sense of identity, and excessive dependency were discussed. For the purpose of assessment and referral, the structural and developmental personality deficits that underlie the attributes of physically abused women are not essential knowledge for the task. As EAP practitioners, they do need to recognize that sexually abused woman may have low self-esteem or dependency needs that importantly

contribute to the presenting problem. However, the EAP counselor need not understand Mahler's model of separation-individuation or Klein's contribution about internalized bad objects in order to refer an abused woman to appropriate treatment. Similarly, when the consultant imparted knowledge about management styles and situational leadership, their basic elements were described. Participants indicated their understanding through their application of these ideas to the situation under consideration. This gave the consultant feedback about clarification or amplifications needed.

As a result of sharing information and resources, participants increased their knowledge and interest. One participant's journal itemized a list of fifteen clinical topics relevant to EAP functioning. Another journal included a list of topics (for an educational series) generated from shared information in one particular session. Because members recognized each other as valuable sources for information, they made arrangements for continued contact after the group's conclusion.

In building a knowledge base for their work, the group members began to develop an awareness of issues related to EAP professionalism.

## Theme 2: The Search for Professionalism

Attaining and solidifying a sense of professionalism was a potent recurring theme in the consultation group. Because no professional standards are yet operational for EAP personnel, achieving a sense of professionalism is not fostered by having met specific

requirements, holding requisite licenses/certifications, or other hallmarks of professional status. Each person in EAP work has to arrive at a professional self-definition without traditional mechanisms for socialization into that new role.

Since there is, as yet, no agreement about the "ideal" educational background and training for this work, a professional discipline alone does not provide adequate background for acquiring an EAP professional identity. Participants' evaluations of the consultation group indicated that they judged the group to have functioned as a socializing agent in facilitating development of a sense of professionalism.

A sense of professionalism may be defined as a view of one's self as having special training, knowledge, and the capacity to do a task competently in a context that respects and utilizes these characteristics. A sense of professionalism requires contributions from the personal (internal) environment and the social (external) environment. The extent to which participants expressed a sense of professionalism was found to be related to a combination of the following seven factors:

1. Job title and salary. Having a managerial level title and corresponding salary provided a framework within which to begin identifying oneself as an EAP professional.
2. Relevant academic degree. Having a degree in a discipline related to EAP functions provided a knowledge base as well as status as a professional person.
3. Skills relevant to job tasks. Having skills relevant to assigned tasks fostered a sense of competency necessary for a professional identity. A sample of relevant skills includes the ability to understand and utilize the organization's formal and informal systems, the



ability to listen for overt and covert content in employee assessments, and the ability to communicate effectively with employees and managers at every level in the organization, from the mailroom to the boardroom.

4. Adequate self-esteem. Having adequate self-esteem and a realistically positive self-concept are the structures within which a sense of professionalism can be assimilated.
5. Appropriate use of life experiences. Having the ability to integrate personal life experiences and appropriately utilize them in the work setting contributes to a sense of professionalism.
6. Sufficient time on the job. Having sufficient time to integrate the above-described factors in one's work role leads to a well-developed sense of professionalism.
7. Means for processing components of professionalism. Having a mechanism for discussing, enhancing, re-working, and integrating the above-described components is vital. Participants defined the group as a vehicle for advancing their professional development and achieving a sense of professionalism.

These factors were interdependent and reciprocally modified each other. They represented the interaction of organizational components (salary), individual components (self-esteem), and environmental components (the use of time and the operation of a group). Together they constituted an ecological phenomenon called professionalism.

A fitting illustration of the operation and interaction of several factors that contribute to professionalism is provided by the following case situation.

Throughout the course of the group, Rae worked to integrate her personal life experience as a recovering alcoholic with her professional role and function. Rae was in conflict over whether to disclose her own alcoholism and recovery to employees at work and

whether to use that experience directly in her discussions with employees. The philosophy of AA, to which she has been committed for more than two years, recommends that the best way to help another alcoholic is to share one's own story. By relating one's own experience, you help yourself and the other. Nonetheless, Rae was concerned that disclosing her own alcoholism could be detrimental to her professional status and goals. She also feared that some employees would become uneasy and assume that she was eager to uncover and root out all drinking.

In this example, Rae's view of an effective helper was a constricted one, in which her own experiences were used as the basis for assessment and intervention. Her professional development did not yet include an understanding of effective helping based on a disciplined use of one's self. In this conceptualization, one's own personal experiences are used to foster empathy with a client. The client responds to the helper's empathy rather than to likeness of concrete circumstances and experiences between helper and client.

In a similar example, Rae used the consultation group as a means of integrating her life experience as an alcoholic with an understanding of the professional use of one's self to enhance empathy and foster relationship building. Rae discussed a case of a problem-drinking employee, and asked how she might best intervene. ("You would think I would know how to deal with denial from my own experience.") Rae role-played sequences in which disclosure and nondisclosure of her alcoholism were enacted. The group responded with reactions and suggestions.

At the end of the session, Rae concluded, "If I can be effective without revealing my alcoholism, I will. Because of these discussions I will ask myself, what's my motive for telling? I think it could do more damage than good." In her journal she wrote, "I want to develop myself as a competent professional person, not relate as a recovering alcoholic. I'm beginning to feel that AA is no longer the center of my life."

By the final session, Rae had reached a further resolution of her dilemma. She had revealed her alcoholism history to her general manager. She felt comfortable having made this self disclosure and, at the same time, decided not to use this information in working with station employees who discuss their drinking problems with her. Rae's self concept was beginning to encompass a professional identity above and beyond her identity as a recovering alcoholic.

The environmental elements of time and a consultation group structure functioned as resources to Rae's expanded self-concept development. The increased length of time on the job and utilization of the consultation group experience together may account for Rae's journal reflections about her experience of the group after the final group session. "I feel more confident in my job and much more credible. I know, now, that I have a lot to offer there".

The literature confirms that Rae's conflict was not an uncommon occurrence. However, most EAP personnel who are recovering alcoholics do not have a consultation group structure in which to fully explore and resolve how they might utilize their life experiences professionally. Further, recovering EAP personnel may regard their

personal experience and knowledge of alcoholism as their primary claim to a sense of professionalism. On this basis, they may be reluctant to critically examine its place in a professional role.

Similar to Rae, Connie wanted to explore an issue related to her professional use of self. Connie relates, "I have a strong personality and tend to be very forceful. Employees may question my sincerity, sensitivity, and confidentiality. I want to improve my communication skills so I can show interest yet not be patronizing." For Connie, professional credibility related to acquiring clinical skills in using one's self professionally to establish a relationship, convey an appropriate level of concern, and respond empathically. As Connie develops these skills, her sense of professionalism will expand and deepen.

As a sense of professionalism develops, it becomes self-perpetuating so that previously troublesome issues become manageable. A concern Rae presented exemplifies this process. Initially, Rae expressed discomfort over informing station employees of her attendance at the consultation group. She believed employees would assume she was discussing them in a way that violated their confidentiality. As Rae expanded her understanding of confidentiality and its relationship to professionalism, her apprehensions about discussing her attendance with employees dissipated. She recognized that it was her own uncertainty about how to manage confidentiality in a professional way that was disturbing her.

In the group's work on the theme of professionalism, validation was a facilitating process. Rae confirmed the salience of validation

in her journal entry that reads, "As far as the group goes, I have needs for support, acceptance, and to be dealt with as a whole person." Because exposing one's not-yet-solidified professional self creates heightened vulnerability, a validating, supportive group climate was necessary.

The consultant promoted establishment of a climate of honesty, acceptance, and confidentiality. The consultant utilized emotionally supportive strategies to facilitate validation. Support was provided by legitimating their struggle and supporting the expansion of their personal and psychological functioning. Support is not to be equated with indiscriminate reassurance -- it is the support of participants' adaptive capacities (Hartmann, 1958; Blanck and Blanck, 1974; 1979).

The consultant validated participants' search for professionalism by identifying those issues that related to developing a sense of professionalism. The participants' experiences were interpreted as issues that constitute the normal developmental process of attaining and solidifying a sense of professionalism. By identifying and clarifying group members' experiences, the consultant provided a framework for participants to understand their feelings and experiences. For instance, one participant came to recognize that the confusion and uncertainty she has experienced in her job was part of the process of searching for professionalism. Hence, labeling and validating her experiences and issues as part of a normal developmental process made her struggle understandable, acceptable, and manageable.

Having a sense of professionalism is personally empowering. In

order to be an effective professional, personal power must be linked with legitimate power that is sanctioned by the organization.

### Theme 3: The Need for Legitimate Power

Power that derives from an organization is manifested in a variety of ways. In the consultation group, legitimate power was evidenced by 1) having an accurate official job description, 2) having access to decision makers, and 3) having power to enforce policy. Knowledge and skills in using power were related to an understanding of organizational life and attainment of emotional maturity.

#### Power through Job Description

Participants are either empowered or constrained by their sanctioned job functions within their organizations. They are empowered to do no more and no less than what is specified in their written job descriptions. For instance, Connie recognized her lack of power to act outside her sanctioned capacities. She cannot move ahead in developing an EAP until her manager relieves her from other time-consuming responsibilities. She realizes there is no advantage to proceeding surreptitiously. Her approach is to "play the game and work through the system." Thus, she will exert what pressure she can by continuing to present to senior management evidence of the efficacy of implementing expanded EAP activities. However, she will not move forward with EAP planning without an official mandate and she is determined to obtain it.

In contrast, Irene does not appreciate these power dynamics.

She expresses frustration that "management perceives the nurse as nothing more than the secretaries." She asserts, "my job description doesn't begin to tell what I do." If Irene's job description stipulates only nursing functions, her EAP interest and involvement is not legitimated by her employer; she has not been empowered to conduct the activities in which she is engaged.

#### Power through Access to Decision-Makers

Power for an EAP professional means having access to decision-makers. Whereas Connie cultivates contacts with senior management to advance herself and her program, Irene retreats from management. Irene does not want to be seen as "working for the management . . . that would turn off some employees". In repudiating any alignment with management, Irene closes herself off from essential sources of legitimate power and influence in her organization.

While the process of utilizing power for effective functioning is related to the external world of the organization, the process of harnessing its utilization is related to the internal world of one's personality. As the descriptions of the group members indicate, participants with greater emotional maturity can accept and utilize power more appropriately. For example, Irene's level of emotional development interfered with a realistic assessment of power and appropriate responses to situations involving power and authority. Her unresolved conflicts concerning authority and psychological separation hampered her job performance. While the consultant was able to create an awareness of situations that required understanding and

use of legitimate power, it was not within the scope of the consultation group to modify the personality dynamics that interfered with the exercise of power. It was possible, however, to create awareness that Irene's emotional responses were influencing perceptions of power situations and reciprocally, her perceptions were influencing her responses.

A striking illustration of the need for legitimate power is embodied in a vignette reported by Irene. This vignette illustrates the outcome of lack of sanction through job description and lack of legitimate access to decision makers. In the case example, there was a lack of sanction for Irene to intervene. Because of this lack of sanction to intervene, there was no formal structure or machinery available to respond to the dramatic circumstances described.

Ms. L is a 54-year-old woman, employed for many years as a secretary to a line manager. Attractive, reserved, and proper, Ms. L's behavior underwent significant changes over a ten-month period. Initially Irene became aware of a problem through other employees. In the hallway one day, Ms. L pointed her finger at a fellow employee and loudly accused him of trying to rape her the previous evening. Several similarly accused male co-workers soon dropped into the nurse's office to apprise her of this peculiar behavior.

Some weeks later, Ms. L came to see Irene about a medical leave of absence. She was planning to undergo complete diagnostic testing for an assortment of aches and pains that Irene deemed "imaginary". As Irene predicted, the testing revealed no organic problems. Irene learned that when the physician had suggested that Ms. L seek counseling, she fled from the doctor's office declaring, "I am not crazy."



A month later, Ms. L took another leave of absence to pursue another round of similar diagnostic tests. By this time, other employees, concerned about their co-worker, came to the nurse with reports of the secretary's increasingly out-of-character behavior. Irene spoke with Ms. L and confirmed the reports of her bizarre thoughts.

Believing that something needed to be done, Irene told the plant manager that Ms. L was hallucinating and that action needed to be taken. The plant manager disagreed. Irene then approached Ms. L's manager and inquired if he had observed any odd behavior or work problems. He replied that Ms. L and her work seemed fine. Irene was irate that this manager was "burying his head in the sand." Soon thereafter, the secretary asked Irene to investigate a serious problem; Ms. L was absolutely sure her telephone had just been bugged.

Irene's concern escalated when Ms. L failed to return to work after a month's scheduled vacation. When several attempts to contact her failed, Irene and two other employees went to the secretary's apartment, certain she was inside. At this point, the company was preparing to terminate Ms. L for failing to return to work. Irene was incensed that the company would be so "hard-nosed" when "they were the ones who chose to ignore the problem" until now. Finally, a psychiatric emergency team was called and they did gain admittance to Ms. L's apartment. She was found staring at her television set from a huddled position on the closet floor. She was admitted to a local psychiatric hospital and remained there voluntarily for several months.

Pleadingly, yet rhetorically, Irene asked the group, "What could I have done?" However competently or incompetently, Irene was performing an employee assistance function without a company-issued license to do so. Without such a license, documented by a job description and access to decision-makers, the powerlessness and frustration Irene experienced would likely be repeated in future

dramas. To their mutual detriment, there was an adaptive fit established between Irene's personal and organizational dis-empowerment.

#### Power to Enforce Policy

Legitimate power is necessary to enforce a law, regulation, or company policy. Lack of power is reflected in the following situation in which Irene is impotent to protect and enforce the confidentiality of employees' medical records. On occasion, Irene has found her manager "browsing through the medical files at will." When she asked what specific information he needed and she offered to retrieve it, the manager insisted on reviewing the entire file himself. She declares, "I can't make him stop snooping" and has resorted to subterfuge. In an effort to protect employees who discuss personally "damaging" information about such issues as family violence or psychiatric history, Irene keeps a second set of "secret records" rather than enter this information in the official medical record. Aside from the problems that emanate from this procedure, it evidences a need to assert power in the face of powerlessness.

The need for legitimate power was not equally apparent to all group members. Differences in participants' awareness of and willingness to use legitimate power were found to be associated with corresponding differences in understanding of the dynamics of power in its organizational context. Hence, perceptions of the need for power and a disposition to acquire and assert power, were closely related to a knowledge of organizational functioning.

The consultant intervened in several ways to expand awareness of

the need for and use of power within the organization. The consultant recognized the marked differences in participants' levels of awareness of the need for power and parallel differences in their abilities to perceive organizational dynamics. One participant was keenly aware of the need to acquire and assert power and grasped the nuances of organizational dynamics. A second participant had a more general awareness of power and the organizational dynamics that affect power. A third participant was quite unaware of the need for power and was lacking knowledge and experience in organizational dynamics.

The consultant facilitated the expansion of awareness by aiding group members in learning from each other. The consultant assessed each participant's level of understanding of legitimate power and related organizational dynamics. The consultant then encouraged the group member(s) with knowledge and experience in the area under discussion to offer reactions and commentary to the participant raising the issue. For instance, pertinent questions and comments from participants helped link the problem situation under discussion to the need for legitimate power. Examples of participants' questions that expanded awareness of the need for power and its organizational context included: "Does \_\_\_\_\_ have the authority to fire \_\_\_\_\_?"; "Who has to approve that plan?" "What else is going on in the company that can affect approval?"; "Will your boss back you up in doing that?"

The consultant maximized learning for the giver as well as the receiver of information. By asking the more informed group member to

teach the less informed member, the consultant promoted further development of the more informed member. Providing opportunities to practice conceptualizing and teaching one's knowledge and experience builds expertise and promotes an increased sense of professional competence. Thus, members with disparate levels of understanding could benefit differentially from the same group consultation experience. Through this process, members experienced a learning format that could be generalized and applied beyond the consultation group.

Having acquired a requisite knowledge of organizational power dynamics and an attitude that supports the appropriate use of power, there are, nonetheless, limitations to the applicability of power. The structure and climate of an organization impose constraints that must be recognized and respected.

#### Theme 4: The Operation of Organizational Constraints

Constraints are endemic to organizational life and every employee experiences some of these constraints. EAP personnel in the consultation group identified the following three types of constraints related to their work. First, group members agreed that management resistance to EAPs was a source of frustration. Second, company health benefit plans, which are not equally comprehensive, were regarded as obstacles to offering uniform, quality EAP services. A final constraint was restrictions in providing EAP services. Participants experienced a conflict between adhering to EAP guidelines and group members' humanitarian orientations. The consultant guided group members in critical examination of topics related to the opera-

tion of organizational constraints.

### Management Resistance

All participants encountered managers who were not supportive of EAPs. Group members made a wide range of attributions about the sources of managers' resistance. In response to this resistance, participants expressed such feelings as frustration, disgust, and anger. These reactions accompanied a lack of understanding of the meaning of the resistant behavior. Group members' attributions often interfered with problem-solving. Participants needed knowledge about the dynamics of resistance and its operation in organizational contexts. They needed skills acquisition to constructively manage the identified resistance.

Management resistance derives from several sources. Managers may hold values incongruent with EAP ideology. Other sources of resistance are lack of knowledge and personal discomfort. Such resistance was evidenced directly by management action and indirectly by innuendos and facetious remarks as demonstrated in the following two examples.

Example #1: Direct resistance. Irene presented to the plant general manager a computation of the economic costs of operating an EAP compared to the significantly higher costs of maintaining the status quo. (Instructions for performing this corporate arithmetic had been provided at the previous consultation meeting.) In Irene's words, "he [the plant manager] tore the sheet up right in front of me."

Example #2: Indirect resistance. Connie became aware of a disquieting pattern at staff meetings when she reported on EAP activities. During formal and informal presentations about alcoholism programming efforts at the studio, Connie noted "my boss's boss would snicker or crack real inappropriate jokes." At one particular staff meeting, a problem arose concerning the need to relocate the on-site AA meeting. A hastily arranged corporate meeting had necessitated the use of the conference room reserved for the AA meeting. Connie's "boss's boss" jocularly suggested that the AA group reassemble at the bar across the street from the studio. In immediate response to what she called a "low comfort-level remark," Connie replied, "that is a perfect example of the kind of inappropriate response we need to eliminate."

Connie was unaware that her response to the manager was equally inappropriate. She did not have a sufficient knowledge of personality dynamics to fully understand this manager's resistance and she did not possess the clinical skills necessary to modify the resistance. Because of these deficits, her impulsive response emanated from her emotional experience of frustration. A more adequate response would have come from having distilled an understanding of the manager's dynamics, an understanding of her own subjective reactions, an appreciation of the context of their transaction, and a clinical strategy based on these considerations.

A recurring question was how to modify managers' prejudices and promote positive attitudes toward EAPs. The consultant presented case-study material from her own practice to illustrate approaches

to dealing with resistance. In describing the consultant's interventions in these case illustrations, the consultant was also modeling a respectful, problem-solving orientation toward people who exhibit resistance.

Careful examination of participants' attributions about managers' resistance was aided by techniques to enhance empathy. The consultant encouraged group members to take on the role of the resistant manager they were describing. They were led to experience the resistance from the vantage point of the subject rather than the object. For instance, when one group member engaged in this vicarious introspection, she recognized that fear was an underlying source of what she had labeled as resistance. The participant's feelings of annoyance toward this manager dissipated when she understood the dynamics of his behavior in the context of his organizational role.

Participants demonstrated greater mastery of these problem situations when they could transcend their own reactions to the resistance and feel with, rather than against, "the resistant manager."

#### Inequitable Employee Health Benefits

Providing equitable EAP referral services to employees with different health benefit plans is a problematic constraint. Employees are frequently offered a variety of medical benefit plans. Some plans are more inclusive than others. For instance, one plan may cover the cost of alcohol detoxification, but exclude outpatient mental health services. Another plan offered by the same company may exclude detoxification, but include outpatient mental health services

among its covered expenses.

Participants felt constrained by the organization's arrangements for employees' health benefit programs. Because of the inequities in the benefit plans available within a company, employees have unequal access to health resources.

When equipped with adequate knowledge, EAP professionals can influence change in medical benefits at the level of policy. Participants did not have knowledge of methods for augmenting a company's insurance program. The consultant provided examples of possibilities. For instance, a company whose medical insurance plan provided coverage for alcoholism rehabilitation at a lifetime maximum of \$2,500 could add a rider to the existing policy. Such a rider could increase alcoholism coverage to a \$25,000 lifetime maximum for EAP-referred employees. Suggestions of this type helped group members recognize options.

Even in cases where benefits could not be expanded, the provision of information dispelled participants' sense of futility. Pertinent information included details about alternative providers of health care services. For example, details about a low-cost quality marital counseling service was important for employees whose pre-paid health maintenance services did not include marital counseling. Where no alternative providers existed, teaching participants techniques for making health care bureaucracies more responsive to the needs of EAP-referred employees were examined. Participants expressed that having this type of information helped them perform their functions. They felt more able to operate within the con-



straints posed by unequal employee benefits.

### Restrictions in Providing EAP Services

The EAP concept specifies that unacceptable or declining job performance is the only legitimate basis for EAP intervention when such intervention is unsolicited by the employee. Participants felt constrained by not being able to offer help to employees who did not meet this criterion and did not seek assistance voluntarily. Two examples illustrate this constraint.

Example #1. A manager told Rae that he suspected one of his employees had a drinking problem. He related nonwork performance evidence to support his assertion. Rae struggled to find a basis for talking with the employee about this suspected problem. By clarifying her personal goals as EAP manager and comparing them to her company's goals, Rae became aware of discrepancies. As she became more secure in her managerial role, she increased her identification with the company's goals and became more tolerant of the EAP's parameters and restrictions.

Example #2. The manager of employment called Connie about a terminated employee. The employment manager sensed Mr. Jones was asking for help as well as re-employment and contacted Connie to solicit her involvement. Mr. Jones, the terminated employee, had been given "several chances and second chances at work." He attended AA meetings intermittently and when inebriated failed to call in to work or respond to letters of inquiry. He had been terminated for violating company procedures. Connie questioned the responsibility

or limitations of her company to provide EAP services to this former employee.

In the examples above and several similar situations, participants felt constrained in actualizing their humanitarian inclinations. The consultant led participants in an examination of their own values and goals for providing EAP services. Group members' personal histories (see Appendix C) were important ingredients in their desire to be helpers. Unbridled compassion needed to be moderated in support of the organization's values and goals in providing EAP services. Where significant differences existed between personal and organizational goals for an EAP, the consultant facilitated analysis of these differences. Aligning oneself with organizational goals was found to be associated with participants' increased sense of professionalism.

#### Theme 5: The Achievement of EAP Aims

Much group discussion focused on efforts to move the organization ahead in regard to employee assistance programming. Participants viewed achievement of EAP aims as dependent upon several activities. Supervisory training was considered paramount to informing supervisors how to utilize the EAP as a management tool. Documentation of EAP activities was seen as pivotal to a program's promotion. Finally, strategic planning was viewed as necessary to provide direction for future EAP activities.

The consultant functioned to facilitate integration on several levels. Participants needed to integrate EAP activities with each

other and with the company as a whole. Also, group members needed to integrate their increased sense of professionalism, their understanding of the need for legitimate power and their understanding of organizational constraints with the achievement of EAP aims.

### Supervisory Training

The widespread lack of adequate supervisory skills was brought forth in numerous group discussions. Improving supervisors' skills was seen as an essential prerequisite for an effective EAP. The connection between supervisory effectiveness in utilizing the EAP as a management tool and having current job descriptions and meaningful performance appraisals on all employees, was considered vital.

The consultant took a didactic approach in discussing supervisory training because the participants' EAPs had not matured enough for them to be conversant with issues concerning supervisory training.

The consultant outlined the process and techniques of training supervisors to a) identify, b) document, c) confront/motivate, and d) refer employees with deteriorating job performance to the company's EAP. Educational materials on supervisory training were disseminated. Expression of thoughts and feelings about the use of the EAP as a management tool aided participants in integrating this philosophy with their own orientations.

### Documentation of EAP Activities

Participants knew that achieving EAP aims depended on making the EAP credible, visible, and effective. One means for achieving EAP

aims was thought to be through documentation and data collection. For example, one participant discussed and decided to document the increased injury rate and medical costs incurred by obese employees at her company. Another participant decided to document the cost of temporary clerical help needed to replace employees consistently absent on Mondays and Fridays. Connie planned to anonymously survey newly sober AA members in her company to determine the cost savings of their decreased absenteeism. Group members recommended that Irene document the use of her time in conducting EAP activities, such as number of employees seen, number of referrals made, and number of calls placed to community agencies.

Documentation was introduced by the consultant as a method for advancing participants' EAP goals. Documentation was not a method embraced with enthusiasm. Each group member had to come to recognize the value of documentation to the goals of their EAP. Frequently when one group member described an EAP activity, another member would suggest how documentation could promote the program. By the conclusion of the ten-session consultation group, participants came to accept the value of documentation as integral to advancing their EAPs.

One significant use of documentation was its application to evaluation. Group members were unfamiliar with evaluation models and the value of this program component. The consultant summarized several types of EAP evaluations such as program evaluation, client-satisfaction evaluation, and cost-benefits analysis.

### Strategic Planning

Achieving EAP aims involved planning and foresight. In this regard, questions were raised about the implications and ramifications of locating an EAP in one department or another. Similarly, strategic planning meant considering the advantages of broadbrush programming versus alcoholism-only programming. In addition, designing thorough follow-up procedures and evaluation components were viewed as strategic ingredients in advancing an organization's EAP. For each of these strategic planning decisions, consideration of organizational and EAP values and goals was necessary.

Strategic planning particularly involves the matching of organizational norms and values with program norms and values. It was found that norms and values that constitute an organization's climate need to be integrated with the company's EAP. Hence, strategic planning involved tailoring the proposed program to the organization's climate. When participants described aspects of their organization's climate, the consultant underscored the distinctive characteristics of each organization. The consultant then asked the group members to integrate their understanding of the organization's norms and values with the operating principles of that company's EAP.

One important aspect of strategic planning involved systematically projecting program plans into the future. Through the process of anticipating and weighing the consequences of alternative action plans, group members engaged in strategic thinking. By asking each other questions, participants sharpened their skills in this mode of thinking.

### Application of an Ecological Perspective to the Findings

The ecological perspective is useful in interpreting the research findings. In the ecological frame of reference, attention is directed to the transactions between people and their environments. Both the physical and the social environments are important in assessing ecological transactions within a system. Transactions between parts of a system reciprocally modify each other, making adaptation a dynamic, evolutionary process. The goal of any intervention is to improve transactions between people and environments thereby creating a "goodness of fit" that benefits both people and environments.

Participants in the research consultation group, and the EAPs they represented, operated in an ecological system. Participants needed to learn what constituted the "environment" for an EAP client, for the EAP program, and for themselves as EAP professionals.

The following examples illustrate how various themes interacted. This interaction can be interpreted within an ecological framework. The consultation group helped participants view their experiences in a broader context and bring about needed changes.

Example #1. As human resources manager, Rae performs several personnel functions in addition to administering the EAP, counseling EAP employees, and training supervisors and managers. In the consultation group, she related an episode at the station that led to the examination and expansion of her professional role.

Rae described how a site visit by the corporate human resources

vice president from New York, Mr. J, precipitated a mood change throughout the station. The change in ambience was readily noticeable and transmittable because of the station's "open" physical environment. Approximately 10-15 employees work in the station's newsroom; it is a large open area encircled by five or six offices.

The newsroom is the lifeblood of the station and there is continual movement of employees in and out of the newsroom. The offices surrounding the newsroom are defined by walls of sliding glass doors. Occupants of these offices can look directly into the newsroom to observe the activity or they can close off the activity by drawing the drapes over the glass walls. Employees colloquially refer to the newsroom as "the fishbowl". Other offices are located off adjacent corridors.

Except for the one or two senior managers, the staff did not know the nature of Mr. J's visit. As the morning wore on, speculation, tension, and apprehension mounted. Mr. J called one employee out of the newsroom and spoke with her behind draped walls for what seemed to the rest of the staff an inordinate amount of time. When this staff person returned from her meeting with Mr. J, she did not interact with the staff in her usual fashion. This distancing further coalesced staff anxiety. Mr. J next was observed going into the office of the general manager for a brief conversation. This pattern of talking to employees and then conferring with management was repeated throughout the morning. With each entry and exit of Mr. J through the newsroom, speculation and discomfort increased.

In describing this situation to the group, Rae observed that it

took several days for employees to "settle down" after Mr. J's departure. No catastrophic expectations had been fulfilled as a result of his visit. Neither had employees' fears about the visit and its consequences been allayed.

Rae was distressed by the transactions between the visitor and the station's physical and social environments. Through interventions of the consultant and group feedback, Rae began to recognize that as the station's human resource manager, she could professionally intervene in such situations.

Rae worked on reviewing and integrating the relevant dimensions of her own sense of professionalism. The group discussed how her job title gave her professional sanction to intervene; Rae affirmed skills she possessed that were applicable to this situation. She learned how she could use her own subjective experience of the situation to understand the dynamics of Mr. J's visit and to generate future solutions.

She actualized a sense of professionalism by utilizing the legitimate power vested in her position and inherent in her access to decision makers. By using legitimate power, Rae could affect strategic planning. Specifically, she plans to discuss the impact of Mr. J's visit with her general manager and to obtain agreement to do preplanning before the arrival of any future corporate visitors. This preplanning and agenda-setting will be discussed with the corporate executive before his/her arrival. Further, a memo to employees or a discussion at a staff meeting will precede any future site visit. Employees will be informed of the visitor's mission, how it will be



carried out, and what employees can expect when the visitor enters their physical and social space.

In short, the environmental change wrought by the corporate visitor impinged on the equilibrium of the station's employees and their work routine. By consolidating her sense of professionalism, Rae harnessed legitimate power to modify the future functioning of the organizational environment. Rae moved her organization from a reactive to a proactive, preventive stance. In ecological terms, Rae and her organization reciprocally modified each other in a mutually beneficial way through their transactions.

Example #2. In this case, one participant examined the interaction of her sense of professionalism and her experience of organizational constraints. Connie's sense of professionalism affected how she perceived and experienced organizational constraints. Reciprocally, her perceptions and experience of organizational constraints modified her sense of professionalism.

Initially, Connie expressed frustration that she could not offer program services to a former employee who was recently terminated. Because the employee did not meet the established criteria (current employment by the studio) for EAP service, Connie felt restricted by this organizational constraint.

The consultant and the group helped Connie explore her reactions to the situation. Her frustration was related to over-identification with the former employee and insufficient identification with her professional role. She clarified her professional responsibilities and was thereby able to identify with her organization's goals for

EAP services.

### EAP Ecology: A Practice Model for Consultation

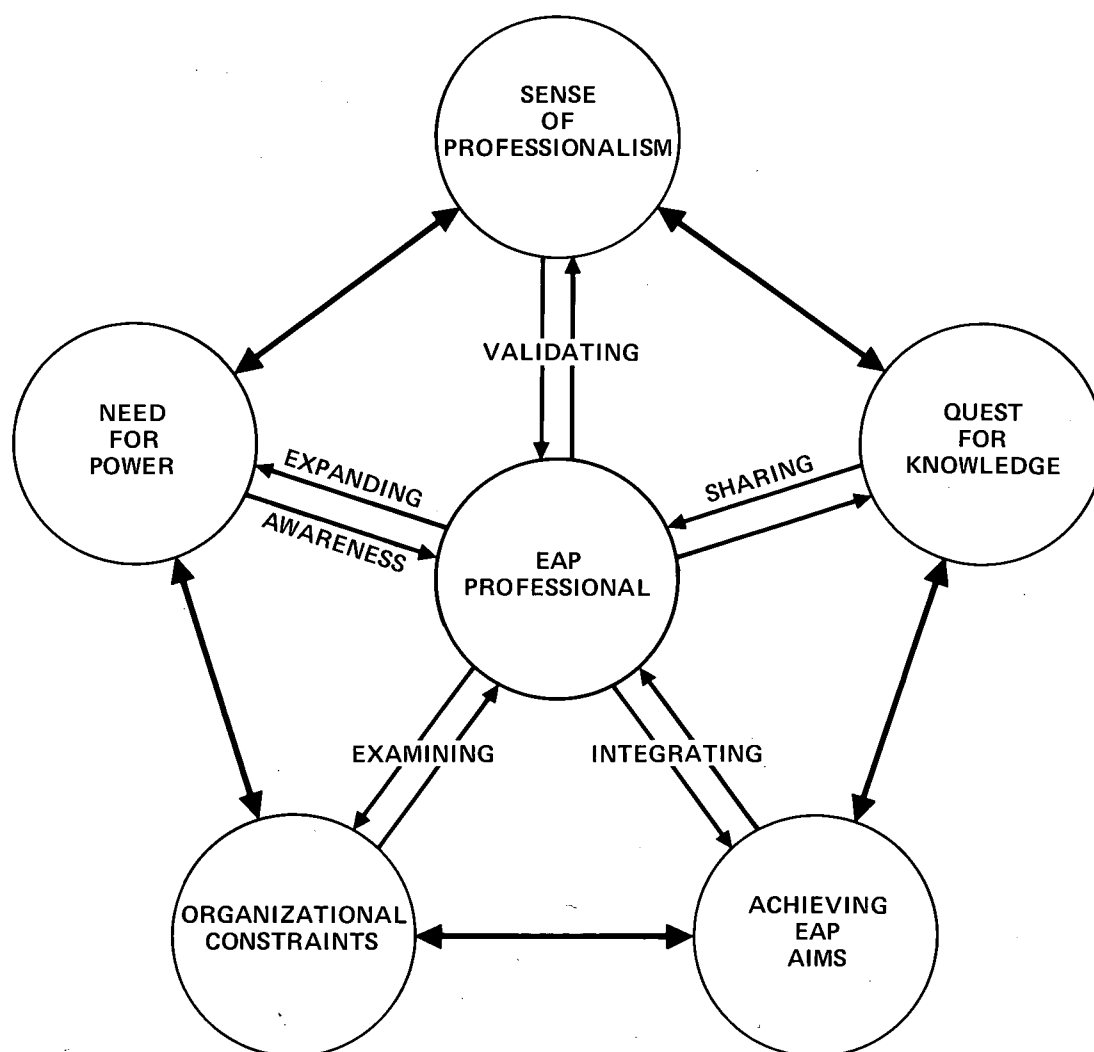
Based on the research findings and application of an ecological perspective, the beginnings of a practice model for social work consultation to EAP personnel emerges. The model is a framework for understanding and intervening in EAP issues and with EAP people through social work group consultation.

The model is grounded in the assumptions that: 1) the EAP phenomenon, employee assistance programming issues, and EAP personnel can best be understood and helped by applying an ecological orientation; and 2) group consultation is an effective means to deliver consultation services.

Following from these assumptions, the objective of a consultation group for EAP personnel is to increase learning about EAP ecology. This means examining transactions between interdependent aspects of EAP work. Through the group, it is possible to view the interaction of content areas (themes) that elucidate the ecological world of an EAP. For members of an EAP consultation group, this means learning how any particular concern fits into its larger context.

The five themes identified and the five key processes described by this research and used in developing this model are suggestive and not exhaustive. They represent the kinds of issues and processes that interact when viewing EAPs ecologically. The diagram (Figure 1) visually depicts the content (themes) and processes that emerged from

Figure 1  
**EAP ECOLOGY**



the research consultation group conducted for relatively new EAP personnel.

### Guidelines for EAP Consultation Groups

The experience of conducting an EAP consultation group has led the researcher to several observations that can guide future EAP consultation groups. Consensus exists that successful group consultation depends upon suitable group composition, group cohesion, effective group interaction, the application of group processes to individual intellectual and affective learning, and the competencies of the consultant to facilitate these determinants (Altrocchi et al., Dinkmeyer & Carlson, and Kadushin). These factors and others are the focus of the following discussion.

#### Group Composition

The size of the group, the characteristics of participants, the size of the company, and the stage of development of the company's EAP proved to be significant group composition factors.

Group size. In the consultation literature, the most commonly reported and generally recommended consultation group size is five members. Participants in the research consultation group felt strongly that five members would have been too many. Connie remarked that, "I would have drowned in here with more than four members." Each group member affirmed that what could have been gained in breadth of exposure to different situations and ideas would not have been just compensation for what would have been lost in the depth of

attention to their concerns. They further agreed that the intimacy that developed in the group was partly attributable to its small size.

The researcher recognizes the tendency of groups to want to perpetuate themselves without change and has considered this in evaluating participants' comments. Given the variety of needs that an EAP consultation group can meet and the impact of various group sizes, this investigator recommends either three or five members for an EAP consultation group. An uneven number of members minimizes the development of internal coalitions and pairing that can impede group cohesion. The newer participants are to EAP work, the more likely that the smaller group size will be suitable. More experienced EAP workers can learn effectively in a group of five or even six.

Participant characteristics. In the research consultation group, participants represented the diversity of backgrounds typically found in EAP work. Group members differed significantly in their professional identifications (Irene was a nurse, Connie was a manager), levels of education, and levels of personality functioning and emotional maturity.

Although enriching to the learning experience, this heterogeneity was not always comfortable for group members. They had to stretch and grow to accommodate their diversity. For example, Irene had to confront how her sense of inferiority colored her perceptions and affected the conduct of her EAP work. Connie was challenged to develop empathy for Irene's perceptions and the personality dynamics that underlay them. Rae was encouraged to relate to the group as an

EAP professional rather than solely as a recovering alcoholic.

A personal variable especially important to group participation and group cohesion was the individuals' ability to accept feedback. For effective group functioning, members needed the capacity to listen to feedback and be able to utilize it constructively. For instance, although Irene evidenced defensiveness, it did not impair the group's progress. Rather, it challenged the consultant to creatively work with or through her defenses. Irene's growth in openness can be judged from her journal reflection after the group's termination: "I don't have the answers to my problems. However, I have been given the tools to confront my problems and have learned to go around the stumbling blocks. This has eliminated a great deal of stress." Clearly, the group can tolerate considerable diversity in openness to feedback and still effectively serve its members' needs for professional development.

Length of experience in EAP work proved to be an important factor in the composition of a cohesive group. Participants felt that they could reveal their confusion, uncertainty, and lack of experience more comfortably in a group where others were similarly inexperienced. One group member commented that having a group member with six or seven years of EAP experience would have felt intimidating and would have inhibited her free expression of ignorance.

Size of company. Members of the consultation group represented companies that employed 100-1,000 employees. In the company with 100 employees, Rae performed many personnel duties (affirmative action monitoring, wage and salary administration) aside from her EAP re-

sponsibilities. In a larger company, like Connie's, activities were more specialized and other employees performed some of the personnel functions that Rae managed. This pattern conforms to descriptions in the literature relating company size to degree of EAP specialization.

As evidenced by these participants, much diversity exists among EAPs. The program and role of those functioning within EAPs takes on distinctive dimensions in each company. The smaller the company, the more idiosyncratic the EAP. The smaller the company, the more likely that EAP functions are fused with other related and not-so-related functions. In a very large company (10,000 employees or more), specialists abound and the EAP may be a separate department with several staff specialists. Hence, company size has important ramifications in terms of the kinds of programs that are undertaken and the scope of the tasks EAP personnel are likely to perform.

The impact of varying company size was apparent in group discussions regarding the kinds of problems presented, obstacles encountered, and solutions available. Had the size of participants' companies been any more disparate, similarities in problems, functions, and program operations might not have been optimally available for learning.

For this discussion, company sizes are clustered into five categories as follows: 1) up to 199 employees; 2) 200-999 employees; 3) 1000-2,999; 4) 3,000-9,999; and 5) more than 10,000 people. (Madonia, 1982)

For maximum learning, it is suggested that EAP consultation groups be composed of participants from the same size category or

from two adjacent size categories of companies. In the research consultation group, having participants who represented companies from two adjacent size categories provided a balance of sufficient homogeneity and heterogeneity.

Company's stage of program development/operation. Participants in the research consultation group represented companies whose EAP efforts had begun within the last three years. For this discussion, stages of EAP development can be conceptualized as follows:

Preoperational	A company is thinking about establishing an EAP. It may sponsor a few uncoordinated EAP-type activities without any formal program.
Early program operation	The program has been given official sanction and is being designed to fit the company. Staff have been recruited from interested employees or recruited from the outside.
Expanding program operations	The program is operating smoothly and its services are understood by management and employees. Ways to augment the program are considered -- improved supervisory training, preventive services.
Mature, integrated program operation	The program is stabilized. It has been integrated into the sponsoring organization and is well regarded by the parent body. Funding is adequate and is not in jeopardy.

Using these definitions, Irene's and Connie's EAPs were preoperational. Connie's program was on its way to early program operation. Rae's program was in the early operational stage and was moving into expanding operations. Having participants whose programs were in



adjacent stages of development worked well in the consultation group. For instance, Rae reviewed with Connie and Irene the EAP material her company distributes to managers and employees. Discussion ensued about the implications of different ways of describing and presenting an EAP and its services. In this interchange, Rae critiqued her own company's media approach while Connie collected information of immediate value. Irene gathered some foundation knowledge that will be useful if and when her company's program evolves to the stage of early program operations.

Stage of development of the company's EAP accounts for the fact that Rae introduced many more case situations to the consultation group than other participants. Since her program was more advanced, the mechanisms for referrals to the EAP were in place (supervisory training and employee orientation) and referrals were being generated.

The consultant can arrange the group composition so that participants come from companies whose programs are in the same or adjacent stages of programming. Although considerable heterogeneity is desirable, if participants represent companies whose programs are too different developmentally, the ability of participants to share common concerns and to identify with each other is impeded.

#### Supportive Physical and Social Environment

The success of an EAP consultation group depends on a supportive physical and social environment. In the research consultation group, a supportive physical environment depended on the physical location

of the group and the use of time (frequency and duration of consultation meetings) to facilitate learning. A supportive social environment was based on the group milieu and cohesion that developed.

Location of EAP consultation group. Typically, consultation is conducted in the organization receiving the consultation services (Davey, 1971; Gallesich, 1982; Glidewell, 1959; Kadushin, 1977; Pargament, 1977). In the consultation group conducted for this research, several organizations were simultaneously receiving consultation. It would have been possible to rotate the location of the group among participants; however, this was considered undesirable. By meeting in the office of the consultant, a wholly confidential, private environment was provided. Participants expressed that they felt freer to fully engage in the consultation experience knowing that phone calls, urgent deadlines or similar distractions and interruptions could not intrude.

Duration and Frequency of group meetings. The group consultation program spanned a five-month time period, with two meetings per month. The selection of a five-month time frame was a compromise between the time constraints of research and the anticipated needs of the participants. Given the amount of time it takes for a group to progress from the beginning to the middle phase of the group's work, anything less than four months would have proved inadequate. The group could have profitably continued working together for another two to three months. At that point, they would have gained enough momentum to use consultation intermittently, as needed, or to convert the group into a peer support/consultation group.

The twice-a-month format was deemed quite satisfactory. Group contact was frequent enough to build group cohesion and norms. Participants unanimously agreed that sufficient time between sessions was important. This time allowed them an opportunity to reflect on the previous discussion, implement suggestions, and integrate their learnings.

One meeting was rescheduled to accommodate the scheduling conflicts of two group members. The necessary rescheduling resulted in consultation group meetings on two consecutive weeks. Upon reflection, members felt this scheduling sequence was less beneficial given their learning pace.

Each group session was scheduled for two hours. Meetings began promptly but frequently extended an additional fifteen to thirty minutes. In the interests of gathering as much data as possible and meeting the needs of group members, these extensions were justified. Particularly for new EAP personnel, a two-and-a-half hour consultation session is indicated. In that time period, at least two EAP case/program situations can be fully discussed and some closure achieved.

Group milieu. For persons new to EAPs who represent small companies, the sense of isolation is especially great. It was reasoned that a group would be a nutritive vehicle for reducing isolation. This assumption was borne out by the research consultation group. Several participants discussed the value of the group and the importance of the supportive social atmosphere. Rae's journal entry following the second session reads, "I feel good about my involvement

in the group and the group. I believe we can each make tremendous progress in our professional and personal development. Already I can feel some growth in two weeks." Rae's final journal entry reflected even greater involvement. "I learned the value and benefits in honesty and openness and trust and sharing. The group shared alot with me. They listened. They gave feedback and suggestions. I used a number of them and felt very supported. If I would do it over again, I'd do it just the same way."

Irene summed up her group experience this way: "This has been my first experience in sharing work problems. I am impressed that four strangers were able to comfortably react to each other. We have such different backgrounds and have shared different experiences yet the communication at these sessions was truly responsive and understanding. I hope you do this project again."

### Consultant Knowledge and Skills

The conduct of the research consultation group demonstrated the necessity for a consultant to use both content knowledge and process skills. The need for specialized knowledge in content areas, as well as mastery in the use of the consultation process, is emphasized by Kadushin and Rapoport in the literature on social work consultation. Based on conduct of this research group, the following categories of expert knowledge are believed necessary for consultation:

#### 1. Clinical knowledge

This includes knowledge of a broad range of clinical syndromes and their dynamics; skill in a range of intervention strategies and knowledge of their theoretical bases; and knowledge about adult learning and individual

learning styles. The consultant needs clinical acumen in individual assessments in order to apprehend each group member's individual learning style as it operates within the context of their personality functioning.

2. Employee assistance program knowledge

This includes an understanding of the evolution of EAPs and how their history impacts current unresolved issues in philosophy, alternative models, program planning and administration of EAPs.

3. Organizational dynamics and systems knowledge

This includes knowledge of organizational theories and their application to organizational phenomenon in a way that advances constructive intervention. It also involves understanding management theories, the operation of the formal and informal systems, and the functioning of the organizations organically/ecologically.

4. Group process knowledge

This includes knowing how to promote a supportive, working-group atmosphere; how to "arouse and channel peer group influences" to enhance cohesiveness (Altrocchi et al.); how to sensitively manage defensive, resistant, inhibited, or monopolistic members; how to build relationships with each member and simultaneously promote group interaction (if the former is done without the latter, dependence on the consultant is fostered and the group becomes the background for individual consultation).

Although technique alone is never adequate or sufficient in a clinical endeavor, a full armamentarium of techniques is useful. Only those techniques that illustrated a research issue were reported in the findings. Other techniques that were utilized and are considered useful in an EAP consultation group are: 1) role playing; 2) reframing; 3) modeling of effective communicating and problem-solving; 4) summarizing in a way that provides synthesis; 5) questioning in a judicious manner to explore an issue, highlight a point, or encourage reflection and analysis.

### Summary

The research consultation group was a microcosm of the EAP field at present. Despite the participants' differences in education and job duties, they shared common needs and concerns regarding employee assistance work. These needs and concerns were abstracted into themes and described. The identified themes were non-exclusive, overlapping, and mutually interrelated; they demonstrated interactions between individual and organizational variables. The five themes that emerged from content analysis of the data were: 1) The Quest for Knowledge; 2) The Search for Professionalism; 3) The Need for Legitimate Power; 4) The Operation of Organizational Constraints; and 5) The Achievement of EAP Aims. Knowledge and skills sought and needed in relation to each theme were identified.

For each content theme identified and described, a corresponding key group process was identified and described. Each group process consisted of a constellation of specific consultant interventions and group activities. The five key processes related to the five themes were: 1) Sharing, in response to A Quest for Knowledge; 2) Validating, in response to The Search for Professionalism; 3) Expanding Awareness, in response to The Need for Legitimate Power; 4) Examining, in response to The Operation of Organizational Constraints; and 5) Integrating, in response to The Achievement of EAP Aims.

Based on the themes and processes identified and described, an ecologically-based practice model was presented. This group consultation model (EAP Ecology) was described and guidelines for implementing the model were specified.

## Chapter V

### DISCUSSION

This chapter discusses what has been learned from the research. It argues for the value of employing an ecological framework for understanding and intervening in EAP phenomena. From this ecological perspective, implications for social work education and clinical practice are considered.

Discoveries related to needed knowledge and skills of new EAP personnel are discussed. Because a consultation group was the vehicle for learning, the special attributes of a social work consultation group for learning and socialization are considered.

Following a discussion of strengths and limitations of the study, an exploration of directions for future research is undertaken.

#### Viewing EAPs Ecologically

Creating understanding amidst the welter of conflicting principles and practices in the emerging field of employee assistance programming requires a frame of reference. Without the guidance of a theoretical framework, the rudderless ship, EAP, will have difficulty steering a clear and thoughtful course. Based on the present study, this researcher proposes that EAP problems and practices can best be understood from an ecological perspective. The adoption of an ecological framework has the following implications for social work

education and practice.

Implications for education. In light of this study's findings, it is apparent that social workers must expand their knowledge base to work effectively in industrial settings. As Googins (1976) rightly notes, "the interplay between social work and industry sets the stage for a new set of skills" (p. 201). In particular, social workers need skills and knowledge related to the industrial environment, the traditionally neglected component of the person-environment gestalt. The environment in the work world consists of organizational structures and their complex, dynamic processes. Social workers need theories and concepts about organizations, from micro-level theories (relationships between segments within an organization) to macro-level theories (interfaces between industrial organizations and their environments of societal constraints) (Hage, 1980). They need knowledge and skills in the social psychology of conflict, coalitions, and bargaining (Bachrach & Lawler, 1980). Further, social workers need an understanding of and ability to utilize authority structures (formal hierarchies) and influence processes (informal networks).

In addition to understanding structural and interactional aspects of power, social workers need a working knowledge of organizational politics, focusing on spheres of influence, interest groups, and dominant coalitions. Knowledge of current theories of decision-making (high and low risk), leadership, and resistance to change is equally important for industrial social work.

This inventory is only suggestive of the kinds of information



the research indicated social workers need in order to expand their knowledge base. Although these areas of knowledge historically have not been part of social work education, this knowledge is vital to prepare students and practitioners for credible industrial practice.

The traditional social work knowledge base has been built upon a foundation of core professional values (Bartlett, 1970). The introduction of an expanded knowledge base that includes knowledge and skills related to organizational power and politics raises value questions for the profession. Does this expanded knowledge inherently conflict with traditional social work values? If so, how can such conflicts be resolved? For many social workers, answers may require thoughtful reflection and values clarification. A new, more accepting relationship with power and its dynamics may be required.

To utilize knowledge and skills related to organizational politics and power requires personal and professional comfort with these processes and their manifestations in organizational life. As Blake and Mouton (Gallessich, 1982) have pointed out, social workers have evidenced discomfort with the value-laden phenomenon of power. Although they may feel personally powerful by virtue of their expertise and identification with the social work profession, many social workers prefer to conceptualize their professional role as "helpers" rather than "change agents". As helpers, social workers have traditionally championed the powerless. As change agents in industry, they are now challenged to work with the powerful.

Not only must social workers expand their knowledge base and clarify related values, they must also modify the existing knowledge

base for industrial practice. As Goodstein (1978) and others have observed, business and industry are qualitatively different environments than social service bureaucracies and human service organizations. Traditional person-oriented casework models cannot be transplanted into industry unmodified. They must be broadened to include an ecological understanding of the organizational environment for it permeates the nature and form of presenting concerns of EAP clients and programs. Similarly, models and strategies learned in community organization curricula cannot be grafted wholesale into the industrial arena. For instance, the power dynamics applicable to community groups operate differently than those applicable to business and industry. In summarizing this discussion point, the researcher's conclusions are well-stated in Googins' declaration that "transforming casework, group work, and organizing and planning skills from the traditional social welfare system into the workplace has not proved sufficient for developing effective programs" (1976, p. 201).

To expand and modify knowledge and skills needed for industrial practice, many schools of social work have recently implemented industrial social work concentrations in their master's level curriculum (Kennedy, 1982; Miller, S., 1977; Morgenbesser, 1982; AAISW, Note 8, Gould, Note 9). In training graduate social work students for industrial practice, an ecological perspective can unite longstanding schisms between teaching personality theories for micro-level change and teaching organizational theories for macro-level change. Courses for industrial practice could be developed and taught along ecological lines. For instance, instead of teaching one

course on clinical practice in industry and another course on organizational theories, a sequence of courses could forge connections between these domains, thereby demonstrating the operation of ecological principles. This suggestion is not intended merely as a change in format; it is a change in how the unit of instruction is conceptualized.

Another approach to ecological education is the promotion of multidisciplinary degrees. Some industrial social work programs are taking the initiative in offering management courses in their industrial social work curricula. Some progressive institutions<sup>15</sup> are proposing master's degrees jointly sponsored by schools of social work and business administration/management. Since both clinical and organizational knowledge and skills were found essential for new EAP personnel, advancement of such joint programs and degrees is supported by this research.

Implications for practice. Based on the research findings, this investigator advocates adoption of an ecological perspective for conducting consultation groups for EAP personnel and for engaging in direct counseling services with EAP clients.

An ecological approach to consultation practice was found to be essential for the consultant to meet the learning needs of new EAP personnel. The areas of needed clinical and organizational knowledge and skills identified by the research conform to the knowledge bases

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<sup>15</sup>The graduate schools of business administration and social work at the University of Southern California are currently discussing the inauguration of a joint master's degree program.

regarded as important in the social work EAP literature and elaborated in the previous discussion on social work education.

Discussion material presented by participants in the consultation group was broad-based and less strictly clinical than was anticipated by the researcher. Several possible explanations may account for the lack of emphasis on clinical issues.

It is possible that the participants' programs were not sufficiently operational to generate a steady caseload of EAP clients. It is also possible that participants felt a stronger need to learn organizational and program administration knowledge and skills at the time of the consultation group. Most likely, both of these factors were operative and were combined with the fact that all clinical issues were embedded in the ecological whole of their EAPs and their organizational environments.

Isolating clinical issues (i.e. case dynamics and participants' countertransference) might have seemed sufficient to a social work consultant with a strong psychotherapy background, but this perspective would not have done justice to the environmental dimensions of the material presented. The following example illustrates how clinical material presented in the group was conceptualized from an ecological standpoint.

In reporting the findings on The Operation of Organizational Constraints (theme four), an example is cited in which Connie reacted with intense frustration to a manager's derision of EAP goals. Several consultant approaches to conceptualizing and intervening were possible. One approach would focus on the dynamics of the manager's

behavior (mocking remarks). Another approach would examine Connie's strong emotional reaction to the manager's remarks. The consultant/researcher chose to combine these clinical strategies with environmental concepts and interventions.

As reported in the findings, the consultant and group explored with Connie the sources of the manager's resistant behavior as well as Connie's reactions to his comments. This understanding of Connie and the manager was accompanied by an examination of their environment. In this instance, the environment consisted of the organizational life of the motion picture studio where Connie was the manager of employee services.

The consultant directed attention to organization and structural dynamics of that work environment. Specifically, vital organizational questions were posed, such as:

1. Was the studio's EAP given legitimate power by its strategic location in the organizational hierarchy? As Studebaker notes, meaningful support for an EAP is signified by reporting to the highest level possible within the organization.
2. Did Connie have access to decision-makers? As evidenced in the research, (theme three) such access is essential for a viable EAP.
3. Where in the organizational hierarchy (formal and informal) were Connie and the resistant manager located? Connie's alternatives were limited by her junior position.
4. Was Connie's job title and salary indicative of regard for the EAP? Her managerial title and salary were an asset; her title is part of the corporate lexicon. A title such as "counselor," imported from the helping professions, might accord the holder significantly reduced (immigrant) status.

5. Was the EAP provided adequate funding and visibility? These factors are critical for a program's longevity. It must also be recognized that high visibility is not the destiny of support services in business and industry.

These questions reflect Francek's (1982) notion that organizational aims are best accomplished through structural alterations (supported by legitimate power) rather than by interventions aimed at changing individual attitudes and behaviors. Francek summarizes that "organizational change is brought about by changing procedures or functions, not attitudes" (p. 10).

In this discussion, organizational aspects are highlighted in an effort to rectify the historical over-emphasis on persons rather than environments. The importance of clinical skills are in no way discounted for EAP consultants and direct service personnel. In fact, they are essential. How clinical knowledge and skills are conceptualized, and the purpose for which they are employed, is central. Clearly, clinical acumen was utilized in the consultant's interventions, but it was guided by an ecological understanding.

The need for considerable breadth and depth of clinical knowledge and skills was supported by the research. In clinical discussions that focus on case material, the enormous diversity of problems, symptoms, and issues was impressive. The cases presented by participants reflected every conceivable variation in the human condition. This diversity of client problems has not been well articulated in the EAP literature. Typically, the literature categorizes presenting problems into rudimentary classifications such as marital

problems, legal problems, drug problems, emotional problems and the like. The majority of EAP literature is hyperbolic. It describes numerous industrial problems for which an EAP is the solution and goes on to cite examples of workers who have been successfully served by a particular program. The accompanying case vignettes are often abbreviated and simplistic. They do not reflect the complexities of the life situations actually encountered in EAP assessments. Slighting the need for advanced clinical skills, the literature could misguide prospective entrants into the field. Equally, it could misguide companies seeking EAP personnel. Research, such as the present study, can provide a more accurate picture of actual EAP practice.

The ecological framework advocated in this study unites clinical and organizational orientations and encourages flexibility in the focus of the consultation. In the consultation group, the consultant/researcher intertwined the use of three major foci described by Haylett and Rapoport (1964, chap. 17): client-centered, consultee-centered, and program-centered consultation. Viewing a problem ecologically permitted shifts in focus from the group members to the EAPs themselves, to their organizational contexts, as was required by the evolving discussions. The mental health consultation model, as articulated by Caplan (1959, 1963, 1964, 1970) and others (Haylett & Rapoport, 1964; Rapoport, 1977) would likely focus on one selected dimension, giving only cursory attention to alternate foci.

By employing an ecological framework, the need to argue for focus on the person or focus on the situation/environment is eliminated. The consultant, as a change agent, can facilitate change in

consultees, programs, and organizations through the use of an ecological orientation. As Holahan and Spearly (1980) suggest, a change agent may "intervene at any point in the system as long as the nature and conduct of the intervention are informed by the total ecological context" (p. 678).

In addition to consultation to EAP personnel and direct services to EAP clients, EAP practice encompasses the design, implementation, and evaluation of employee assistance programs. The findings from the consultation group demonstrated the tremendous diversity in work organizations and the design of individual programs. Group discussion revealed the distinctive character of each of the participant's work setting. The structural and programmatic details of EAPs are described in the literature as if they were a unitary phenomenon -- as if they referred to "one agreed-upon set of methods and techniques for the achievement of declared and well-known objectives" (Shain and Groeneveld, p. 177). Among the other benefits, a consultation group can help participants to tailor an EAP to the personality of the company.

Benefits of EAP consultation groups. The consultation group met two primary needs of new EAP personnel. The research indicated that group members needed a vehicle to facilitate learning of clinical and organizational knowledge and skills and a process for socialization into their new occupational roles.

The consultation group functioned simultaneously as a learning environment and as a socializing agent. To date, few opportunities exist to meet these dual needs. While educational institutions can



provide training for prospective EAP practitioners (and those already practicing who need knowledge in circumscribed content areas), they do not provide socialization experiences important to occupational identification. In a parallel manner, organizations like ALMACA provide socialization experiences through informal meetings and conventions, but their training efforts have been uncoordinated and unsophisticated.

The consultation group offered a learning environment in which clinical and organizational knowledge and skills could be introduced, discussed, practiced, and interiorized. In larger and more highly structured learning formats, individual learning needs are overshadowed by the presumed learning needs of the collective. Extended education programs, workshops, and conferences sponsored by universities, national organizations, and private EAP firms present and disseminate valuable EAP information necessary for those preparing to enter the field. Often, however, the information is not responsive to the most urgent concerns of the beginning EAP practitioner. Thus, the research demonstrated the efficacy of an EAP consultation group for addressing participants' learning needs with great precision.

Learning through a consultation group allows for direct response to members' immediate work-related concerns. For an EAP consultation group, the agenda is the immediate concern of its members. Because material discussed in the group arose from participants' stated (and oft times unstated) request for clinical and organizational knowledge and skills, the discussions were pertinent to what group members needed to know. The fact that the group was relatively homogeneous

in length of EAP experience (chapter four, section two) meant that members expressed similarities in the knowledge and skills they needed. These similarities aided group members' cognitive and affective learning and fostered needed socialization experiences.

Socialization into an occupational or professional<sup>16</sup> role has been described as an influence process through which an individual learns values, goals, norms and expectations and then acquires skills to match. Internalization of these standards leads to a professional image that becomes a significant aspect of an individual's self-concept (Moore, 1970; Vollmer & Mills, 1966). Socializing agents are individuals (key models and more senior peers), groups, and organizations that illustrate, direct or instruct people in their development. Socialization agents, such as the consultation group, serve as channels and means for enacting the socialization process (Jette, 1974).

The consultation group provided needed role socialization through ritualized sharing of EAP information, values, and vocabulary. Values and expected behavior were learned through group interaction and role modeling by the more senior members and the consultant.

Socialization also occurred through the development of colleagueship and a social network. The development of colleagueship was an outgrowth of the cohesiveness of the group. During the five-

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<sup>16</sup>Current conceptualizations of professionalism view it as a developmental process; meeting specific criteria constitute milestones in professionalization of an occupation (Meyer, 1966; Moore; Vollmer & Mills).

month group, participants became a social network that functioned as a support system. Collins and Pancoast (1976) stress the value of "natural helping networks" for enhancing personal development (socialization) and fostering a nutritive social environment. The desire of group members to continue their involvement with each other as a group (after the consultation program terminated) was based on their needs for professional socialization, social environmental support, and continued learning.

### Research Considerations

Several research concerns arise from this study. For the purpose of future research, it is important to recognize the advantages of an exploratory study as well as the limitations. The chapter concludes with considerations for future research.

### Use of an Exploratory Design

Using an exploratory research design proved advantageous to this research. It permitted the freest exploration of this unstudied subject. Instead of limiting the findings by examining pre-determined hypotheses, the researcher decided to interpret the findings in a more open-ended fashion.

In the early stages of conceptualizing this study, several of the investigator's notions about the probable content of the group had been tentatively formed into research questions. When the breadth of information sought became clearer, the idea of formulating narrow questions was abandoned. Hypothesizing about group content

could lead only to confirmation or disconfirmation of the hypotheses. For instance, one early question concerned the nature of participants' countertransference in working with EAP clients. The question was based on the assumption that countertransference would be a significant issue for personnel delivering EAP services. Had such a question been posed, or imposed, the richness of the data that was generated may well have been sacrificed. In the service of seeking answers to specific hypotheses, the research would have limited the scope of potential understanding.

Another advantage of using an exploratory approach was its utility in building a working model. An important goal of the research was to generate the foundations for a practice model for EAP consultation. Much of the literature on consultation gives unilateral attention to either group process or content. By letting the data dictate, it was possible to capture both process and content. Observing and reporting the process and content led to the framework for an ecological model.

#### Limitations of the Study

Several limitations may have affected the findings of this study. First, since all the participants were women, it is possible that the issues and topics discussed in the consultation group may reflect womens' concerns. To the extent that women perceive professional and organizational situations differently than men, the themes abstracted from the data may reflect EAP issues as experienced by women. Do women in EAP work relate to power in their organizations

differently than men? For instance, one recurring concern among participants was that the EAP was "not taken seriously" by many in the organization. If EAPs are perceived as nurturing organizational functions, and women have been society's traditional nurturers, are EAPs and women both relegated to an inferior status? Are they equally regarded as passive and reactive, dismissed as "nice to have around," but without potency?

The second limitation of the findings is the small sample size. Although a larger sample size would yield more representative findings, the intent of this research was to generate knowledge through qualitative data based on a limited voluntary sample. With three participants, it was possible to delineate themes that emerged from the EAP consultation group and generate useful information. Reports of consultation groups discussed in the literature review indicate that four or five is considered the ideal size for a consultation group. Since the sample size may have affected the group process, research findings might be different with a larger group.

A final limitation relates to developmental stages of the EAPs and the participants that represented them. Participants were employed by companies whose EAP efforts were in the formative stages. The most long-standing and formal program was three years old. Perhaps participants from programs of longer duration might have expressed different concerns and discussed different issues. In addition, the participants themselves were relatively new to their positions. This factor also could have affected consultation group content.

### Future Research

Productive research leads in the direction of identifying questions for future study. Several questions arise from the conduct of the present research.

The generalizability of the present findings can be determined by replications and variations of the study. For instance, would an all-male group produce different themes? Would a mixed group of men and women produce still other themes? What are the different concerns of veteran EAP workers compared with the neophytes studied? How would the content and processes change in a consultation group with eight or ten members?

The value of the model generated from the findings bears further inquiry. Do consultation outcomes differ when using an ecological framework compared with other practice orientations? Can the group consultation model be effectively modified for use in individual EAP consultations? Can the model be used in a consultation group composed of members of the same EAP staff (within a large company)?

The qualitative data used in this study provided subjective assessment of the consultation outcomes for its group members. Objective assessment is necessary to provide fuller understanding. Concrete instruments need to be developed so that learning through group consultation can be systematically measured. By measuring learning, new data would be generated that can impact the design of future consultation models.

Research is needed in order to apply an ecological model to additional EAP endeavors. For instance, what are the differential

consequences of designing and implementing an ecologically conceived EAP compared to designing and implementing EAPs under the guidance of alternate theoretical frameworks? If differences are to be found, what is the impact of these differences?

As the literature and research indicate, supervisory training is a crucial ingredient of successful EAP operations. In EAP practice, training is often delivered without any guiding perspective. Supervisory training might be made more effective by anchoring it to an ecological understanding of the organization for which it is being designed.

#### A Final Reflection

Born of the dual concern for love and money, EAPs have evolved over the past two decades. Although love and money gave impetus to this field, they are not sufficient to provide sustenance and longevity. The future of EAPs, and the active role of clinical social workers in these programs, depends upon an ecological understanding of EAPs. Also necessary is the training of personnel in knowledge and skills necessary to implement this ecological understanding.

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## APPENDICES



## APPENDIX A-1

Framework for Describing Occupational Programming<sup>17</sup>Program Approaches

- alcoholism only
- broadbrush

Program Types

- occupational alcoholism programs
- employee assistance or troubled employee programs

Program Components

- written policy statement
- labor-management involvement
- company-wide information and education program
- supervisory training
- uniform identification and referral procedures
- availability of treatment resources
- follow-up procedures

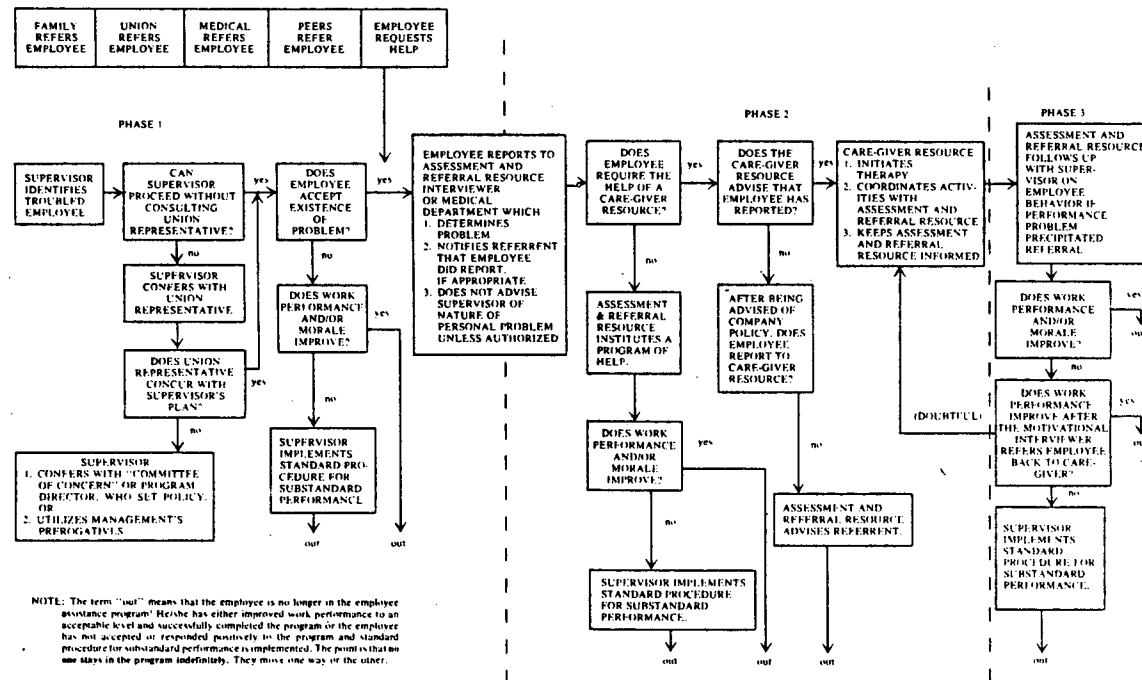
Program Characteristics

- emphasis on early detection
- use of constructive confrontation
- placement in organizational structure
- relationship to treatment facilities

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<sup>17</sup>from Hayward et al. Occupational Programming: A Review of the Literature, p. 6.

# Flow Diagram of Key Activities



APPENDIX A-3<sup>19</sup>

## Hypothesized Key Elements and Their Implementation: The Ideal Model

	<i>EAP Goals/Imperatives</i>	<i>Related EAP Activities Methods</i>	<i>Required Organizational Orientation, Conditions</i>	<i>Necessary EAP Consulting Skills</i>
<i>Written Policy Re Joint Development and Promulgation (where union exists)</i>	A written policy governing the management of problem employees, including rights and duties of employer and employee should be jointly developed by management and union.	1. Management/union committee must be struck. 2. Joint statement must be issued. 3. Joint procedures must be established.	History of good management/union relations must exist.	Ability to recognize when union/management relations are within reach of the EAP goal.
<i>Prerequisite Attitudes</i>	The employee who demonstrates problems with job performance or work-related behavior must be recognized as potentially suffering from a variety of mental, physical, behavioral, or social problems.	Where relevant, insurance coverage should be obtained for the treatment of alcoholism, drug abuse, mental illness, disturbance, and so on.	Key executives and union officials must recognize that a wide range of mental, physical, behavioral, and social problems can be remedied or alleviated. Human-relations style detectable in some coherent if not consistent form.	Knowledge of programs aimed at remediation or alleviation of the noted range of problems. Belief that they can be effective. Access to persuasive techniques. Credibility with industry.
<i>Early Identification</i>	Such problem employees should be identified as soon as possible.	Case finding and referral by organizational identifiers, usually supervisors, or other formally designated persons.	1. Economic foresight or vision. 2. Supervisors are held accountable for observation and documentation of deteriorating work performance	1. Awareness of the economic realities of the workplace and understanding of cost-effective accounting. 2. Ability to recognize when an organization is within reach of this level of functioning.
<i>Skills of Identifiers</i>	The identifiers should know what to do and when to do it.	Supervisors and union officials must be trained in skills of documentation, confrontation, referral, and followup.	Organization must have a training function, service, or department.	Knowledge of techniques of communication and of content area sufficient to conduct training if requested.
	<i>EAP Goals/Imperatives</i>	<i>Related EAP Activities Methods</i>	<i>Required Organizational Orientation, Conditions</i>	<i>Necessary EAP Consulting Skills</i>
<i>Support for Identifiers</i>	Management and union must support the identifiers.	Written guidelines must be developed which make identification of problem employees part of the identifier's job description.	1. Written job descriptions and performance reviews must be normative. 2. Discretionary power of line supervisors must be recognized and valued. 3. Communication channels must be fairly free both up and down.	Ability to recognize organizational signs which indicate that control and communication functions are compatible or within reach of compatibility with EAP goals. Skills of organizational diagnosis and consultation are involved.
<i>Identification Keyed to Job Performance</i>	Legitimate signs of problem behavior are only those related to work performance.	Supervisors must be trained to keep good records of job performance.	1. Personnel recordkeeping must be geared toward identification of deteriorating job performance. 2. Span of supervisory control must permit attainment of this objective.	1. Ability to comprehend record-keeping systems and make recommendations for change. 2. Organizational diagnosis, as outlined relative to support.
<i>Choice of Treatment or Risk of Discipline</i>	Treatment alternative to discipline must be clearly spelled out and made credible and visible.	Routes into treatment (medical or psychosocial) must be established. Key role for coordination of referral and treatment must be created.	History of functional management must exist, or the precedent must be established (far more difficult). Human-relations ideology must be detectable at senior levels.	1. Ability to recognize dead ends: it is probably too ambitious to expect conversion to functional management where no precedent exists. 2. Knowledge of various models for cutting in the treatment alternative into disciplinary model. 3. Understanding of discipline and grievance procedures of client organization.

<sup>19</sup>Shain and Groeneveld (1980), pp. 7-10.

	<i>EAP Goals/Imperatives</i>	<i>Related EAP Activities/Methods</i>	<i>Required Organizational Orientation, Conditions</i>	<i>Necessary EAP Consulting Skills</i>
<i>Protection of Reputation</i>	Employees' reputation must be protected if treatment route is chosen.	Records of treatment and background to the problem must be confidential.	Key coordinator or designated official should be responsible for the safe-keeping and release of information.	Should be able to advise on systems of confidentiality used elsewhere.
<i>Guarantee of Clean Slate</i>	Employee participation in the assistance program must not jeopardize future career opportunities after successful completion of the program.	Provision must be made to protect career opportunities in the policy itself.	Joint management/union committee should act as an appeal board in cases of complaints about career blocking.	Familiarity with recorded cases in arbitration where this has been an issue.
<i>Program Monitoring and Accountability</i>	Operation of the program must be recorded for progress reports and accountability of responsible personnel.	Monitoring function must be introduced.	1. Recognition of the need for monitoring must exist. 2. Mechanism for monitoring must exist.	Knowledge of monitoring systems or resources which can advise.
<i>Followup</i>	Followup component to treatment/management program must exist.	Supervisors/union need to be persuaded of the importance of continuity and reinforcement.	Stability of supervisory work force, permitting continuity of treatment.	Persuasiveness. Knowledge of management systems in which such continuity can be maintained.
<i>Self-Recognition and Referral</i>	Self-recognition of impending job crisis is better than management-induced crisis.	Pathways to care must be publicized, credible, and visible.	Reputation of treatment program must be established with regard to effectiveness and trustworthiness.	1. Public relations work with respect to treatment agencies in the community. 2. Persuasion of client organization to launch publicity campaign.
<i>Crisis Induction Through Mandatory Referral</i>	Failing self-recognition, a crisis must be induced in the problem employee's life through threat of job or status loss.	Skills of constructive confrontation and coercion must be introduced.	Job performance evaluation of supervisors must include skills of constructive coercion and confrontation. Supervisors must feel supported in their confrontative, coercive roles. ( <i>support</i> )	Ability to demonstrate alternative methods of performance evaluation in promising situations (in organizations within reach of compatibility with EAP).
<i>Availability of Treatment</i>	Treatment facilities must exist and be available.	Treatment facilities must be located and agreement to admit referred employees secured.	History of involvement in community affairs might extend to active development of treatment facilities in some cases.	Knowledge of available resources and ability to establish liaison between key coordinator and such resources.
<i>Nondiscrimination</i>	All employees should be eligible for and subject to company policy coverage.	Policy terms must explicitly relate to blue- and white-collar workers, men and women.	A history of nondiscrimination must be demonstrable.	Recognition of limitations of this philosophy in specific situations.
<i>Employee Education</i>	All employees should know the terms and benefits of the policy.	The policy's terms must be disseminated to all employees.	Mechanism for credible, direct contact between management, union, and employee must exist.	Facilitation of employee education campaign. Ability to recognize organizational limitations with regard to dissemination of information.
<i>Benefits Coverage</i>	Clearly stated benefits must exist for problem employees.	Package must be examined for coverage of alcoholism and other problems related to mental health and revised if necessary.	Broad sense of social responsibility or long-range economic vision must be detectable at senior levels.	Ability to demonstrate the favorable relationship of program costs to program benefits in terms of absenteeism, accidents, and productivity.

## APPENDIX, B

The Need for An EAP Support System<sup>20</sup>

When a company's employees experience stress in adjusting to a demanding new job, conflict among several work roles, or strong personal feelings about work issues, they turn to their company's employee assistance program counselor for discussion of these concerns, possible solutions, and/or referrals to community resources.

Unfortunately, there has been no comparable resource for EAP representatives who experience the stresses and strains of their new position.

Several factors contribute to making this particular job role a difficult one. Typically, newly appointed EAP personnel come either from within the ranks of the hiring company or from treatment backgrounds in chemical dependencies and/or psychotherapy. Neither background alone is sufficient to meet the awaiting challenges. Those having a substantial work history with the company, know the ins and outs of their organization, they know their corporation's culture (i.e. "how we do things around here") and how to implement a new program in a way that shows an understanding of the norms, values, and personality of their particular organization. Although these representatives know their company thoroughly, they are less sure of their clinical assessment skills and know-how about community resources. The treatment person comes to the job full of enthusiasm

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<sup>20</sup>Green, Note 18

and expertise in alcoholism assessment and treatment, active listening skills, and techniques for motivating employees toward suitable referrals. But the environment in which they are living - the business world - often feels mysterious and bewildering -- a place where they feel like outsiders. Whichever background the new EAPer comes from, s/he is keenly aware of his/her missing knowledge base. Each type of background perspective has much to share with the other.

Another source of job stress comes from the need to maintain confidentiality, a basic principle of any successful program. The EAP coordinator cannot discuss a complex or puzzling situation with his/her boss because of the confidentiality requirement as well as the likelihood that the person to whom the EAPer reports may have even less knowledge and experience in EAP case management. Not surprisingly, the EAP person may come to feel isolated and has no way to discuss, critique, and validate the approaches s/he has utilized in dealing with difficult presenting problems.

A job strain unique to the EAP function in business and industry is the emotional reactions that are stirred up by listening to employee concerns. Ideally, counselors are admonished to be objective, empathic, and non-judgemental at all times. Being human, this is not always possible; but, it is possible to become aware of one's own emotional reactions and keep them from emerging in assessment and discussion with employees.

Finally, the EAP manager is largely left to define the job for himself; rarely is there anyone in-house to consult with regarding one's own job priorities and job definition. To say the least, it is

difficult to develop and actualize one's professional identity without relevant feedback.

In an effort to address these critical issues, small consultation groups are being inaugurated this fall. Led by Robbie Green, LCSW, these groups will meet bi-monthly in the early morning at the World Trade Center, Downtown Los Angeles. For additional information and registration, please contact Robbie Green at (213)617-1496 or (213)761-4461.

## APPENDIX C

## Profiles of Participants, Programs, and Companies

The following material describes each participant in the research consultation group, each participant's company, and the history of that company's EAP efforts.

Case #1

The Participant. Rae is a 37 year old caucasian woman. She is soft-spoken and cordial. Her dress and demeanor correspond with her managerial title. Her present position is manager, human resources, for a local radio station; annual salary is \$40,000. She moved to Southern California three months ago to accept this position. She has worked for her present employer for four years. Previously she has held administrative and training and development positions. This is her first management post as well as her first employee assistance position. Rae holds a master's degree in educational counseling. She states that while she has no formal training in alcoholism or other chemical dependencies, she counts as informal training her own personal experiences as a recovering alcoholic. She presents herself as an evolving person who highly values her own professional and personal development.

The Company. Rae is employed by a multinational corporation that sells its products and services domestically and internationally. Their products include household appliances, elevators, cable



television, health services, delivery systems, the products created by a television production company, and radio stations. Rae works for a local radio station owned and operated by the parent company. The station broadcasts news to the greater Los Angeles area. They employ approximately 100 people. Nearly 1/4 of this work force is unionized.

The human resources manager at the station is responsible for implementing the employee assistance program services in addition to carrying out the tasks of a small personnel department (overseeing hirings and firings, salary and benefits administration, and monitoring compliance with affirmative action, occupational health and safety and other similar federally mandated standards and programs).

The station's human resources manager reports to the station's general manager. Nationally, Rae reports to the vice president of human resources for broadcasting in New York. She calls this vice president her "dotted line manager".

The Company's EAP History. About four years ago the broadcasting division of the parent company formally adopted an employee assistance program. A company policy statement was issued and the training of managers and supervisors was begun. The program began as an occupational alcoholism program and was headed by a recovering alcoholic. Currently the program is broadbrush.

As manager of the station's employee assistance program, Rae is expected to work with and through the other managers in reaching troubled employees (supervisory referrals). Self referred employees can present themselves to Rae for a discussion of their concerns and

she, in turn, refers them to the professional group that conducts assessment and referral services for the station. Posters that hang in the staff lunchroom and lounge inform employees how to contact the professional group directly, for no-cost, confidential evaluations. The station pays for up to three assessment/brief counseling/referral sessions. Immediate family members of the employee are eligible for these services. Some services arranged for through the employee assistance program are reimburseable through the company sponsored insurance benefits program.

#### Case #2

The Participant. Irene is a 41 year old caucasian woman who works as an industrial health nurse at an industrial plant. With an annual salary of approximately \$22,000, Irene has been employed with her company and in her present position for three years and two months. Her previous work experience has been in hospital nursing, in emergency rooms, intensive care units, and coronary care units.

In introducing herself to the group, Irene identified herself as a licensed practical nurse. She was attired in a nurses' uniform. She told the group that she has two children, a boy 9 and a girl 14, and has been married over 21 years. She relates that she was not admitted into a registered nursing school because of a vision limitation and instead enrolled in practical nursing after high school. She expects to complete course work for a bachelor's degree in psychology and applied medicine within the next year.

She is loquacious and eager to present herself as doing a good

job and "covering all bases". Irene is clearly not comfortable about what she does not know and thus appears alternately as a "know it all" and self-effacing.

The Company. Irene works for a large industrial manufacturing company. She is employed in their navigation and communications equipment division, whose work load is 90% government contracts. Hence, internal surveillance of safety and security standards are of prime importance to the continuance of these contracts. Of the 850 employees, a portion are hourly, unionized workers and a portion are salaried and non-union.

The Company's EAP History. The company does not have a formal employee assistance program. They do conduct some informal activities that could be regarded as employee assistance services. For instance, Irene organized an after work program on "The Holiday Blues" in November 1982. A clinical social worker spoke to employees on holiday depression. Further, it is known among the employees that anyone can have a private, closed-door chat with the nurse. She will provide empathy, information and referral where indicated. For example, she has facilitated admittance to an alcoholism recovery hospital for one employee and provided straightforward, anxiety-reducing information to another regarding herpes. Whereas, Irene sees her functions as counseling and education in addition to nursing, the previous nurse at the plant held a narrower, strictly nursing, conceptualization of her job.

Irene reports to the director of safety; "a twenty-eight year company man" who has recently been given his first management

position.

Case #3

The Participant. Connie is a 29 year old caucasian woman. She presents herself as a self-assured business person. She is vivacious, emotionally open, and verbally adept. Three and a half years ago she was hired by her present employer, a motion picture studio, to set up and operate a company store for employees. The store now operates successfully and Connie has three retail clerks reporting to her. During Connie's tenure at the studio, the scope of her assignments and responsibilities has continually expanded. Two years ago she initiated a company-wide recreation program. Just prior to the consultation group beginning, Connie facilitated installation of weekly lunchtime AA meetings on the studio lot. She is eager to free herself from the company store's management in order to devote time to setting in motion employee assistance program components. She verbalizes her goal in attending the consultation group as: "I want all the education and ammunition I can get. I need hard core information about getting a program going." In addition, she expressed a goal "on the personal level". "I tend to be very forceful in my personality and employees may question my sincerity, my sensitivity and sense of confidentiality. I want to improve my communication skills so I can show interest yet not be patronizing." These perceptions indicate a high degree of self-awareness and uncommon accuracy in her self-evaluations according to the participant-observer.

Connie shared some recent family history that may have increased

her commitment to EAP work. While attending a family reunion four months ago, she learned that her brother-in-law, a dentist, was hospitalized for alcoholism and poly-drug abuse treatment. As she came to accept this news, she also came to realize that her physician father and nurse mother have "been addicted to prescription drugs all their adult lives." Connie says her husband continues to deny his parents' alcoholism, although she sees it more clearly the more she learns about this problem and the more she observes them.

Connie's current position is manager, employee services, with an annual salary of \$30,000. She holds a bachelor's degree in business management/economics and is midway in her studies leading to a master's degree in business administration.

The Company. Connie works for a major motion picture studio and film corporation. The corporation is part of a Fortune 500 conglomerate company whose worldwide products are oil, food, clothing, electronics, and video equipment. The studio has 800-1,000 permanent employees. Nearly half of these are clerical support personnel. The other half are composed of unionized, hourly workers and management. When the studio is "in production" the number of employees increases to approximately 3,000.

The Company's EAP History. The studio management is familiar with the fundamentals of employee assistance programming. A proposal to provide external EAP services was submitted to the vice president of personnel about three years ago. The proposal was deemed too costly and too elaborate, and EAP services have been held in abeyance until Connie's recent interest. Connie has been given approval to

develop rudimentary EAP services as her time permits. Inauguration of the weekly on-site AA meeting was the first major step. The president of the film corporation has recently issued a company policy statement to all employees regarding alcoholism and drugs. Connie summarized the "curt" memo: "It said if you use alcohol or drugs at work, you'll get fired. If you need help related to alcohol or drug use, call \_\_\_\_\_." I was really disappointed; he used no kid gloves at all." Connie says that her company, like so many others, is guilty of double talk in its EAP policy. Contradicting the new company alcoholism policy is the studio commissary, a restaurant on the studio lot where wine and beer are served at lunchtime. At official studio banquets and parties, Connie says "the liquor really flows."

## APPENDIX D

## Partial List of Resource Material

Among many materials distributed, the following list includes those resources that can be readily obtained.

Akabas, S., Billings, S., Fine, M., and Woodrow, R. Confidentiality Issues in Workplace Settings, a Working Paper. Industrial Social Welfare Center, Columbia University School of Social Work.

French, J.R. Person-Role Fit. The Study of Organizations. San Francisco: Jossey-Bass Publishers, 1980, pp. 444-450.

Green, R. A beginning EAP library, an annotated bibliography.

Greenberger, Robert S. "Firms are confronting alcoholic executives with threat of firing. Wall Street Journal, Thursday, January 13, 1983, p. 23.

Phillips, D.A. & Older, H.J. A Model for Counseling Troubled Supervisors. Alcohol Health and Research World, Fall, 1977, pp. 24-30.









