CLINICAL PRACTICE IN EMPLOYEE ASSISTANCE PROGRAMS:

AN EXPLORATORY STUDY

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INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the dissertation

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. DISSERTATION ABSTRACT

Clinical Practice in Employee Assistance Programs: An Exploratory Study

by

Saul Martin Leopold

Employee Assistance Programs, staffed by a diverse group of professionals
and non-professionals, provide direct delivery of services to the troubled
worker in industry.   The present exploratory study of a volunteer sample of
twelve EAP counselors in Los Angeles was conducted to answer the following
research questions:

1. What are the backgrounds of these counselors/administrators?

2. What general skills are employed and desired in practice and how are
    they utilized?

3. What problems and types of cases are encountered in the workplace?

4. How do education and experience influence delivery of services and
    performance of roles in the workplace?

The findings were based on written questionnaires and on-site interviews
deleloped for this study. Findings indicated that the majority of subjects
were over age 40, college educated and trained in mental health, recovering
alcoholism counseling or business. They represented small staffs serving
large client populations. Functions included counseling, assessment and
referral services as well as program promotion. Clinical and diagnostic
skills, and "street sense", were most often utilized. Major case categories
included mental health, substance abuse, and financial problems. Most
clients were self-referred. Counselors were often influenced by their

respective orientations in searching out successful experiences within the workplace. Clinical issues of confidentiality and countertransference were explored and discussed in terms of the specific conditions of industrial settings.

This study concludes that, within the present sample, the types of programs depend on the individuals who staff them; generalizations are not possible. Subjects clearly revealed their personal preferences and priorities for intervention, based on their educational, experiential, and personal backgrounds. Case examples are used to illustrate these findings. Recommendations for consultation and education are made: assertiveness, management skills, and organizational know how are needed for successful case management, along with psychological and diagnostic abilities. Implications for practice, professional organizations and further research were also made.

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CHAPTER I

INTRODUCTION

The troubled worker is now recognized by educational institutions, as well as professional and lay interest groups, as a new client group worthy of attention for intervention, referral services, and short-term counseling. The services and programs developed for this population by industry are generally known as Employee Assistance Programs. Various rationales have led to the establishment of these services to workers, ranging from humanitarian concern and evangelical zeal through interest in cost-effectiveness and increased profit margins.

The troubled worker in industry is a target population in need of specialized services. This community of potential clients is beyond the scope of any one special interest group because their needs are so diversified. A variety of professionals, lay people, and educational institutions have focused their attention upon the arena of the troubled employee in industry and government.

The impact that the worker's personal life has on productivity is being considered more closely by industry than in the past. Industry is also concerned about other factors influencing poor work performance. Some of these elements include:

1. Substance use

2. Substance abuse

3. Physical health problems, i.e.

    a. Cardiac disease

    b. Toxic waste reactions

4. Learning disabilities.

Employers have come to realize that, although the troubled employee impacts on profit, the replacement costs for rehiring and retraining are disproportionately high. The problems of troubled employees may even be of greater magnitude than earlier suspected. The United States Department of Labor estimates that 85% of the workforce is misemployed. This shocking statistic directs attention to the monumental task awaiting industry, educators, and professionals in confronting these issues as they become manifested as worker dysfunction (EAP Digest, March/April 1983, p.19).

Employee problems in industry are well documented. 40 billion dollars are lost yearly as a result of an assortment of problems such as on-the-job accidents, illness claims and absenteeism. In an attempt to minimize such losses, nearly 5,000 Employee Assistance Programs have been established nationwide (EAP Digest March/April 1983).

Despite an austere economy in the early 1980's and the reduction of local and national governmental services for the public good, EAPs continue to grow within industry and among providers of health care because of their involvement as sub-contractors to EAPs. The basic

motivation for these developments is the concensus that the troubled employee costs industry and government money! According to recent studies, 10% of the American work force, which represents about 10 million workers, accounts for 90% of all discipline problems, 70% of all worker compensation claims, 40-60% of all medical care costs, and 35% of all absenteeism (EAP digest, March/April 1983, p.19). The growth of EAP programs can thus be seen as an attempt to identify and treat these monumental problems affecting workers and industry. Existing programs range from alcohol recovery, mental health and physical health to general referral services.

Recent surveys document the variety of education and experience found among the providers of these services (Birkland, 1983; Intveldt-Work, 1983). Education and experience have significant bearing on the orientation and goals of a company's EAP. Personal bias influences the kind of programs and services being proposed and delivered. For example, substance abuse counselors may have more awareness of alcohol related problems, and show more interest in treating recovering alcoholics. Thus, experience and educational background are factors influencing attitudes and abilities of EAP providers (Perlman, 1982).

The field of Employee Assistance is one arena in which both lay and professional staff share equal positions. For example, the recovering alcoholic, perhaps with 0-2 years of certification training, may oversee and direct services with responsibility equal to that of a Registered Nurse, Master's Degree Social Worker or Doctor of Philosophy in Clinical Psychology or Education (Birkland, 1983; Intveldt-Work, 1983).

Recent surveys provide a broad demographic picture of providers of services. However, there has been no research that focuses specifically on the manner in which the counselor performs his/her task. Neither is there any research on the professional gratifications and disappointments experienced in the work place by these providers, factors which would reflect the type of work actually being performed. In order to establish a firm data base for education and consultation in the area of industrial clinical work, it is necessary to understand both of these areas. Exploration of actual service delivery practices and characteristics of the providers needs to be undertaken. Issues of gender, background, and educational strengths and weaknesses have been found to be significant in terms of general program approach (Intveldt-Work, 1983). These parameters also need to be examined in terms of the actual clinical work performed by personnel involved in EAP practice.

Historically, social work has promoted the good of all people. The fields of Employee Assistance and social work are thus highly compatible. Relying on the body of professional knowledge built up over many years, social workers can make valuable contributions to this developing field. While professional private practice is the latest model of major interest in social work, Masi (1982) believes that it is "...more than a coincidence that private practice and industrial social work are blossoming simultaneously." (p.14) This may be due to similar skills required in both areas; skills that call upon a different dimension than needed in traditional clinic practice. The promotional

and entrepreneurial components of private practice seem to reflect a new thrust among social workers. Economics obviously play a part in both roles as well.

According to Akabas (1982), Director of Columbia University's Industrial Social Welfare Center, "...we're riding a crest right now, a trend of interest in the work we're doing. The problems we deal with are more severe, the problems people have are more severe-and the possibilities for providing an important service through the workplace are increasing." (p. 9) In light of this need for service, the questions about experience and education as well as the importance of providing support to all entrants and workers in Employee Assistance positions take on greater significance. As Green (1983) has stated, "...experience is a master teacher....[however] this method of learning can be painful and inefficient." She continues, "...if there are knowledge and skills specific to this work, then they need to be identified, articulated and taught to people entering the field." (p.5) This author concurs with Green as well as Birkland (1983) and Intveldt-Work (1983) in the emphasis on both education and evaluation of the actual field work.

In order to obtain information on EAPs, the present research has explored Employee Assistance Programs as practiced by a selected group of personnel in the Los Angeles metropolitan area. The influence of experience and education were highlighted. The resulting clinical data base will enable social work educators and clinicians to provide more effective consultation to providers in this important and growing field.

Significance of the Study

The impact of work on the individual's total life is of major significance. Pearlman (1982) raised this issue as even she identified her own clients as 'workers' with a sense of "awe and surprise," feeling that this aspect of an individual's life had long been overlooked by the field of social work (p.90). The recent and increasing involvement of mental health professionals in the workplace and the need for a systematic approach to the problems of workers and industry is at the heart of the EAP programs and forms the philosophical base of the present research.

Although there is a lot of information available regarding EAPs in general, there is a scarcity of knowledge specifically regarding how EAP counselors of different educational and experiential backgrounds actually provide services. Thus, although Employee Assistance Programs and industrial social work have made rapid strides within the last 20 years (Cohen & McGowan, 1982), there is relatively little information with respect to procedures and actual practice in this area of specialization. The field of Employee Assistance Counseling is a relatively new one with a limited data base (Intveldt-Work, 1983). As a new field, it appears to be gaining in momentum as exemplified by the recent literature, National Association of Social Workers Task Force assignments, professional publications, and increasing number of national conferences on Employee Assistance Programs.

Surveys and exploratory research have revealed the need for information about actual practice for both experienced and new entrants in the field of Employee Assistance work (Birkland, 1983; Green, 1983). The present research partially fills this gap in knowledge. The study has examined a selected group of subjects performing EAP tasks in workplaces in the Los Angeles Metropolitan area and has assessed how these workers function in their actual practice of employee assistance counseling or administration.

Recent surveys (Birkland, 1983; Intveldt-Work, 1983; Madonnia, 1982) have noted differences in gender, education, and experience with respect to employee assistance functioning. These identified variables were subjected to further exploration.

These reported surveys contributed to a broad understanding of the variations and impact of degree of education, experience and sex of counselors in the performance of staffing tasks. Along with this demographic material was a broad attitude survey establishing ability to evaluate chemical dependency and identify social service resources as a necessary skill in EAP work (Birkland, 1983). Another survey recognized program administration and evaluation skills, with the latter highlighted as the most important asset (Intveldt-Work, 1983). However, these surveys, while comprehensive in their attitudinal description of function, do not access "what the industrial practitioners actually do" when faced with an evaluative issue. What skills are utilized in the performance of the task? Both surveys were extremely broad, and did not attempt to define the actual nature of the

counselor's performance. The current research has addressed these practice issues directly.

An exploration into the areas of direct practice reveals weaknesses as well as strengths within the several existing primary orientations in the field of Employee Assistance Counseling (Gould, personal communication, July 13, 1983). These include Occupational Social Work, also known as Industrial Social Work, recovering alcoholism counselors, also called Occupational Alcoholism, Counseling Psychology, and business. The present study will therefore equip clinical social work consultants and educators with a knowledge base that will help in providing services to a range of experienced and novice individuals in current occupational industrial practice.

Consultation with Experts

This researcher conferred with current experts by telephone on July 8, 1983. Paul Maiden, Research Associate in the office of Dale Masi (personal communication), present sub head of Health and Human Services and faculty of the School of Social Work at the University of Maryland, and Rebecca Donovan (personal communication), Research Director at Columbia University School of Social Work, both affirmed that the present research is in a relatively "virgin" area of study. They both agreed that there is a relative absence of research data with regard to assessing the manner in which counselors intervene in the work organization. The results of the current research, therefore, will have significance for Industrial Social Work concentrations on the

graduate level and to the certification programs for Certified

Alcoholism Counselors in the field of Employee Assistance Programs.

Statement of Purpose and Clinical Research Questions

This study had three purposes. The first purpose was a) to
gather descriptive data on employee assistance counselors and adminis-
trators and b) to identify and describe their educational and vocation-
al backgrounds. The second purpose was to determine how work organiza-
tions are actually utilizing these personnel, i.e. what are the
parameters of these positions in the workplace and how do the EAP
personnel actually function? The third purpose was to explore the
clinical functioning of the employee assistance counselors/
administrators and assess how education and experience have influenced
their clinical approach and interventions.

In light of the stated purposes, the following questions guided
the research:

1. What are the backgrounds of a selected sample of employee
assistance counselors and/or administrators in the Los Angeles
metropolitan area?

2. What general skills are employed and desired in practice and
how are they utilized?

3. What problems and types of cases are encountered in the
workplace?

4. How do education and experience influence delivery of
services and performance of roles in the workplace?

This study has explored, in a limited sample, the diversity of practice as it currently exists and what effects this has on the interventions and experiences of EAP personnel.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter presents a critical review of the literature

relevant to the present research: the worker as client, the history of

social work in industry, and the recent research on the development and

current operation of employee assistance programs and their staff,

including perspectives on Occupational Alcoholism and Industrial Social

Work models. Although these areas are functionally interdependent,

they are artificially separated for the purposes of clarity and

interpretation.

The Worker as Client

Productive, gainful employment is a hallmark of adult

functioning (Erikson, 1950). In American society work becomes an

essential determining ingredient in any individual's concept of

himself, as well as how others view him, i.e. his identity. Erikson

(1950), Bardwick (1971), and Levinson (1975), among others, document

the centrality of work to healthy adult development. Without this

mastery or productive experience, the individual may be subject to

feelings of inferiority and despair (Erikson, 1950, p.259). Work is a

vital part of one's adult life, as indicated by the fact that the

average individual spends 59.7% of his life working (Ozawa, 1982,

p.49).

Work and mental health are intimately connected. A feeling of continuity, security, and social belonging are all provided through work (Rainwater, 1974). In addition, successful work provides a sense of fulfillment that is essential to well-being (Rainwater, 1974; Yankilovich, 1974). Work is an "instrumental activity" (Neff, 1977) which is performed for a specific purpose with certain defined procedures, in order to accomplish that end. However, this descriptive definition excludes variables that are related to the individual's emotional and intellectual abilities, like effort and quality. Work does not exist as a separate entity. It cannot be understood apart from feelings, social systems, and events as context. Feelings play a major role and work enjoyment diminishes if any of these factors takes a deviant turn (Menninger, 1963).

In view of conceptualizations of the worker as client, ecological and psychosocial theories that take the total person and situation into account are clearly relevant to the present inquiry. Omission of these perspectives limits the quality of clinical understanding of the worker/client. Hollis (1964) also warns that in trying to explain behavior in interpersonal terms, omitting intrapsychic material will "greatly impoverish" practice. Both interpersonal and intrapsychic understanding are required in order to fully understand the employee as client. Thus it can be seen that the role of the EAP worker takes on even greater importance, and these individuals' work serves to enhance the quality of the workplace by emphasizing that it is one in which human needs as well as industrial requirements are considered.

Employees are potential worker/clients for industrial counseling intervention. The pain of the work aspect of the individual's life has been largely ignored by professionals (Rubin, 1976). In the author's opinion, patients are treated for the most part as being separate from work issues because they are basically seen within a clinical practice frame which primarily focuses on developmental and dynamic issues outside the context of the clients work. On the contrary, this researcher is convinced that mental health and work are as interrelated as the client's mental health is to family, spouse, and child relationships. The fact that many employees seek referrals for psychological help indicates that emotional pain thought to only exist within personal domestic relationships exists in the workplace as well (Rubin, 1976).

It is unrealistic to view the client's world at home as entirely separate from work situations. Kanter (1977) sees this separateness as a myth, a professional fantasy of "two separate worlds," which assumes that work and work organizations are of one world and the rest of living is separate. The interrelationship between work and the rest of one's life cannot be overlooked (Erikson, 1969).

On a yearly basis, work related deaths are as high as 14,000 and permanent incapacitation claims 100,000 male and female victims (Berman, 1970). Tragedy in the workplace influencing psychological pain has not generally been dealt with inside of work organizations. Psychologically related services are needed in industry and competent experienced individuals must direct them. Union and company personnel

specialists confirm the needs of workers and report increasing

referrals for mental health intervention (Madonnia, 1982). Up to 10%

of the 94.7 million U. S. employees are or will be victims of emotional

illness (Masi, 1982). The workplace is clearly an appropriate setting

in which to intervene in problems of the worker/client.

The worker as client has been identified by social work with a

sense of discovery as well as focus (Akabas, 1982; Diotrkowski, 1979;

Kanter, 1977; Pearlman, 1982). We are reminded that social work deals

with the person and his/her environment (Pearlman, 1955, 1982).

Central to approaching the worker is the idea of the "person-in-his-

situation" as the following threefold configuration elaborates: (1)

the person or worker; (2) the situation; and (3) the interaction

between them (Hollis, 1964). This interactional system exists between

workers and work organizations as well as workers in family systems

vis-a-vis family members. The worker needs to be identified as an

individual with unique characteristics, influenced by development and

personal life situations, which affect work performance. Exclusion of

historical and present life situations can be a grave omission. Social

work's conceptualization of the effect of psychosocial forces on

behavior and acknowledgment of the uniqueness of the individual/worker

in the situation would seem to underline the professions' potential

contributions to industry. Social work's outreach to all clients is

not a new strategy, but is here rediscovered in an area of major

significance. Specific discussion of the historical connections of

social work and industry will elucidate this viewpoint.

INDUSTRIAL SOCIAL WORK: HISTORICAL PERSPECTIVES

As Green (1983) points out, the history of social work in industry is marked by ambivalence from both labor and management. Social work's attention to problems in the workplace can be traced back to Jane Addams' relationships with unions as she organized workers to protest unfair labor practices (Akabas, 1982). Thus social work's early interest in workers was in relation to the unions. The identification with workers led the profession into a position of estrangement from management in the beginning of the 20th century (Green, 1983; Gorson, Calter & Nann, 1959).

Social workers in industry in the late 1800's and early 1900's were welfare secretaries. They provided services to special populations under the direction of the paternalistic, philanthropic orientations of their employers.

Despite social work's early alliance with workers, labor remained aloof from social work because it saw the profession as a "creature" of the upper class (Deutsch, 1944). Labor perceived social work, for the most part, as having an affinity for capitalists in spite of the contribution by social reformers (Akabas, 1982). While Jane Addams' relationship with unions demonstrated a concern for the worker, labor and business groups alike associated the social work profession with a "lady bountiful" image.

Ties between industry and social work began to develop during World War I. Miro (1982) reports the growth of social workers in industrial settings in Europe as well as the United States during this

period. Following WWI, the country became more overtly pro-business. Despite the growing utilization of social workers in industry during the 1920's, Samuel Gomphers then identified the welfare secretary as the "hellfare worker " (Akabas, 1982). An unflattering and stereotypic view of social work was still evident.

The depression of the 1930's served as a unifying force between social work and organized labor. Beginning in World War II, management introduced social work into industry to deal with employee problems generated by employment shortages (Akabas, 1982).

Social Work in Industry and Government

In 1917 the Northern States Power Company in Minneapolis, Minnesota began one of the earliest and longest running programs in which social workers provided counseling for company workers. Sixty seven years later the program is still in operation (Masi, 1982). As Northern State began their program, Macy's Department Store in New York developed a Department of Social Services. Evans (1944), a social worker, performed three major functions in her role in this department—(1) an informational function, which consisted of informing workers of community resources related to health, recreation and education; (2) a societal function, which involved the identification of a worker's living situation that would require financial grants; and (3) a psychiatric function, which offered counseling to employees regarding personal problems (pp. 14-15). These functions appear as cornerstones for the current broad-based EAPs.

The events of the Depression gave impetus to the evolution of employee-benefit programs during the 1930's. Business failures challenged the free enterprise system and brought about the passage of the Social Security Act of 1935. This Act created Social Insurance and Old Age and Unemployment Insurance in addition to public assistance and health services (Freelander, 1968).

The federal government began employee counseling in 1942 (Masi, 1982). A statement was issued by the Civil Service Commission at that time, and included a very thorough explication of the functions of the employee counselor. The following functions were enumerated:

> To deal with any situation represented by an employee or his supervisor which affects or is likely to affect his work productivity;
>
> To provide information as to housing and recreational resources, educational opportunities, budgeting, social agencies, church organizations, nutrition, medical and psychiatric facilities;
>
> To identify the problems of individual employees which need treatment by specialists;
>
> To discuss with employees who seek counsel of the nature of their problems and to work out with the employees solutions to their problems;
>
> To counsel employees regarding various problems connected with their work: living and work conditions, health, recreation, education, and other phases of self-development;
>
> To refer employees to local recreational agencies outside the government;

> To keep in constant touch with personnel
> officers and operating officials regarding
> recruting standards, placement problems, and
> the correction of unfavorable operating
> conditions;
>
> To assist in the development and presentation
> of orientation, induction, and staff-develop-
> ment programs (p.7).

These functions of the employee counselor represent the core

procedures in Employee Assistance Programs today. Basically these

procedures involve identification of employee problems and intervention

in a variety of ways including education, treatment, and referral.

A growing consciousness of workers' behaviors was developing

and gaining formal recognition during World War II. The emergence of

social work in industry was predicted to be a new field as early as

1942 (Reynolds, 1951; Stahley, 1944). Instructors in the field of

social work with organizational skills contributed to the integration

of established principles with the new field of practice.

Reynolds' work with the Maritime Union in 1943 highlights the

achievement of social work's contributions to industry in times of

national need (Reynolds, 1965). In 1943 the National Maritime Union

and the United Seaman's Service were concerned over the loss of 5,000

members killed at sea. The surviving families faced overwhelming

adjustments. Procurement of loans, ration books and insurance as well

as counseling were critical to the survivors (Masi, 1982). Reynolds

details the implementation of social work services in this non-social

work organization. She confirms the importance of the profession's

contribution in times of national distress.

> Professional social workers coming into this
> setting would find an unhampered opportunity
> to use their skills and at the same time a
> challenge (which is the essence of profession-
> al skill) to adapt to the way of life, the
> culture, and mores of this particular sector
> of a great industry. (1951, p.53)

As World War II unfolded and manpower shortage affected the supply of physicians in Veteran's Hospitals, social workers were called upon to provide more direct clinical services. Along with expanded clinical activity came an increased interest in Sigmund Freud's theoretical formulations. Some authors feel that social work's credibility with the working class diminished because a major part of the profession's interest was being directed to the psychiatric sector (Akabas, 1982). The image of the social worker, like Adams and Reynolds, as a "worker for the people" was overshadowed by the more conservative "clinical neutrality" that emerged from the psychoanalytic school.

The clinical application of social work continued to develop in Veterans' Hospitals and child guidance clinics in the post-World War II period. Social work's psychoanalytic perspective on behavior was gaining ascendency. Additional contributions from ecological and sociological theory directed the profession's attention to the industrial field by helping social workers expand their understanding of worker interactions within political systems and among worker's groups. During the 1940's, 1950's and 1960's, the profession was continuing to experience its own metamorphosus.

Attempting to define various clinical and common good object-
ives, a new target population gradually emerged. The target population
was the employee, with 100 million workers as potential clients
(Akabas, 1982). Key events leading to the recognition of this target
population are here reviewed.

During the 1940's and 1950's the focus began to move from
identification of alcohol abuse to consideration of any and all factors
resulting in impaired job performance and behavior (Shain & Groenveld,
1980). A number of contributions from the fields of alcohol
counseling, nursing and psychology helped to integrate the field.
Social work's interest in the worker in the 1950's now had some history
as well as company.

A focus on the American worker's personal welfare and its
influence on functioning in the workplace have crystalized through the
combined influence of: (1) clinical social workers' concern for the
common good, (2) the present decrease in government-sponsored welfare
reforms, and (3) industry and labor's focus on production issues.

A special blue ribbon task force appointed by the Secretary of
Health, Education and Welfare in 1971 reported that only a small
fraction of workers were happy in the industrial setting (1973). This
taskforce highlighted unhappiness in the workplace and its influence on
physical illness, as well as an assortment of other manifestations, as
being similar to that which occurs in a family. Unhappiness revealed
the worker as an individual with unique problems affecting
personality; issues such as feelings of inferiority, anxiety and poor

communication are illustrations. This study helped to identify and

confirm that unique behavioral problems of employees in the work

setting are worthy of government's consideration. Under the

sponsorship of over 100 international unions and the existence of more

than 4 million employers, the HEW study highlights the present focus of

the profession (Green, 1983).

Workers within the workplace have been a target population under

served by the profession of social work. Social work's attention was

turned to this area through the Proposed Policy Statement on Industrial

Social Work by the National Association of Social Work. The 1981

Proposed Policy on issues, interests and awareness, is explicated in

the following statement:

> A reaction to the increasing compartmentali-
> zation 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 part-
> icular 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 Occupa-
tional Safety and Health Act, the Employee
Retirement Income Security Act, the Age
Discrimination in Employment Act, and affirm-
ative 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)

This proposed policy statement emphasizes the interconnectedness

of work and personal living. It confirms an increasing awareness of

the importance of work as a part of individual identity. The

highlighting of minorities, women and handicapped brings culture into

perspective as a factor in effectively assisting the worker as a

"person-in-situation." In addition, this policy statement acknowledges

legislation, management, and corporate interests as part of the broader

influences in this area.

Within the last 15 years, Industrial Social Work has gained importance both within the educational core of the profession and among practitioners in the field. One recent demonstration of increased attention was an Industrial Social Work Conference held at the University of Southern California School of Social Work in May of 1983. The conference was sponsored by Columbia University through a federal grant and demonstrated how professional education and clinical practice are now directly addressing issues related to work and workers (Akabas, 1982). The May 1983 conference supported the importance of this new area of focus for the practitioner and educator as evidenced by the community response and participation by leaders in the field. Identification of workers as clients and problems related to workers were among the issues highlighted. Consultation to industry from a social work perspective was also reviewed at this conference, as well as how social work agencies could market EAP services to industry.

Following Columbia University School of Social Work's establishment of an Industrial Social Work sequence in 1972, other graduate schools of Social Work have developed a variety of industrial curricula (Gould, 1983). The last 15 years have produced increasing momentum in Industrial Social Work education (Green, 1983). Over 55% of graduate schools of Social Work have industrial field work placements, while 34% have Industrial Social Work courses, as described in a national survey (Gould & Smith, 1982). In addition, there has been a parallel increase in the development of the recovering alcoholic perspective through Occupational Alcoholism Programs, as illustrated

by the dramatic growth of membership in ALMACA and publications of

Alcoholism trade journals (E.A.P. Digest, May/June 1983).

Parallel with the increasing educational concentrations in

schools of social work, practitioners have begun to organize and codify

their accumulated knowledge. In 1981, an Occupational Social Work Task

Force sponsored by the National Association of Social Workers was

commissioned to explore this area of service delivery. The Task Force

was charged with:

> Assessing the job functions of Occupational
> Social Workers and the knowledge, skills and
> abilities relevant to performing those
> functions; reviewing trends in the use of
> Occupational Social Workers and projecting how
> 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.
> (1982, p.5)

Akabas (1983) states that the profession of social work is

increasingly appreciating the workplace "as an appropriate context" in

which to engage workers (p.79). Diagnostic intervention by social

workers has proven to be an effective way to offer short term psycho-

therapeutic intervention and referral services for client-workers who

are suffering from substance abuse, behavioral, familial, or work

dysfunction.

According to Green (personal communication), the National

Association of Social Workers has identified over 2,000 industrial

social workers, and, as of December 1983, noted 60 individuals

practicing in California. Practice Digest, a national publication of

the Association, devoted its entire September 1982 issue to "Social

Work and the Workplace." The editorial comment presents an

"...interesting puzzle: why would a profession that has developed

largely in response to the Industrial Revolution, a revolution in which

traditional patterns of care, community support, and family cohesion

were assaulted by the demands of the workplace- stay outside the world

of work?" (p.3)

In fact, social work is strongly invested in the industrial

field and thus has been expanding its base to include: (1) graduate

schools' expansion of industrial specialty courses and placements, and

(2) social work agencies and consultants' contractual arrangements with

industry, i.e. Family Service Association's relationship with Xerox

Corporation (Griffith, personal communication, March 7, 1984; Gould,

1983).

Philosophy of Social Work Services in Industry:

Utilizing a psychosocial framework (Hollis & Woods, 1981) and a

basic understanding of the person-in-situation (Pearlman, 1957, 1982)

social work can provide a broad range of effective services to

dysfunctioning workers and their families. According to Masi (1982),

the central theme of these services is the recognition of "the role of

environment in influencing human behavior " (p.56). Furthermore, the

utilization and effective use of environmental resources to help the

worker reinforces social works' historical commitment to improving the individual's social functioning. Hollis & Woods (1981), Kurzman (1981), Pearlman (1957, 1982), and Weiner, Akabas & Sommer (1973) provide a range of perspectives illuminating theoretical positions and examples of how social work can provide services to the worker/client in the workplace.

EMPLOYEE ASSISTANCE PROGRAMS: PERSPECTIVES ON THEIR FUNCTIONING

"It has been estimated that nearly one-fourth of the United States work force has some behavioral/medical problems at any given time" (Green, 1983, p.36). One-half to three-fourths of these problems are identifiable by the workers declining work performance (Presnall, 1970). The workplace, therefore, has become a new and significant area of focus for providers of mental health care and consultation.

Behavioral or medical problems result in high costs for not only industry but the consumer as well. The consumer must make up the cost to industry to keep those companies in business. Absenteeism must be covered by the high costs of overtime. Lost production results in lost revenue. Troubled employees are more inclined to accidents and poor use of time and production areas (Follman, 1978). The troubled worker/client has recently become a source of specific interest for the field of social work (Akabas, 1983; Blanco & Akabas, 1968).

According to Madonnia (1982):

> The benefits to be derived from a stable and
> healthy industrial mental health atmosphere

are of increasing importance to business and
industry, which is now beginning to study and
interpret the negative impact upon productiv-
ity of the alcoholic, drug-related, emotional
and family-related problems of individuals in
the workplace. A number of actions taken in the
Los Angeles academic and public service
communities during the past five years help to
point to this growing trend (p.1).

The field of Employee Assistance is rapidly developing. More

than half of the Fortune 500 companies have implemented EAP's "in order

to reduce rising personnel costs" (ADAMHA, 1977). A thorough investiga-

tion of the current available literature leads this author to conclude

that little is specifically known about staff and how the job is

actually performed in the workplace. The present exploratory study of

EAP staff and practice will thus contribute to this new body of

knowledge.

In 1974 mental illness cost Americans 36.7 billion dollars.

Included in this figure are "...14.9 billion dollars of indirect

costs...losses attributed to worker disability, high labor turnover,

excessive absenteeism, low productivity, excessive employee grievances

and conflicts, and lost wages" (Gottstein, 1979). The actual function-

ing of the employee assistance staff that daily confronts these

problems is the focus of the current research. The development of

perspectives on EAP staffing will contribute to and enhance this

field. In addition, addressing some of the clinical needs of personnel

in this field will also add to existing knowledge.

Functional Models in Employee Assistance Programs

There are several major educational and experiential orient-
ations that influence assessment, program development and treatment
planning regarding workers problems. One is based on the Industrial
Social Work approach discussed earlier; another has emerged from the
field of alcohol and chemical abuse treatment. The latter has come to
be known as an Occupational Alcohol Program. These services have, in
many instances, become combined into a more general Employee Assistance
Program, incorporating the alcohol perspective with other services.

The models of EAP's vary from workplace to workplace with
different emphases. There are also varying degrees of personnel
related perspectives, depending upon the company's interests and the
emphasis of the administration influencing these programs.

Recent national and local attitude surveys reveal a serious
deficiency in the EAP field and its literature with regard to a "clear
profile of an E.A.P. counselor." (E.A.P. Digest, May/June 1983, p.27)
These surveys (Birkland, 1983; Intveldt-Work, 1983) discuss the
educational diversity of personnel in the EAP's. Therefore, an
understanding of actual performance in the present fields of
Occupational/Industrial Social Work and Occupational Alcoholism, within
the broader Employee Assistance Programs, is necessary.

Occupational Alcoholism: Historical Development

According to Masi (1982) and Hayward, Schlenger & Hallan (1975),

the earliest programs to deal with alcoholism in the workplace were

initiated in the 1940's at Consolidated Edison, Kemper Insurance,

Eastman Kodak and the Dupont Corporation. Originally under medical

auspices, alcoholism programs developed because of industry's concern

for the workers' abuse of alcohol and its effects on productivity.

These programs were initiated to help troubled employees and save

money. One 1976 study, conducted by the Stanford Research Institute,

found that treating alcoholic employees results in $6,000 savings per

worker annually.

Green (1983) states that the most influential precursors to

Employee Assistance Programs were the industrial programs related to

alcohol abuse. Many of these programs were staffed by recovering

alcoholics (EAP Digest, March/April 1983, p.14), and supported by

medical and nursing departments. With increasing success of such

programming and management's growing concerns,more formalized programs

emerged in the late 1950's and 1960's known as Occupational Alcoholism

Programs (Green 1983).

Masi (1982) states that further impetus was provided by Federal

legislation. The Hughes Act (1971) and the Rehabilitation Act (1973)

not only brought attention to alcoholism in industry, it mandated

services and protection, respectively, for those suffering from this

disease. The Hughes Act outlined two key provisions: (1) Federal

Government financial support to establish consultants to develop

Occupational Alcoholism/Employee Assistance Programs in the workplace, and (2) establishment of an office by the Civil Service Commission to set up alcoholism prevention, treatment and rehabilitation programs for Federal employees (Masi, 1982).

Influence of Alcoholics Anonymous:

A major force behind the development of Occupational Alcoholism Programs was Alcoholics Anonymous (Green, 1983). The first A.A. book was published in 1939 and 300,000 copies went into circulation. Sixteen years later the second edition reached a total of more than 1,150,000 copies. Clearly there was a growing awareness of the problem of alcoholism prior to any official Federal legislation (A.A., 1939, 1955). This international organization, spearheaded by a physician and a stockbroker in Akron, Ohio in June of 1935, is the single most influential organization to deal with alcoholism both in and out of industry.

A.A. considers alcoholism to be an incurable disease. Recovery is regarded as a lifelong process; hence, abstinant alcoholics are said to be "recovering" rather than "recovered". The organization promotes a "12-step" program essential to the recovery process. Some of the concepts stressed in the program include:

1. Developing an alcoholism awareness;
2. Developing a comradeship with recovering alcoholics; and
3. Developing a "spirituality" or "awakening" about this disease.

The concept of "spirituality" is essential in understanding the dynamics of recovering alcoholics. It involves a strong belief in a

"higher power." In the A.A. text it is stated: "The great fact is just this, and nothing less: that we have had deep and effective spiritual experiences...." (1955, p.25). This term refers to personality change sufficient to overcome the powerlessness in relation to alcohol, and is based on the development of a "God-consciousness" in the broadest sense (A.A., 1955, p.570). This philosophy has a profound impact on the clinical functioning of the Recovering Alcoholic Employee Assistance Counselor. This belief system must be understood by non-recovering clinicians in order to effectively intervene.

The Alcohol Perspective on Worker Dysfunction:

According to the National Council on Alcoholism Fact Sheet (1983), alcohol abuse is the most neglected health problem in the United States. It is a leading cause of death in this country, ranking 3rd behind cancer and heart disease. More than 100 million people over the age of 15 consume alcohol, and 10 million suffer from alcoholism. To ignore the impact of this disease on worker dysfunction would be a serious error.

The costs to employers of this disease is reaching critical proportions. For example, 50% of fatal accidents, 45% of drownings, 53% of fire deaths, 22% of home accidents, 30% of pedestrian accidents and 55% of arrests have been found to be related to alcohol abuse (N.C.A. Fact Sheet, 1983). Studies by Roman (1980) and Follman (1978) reveal the impact of alcoholism and the diversity of views in major corporations regarding this problem. Among firms studied, "corporate

social responsibility" was the single most commonly reported reason for the adoption of an alcoholism treatment program (Roman, 1980). While the rate of growth of such programs slowed in the late 1970s, the presence of the "responsibility" rationale significantly discriminated between companies which did and did not have such programs (Roman, 1980).

"Corporate social responsibility" is determined by the interdependent relationships that exist between a business and the society in which it functions (Masi, 1982; Rothman, 1982). It involves an underlying philosophy that states that industry has the responsibility to establish objectives and to "...help solve problems in the society in which it exists" (Masi, 1982, p.96). Urban disorders of the 1960s and 1970s prompted corporations to become aware of social and economic issues in their communities (Rothman, 1982, p.191). This recognition influenced both out-reach and internal programs (Human Resources Network, 3/7/79). The resulting corporate thrust towards affirmative action, staff development training and personal needs planning must therefore be considered as adding momentum to the development of specific models of community and worker intervention programs.

Existing and Recommended Models for Substance/Alcohol Intervention:

A composite model of Alcohol or Substance Abuse Intervention programs would include the following. The program may be called an "Employee Program for Alcoholism and other Chemical Dependencies."

Mandated by a Chief Executive Officer of a corporation because of

"corporate social responsibility" it may be given to a Director of

Industrial Relations or Human Resources to administer. This Director

may then appoint 1) an employee within a medical department, 2) an

employee to establish an autonomous department, and/or 3) a contractual

consultant to provide services in this field. The primary objective of

these services is to help employees whose involvement with alcohol and

drugs have brought a decline in their work performance. Family members

of employees are also eligible because of their impact on the worker.

The procedures would include:

1. Self-referral or supervisor referral

2. Problem evaluation

3. Short-term intervention (1-6 visits)

4. Resource identification

5. Referral

6. Follow-up assistance to resource (TRW Memo, 1979).

The above model represents a standard procedural flow from identifica-

tion of the problem to referral for treatment and follow-up in most

major corporations and is representative of current intervention

programs across the United States (Wall Street Journal, 1979).

While resistance to such programs does occur, the indisputable

fact is that these organized intervention plans continue to grow. Most

companies have incorporated preexisting Occupational Alcoholism

services into EAPs, and companies inaugurating new programs almost

always adopt the broader EAP model that includes the OAP approach.

These programs will be discussed below (Birkland, 1982; Green, 1983; Intveldt-Work, 1983; Madonnia, .1982; Roman, 1980).

Model of Industrial Social Work Services:

The Industrial Social Work Specialist must be able to function in a variety of settings as does the Recovering Alcoholic Counselor. Akabas (1982) discusses two types of settings: in-house units sponsored by an employer or union and contracted services, delivered at the job site or at an off-site facility (p.213). The variety of possible settings and locations confirms the diversity and complexity involved in the delivery of clinical services.

The services provided by the industrial specialist are basic to social work and cover a broad range of issues. However, there is a major difference in the workplace. Whereas typical clinical practice requires a brief and responsive model of intervention based on dynamic and intrapsychic understanding, the industrial setting requires more of a "life model", as discussed by Akabas (1982), Germaine (1973), and Green (1983). The latter model reflects a basic ecological perspective which defines problems not as reflections of pathology but as reactive to the environment within a larger system. This conceptual position interprets problems in living as reactive and not as "personality disturbances" (Germaine, 1973, p.327).

Green (1983) utilized an ecological model to explore the relative characteristics of the work requirements of EAP staff.

Briefly, the ecological model stems from the biological sciences and deals with the relationships living things have to each other and to their surroundings. The focus of the ecological perspective is that no living thing- plant, animal or human- exists in a vacuum. The interplay between living objects and the environment is stressed (Green, 1983). In addition, these units combine to form systems and larger units which continue to interact, creating a circular relationship. Consideration of this interrelatedness helps industrial personnel to understand how managers, supervisors, workers, workplaces and EAPs interrelate (Green, 1983; Oxley, 1971). The ecological model therefore presents a conceptual framework which provides a broader perspective in which to examine how individuals function and interact both within and in relation to the organization.

Oxley (1971) utilizes this approach when he describes an "organic or dynamic organizational model" demonstrating the many dimensions operative within a human services organizational system. These include: divisions of labor, stratifications of authority, group decision making, interactional policy making between individuals and groups, established policy and procedures, communication lines, corporate conscious concern from leadership regarding the employee and leadership styles. All of these factors combine to form an inter-dependent system (pp. 223-250).

Based on the above considerations, a functional model for the Industrial Social Work Specialist sensitive to both the ecological and psychosocial frameworks could involve the following components which

incorporáte mental health concerns along with substance abuse. These
include (Practice Digest, 1982, pp. 1-35):

1. Supervisor referral or self-referral

2. Problem evaluation

3. Short-term intervention/response requiring diagnostic
knowledge of mental health issues, eco-systems and
substance abuse identification

4. Resource identification

5. Referral

6. Follow-up assistance if authorized or required.

OA/EAP Counselors and the Industrial Social Work Specialist:

The social work program model described above is similar to the
basic OA service delivery system discussed earlier. However, the point
of departure of this model, highlighting an area of exploration for the
current research, is encompassed in item 3 above, which emphasizes the
importance of including a broader knowledge of mental health issues.

Actual program delivery models may share both an OA and EAP
perspective, resulting in a "broadbrush" approach. The complexity of
understanding and dealing with multiple problems presents a major
responsibility to the counselor. The trend towards this inclusive
approach requires broad based knowledge for the Industrial counselor.
Masi (1982) identified a number of areas necessary for understanding
problems in the workplace. These include, in descending order of
frequency of contacts: 1. social, encompassing personnel, marital, and

parent/child; 2. mental health; 3. legal; 4. alcohol related; 5. job-related; 6. financial; 7. health; 8. other (p.56). These categories reflect the rationale for the current emphasis on a broader range of knowledge and services by counselors and specialists in order to help workers in the workplace. These areas all combine to influence the acceleration of the EAP "broadbrush" approach to client-workers (EAP Digest, March/April 1983, p.14)).

RECENT RESEARCH ON EMPLOYEE ASSISTANCE PROGRAMS

The employee assistance field, being relatively new with sparse literature describing staff and procedures relating to actual performance, requires further descriptive exploration. The Birkland (1983) and Intveldt-Work (1983) studies confirm the importance of exploration into staffing characteristics of employee assistance personnel.

The Birkland Study

A study by Birkland (1983) examined a selected sample of 37 EAP professionals in the Minneapolis/St. Paul metropolitan area. Unlike the national scope of the Intveldt-Work (1983) study, subjects were locally selected from the Minnesota Employee Assistance Program Administrators and Counselors Professional Association.

Four questions were asked in order to assess the staffing issues that reflect current attitudes and definitions of what important

elements are needed to practice employee assistance counseling. The

questions asked of the subjects were:

> 1. What kinds of experiential background,
> education and skills are most valuable to
> those who staff these E.A.P.'s?
>
> 2. What skills and knowledge areas do EAP
> professionals perceive as most important for
> their professional development and continuing
> education?
>
> 3. What skills and knowledge areas do EAP
> professionals perceive as most important for
> entry level?
>
> 4. How do EAP professionals view their career
> development?

The survey explored areas of need for continuing education and

information for the development of programs and upgrading the skills of

the existing staff as well. Using a 5-point Likert scale, the subjects

responded to a list of twenty skills from three different perspectives.

These were: "Important for EAP staff to possess; Important for the

respondent to personally improve; and Important for an entry-level EAP

professional to possess" (Birkland, 1983, p.10). The twenty skills

responded to by the subjects ranged from counseling techniques, ethics,

knowledge of organizations and labor relations to program promotion.

In addition, knowledge of benefits, social resources and consultation

skills were also assessed.

In this study of two metropolitan areas, demographic information

was also reported. The responses from the 37 subjects showed a

collective profile as follows: 30% of the group had completed high

school, 30% had college degrees and 35% had Master's Degrees. In

addition, the group's average number of years in the field was 4.7

years, the average size of the organizations they represented was

22,923 employees, and the average number of years their EAP programs

had been in existence was 8.6 years. Eighty six percent of these

programs were broadbrush and 75% were in-house programs.

The subjects expressed their opinions about personnel develop-

ment and staffing. Many of the respondents, 65%, expected to be

promoted into administrative positions in the next five years in

relation to their own professional development (Birkland, 1982, p.25).

Working skills were rated by female respondents as considerably more

important than by their male counterparts. These skills include:

-Ability to conduct short-term counseling

-Consultative skills

-Financial counseling skills

-Knowledge of professional ethics and legal liabilities

-Familiarity with legal process and court systems

-Writing skills.

It is interesting to note that the female counselors rated these

areas as considerably more significant than did the males. Birkland

found that the male EAP counselors had less college education and more

years of experience in general. He concluded that more women are

entering the field with college degrees and that their male counter-

parts were rating self-improvement with higher priority.

The male subjects had more experience and this correlated with

their decreased wish to improve their consultative skills as opposed to

their female counterparts. The gender of the EAP counselor, therefore, according to this study, contributes to their perceptions of what constitutes an effective role in EAP work, although it is not clear whether or not these skills were actually used differentially by male and female counselors.

Education, another consideration in Birkland's research, also was found to contribute to specific attitudes toward skills and staffing. Those without college degrees appeared more concerned with personal improvement than college graduates. Birkland (1983) felt that to find an "...ideally trained and experienced candidate" for an EAP staff position, "may very well be an unlikely prospect" and therefore concludes that "professional manners and flexibility as well as willingness to learn may be as important as any skill or knowledge area." (p.26) Birkland (1983), Intveldt-Work (1983) and Akabas (1982) all agree that EAP's are evolving rapidly and that there is a need for training of all personnel in this area.

The variables of educational and experiential backgrounds, diversity of program approach and gender of the counselors, require the attention of consultants and educators interested in this new field. The Birkland study has direct implications for the current research project. As he states, "It would be valuable to repeat this study in other areas of North America to compare the trends in the development of EAP's." (Birkland, 1983, p.27).

The study undertaken by Birkland (1983) is broad and confirms the need for closer exploration into the nature of practices and how

they are performed, as influenced by educational or personal experience as well as gender. Birkland (1983) acknowledges the impossibility of getting "a clear profile of an E.A.P. counselor" and adds that perhaps this is why "so little is written about ideal E.A.P. staff." (p.27).

Birkland was looking at the attitudes and perceptions of the subjects in broad terms--he did not study what they were actually doing in the workplace.

National Perspective on Employee Assistance

Intveldt-Work's 1983 study of employee assistance program administrators is of significance in understanding structure, staffing and utilization. This study provides a national overview of the employee assistance field in its current state of development. The study also examined the relationship between staffing trends and program utilization.

Intveldt-Work (1983) reports that program administrators had varied educational backgrounds and tended to select personnel "with similar educational levels, academic specializations and history of alcohol abuse" (p.50). This raises a question about the complications of potential biases as program users "tended to be similar...to the EAP staff" (p.50). In trying to understand the manner in which Employee Assistance administrators and counselors practice, this subjective orientation must therefore be taken into account.

Intveldt-Work's national study supports the idea that:

> Program administrators design programs that
> are congruent with his or her personal
> interests and past experiences. The adminis-
> trator is likely to hire staff members who are
> much like him/herself in educational level,
> academic specialization, and history with
> alcohol, thus reinforcing the administrator's
> focus rather than diversifying the program
> (1983, p.93).

According to Intveldt-Work, diagnosis of problems did not mean

that intervention would follow, reflecting a disparity between the

identification of problems and actual contact and treatment of the

employee. It is important to note that perception of program by

employee assistance personnel and actual performance may not be the

same. By their very scope and necessarily indirect inquiries, broad

surveys are limited in their ability to assess actual functioning

within the Employee Assistance Counselor/Administrator role.

Intveldt-Work points out that EAP's "should insure that the

problems of the employees are the ones that the EAP is structured to

serve." (1983, p.97). She suggests that, in order to best provide an

effective program, a needs assessment should be conducted in the

workplace. The present researcher believes that the current program-

ming in employee assistance is more reflective of the needs of staff

and administration than of the workers in the work organization, again

highlighting the potential for subjective bias discussed earlier.

Intveldt-Work points out that 40% of the counselors obtained their

positions after having overcome personal substance abuse problems

(ALMACAN, June 1983). This confirms one of the several paths counse-

lors travel to these positions, their personal biases, and the unique service themes in all settings.

Education

Intveldt-Work's national survey indicated that mental health professionals in EAP settings provided a greater frequency of services than Occupational Alcoholism counselors (Intveldt-Work, 1983). In addition, the education of mental health EAP counselors included a broader range of general issues related to their fields than did recovering alcoholics' education. At the same time, Intveldt-Work notes that short courses in substance abuse do not compensate for the special interests of counselors with an alcoholic history. A degree of expertise is needed in both arenas.

This national study, as well as a Los Angeles Metropolitan study (Madonnia, 1982), recommends that companies with homogeneous EAP staffs who choose to serve the broadest population in their workplace should utilize personnel with graduate-level training in a mental health specialty including "counseling, psychology or social work". (Intveldt-Work, 1983, p.98). Intveldt-Work recommends, in addition, intensive training in the chemical abuse field so that the substance abuser is not disregarded.

Implications for further training was another major focus of her study. The survey revealed a need for greater business acumen among EAP counselors. Intveldt-Work (1983) recommends course work in program administration not available in the industrial mental health programs.

Mental health professionals, by and large, tend to be less skilled in administrative and business areas than in diagnostic and treatment services. This focus has special significance when considered in relation to social work's historical interest in the powerless, i.e. the indigent and the working classes.

The fields of social work, psychology, and counseling have a service to provide to a new and developing client population. It is of interest, as confirmed in these field studies, that the client/worker population is not the exclusive domain of any professional interest group. It appears that the accessibility of this group will be influenced by related marketing skills and business acumen. Business skill is imperative in providing a bridge between the clinician and the client/worker population. The old medical model of hanging up a shingle and waiting for patients is past history and certainly not applicable to the needs of client/worker populations in industry. This author agrees with Intveldt-Work that core curriculum has to teach how clinical skills can be marketed to the worker/client population.

Because her survey is broad in scope and basic in nature, Intveldt-Work acknowledges the need for more explorative studies. She feels that the need for inquiry into the relationship between staff characteristics and program utilization is clear (1983, p.101). In her study, gender and levels of education and academic specialization as related to overall utilization were also reviewed. The author suggests a further exploration of "characteristics...(of workers) as related to usage by minority groups or by different classes of employees within

the corporate heirarchy (clinical, managerial, executive, etc.)."
(Intveldt-Work, 1983, p.101).

Employee Assistance Models

There are a variety of EAP program models pertinent to the
current research. Madonnia (1982) identified seven program models in
the Los Angeles metropolitan area, the same geographical area in which
the current research was carried out. These models are summarized as
follows:

Model 1: Employee Assistance Programs (EAP)

An Employee Assistance Program is a system for
identifying and treating substance abuse and
behavior problems that might be responsible
for an employee's poor performance.

Model 2: Occupational Alcoholism Program (OAP)

Several companies operate alcoholism programs
under the auspices of their medical depart-
ments, or independently through the purchase
of a consultation service.

Model 3: Company Medical Departments

Mental health counseling other than alcohol or
drug-related is often conducted by the
occupational physician, in the absence of a
staff or consulting psychiatrist.

Model 4: Occupational Nurses

Occupational nurses are employed in a wide
range of industrial and business settings.

Model 5: Occupational Mental Health Consultants

Companies purchase Employee Assistance
services from a variety of sources.

Model 6: Industrial Social Work

The University of Southern California has
recently initiated a special project designed
to build curricula for training social workers
in the procedures of occupational mental
health. The first phase of this project has
been the establishment of a counseling center
for staff, faculty and administrative
personnel of the University. Counseling is
provided by Licensed Clinical Social Workers.

Model 7: Trade Unions

A major activity of the labor union management
in the Los Angeles area has been to promote
mental health coverage in group insurance
plans. (Madonnia, 1982, pp. 17-23)

All of these models are concerned with deteriorating job

performance caused by a variety of reasons which the in-house or

consultation resource will address through intervention. They all seek

to restore the employee to his/her level of productivity prior to the

decline in performance.

The seven models identified by Madonnia (1982) are represented

by a wide variety of Employee Assistance Programs in the Los Angeles

metropolitan area. They also reflect a range of orientations

determined by each sponsoring organization. These models are used in

the current research as criteria for classification of the environments

in which employee counselors currently practice.

Model 1 represents an in-house 'broadbrush' program which

contains a variety of services. Services are provided to workers,

supervisors and managers to deal with problems interfering with the productivity of workers. Emotional problems and substance abuse are seen as a major obstacle to productivity. In addition, broadbrush programs focus on consultation to management and on family health, and general education of the work force in regards to emotional and physical health issues.

Models 2, 3 and 4 represent the special interests of alcohol, nursing and medicine in the field of occupational health. Occupational Alcoholism, Company Medical Departments and Occupational Nurses are limited in addressing areas outside of their expertise in terms of workers and organizational needs. However, depending on the personnel and company policy, they may at times extend their services beyond the scope of their specialty. For example, an Occupational Nurse may provide crisis intervention to a worker and not be restricted to disease control or first aid.

Model 5 represents the growing number of consultants that provide employee assistance as outside contractors. They contract with companies to provide services including education, intervention with problem workers and management strategy.

The 6th model is exemplified by the University of Southern California School of Social Work's Employee Assistance Program. This program consists of two independent services. The first is a major broadbrush employee assistance plan available to University staff and faculty. In addition there are 15 contracts with industry which serve as field work placements for student interns. This multifaceted

program is representative of a traditional University's impact, interest and influence in the field.

The Trade Union represents the 7th model within the scope of Madonnia's study. Strictly for union members and their families, it provides a range of services for its members and may arrange for contractual ties with specific agencies throughout the metropolitan area.

Although not mentioned specifically by Madonnia, there are other types of service models. These include a labor/management model and a nursing staffed broadbrush program. Madonnia's (1982) seven models portray an assortment of concerns, representing a variety of educational, vocational and sponsoring interests and settings that will be a focus in the present research.

One underlying issue for all programs is that of confidentiality and protection of the client/worker, although this is not specifically addressed by any of the reported studies. Confidentiality, an ethical issue for all EAP models, is dealt with in different ways as influenced by company policy and law. However, all professionals appear to have concern about this issue. Federal legislative attempts to protect the troubled worker have included the Drug Abuse Office and Treatment Act of 1972 and the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970 and Amendments of 1974 (EAP Digest, Nov./Dec. 1982, p.34). However, local legislation may present oppositional positions in these areas in addition to certain Penal Disclosure Acts related to other worker problems such as sexual

offenses. Further study would be needed to explore how confidentiality is honored in each of the seven models described by Maddonia.

In summary, the three studies discussed in detail in this chapter represent the most recent surveys in the field. They are broad investigations that provide general pictures and descriptions of EAP models and staffing patterns. However, there is a need for successive smaller, more focused studies.

The current study examines the clinical practice of EAP staff, taking into account each practitioner's education and experience. An in depth examination of the practices of a small, selected sample of employee assistance personnel will provide needed information regarding the practice and function of existing EAP personnel. According to Intveldt-Work (1983) a hunger exists among EAP ranks for accurate information. The various specialties in the field of EAPs need further exploration into their services in order to promote the welfare of the worker/client populations served and to develop a common body of knowledge that will promote development in this emerging field.

The current research examines and describes the educational and experiential backgrounds and job functions of clinical social workers, recovering alcoholic counselors and others within the scope of this survey. The research will impact on EAP counselors, as it provides information on actual job functioning and identifies areas of knowledge which need to be strengthened in order to structure and provide programs which will increase the quality of service to employees.

CHAPTER III

METHOD

Research Design

The present research was an exploratory field study using a cross-sectional correlational design. This type of design is entirely observational; the subjects are not exposed to any experimental manipulation. Information is gathered from a group of individuals and interrelationships are then determined by inductive reasoning. "Cross-sectional designs are especially attractive in field studies where control over subjects is quite difficult to acquire." (Spector, 1982, p.32) As noted in the review of the literature, little data has been generated in previous surveys on the nature of employee assistance practice. Therefore, in accordance with the stated purposes of the current research, an exploratory design was deemed most appropriate. As Babbie (1979) states, "exploratory studies are essential whenever a researcher is breaking new ground...." (p.86). An exploratory design allowed the researcher to begin to assess the manner in which counselors intervene in the work organization, as well as identify variables that may contribute to existing divergences in clinical approach.

The instrument developed for the current research consisted of a written questionnaire and an oral interview. First, a questionnaire was administered to 50 subjects from the roster of the Los Angeles

Chapter of ALMACA. Second, a semi-structured interview schedule was administered to a selected sample of 12 subjects chosen on the basis of education and experience. The demographic data were analyzed descriptively due to the small sample size. The clinical data were described and categorized without statistical procedures.

Sample

The Association of Labor-Management Administrators and Consultants on Alcoholism, Inc. (ALMACA) is the association of professionals in the field of Occupational Alcoholism (ALMACA, 1982). This national organization provides a group identity and communication between Employee Assistance workers of all educational backgrounds and fields of experience. ALMACA encourages comprehensive occupational alcoholism programs either as separate services or as part of broader EAPs. There are two chapters located within Los Angeles County. They are a part of a 52 chapter network consisting of 3,200 members nationally. The organization is open to all disciplines and lay people interested in occupational alcoholism. However, stringent criteria must be met to be a full member with voting privileges. The membership also represents the growing interest in comprehensive or 'broadbrush' programs and is open to all interest groups.

Experienced employee assistance counselors or administrators, as identified by information provided by the Los Angeles chapter of ALMACA's Educational Council, were used as the initial sample in the present research. In addition, several industrial social workers not

on the ALMACA list were approached. In order to provide a varied sample, a review of the respondents' experience and educational backgrounds and completeness of the questionnaire determined the selection for the clinical interview.

The literature is vague and sparse in describing staffing characteristics of employee assistance counselors/administrators in the field. Based on Green's (1983) findings it seemed reasonable to assume that the more experienced employee assistance workers should be able to provide more comprehensive responses to the questionnaire and interview as opposed to the recently acquired knowledge of newer entrants into the field. In addition, Intveldt-Work (1983) noted that represent-atives in the EAP field come from many different educational and experiential backgrounds. The current study attempted to get a varied representation of education and experience in order to provide a diversity of respondents.

The nature of the research was fully disclosed to the subjects. 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 names and details would be altered to protect their personal and organizational anonymity in all reports of the research findings.

Procedure

Part I of the questionnaire was mailed to the initial sample of 50 subjects along with: (a) a letter of introduction; (b) the ALMACA

letter of endorsement; (c) an informed consent form; and (d) a return

envelope for the response. (see Appendix A) Telephone follow-up

procedures were instituted to those subjects who delayed in responding

to the mailed questionnaire. Responses to demographic questions served

to identify the levels of education and experience, the major criteria

established for this study. Upon receipt of the questionnaires and

consent forms, appointments were made with 12 respondents for the

in-depth interview based on the criteria described above.

Instrumentation

Through the current research, information was gathered on

variables thought to affect the employee assistance counselors/

administrators as they function in the work organization. The

questions needed to be broad enough to accomodate subjects' varied work

roles as influenced by unique company policy, individual education and

experience. A two part questionnaire was designed (see Appendix B) in-

asmuch as there were no existing instruments that examine the clinical

functioning of EAP staff . This questionnaire was pre-tested on a

sample of 2 EAP personnel in order to establish readability and

relevance of the items. These individuals were chosen on a volunteer

basis.

Part I of the questionnaire includes descriptive demographic

information regarding the basic attributes of the sample group, and is

modeled after similar instruments used by Madonnia (1982), Birkland

(1983) and Intveldt-Work (1983). These questions have been shown to

elicit relevant and necessary information. Part II consists of a semi-structured interview schedule which focuses on the features and parameters of the employee assistance counselor's or administrator's positions, and an exploration into the manner in which employee assistance work is practiced.

The interview is the most widely used data collection method in social work research (Grinnell, 1981). The literature points out that "...if a question can be precisely put...it can cut directly to the core of the matter" (Bunin, Einzig, Judd & Staver, 1983, p.23). Richardson, Dohrenwend and Klein (1965) point out that the clinical research interview can be used in exploratory research with a "normal population" (p.71). It can be seen, therefore, that clinical observations add an important dimension to the study. Clinical sensitivity encouraged disclosure of vital and covert functions of the employee assistance worker (Herzog, 1983). In the present research it was believed that the variety of diagnostic skills and interventions that are representative of social work and 'other' educational orientations were able to be assessed through the subject's verbal and non-verbal responses to the questions on referrals and actual cases.

There are four common errors inherent in the interview format: asking errors, probing errors, recording errors, and cheating (Grinnell, 1981, p.260). The latter refers to the influence the researcher may have on the respondents. In order to attempt to control for these possible errors, the structure of a questionnaire is helpful. For example, Part I, the written section, has predetermined

questions and general inquiries related to the nature of the subject's practice. This written instrument asks precise questions in a standard sequence for all subjects. Part II followed a semi-structured format so that it could be both standardized and flexible enough to allow for full and spontaneous responses.

The interviews were tape recorded when the subject agreed to this procedure. Several subjects requested that security be observed and tapes were not permitted in these instances. Handwritten notes were made throughout all interviews. Immediately following each interview additional observations were recorded. These interviews were conducted in the work setting. The researcher asked the subjects to reflect on experiences in the work place. The purpose of the interview was to record how employee assistance personnel deal with case issues and perceive success, disappointment and complexity of clinical issues.

Analysis of the Data

Data were analyzed descriptively. Demographic information from the smaller sample is reported numerically, and clinical materials obtained from the 12 interviews are described and categorized. Intra-group comparisons were made with regard to education and experience. As this research is exploratory in nature, the clinical data were not subject to statistical analysis.

Limitations of the Study

This study was limited to Los Angeles County and surrounding areas, and thus may reflect specific geographical and metropolitan concerns. In addition, subjects were obtained from the ALMACA membership list and may not represent all of the employee assistance personnel in this area. The subjects were volunteers, selected so as to obtain a diversity of education and experience. This accidental sample may also not be representative of the total population of EAP employees. Finally, the small sample size, while necessary for the exploration of clinical material, does limit the application of these findings to larger groups. The findings are, therefore, suggestive only.

CHAPTER IV

FINDINGS

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

1. What are the backgrounds of a selected sample of Employee
Assistance Counselors and/or Administrators in the Los Angeles
metropolitan area?

2. What general skills are employed and desired in practice and
how are they utilized?

3. What problems and types of cases are encountered in the
workplace?

4. How do education and experience influence delivery of
services and performance of roles in the workplace?

The findings are presented in 5 sections. The first section
summarizes identifying information on the subjects by gender, age,
education and job description. Their length of involvement in the
field and the avenues taken to obtain their current positions are also
described.

The second section looks at the broad services provided and how
the EAP counselors practice their work. The focus is on the particular
skills they feel are necessary to perform their job functions and skill
areas are identified which need further development. Included are
introspective and reflective observations of the subjects that have
implications for education and clinicians interested in the field.

The third section focuses on the actual practice and programs of these EAP personnel, including how their programs are initiated and what the respective goals of the programs are. Promotion of EAPs is also examined.

The fourth section explores the experiences of the counselors/ administrators' respective case situations. This section utilizes selected case experiences to demonstrate how the counselors are actually performing their jobs. The variety of issues brought about through clinical disappointments and successful case experiences both reflect the nature of EAP practice.

The final section focuses on the counselors' views of the needs of their inhouse programs for development as well as the more general direction required by the profession in order to continue to grow.

Discussion of the findings is reserved for Chapter V.

SECTION I: DESCRIPTION OF THE SUBJECTS

Subjects

The subjects consisted of six men and six women, ranging in age from 24 to 67. Of the 12 subjects, eight were over 40 years of age, indicating a reasonable degree of life and work experience.

There was a wide variety of job titles accorded to the respondents. Two subjects identified themselves as EAP Coordinators, and two as Employee Counselors. A total of six subjects had the words "Employee Assistance" in their job descriptions and titles. However, a wide range of titles from President (of his own consulting firm) and

Industrial Nurse to Coordinator were also used. This divergence

suggests that the functions, job descriptions, and perceptions by host

corporations and EAP consultants in this field are not standardized or

imbedded in formal organizational structures.

Education and Work Experience

Six of the twelve respondents hold master's degrees in the areas

of social work and psychology, two are registered nurses, three have

bachelor's degrees and one is a high school graduate. Only two were

specifically trained in employee assistance work. The undergraduate

educations of the subjects were quite varied and included majors in the

areas of business and teaching, as well as psychology and nursing.

Six of the subjects (with master's degrees in social work and

psychology) had had previous work experience in the psychological area,

including mental health and alcoholic rehabilitation clinics. The four

subjects without mental health or nursing (professional) education

represented the business field, encompassing experiences in marketing,

personnel relations and sales. The remaining two subjects (registered

nurses) had prior work experience in corporate medical departments. It

seems that backgrounds in mental health, nursing and business may be

three training areas that are useful in EAP counseling or, at least,

that backgrounds in these fields support an attraction to the field of

employee assistance work.

Six of the subjects, the mental health professionals, indicated

that this was a new position developed within the workplace. They had

entered from outside the workplace as a result of "word of mouth" and "newspaper ads" announcing vacancies for this position. Two of this group indicated that they came upon the position "by accident." The remaining 6 subjects were specifically recruited for the position from within the company, some stating that they "were in the right place at the right time." These six individuals, coming from medical departments and business backgrounds, entered their positions from within the company structure. They appeared to have a humanistic view, alcoholic recovery experiences and a general social consciousness which may have made them appropriate for such a position.

These results reveal that, in a sample of twelve, an equal number of entrants in the field appear to be coming from both outside and inside the workplace. This finding agrees with that of Intveldt-Work (1983).

Duration of Employee Assistance Experience

Eight of the respondents reported that they had approximately 1 to 7 years of experience. Four of the subjects had been in the field for ten or more years. These data represent the two extremes currently existing in the field, namely, one group of senior in-house personnel presently doing EAP work and a second group of less experienced staff coming from outside the organization and usually trained in mental health or related fields. This trend toward staff with less experience also agrees with Intveldt-Work's findings (1983).

Seven of the twelve subjects reported that they have been in their present positions from 1 to 3 years. Of these, six had attained

either bachelors or masters degrees. This finding agrees with
observations in the national survey (Intveldt-Work, 1983) that recent
entrants in the field are college to graduate school educated, with
increasing emphasis on the latter.

Of the remaining 5 subjects, three reported having been at their
positions for a period of 4-5 years, while two had been in their
respective settings for 10 or more years. One of the latter subjects
was the founder of the program and the other was the first to hold the
position of EAP Counselor within the corporate structure.

Patterns of Service Delivery and Staffing

Eight of the 12 respondents were in-house EAP counselors/
administrators. The remaining four subjects possessed consulting
contracts serving various work sites over a wide geographical area in
the Los Angeles Metropolitan and Orange County areas.

The subjects spend their work time primarily in direct delivery
of services. Eleven of them listed employee assistance services as
their primary obligation. The one subject who listed non-EAP functions
has moved from development of an EAP to a regional administrative
position within the corporation, requiring different priorities.

It is striking that the number of staff providing services in
the EAP field is quite small in relation to the large client/worker
population that is being served. These findings coincide with those of
Birkland (1983) and Madonnia (1982). Of the 12 subjects in the current
study, nine were affiliated with staffs ranging in size from one to six

people. The other three subjects were members of staffs that had more than six people.

Seven of the respondents reported that they serve populations ranging from 2,300 to 30,000 members. The remaining five are providing and developing services for 40,000 to 70,000 employees. This unusually large staff/client ratio seems to be typical of EAPs. The respondents all noted, in varying degrees, their problems concerned with the overwhelming needs of workers and work sites, and limited, cramped office space.

Annual Budgets and Salaries

Madonnia (1982), Birkland (1983) and Intveldt-Work (1983) did not examine operating staff budgets, although these often reflect staff size. In many instances, the budget is merely the salary of the inhouse staff or the consultants. In examining the annual budgets of the current respondents it was noted that nine of the subjects reported an annual budget and/or salary range between $21,000 and $50,000. Three reported salaries over $50,000, which appeared to be consistent with their seniority and the size of their staff. The one exception was an individual with senior- ity of service to the company in another capacity, who was in the process of developing an EAP, had a high salary, and a disproportion- ately small client/ worker population to serve. What is most often the case among the 12 subjects is an annual starting salary in the $25,000 range with a ceiling of $50,000, and a small number of staff in proportion to a large client population.

Salaries for beginning counselors recruited by consulting firms or industry were in the low $20,000 range. The exception was one individual who had moved within the company from a management to an EAP position.

In summary, it can be seen that the EAP counselors/administrators surveyed were predominantly over age 40, college educated and trained in mental health, recovering alcohol and business. They entered their present positions equally from within and outside of the company, and had been there from 1 to 3 years. They are mostly members of small staffs, serving large client populations, and their annual salaries range from $20,000 to $50,000. Senior or executive responsibilities command salaries over $50,000 per annum.

SECTION 2: COUNSELING SKILLS IN EAP SERVICE DELIVERY

The counselor's role or job description may be defined by the actual services provided and the skills that are utilized. The specific kinds of cases seen will be described in a later section. Two major categories of service were identified in the current research, roughly divided into clinical and non-clinical. The first consists of counseling and assessment/referral services, noted as the major function by nine of the respondents. The second category represents promotion of the EAP program, training, orientation and administrative services. Three of the respondents listed this second, non-clinical, management category as a major function. These 3 were all in adminis-

trative and management positions within their EAPs. Only one subject noted that 5% of his time was allocated to direct psychotherapeutic treatment of an employee. All of the respondents used the term counseling rather than psychotherapy, indicating their preference for what they called a practical, short-term, street-sense approach to everyday problems.

Eight of the respondents indicated that they primarily drew upon their professional clinical and diagnostic skills as a major resource. Four of these individuals had master's degrees in social work or counseling psychology. Two of them had recovering alcoholic experience in addition to a master's degree in psychology. The remaining four individuals equally divided their non-professional skills among (1) reality based common street sense; (2) personal experience as recovering alcoholics; and (3) business acumen.

Five of the respondents noted that their ability to communicate and to listen to others was their most useful skill. Many of them felt that the first contact and obtaining rapport with the worker or manager was essential. "Connecting quickly" was also cited as valuable in developing a helping relationship. Two other subjects observed that understanding people is a result of common sense and "street sense", and that these were the skills they most relied on. The final group of three subjects indicated that basic empathy and caring for others, including being a "friendly person", were invaluable to them. One person noted that personal integrity and reputation were essential in a successful program.

The subjects also were asked to reflect on their own concerns regarding their behavior in the workplace. Six of the subjects indicated that they had problems of assertiveness within industry. One of these seems to represent the group's attitude with the statement "I need to be management based." These individuals, while stating that they identify with humanistic ideals, admired the assertiveness and power shown by management. The most important concern of four other subjects was a need for improvement in their diagnostic ability. Both of these groups were evenly divided between psychological counselors and those with recovering alcoholic backgrounds, indicating that the issues of power and assertiveness and diagnosis are of concern to EAP counselors regardless of their educational and experiential background.

Six of the respondents indicated that they feel comfortable in being very direct with the troubled worker. For example, one counselor confronted an employee regarding his denial of substance usage while reminding the client of his precarious job status. Two of the subjects indicated that they assumed very low profiles within their organizations and are not assertive in their positions. The remaining 4 subjects' approaches ranged from passive availabilty to relying on the Civil Service process for grievance which forces people into confrontations with the EAP. The latter is a built-in mechanism that precludes out-reach on the part of the counselor.

Out-reach in Service Delivery

Madonnia (1982) states that supervisors have the main responsi-
bility for identifying problem workers. The present research findings
support this. Five of the subjects reported that the contact with a
worker/client is usually through the manager or supervisor, and three
subjects indicated that they remain in relatively passive positions
until the supervisor makes a direct referral to the program.

Two other subjects noted that excessive "pre-orchestration" was
necessary to move an employee into counseling, while another indicated
that he makes extended and exhaustive overtures to an employee in order
to facilitate a referral. The last subject, a regional administra-
tor, was mostly involved as an "overseer" to counselors and thus was
not directly involved with the clients.

It is noteworthy that, while the subjects mainly indicated
contact with the supervisor as the means of out-reach, they utilized
all possible approaches in order to ensure the success of their
respective programs. Therefore, it can be seen that status and service
are intimately connected in these non-clinical settings and continue to
justify the EAP position. This was usually stated as an afterthought
following the response to this question in the clinical interview.

Confidentiality

Confidentiality appears to be a major issue facing Employee
Assistance Programs as they are presently being practiced in industry.

Work performance issues related to troubled employees must be discrete-
ly and sensitively handled by the counselor. This was particularly
important at three of the interview sites which are involved in highly
secret and technical programs related to national defense. Significant
behavioral disturbance and substance abuse may endanger the client
himself, plant security, and other employees. The very fact that
employee problems are often so visible makes confidentiality a contro-
versial and debatable issue whether the program is practiced on or off
site.

It was interesting to note that the 12 subjects were equally
divided in this area. Half of the respondents indicated that keeping
confidentiality was difficult within the workplace, while the other six
displayed coded face sheets they used to insure the anonymity of the
worker/client. However, it seems that confidentiality may be difficult
to maintain since a routine part of the procedural task of the
counselor requires networking with managers, supervisors, employees and
family members involved with the identified client. One organization
with an EAP stood out as an exception to the rule. This was an off-
site location where employees and their families could make appoint-
ments through a separate switchboard and their personal issues were not
shared with managers or supervisors, with the exception of a clinical
supervisor.

On a more impressionistic level, rather than based on hard data,
it is worth noting that academic or clinical principles of confidenti-
ality, although valued equally, seem to be practiced more in the

clinician's office than in a workplace where individuals may work together or network to assist the client/worker. It also appears that how the worker/client enters the helping process impacts on confidentiality, i.e. if he/she is referred by a supervisor the confidentiality is less stringently observed than if the client is self-referred.

SECTION 3: THE PROGRAMS

Employee Assistance Programs among the sites explored are as varied and individual as the counselors and administratior who direct and implement services. Programs are initiated only after an in-house employee, for the most part, has seeded the idea to management. All programs examined fell into the "broadbrush" category, as described on page 45 (Madonnia, 1982).

Program Development

Eight of the subjects reported that their respective EAPs were initiated by upper management within the corporation. Six of these respondents reported that their programs were started by officials such as Chief Executive Officers, "founders of the firm," or corporate vice presidents. The remaining four subjects indicated that they were the prime movers in initiating their respective EAPs. They all started in the job position and were the major proponents for formulating, developing and implementing policies within their respective firms.

Five of the respondents indicated that providing direct services and education to managers and supervisors were the most important variables in developing program support. Four indicated indirect business and marketing skills and previous experience in promotion and sales as a major influence in developing program acceptance. The remaining three also felt that indirect marketing literature such as "payroll stuffers" and in-house newsletters were major contributors to raising the consciousness of employees to EAPs.

In order to generate program support, there are a variety of methods and procedures utilized by all counselors to promote the program. These include new employee orientations and promotional contacts with managers as well as those specifically mentioned above.

Four of the respondents indicated that they need to undertake a more aggressive training approach toward managers and supervisors to improve their program and its utilization in the organization. Frequent lectures and distribution of educational literature were cited as examples of this. Three of the subjects indicated that the quality of their direct service to the troubled employee was crucial to program improvement. They were clinically trained and focused on service, reflecting less concern with marketing as a means to improve their programs. Three others noted the importance of employee assistance counselors' visibility to all sectors in business in order to improve programs. However, they were not specific as to how this could be accomplished. The remaining two administrators' unique observations were focused more on their need to associate with power positions

within the organization and maintain closer supervision of the counselors who are providing direct services. It can be seen that the variety of program improvement ideas revealed the counselor's personal bias or special recipes for success.

Program Evaluation

Ten of the subjects who are involved in direct services to the worker/client and manager stated that the goal of their programs was to restore the employee to full job function by providing direct services. There was a consistent indication that the upgrading of the job performance is the major goal of these programs. The remaining two respondents were basically program developers and administrators involved specifically in development and promotion of programs.

Four of the subjects noted that they utilize a "cost benefit analysis" method to evaluate the success of their intervention(s), focused on whether the employee had returned to work and whether his job performance had improved. Productiveness, resuming normal activity, job performance, reduction of absenteeism, and sick benefit reductions were cited as factors in this kind of analysis.

A second group of 4 respondents use quantity of usage or "traffic" statistics as a measurement of evaluation. Program usage measured by statistical sheets, incorporating breakdown of gender, age, types of problems and the number of monthly referrals, were the major variables used to determine success of the program. The philosophy of this group seemed to be "the program is good if people are using it."

One other subject reported that his corporation used evaluation scales given both before and after intervention. These were constructed as a 1-5 rating system which included variables such as work habits, attitude toward the job, efficiency, etc. Another subject did not use formal evaluation tools, but used an interesting subjective variable which measured the number of contacts and relationships with higher management and people in power positions. These "measurements" were based on the counselor's own observations and used to determine the success of the program. Another respondent simply stated "keeping contracts" as a measurement of success. The 12th subject was part of a program that was still under development, and therefore services were informal and selective and not measured.

Counselors and administrators seemed reluctant to pursue the measurement of success, and when they did, their techniques were mostly subjective and not uniform or rigorously applied.

SECTION 4: REFERRALS AND CHARACTERISTICS OF EAP CLIENTS

Madonnia (1982, p.55) reported that 65% of the supervisors have responsibility for problem identification, however there is an absence of information as to the actual referral source of EAP clients in his study. The present research was able to address this question more precisely, finding that self-referral is the most common way in which the troubled employee connects with the EAP.

Nine of the subjects reported that workers/clients were self-referred, encouraged by their supervisors, friends and family to

utilize the program. Employees had been made aware of the available employee assistance programs as a result of printed material distributed through "payroll stuffers," company newsletters, and employee orientation handbooks and manuals. The reputation of the counselors among organizational staff was also strongly emphasized as very important in facilitating the self-referrals.

The remaining three subjects, employed in industries similar to the other nine, reported that their clients came directly from supervisor referrals, as a result of job inefficiency, absenteeism, or "erratic and suspicious behavior." The latter was usually associated with alcohol, substance abuse or behavioral disorders.

Gender of Clients

Intveldt-Work (1983) concludes that utilization of EAP programs by both sexes is not determined by the gender of the counselor. This is confirmed in the present study, where the 12 subjects reported a 50/50 breakdown of males and females seen in their EAPs by both male and female counselors.

Three subjects reported a large proportion of service to one gender. Two of these counselors reported seeing a larger number of males, but further investigation of the work site revealed that the majority of employees were males required to utilize heavy equipment. The one subject that reported a large proportion of female clients works in a hospital setting composed primarily of female staff such as nurses, LVNs and aides. Thus the gender breakdown of clients in the

present study reflects the nature of the workplace, and is not

apparently related to the gender of the EAP staff member.

Presenting Problems of EAP Clients

There were three major case categories serviced by the

programs: mental health, alcohol and drugs, and financial problems.

Nine of the respondents listed mental health as the largest caseload

category. These counselors and administrators came from diverse

backgrounds, indicating that their educations and orientations did not

affect the type of caseload. They expressed concern at the extreme

pathology that they were often faced with within the workplace.

Behavior described as extremely bizarre, perhaps psychotic, was one of

the most difficult issues dealt with by employee assistance personnel.

For example, they often must go into the field to verify and validate

reported pathology.

Alcohol and drug related problems were listed by 3 counselors as

the most critical issues in their client/worker population. It was

interesting to note that these three also had recovering alcoholic

experience and education and had been promoted from within the organi-

zation on the basis of these qualifications in order to deal with what

was perceived as a growing substance abuse problem. These first two

categories, mental health and substance abuse, are consistent with

those found by Birkland (1982) and Intveldt-Work (1983).

While the major problems identified were psychological and drug-

related, other issues were mentioned. One of these is financial

problems such as debt and money management. The counselor is required

to have diverse knowledge of resources such as banking, financial

counselors and budget managment referrals. Other needs of workers

included legal information and referrals, and divorce mediation and

conciliation, again requiring a broad based knowledge of community

resources.

SECTION 5: COUNSELORS AND THEIR CLINICAL EXPERIENCES

The purpose of this section is to provide a more detailed

description of the procedures utilized and the cases treated by

employee assistance counselors within the workplace. The cases reflect

their experiential accomplishments and frustrations, followed by a

summary of procedures employed and case outcomes.

Complicating Factors in Case Management

Four of the subjects responded that their most complex case

involved substance abuse, ranging from alcohol to poly drug usage. All

four subjects were themselves recovering alcoholics and had extensive

experience with alcoholism programs.

Three respondents associated complexity with problems in the

networking system and not specifically with case material. These

problems included lack of support from managers, conflicting

perceptions between management and corporate views of EAP functions in

addition to distorted, protective, and manipulative communications

involving all participants working with and including the troubled employee. These interferences resulted in poor case resolutions, reflecting the importance of the industrial system itself in influencing case outcome.

Four other responses were varied. They ranged from undetected neurological illness which was perceived as a drug problem, to psychosis, cultural issues, and self-defeating behavior.

Four of the respondents with master's degrees in psychology or social work felt that the most complex issues were related to psycho-social themes. Resistance, poor communication, distortion and ethnic issues were the major themes that complicated cases for these specific counselors. Two of the respondents who are recovering alcoholics with master's degrees in psychology appeared to have a broader perspective in dealing with complex problems. For example, while recognizing substance abuse as a major issue, they also explored psychological components of behavior as they discussed their cases.

Employee assistance counseling seems to be an often unrewarding and difficult field for both the experienced and inexperienced counselor. Six subjects noted that the outcome of difficult cases appeared to be negative. Many cases were still in process and often required legal/administrative opinions. This part of the interview also revealed that as many as 12-15 contacts were made by these six respondents, more than one would expect in this setting according to the standard broadbrush model. The most frequent complaint among them was identified as "denial" by the worker/client. Pathological behavior

and multiple problems of clients that resulted in negative resolutions (i.e. job termination) were also cited by the interviewees.

Five other subjects indicated that some of the cases were so difficult that they were still in process and the outcome could not be determined. The final subject was a manager who had no direct client contact.

In summary, this section reveals that outcome was difficult and not necessarily positive. The clients that the subjects chose to report on represented a very severely disturbed population, indicating that counselors and administrators are often dealing with acute problems that threaten the workers' employment and health, and may not be capable of resolution under current program structures.

Factors Influencing Case Outcome

Ten of the respondents reported their greatest triumphs and positive experiences were related directly to helping employees. The remaining two focused on developing good program models and their own executive coping skills as their central rewards.

Five of the subjects with recovering alcoholic backgrounds and certification in alcoholism counseling felt that helping employees with alcoholism was one of their greatest experiences within the workplace. The other five, with clinical/psychological backgrounds, were more focused on uncovering dynamic issues, social problems, and motivational resistances that enabled them to have counseling success. It would appear from these results that counselors are often influenced by their

respective orientations in searching out successful experiences within the workplace. Kadushin (1981) and Intveldt-Work (1983) have also noted these personal biases.

Networking, the ability to relate to people, and skill in the constructive interfacing of supervisor and employee were cited by four of the respondents as contributing to case success. Persistence, employee strengths, directness and common street sense were other attributes described by the remaining 8 respondents as contributing to successful case experiences.

Six of the subjects reported case failures as a result of their own personal involvement and inability to properly assess case situations. Personal biases of the counselor and countertransference issues appeared to make up a large part of the responses to this question. These 6 included 3 social workers, 2 master's level psychologists and 1 registered nurse. It seems probable that the non-clinical setting, the severity of the pathology seen, and the goals of the program combine to produce a most difficult situation for these professionals. They seem to get caught up in having to "help" more directly in order to get results consistent with organizational goals, rather than focus on the kind of psychological treatment a clinical setting would encourage. In addition, the lack of professional discipline and support systems that would be found in a clinical milieu may entice them into more personal involvement, and to acting on their countertransference feelings. These trained professionals seem to reflect greater frustration and greater awareness of what has not been

and cannot be accomplished within the existing organizational structure.

The remaining subjects all reported issues that seem to be related to problems inherent in the systems under which they operate. These included three subjects who felt that poor timing and being unable to reach the employee were difficulties that lead to disappointing experiences. Another subject indicated that services reached a very small percentage of the population and were therefore ineffective. Another commented that there was little feedback and their efforts were unappreciated. These 6 included two M.A.s, one R.N., 2 bachelor's degrees and one high school graduate, and three of them were recovering alcoholics as well. Their business backgrounds and prior organizational experiences may explain their more pragmatic and system focused concerns.

Eight of the twelve respondents felt that their programs were extremely limited in meeting the needs of their worker/client populations. However, limitations in this category also refer to the lack of sophistication and denial encountered among employees. Repeated contacts and education are necessary in developing not only consciousness of the existence and scope of the EAP but receptivity to services as well. Often the present models function only as crisis intervention programs and the resources for ongoing treatment are restricted.

Counselors found, while intervening on behalf of the troubled worker, that managers are not sophisticated and have limited insight with regards to psychological issues, thus making their interventions

more difficult. One counselor cited the "John Wayne" , or "take it like a man" syndrome, as a major obstacle to the receptivity of workers and managers within the workplace. Lack of insight, denial, supervisory resistance and protection provided limitations to programs and created obstacles to service delivery, leading to disappointment among counselors.

The four respondents who had psychological service backgrounds and training cited lack of insight in the employee population as the largest contributor to their disappointment in cases or actual case failure. The non-psychologically trained respondents who were recovering alcoholics cited denial on the part of the workers or managers as the major obstacle leading to disappointing case outcome. Often this was related to an unresolved substance abuse problem.

The remaining four counselors recognized that workers were often too ill or protected by management in such a way that failure was inevitable. They also cited either personal overinvolvement by the counselor or, contrariwise, restricted interest in a particular problem in order to avoid disappointment. Three of these four counselors indicated that they were in need of greater skills in diagnostic assessment, while the one psychological counselor stated the need for more training in understanding and treating alcohol/substance abuse.

In summary, it appears that while assertiveness, management skills and organizational know how are needed to improve successful case management, there is also an indication that psychological and diagnostic education is necessary. Counselors with psychological

orientations not only need continued education in their respective

fields, but information in regard to substance abuse as well.

SECTION 6: THE FUTURE OF EMPLOYEE ASSISTANCE PROGRAMS

Continued Education and Training

Six of the subjects indicated that they needed more education in

the area of "management styles," in order to learn ways to manage and

deal with people in the work force. Their concerns included the areas

of organizational structure and business management and development.

The subjects in this group represented all orientations and

backgrounds, including 2 social workers, 2 master's level

psychologists, and 2 bachelor's degrees.

Four subjects indicated that there was a need for more education

in the area of diagnosis and assessment. All of these subjects came

from substance abuse or recovering alcoholic backgrounds and included 2

R.N.s. Another counselor, with a psychology background, indicated that

alcohol and poly drug abuse training would be extremely useful, while

the last subject, a social worker with recovering alcoholic education

and experience, felt the need for additional education in the area of

psychopharmacology.

Some of the concerns of EAP counselors were directed to the

professional organizations they belong to, and others to the

educational standards required to be in their positions.

Six of the respondents indicated that the field is still "too narrow". By this they mean that a wide variety of skills are needed and yet there seems to be a primary focus on substance abuse orientation to the exclusion of other areas of expertise. Four of these six respondents had recovering alcoholic backgrounds.

Five of the remaining respondents indicated the need to increase educational standards and develop an organization for employee assistance personnel. They felt that ALMACA was too broad based in its membership with the inclusion of non-EAP personnel.

The final respondent put the responsibility for problems in the profession on industry itself, suggesting that the development of educational programs for workers and managers would enhance EAP functioning in industry.

View of EAPs Within the Organization

Seven of the respondents indicated that they were viewed by workers and managers in a "respectful" manner. They were optimistic about the future prospects of their respective programs. Often seen as the "good guys" they were also treated as "professionals" and "helpers" within the workplace.

The next group of three subjects indicated that their role is primarily perceived as a service to the workplace and appeared to represent their programs in an understated manner. These respondents included two psychologically-trained counselors and one administrator. The final two counselors perceived the organization as resistant to the

program, due to "the skepticism of traditional male oriented

companies." According to these respondents, their programs and

functions had not yet reached a sufficient level of recognition within

their companies.

CHAPTER V

DISCUSSION AND IMPLICATIONS

Introduction

This chapter discusses what has been learned from the current research. This exploratory study of a volunteer sample of 12 employee assistance counselors/administrators was guided by the following research questions:

1. What are the backgrounds of a selected sample of EAP counselors/administrators in the Los Angeles metropolitan area?

2. What general skills are employed and desired in practice and how are they utilized?

3. What problems and types of cases are encountered in the workplace?

4. How do education and experience influence delivery of services and performance of roles by EAP counselors/administrators?

The research was able to provide some answers to the stated questions utilizing a questionnaire devised for that purpose. The two part format included a mailed questionnaire which focused on demographic characteristics and programs of the interviewees. Research interviews were performed at the work sites and enabled the investigator to explore the counselors' perceptions of their work and themselves.

The interview portion of this inquiry required the researcher to travel to various locations throughout the County, viewing industrial

settings and private consultation offices. The researcher was able to obtain first hand impressions of the counselors' work places, including some cramped offices and austere working conditions. Few of the interviewees were afforded comfortable office sites in which to provide assessment and referral services. The respondents were always willing and cordial in the interview, overshadowing the impersonal physical settings.

The broad surveys discussed in the review of the literature did not capture these personal aspects of the EAP counselor/administrator "in his or her situation." The present explorative study focused on brief clinical case examples and patterns of service delivery as compared to the objective questionnaires in the national and regional metropolitan surveys of Intveldt-Work (1983) and Birkland (1983).

In summary, the purpose of this research was to explore whether a divergence of employee assistance practice exists and to examine the influence of various backgrounds and educational orientations that may directly affect program planning and service delivery. This study has shown, in a limited sample, that such distinctions do exist and that their effects on interventions are discernible. To this end, the study has fulfilled its stated purpose and illustrates trends that will be discussed below.

Discussion

Employee assistance counselors/administrators in this sample had educational backgrounds that support Intveldt-Work's findings (1983).

These counselors and administrators are most often entering the field
with a master's degree level of education in a mental health
profession. It appears that previous work experience was equally
divided between the fields of business and psychological services.
More senior administrators who have been in the field longer are apt to
have backgrounds in business and/or be recovering alcoholics, rather
than be mental health professionals.

For better or worse, therefore, the field of employee assistance
is opening up to those with more formal education. This mental health
orientation is penetrating the ranks of EAP employees, supporting the
move towards broader services. Occupational alcoholism programs are
being expanded into a broadbrush approach. This is substantiated by
the subject's reports of the diverse range of case material that is
weighted more heavily toward mental health problems by a majority of
the subjects in this study, both mental health and alcoholic counselors
alike.

The EAP counselors in this study, despite their specific
training and experience, do not want to be restricted to one specialty
of practice. They deal with a broad range of issues, often creating
gaps in services, as staff is stretched too thin and many workers are
overlooked. There is concern that these broadbrush programs may tend
"...to diminish the focus on the primary mental health problem in the
workplace, which is alcoholism" (Dunkin, 1981, p.27). In the present
study the emphasis was also on mental health issues, supporting these
stated concerns. It is possible that we are seeing the effect of

upward status seeking on the part of EAP employees who are reaching toward a more "professional" role. This trend needs to be monitored, and suggests adjustments in the field that will be presented later in this chapter.

Most interviewees revealed that they had a limited number of years of experience in the job, indicating the newness of these positions. It appears that individuals with limited formal employee assistance experience are assuming front line positions in providing counseling services to the worker/client population. They are receiving salaries that do not seem to be commensurate with their education. Consultants appeared to be better compensated financially than in-house personnel.

The limited salaries paid to new entrants represented in this study seem to be a measure of how industry truly perceives the importance of the counselors and/or programs. Cost-benefits favorable to EAPs, as described in the review of the literature, have not seemed to impress management, as seen by the low salaries paid to counselors. Birkland (1982) indicated that male counselors aspire to administrative positions. The present study confirms this trend, and underscores the fact that financial rewards are still at the top of the organization and not in the direct delivery of services.

The subjects reported that they spend the majority of their time in direct services, having to cover a large, transient client population and often citing their limited penetration of the work force as a barrier to effectively reaching troubled workers. Large case assign-

ments, staff shortage and lack of training in alcohol abuse and

diagnostic skills mitigate against program success. As one subject put

it, "There is just too much to do!" Limited staff contributes to poor

service delivery. Again, this indicates that the current status of

EAPs represent the minimal efforts made by industry to effectively deal

with its problems. Subjects in the present study felt that 7-10% of

the worker population have problems which affect job performance. A

ratio of one EAP staff person to 300-500 employees is not an unusual

caseload for them. When industry provides one counselor for so many

workers, the built in limitations are obvious (Intveldt-Work, 1983).

EAP functioning

Counseling, assessment and referral functions were viewed by the

interviewees as important services and skills in performing their roles

as counselors. Almost equally important are program promotion, orient-

ation and administration in making the overall programs function in the

workplace.

The present study revealed the diversity of counselor functions

in areas of outreach and office practice. The broadbrush model was the

one most often cited by the subjects as their mandate. However, the

formal statements of policy and procedures do not reflect the idiosyn-

cratic interests of the counselors and how services are actually

delivered. The following examples will illustrate the heterogeneity of

approaches.

In order to make the program work, counselors have to move out

of their clinical offices and view behavior on the job site or even in

the worker's home and inpatient hospital units. Employee assistance counselors/administrators cannot perform their task within the organizational setting on an exclusive basis. The following case examples will illustrate this finding. The examples discussed in this chapter are disguised in order to ensure confidentiality and protect the subjects and may at times represent composites.

CASE 1: Joe Smith, EAP counselor age 43, coordinates a staff of 2 other workers that serves a company of 310 employees. He has a background in recovering alcoholism and counseling, and stresses mental health as the workplace's biggest concern. He practices in barracks that are on site. Having no prior EAP experience, he has worked in his present capacity within the company for 3 years. He gave an example of a client who was reported to be screaming and talking loudly in the bathroom at work. In order to substantiate these complaints, the counselor had to stand outside the bathroom and overhear the actual dysfunctional behavior. Utilizing co-workers as resources, he talked to concerned peers, shared information when appropriate, and encouraged them to talk to the client about letting him help her. In addition, information on cultural and religious factors garnered from interviews with family and friends had a bearing on this client's behavior and had to be considered in the subsequent referral.

CASE 2: Bill Jones, age 48, is an EAP administrator for a large aerospace company. He has one staff member, and together they serve 275 employees. He is a certified alcoholic counselor with 10 years of EAP experience, and has had 10 years of experience in a family service

agency prior to his present position. Personal, open and informal in style, he had always felt comfortable with his outreach approach to employees and families. In his experience, input from family and peers is vital in conducting assessments of troubled employees. In a typical case example he reported that a supervisor had presented a complaint involving suspected intoxication in an employee. As part of his usual method, Jones visited the client on the site and observed the suspicious behavior. Agreeing that there was a problem, he sensed that something else may have been causing the erratic behavior. He further explored this behavior with the extended family. They had noticed increased slurring of words and psychomotor retardation in the client, and gave no indication of substance or alcohol abuse. A neurological referral was made, resulting in a diagnosis of a brain tumor.

Both of these cases involved networking with managers, families and medical resources. They indicate the diversity of contacts, informality, use of self, communication and diagnostic skills and maturity required of the successful EAP counselor.

EAP personnel often utilize communication and marketing skills simultaneously. For example, they may describe their role functions (promotion) during the assessment of a troubled worker (service). Urgency on the work site often requires quick action and confrontation as a job termination may be pending.

Confidentiality is an important issue discussed in the present research. Akabas (1982) points out that the question of the abuse of confidentiality "...may be more problemmatical in a management

sponsored program than in one being hosted by a trade union" (p.222).
The latter may be more protective of the worker, while the former may
utilize personal information to influence job-related promotion, etc.

In the present research, the auspices of the program did not
seem to be relevant. In fact, the findings indicate that personal
information is difficult to contain within the work organization both
for counselors and peers. In addition, the respondents did not seem to
understand the concept of "confidentiality" in its strictly accepted
clinical or legal meaning. The following comments, in response to the
question "Is confidentiality difficult to maintain?", will illustrate
this point. "Yes-word gets around." "Sometimes there are other things
to consider, like poor job performance or danger." "Sometimes the
personnel department may need to know about the problem." "No-we
respect the dignity of the individual." In summary, it seemed that for
these subjects it was hard to keep quiet the _fact_ of a client's
referral, not necessarily the details of the problem. But, as one
subject stated, "It is very difficult. People, especially supervisors,
don't understand the need for confidentiality. The labelling process
(DSM III) is so destructive."

Confidentiality, as can be seen in the following case examples,
seems difficult to maintain, basically due to the number of individuals
involved in the networking efforts. Information spreads informally
within subsystems of organizations and may be fostered by the
counselor's view of peers as valuable resources rather than threats to
the worker's privacy. For example, the troubled worker's manager,

supervisor, peers and family, in addition to the personnel department, may be made aware of particular problems in the name of helping that employee.

CASE 3: Richard Edman, age 54, is an EAP consultant with 7 years of prior experience in the field. He is a recovering alcoholic with a masters degree in marriage and family counseling in addition to a certificate in alcoholism counseling. He originated the current program that serves 300 employees. He reported that confidentiality, defined from a clinical perspective as a confidence between client and counselor, does not exist and is difficult to maintain within his work organization. Furthermore, he continued, workers "did not particularly care" about confidentiality. His rationale was that the "grapevine" often carried more personal information regarding troubled employees than the employee assistance personnel could ever be made aware of.

Clearly, confidentiality as seen in a private clinical office has a different meaning in the workplace. As an example, Edman cited the concern of a group of managers with a fellow manager's drinking problem that had become evident through rumor and "eyewitness accounts". These peers confronted the employee and engineered a referral to the EAP counselor, who personally escorted the individual to his first AA meeting. This kind of personal intervention, whether or not requested by the client, was a common practice among those interviewed in the present study.

Problems identified by EAP counselors/administrators indicated that the range of services provided to troubled workers are often

unique and related to the structure of the particular program. In other words, the emphasis is on the organizational interface of the program with the other subsystems, and often on the personality of the particular individual who initiates the program. The following case examples will illustrate this point.

CASE 4: Jean Smith, a 54 year old RN, identified herself as an occupational nurse who had started an EAP program in a high security aerospace company. Someone else was brought in to continue the program, but it began to fail and she was again moved in to try and rescue the program. According to Ms. Smith, the failure was due to the other individual's inability to utilize a personal outreach educative approach to managers; "he hid in his office most of the time." Her approach was quite different, and the program has been successful for the last 3 years because of it.

She related that she became aware of a worker having problems with substance abuse who might also be a threat to plant security. This counselor did not have the right or responsibility to alert security. The program agreement was that only counseling would be the programs' responsibility and security for the facility would belong to the Security Department. This problem illustrates the importance of promoting coordinated efforts between organizational subsystems. While the worker was being assessed by the counselor, Security was alerted by its own resources that the employee could possibly be a risk. The counselor was not directly notified, however she learned of this problem through the client's concerns about job

termination, following the worker's extensive interviews with Security personnel. Smith's example shows the pivotal position of management sponsored employee assistance counselors when faced with sensitive issues. This is especially true when the employee's behavior threatens the programs' benefactor, the employer, and perhaps even national security. The issue of loyalty to management versus the individual needs of the employees often precludes effective intervention on behalf of the employee. Akabas (1982) and Erfort & Foote (1977) agree that this remains a problem in many companies.

The programs

EAP counselors and the work organizations within which they function clearly have a mutual influence on each other. The ecological perspective stresses this reciprocal interaction between the environment and the participants within the system. While many of the subjects in the present study saw their programs as integral parts of the organization, the researcher concluded that success, mediocrity or failure of services were greatly influenced by both the transactional relations between the multiple participants and the conceptual framework and authority of those who empowered the programs. The former include the client/worker, the supervisor, the company's commitment to helping troubled workers, and the counselor.

The workplace is concerned with profit. The program functions could at times be seen to be an integrated part of the organization, but clearly did not have a great influence over the workplace. This

reflects an attitude toward these services as more adjunctive than integral. There are many other supplementary services such as medical departments, personnel departments and union stewards, for example, that already interface with the troubled worker. This can create territorial concerns to which the counselors in this research were sensitive. A great variance in the degree of organizational integration of programs was reported in this study. This ranged from well established programs, with policy and procedures clearly defined, to programs that were still in the formative stages.

Management mandates create the counseling programs. Services, therefore, are as strong or as weak as management chooses them to be at the inception of the program. The findings of the current study indicate that the ongoing functioning of the programs is relatively ignored by management. As long as the statistical results continue to justify the programs management seems satisfied. In effect, the subjects in this study reported that they were left alone, solely responsible for interpreting and carrying out their service mandates. Counselors bring their own training and ideals, ethics and values to this task; however, management always has the final veto power. Within this complicated structure, the EAP staff seems to be struggling to define its role.

The interviewees indicated that most of their programs were started on an informal basis. The stated goals of the respective programs were basically uniform, i.e. increased job performance, and varied little from one program to the other. This finding is consist-

ent with Intveldt-Work's national survey (1983). However, the unique

manner in which the programs were carried out were strikingly demon-

strated through the personal on-site interviews that focused on case

experiences. It could be seen that the counselors' personalities and

unique educational and experiential backgrounds had a major impact on

what the priorities of the particular programs would be in spite of the

program descriptions discussed and illustrated in brochures presented

to the researcher at that time.

The differing approaches and program priorities are exemplified

by the manner in which attainment of goals is measured. There were

almost unanimous responses by the subjects that comparative statistics

within programs are troublesome, and at times difficult to obtain.

This was seen in the various forms of data collection used to justify

the existence of their programs. Usually these data sheets were

developed by the on-site counselor to demonstrate categories and

frequency of activity in addition to population served. While most EAP

counselors/administrators indicated that the goals of their programs

were centered on bringing the troubled employee back to a more

productive work status, statistics were more focused on quantitative

contacts rather than the measurement of restoration of that employee to

his/her best level of performance.

While all the counselors mentioned follow-up as an important

adjunct to referral services, there were few statistics demonstrating

outcome following referral to outpatient sources. All of this

illustrates some of the conflictual standards burdening the EAP

counselor who has to promote his program at the same time as he attempts to counsel the troubled individual whose needs may conflict with those of the company. This confusion regarding objectives seems to be a central issue in EAP practice.

Another poorly controlled component of these programs concerned outpatient resources. Alcohol or substance abuse units frequently change their personnel and as a result, counselors who at one time had determined that a facility could provide satisfactory service often find that it may no longer be economically feasible or even desireable to utilize this facility to treat their troubled employees. Therefore, assessments also have to be made with regard to the ever changing community resources and independent providers of substance abuse and psychiatric services. EAP personnel spend valuable time updating resource files.

The EAP's approach to program development and promotion may be becoming more successful with respect to the workers/clients, as indicated by the trends in the present study. Employee assistance counselors/administrators reflected that their clients are usually self-referred. Due to the introductory letters given to employees, employee orientations, support by high management and education of supervisors and/or managers, workers are "getting the word" that EAPs are helpful to the troubled employee.

On-site interviews enabled the researcher to view the pamphlet racks, brochures and posters on the work site that highlight the advantages of an Employee Assistance Program. Mailed surveys would not

be able to obtain this kind of information unless a direct request was made to identify components in the marketing aspect of EAPs which relate directly to the prospective client/worker. This worker relations effort demonstrated that attaining and arranging publicity for the program and its services was essential.

Employee assistance counseling is a very lonely, possibly un-rewarding and tiring field of endeavor to counselors. During the clinical interview it was noted that they often experience fatigue and stress that was apparent to the researcher. Some were harried, but most were patient, warm and responsive to the inquiries. The counselors, on the whole, all saw extremely difficult cases, whether self-referred or referred by management, where critical decisions needed to be made without the luxury of long term assessments or evaluations, and where a totally successful outcome was rarely experienced.

The complexity of cases already discussed indicate the multiple variables involved within the organizations that have an effect on service delivery. Complex cases, lack of adequate referral sources and more specifically lack of diagnostic skills and personal bias of the counselor can prevent successful outcomes, as seen in the following case example.

CASE 5: Stephen Drake, a 60 year old recovering alcoholic with a sales background, has been the administrator of an EAP for 7 years, servicing 250 employees. He described his lack of ability in identify-ing "types of disturbed behavior" as a serious handicap in the perform-

ance of his duties. He has a marketing and sales background, and is restricted to "counseling to the point of referral" in his EAP role. Mr. Drake described a case of "personal involvement" that had a disappointing outcome.

He recalled "a good engineer, sober on the job, who had a long history of absence." Mr. Drake, along with the employee's supervisor, made a home visit and discovered a serious alcohol abuse problem. He became "too personally involved" with the employee, supporting repeated hospitalizations and dealing with the frustrations of poor care available through the company's health maintainance organization. Mr. Drake was "unable to let go" of the employee, refusing to accept the severity and chronicity of the problem. Management had to intervene, and fired the employee. Mr. Drake's lack of training led him into taking a rescuing position and denying the problem to the point of ineffectiveness.

The breakdown of cases presented by the subjects of this study was consistent with the studies described in the literature (Intveldt-Work, 1983; Madonnia, 1982), and reflected extremes of human behavior that might often be seen in acute psychiatric facilities. However, the difficulty of dealing with these cases was that they were seen in a non-clinical setting and often involved fairly resistant worker/ clients. As one counselor put it, there are many acutely ill individuals who seem able to function only in their jobs. When breakdown occurs there, the manifest problem is usually quite severe.

Weiner's (1973) findings substantiate this claim that severely
disturbed workers can still function in the workplace even when they
have difficulty maintaining themselves in their personal lives.
Through observation by peers and expressed concern by managers these
individuals are directly or indirectly referred to management meetings
or in-service programs provided by EAPs. In the cases discussed in the
present study, these troubled workers are mostly self-referred,
following concerns expressed by supervisors, peers, family, and
themselves after an EAP has been publicized in the workplace.

The complexity of cases, the diverse orientations of the
counselors, the non-clinical environments where EAPs are practiced, and
organizational restrictions indicate that the models referred to in the
literature review do not work as simply as enumerated (Shain &
Groenveld, 1980).

According to this study, complex and difficult cases indicate
that the ideal model of service is only partially effective. For
example, a troubled worker, self-referred, may not return after one
visit or may have his job inefficiency protected by top management for
a myriad of personal and organizational reasons. Resistance within the
organization presents a number of challenges to the counselors. This
again leads to haphazard staff coverage and arrangements with problem
workers protected, for example, by problem management. One counselor
was concerned about some supervisors' tacit approval of cocaine usage
in their workers because of its effect on increased work production.

Counselors may already feel overwhelmed, and yet are only
beginning to penetrate the ranks of the troubled worker. Six areas of

concern arise: (1) newness of the field and the persistent resistance and naivite in the workplace; (2) counseling staff shortage resulting in limited penetration and superficiality of service; (3) a limited common body of professional employee assistance knowledge regarding actual practice; and (4) lack of professional depth and breadth of experience in new counselors that may affect the quality of service. These issues raise serious questions about the quality of counseling presently being performed and the lack of mutually agreed upon standards and measures for evaluation, as seen in this study.

As previously noted, the models discussed in the literature form the substructure for the counselors and their respective clinical experiences. However, the programs, whether in-house or consultant, seem to be "grafted on" to the organization. As seen in this study, they often represent an outside position with respect to the workplace, in spite of the counselors' often idealized view of their own services. The austere offices and modest salary levels confirm this dichotomy.

It must be remembered that counselors, while trying to preserve their programs, are simultaneously developing services. They are still not an integral part of the organization. They are in fact struggling to meet, maintain, and increase their levels of service, indicating the "many hats we have to wear." .

Programs introduced by top management, therefore, may empower or inhibit EAP development. The staff shortage contributes to service unavailability and results in limited accessibility to the troubled

workers. The multitude of responsibilities carried by the EAP staff limits penetration and service effectiveness with problem workers or managers. Counselors providing service are not only encountering resistance of the client/worker, but the managers and sponsors of the program as well.

Considering the current findings from this system perspective, the researcher has concerns about the isolation of their services. Levinson (1972) defines spatial distribution as how activities relate to each other and the routes developed to each within the organization. The subjects in this study were isolated, utilizing outreach through publicity, i.e. "payroll stuffers", to improve their image and inter-departmental transactions. Once again, marketing and social networking skills were seen as essential in order to improve services. Trans-actions were "shotgunned", in fact, to all parts of the organization. It suggests "casting one's nets into the sea", hoping to drag troubled workers into the program. It is important to keep in mind the recipro-cal adaptive position of the counselor who must struggle against the isolation to be as sensitive to the concerns of the organization as he is to the needs of the client. This is essential to the survival of the EAPs. It can be seen that these interdependent goals often affect the outcome of specific cases.

Counselors and their clinical experiences

A closer consideration of the variety of clinical case situa-tions was possible through the structured interview section of the

questionnaire. Most of the employee assistance counselors interviewed in this study commented on the frequent difficulties and frustrations incurred while dealing with complex and extremely serious behavioral and substance abuse problems.

CASE 6: Don James, age 40, is the employee assistance counselor for 5,000 employees. He has a graduate degree in social work and 3 years of experience in another EAP. He received a request from a middle manager asking him to explore several employee's use of cocaine. An employee in this manager's department informed her that these employees were "high" while handling highly technical and sensitive equipment and when dealing with consumers. The counselor was concerned with both the workers' and consumers' safety. He was caught in a dilemma; should he intervene? He wanted to provide a useful service to the manager, however, he did not want to represent punitive authority to the employees. The problem was finally resolved when he suggested that the manager confront the employees regarding the substance abuse issue and refer them to the EAP. As a result, the counselor was removed from what he perceived as a negative intervention and was then available to provide individual assessment and referral for the employees who were referred to the program.

It appears that Mr. James' training in social work and administrative organization allowed him to realize the limitations of his program's services. He was able to differentiate more clearly between managerial responsibility and EAP intervention, and effectively coordinate the manager's role in relation to his services to the

troubled employee. Professional training, in this instance, was helpful in defining both the limitations and possibilities inherent in clinical practice within the workplace.

CASE 7: Harry Fisher, 47, has a master's degree in social work and works for an EAP that services a total of 50,000 employees. He is one of a staff of 19 counselors that covers a large metropolitan area, travelling to various industrial locations and consulting with supervisors who pre-arrange appointments with employees to coincide with his visits. He cited a complex case of a client/worker with a long employment record who had a "troubled personality" with possible severe alcohol abuse. He described the individual's behavior as "very crazy stuff," and noted that this worker was also provoking his peers. As the worker was very resistant, the case required a great deal of "pre-orchestration" to attempt to bring the employee into assessment and referral. Many contacts were initiated by the counselor, but the employee was terminated before the counselor could engage him in the process.

Complexity in this case was defined by the intertwined network of manager/supervisor and peers who all were equally involved in observing and reporting the individual's behavior. The counselor was put in a position of having to draw his own assessment through the veils of often misleading and contradictory observations of this troubled worker's behavior, as the substance usage was almost undetectable. His uncertainty and lack of clinical confidence contributed to ambivalence in confronting the worker. Home visits were not particu-

larly comfortable for Mr. Fisher, and out-reach to family and peers was limited by the amount of time given to the EAP by the company. A more confident and experienced clinician may have been aware of the worker's resistance and realized more rapidly that little could be accomplished without motivation on the part of the client. In addition, this counselor allowed himself to become enveloped in the confusing reports offered by well-meaning resources without trusting her own evaluation.

Counselor bias and countertransference issues

The researcher was impressed with the humane concern and compassion for, and perhaps certain positive countertransference identifications with, employees who were having difficulty in the workplace. Several factors that contribute to the countertransference issues of the employee assistance counselors may include: (1) the counselor's previous personal experience with substance abuse; (2) the identification with some of the issues related to specific psychological problems; and (3) the limited amount of clinical experience and lack of clinical supervision in dealing with complex character disordered worker/clients.

CASE 8: Mrs. Cheryl Jones is a 44 year old licensed counselor with no prior EAP experience and no substance abuse training. She works two 8 hour days at a printing firm of 1500 employees, alternating every other day with a 30 year old social work associate. She received a referral from a manager in regard to a "popular" employee's poor work performance and absenteeism. Assessment of the situation indicated to

the counselor that the employee had a long-term heroin addiction. The counselor developed a particular liking for this employee and admittedly overextended herself in getting him to finally accept residential care. The counselor also acknowledged that she left the work site to visit the residential care facility in order to support her referral. The employee successfully completed the treatment program established by the standards of the facility and it was recommended that he return to work. However, the employee never did appear and the counselor was deeply disheartened, experiencing this as a major personal loss. Lack of experience and training with psychopathology and substance abuse disorders contributed to this case disappointment. As Ms. Jones' countertransference feelings developed, her need for a successful outcome increased. Her academic training had only briefly summarized pathology in this area, and had focused on the issue of the client's personal involvements and not the counselor's own feelings towards clients. She frankly admitted the need for greater clinical understanding.

Other cases illustrated the lack of clinical supervision and consultation in dealing with severely disturbed worker/clients, underscoring the fact that personal involvement resulting in "rescuing" was a major mechanism that is often utilized by counselors who are unable to understand or identify their own countertransference issues and who personalize their work with troubled employees/clients. Also, the professional isolation encourages mixing peer group needs with clinical detachment, when a counselor is "just one employee" among many. Departments of counselors in service agencies provide

structures, peer support, and other protections against feeling friendly peership with, and needing to have personal and social needs met by, clients.

The clinical interviews in regard to these cases also reveal that counselors with specialties such as recovering alcoholism or psychological backgrounds had particular interest in clients' manifesting issues related to their specialty. This is consistent with Intveldt-Work's findings (1983) that counselors'/administrators' particular interests influence the types of services that exist in the programs. Case examples in the present study highlight how this occurs.

CASE 9: Mrs. Debra Smith, age 48, is a counselor with substance abuse and recovering alcoholic experience. For 7 years she has been an EAP coordinator serving 1800 employees at a manufacturing plant. She has a graduate student intern who comes 2 days a week. Her program was mandated by a vice-president of the firm. Mrs. Smith related that her greatest triumph was bringing an employee from the state of "denial" through Alcoholics Anonymous' "12 steps" to recovery. She engaged in repeated interventions as required to enable that employee to reach the maximum level of job performance efficiency. Utilizing empathy, "direct approaches and honesty," the counselor felt that her efforts were the major factor contributing to the recovery of the employee.

In another case example, however, she revealed that this "same feeling" for the worker had led to a disappointing outcome. Clearly, the lack of disciplined awareness of countertransference

feelings interferes with EAP counselors' work as often as it contributes to successful outcomes. The small size of counseling staffs relative to the size of the client base in industry contributes to this problem as well.

On the more positive side, counselors/administrators who describe their greatest triumphs also indicate that their respective identifications with their educational backgrounds and special interests influence the kinds of services they are able to provide to troubled workers. The connection between the counselors' education and training and actual practice indicates that they are then better able to identify dynamics and treat dysfunction. A case example will illustrate this process.

CASE 10: Mrs. Ellen Clark, age 28, was able to use her social work graduate school assessment skills and psychosocial perspective to uncover both "unseen issues" and reality factors of the workplace. Relying on case conferences and diagnostic training, she was able to accurately assess a worker/client's motivation and capacity for insight. She admitted that she sought to provide extended intervention services mainly to motivated, "high level functioning" clients.

Mrs. Clark cited a case in which a depressed single parent wanted help with her inability to express herself assertively in a self-defeating relationship as well as advice on providing more quality time to her pre-school aged child. On a practical level Mrs. Clark was able to negotiate with a manager in order to change the client's work schedule from the normal 5 day week to a three day, 12 hour schedule.

She then focused briefly on helping the client differentiate between assertiveness and aggressiveness. Since the EAP service was limited to short term intervention, a referral was made to a social worker in private practice to continue the work with this client.

This counselor was able to use both intervention with management as well as clinical interpretation and the strengths of the employee's own insight to effectively improve the employee's life situation and consequently her work performance. This appears to be a most potent use of EAP services, based on Mrs. Clarks' professional education and experience in clinical work.

CASE 11: Mr. Smith, age 47, is an employee assistance counselor with 9 years of EAP experience, with a recovering alcoholic background and training in psychology. An executive in charge of running a large work site was referred to him. Describing the executive as the "John Wayne type," in other words, the individual who grins and bears pain without asking for help, the counselor prided himself on turning this executive's life around, whereupon the individual is "reaching new career goals." Mr. Smith indicated that success in the achievement of program goals may often just be "dumb luck", i.e. sometimes things just "work out by themselves" and do not require any particular skill on the part of the counselor.

Mr. Smith clearly identified with the executive mode and was concerned with fitting in to the system. Mr. Smith seemed more interested in and proud of his social contacts with top management, with a less apparent commitment to EAP ideals, procedures and goals. His program has been quite successful.

This example reflects a skill that has not been mentioned in earlier research, i.e. social proficiency. The ability to communicate, deal with and relate effectively to others is perhaps the most unnoticed skill in successful EAP work. The ability to move in and out of systems or departments in an organization, leaving positive impressions and creating good will, is essential to success.

Clearly, individual differences are reflected in all the case material and must be taken into account when assessing the findings. However, it is possible to generalize that some of the counselors, and perhaps all, demonstrated limited knowledge of both psychodynamic and countertransference issues. The interviewees were not able to introspectively expand on the subjective reactions they had to their cases. It is this author's conclusion that consultation would have been meaningful to counselors/administrators to help them become aware of their own personal investments and vulnerabilities (countertransfer- ences) in cases that were either complex, successful or disappointing. This was demonstrated in Green's (1983) study of consultation to EAP personnel.

The researcher developed a deep concern for these isolated and, at times, unrecognized individuals practicing crisis intervention and assessment in clinically unsophisticated industrial settings. Some of the interviewees appeared stressed, fatigued and pensive while demon- strating an immediate rapport with the researcher. They were aware of their interactional behavior during the interview, but showed a con- sistent absence of clinical understanding in regard to case material.

This knowledge and understanding would be useful in an intense working environment that includes complicated contacts with defensive, often severely disturbed, workers in addition to a great deal of networking with support and referral services. It is a level of clinical awareness, however, that is usually achieved through years of practice in supervised settings with adequate peer support and consultation. These counselors had no such assistance on the job.

In view of these findings, it appears that there are inherent problems in employee assistance programs as they currently exist. The counselors/administrators who participated in this study consistently expressed the need for a broad based education that would include training in business management, marketing, substance abuse, and drugs, diagnostic skills and assertiveness training.

Implications for practice

The employee assistance counselors face several dilemmas. Trained to focus on individual problems and utilize a short term service intervention model, they must simultaneously maintain an awareness of the worker/client's quality of performance within the organization. This ecological understanding is essential. The counselor, worker and organization have to interact in a balanced way. The counselor who overidentifies with the troubled worker or with the organization may be ineffective with both interests. This can create a serious conflict. For example, one subject voiced his concerns about keeping his job; he had to frequently shift priorities between roles

as a clinician servicing the troubled employee, a consultant "keeping contracts", and as a salaried employee maintaining his own job position. Many other counselors in this study indicated thay they frequently vacillate between helping the client and maintaining their own role in the organization.

These conflicts between ethical considerations and organizational concerns were frequently met with denial or disappointment, as the case examples illustrate. Several counselors in this study suggested that they often maintain a distance between themselves and difficult clients in order to ensure job security.

As stated earlier, countertransferences or personal biases abound and are perhaps the clinical issues most poorly understood by the majority of subjects in this study. Germain (1981) points out that there is a continuous set of reciprocol processes between the counselor, the worker, and all levels of the environment. The relationship of one entity to another in an organization and how it shapes people, and in return how the individuals shape the environment, has great significance for the delivery of EAP services. This complexity is, at times, clearly overwhelming for the subjects in this study. Special concern is directed by this researcher to the increasing number of new entrants into the field who must adapt to "all these things" and "wear all different hats" in order to fulfill multiple service functions.

In the area of practice, limited psychological sophistication and the resistance to intervention among both the client/worker popula-

tion and management contributes to the difficulty as well as the com-plexity of cases encountered within the EAPs. Many interviewees indicated that repeated contacts, education, and re-education of perspective client/workers and managers is essential in providing employee assistance services to industry. The counselors often combined intervention and program promotion. While traditional clinicians usually disdain a type of "business bravado" associated with the business community, it is critical for the employee assistance counselor to have a kind of so-called "glad hand" attitude with both managers and workers in the ecological system of the work site.

Another issue related to employee assistance practice is the problem of lack of "assertiveness". Green (1983) points out that social workers have evidenced discomfort with the value-laden phenomenon of power. She notes that 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". She explains: "...as helpers, social workers have traditionally championed the powerless. As change agents in industry, they are now challenged to work with the powerful " (Green, 1983, p.151). In the present study this appears to be an issue not only with the social workers but also members of other helping professions.

Another major implication for practice is the issue of counter-transference. The researcher found that personal biases and attitudes of helpers in industry often encourage identification with difficult

cases that can lead to frustration and discouragement in the counselor and a negative outcome for the client. Since employee assistance counselors deal with extremely severe and complex pathology in the workplace, frequent supportive consultation and workshops are essential and should become a professional standard.

It is clear from the present research that entrants into the field must have a broad base of knowledge with the idea that they need to identify and strengthen specific underdeveloped skills, whether in business, substance abuse education or psychology, in order to effectively function as counselors in the workplace. While the current findings support those of Intveldt-Work's (1983) national survey, i.e. that there are a variety of experiential and educational backgrounds that are presently contributing to the field of employee assistance practice, these varied talents may have to be pooled in order for counselors to increase their areas of knowledge for effective practice. For example, while professional consultation has already been mentioned as a resource to improve practice, EAP personnel who work solely in the field can benefit from each other's expertise by providing peer consultation groups.

One counselor reflected that he has attended many workshops on an annual basis and already knew much of the material. His greatest benefit, he continued, was that he was able to meet other represent- atives from all over the country and obtain more information from informal discussions than from the formal presentations he attended. Professional peer support groups among employee assistance personnel

should be a major consideration for the dissemination of knowledge in addition to providing support for the counselor who is usually isolated in the work site.

Implications for professional organizations

It is apparent that ALMACA, the organization currently representing the majority of employee assistance personnel in this county and in the entire country as well, is facing challenges. This research indicates that a majority of the subjects interviewed feel that those who have specialties within the employee assistance field have professional needs that are not being met by the broader membership base within the ALMACA organization. The interviewees indicated that they would be interested in the development of a group or organization developed to service the needs of only those counselors directly involved in EAPs. In fact, a meeting is scheduled to convene in the fall of 1984 to explore similar recommendations (EAP Digest, March/April 1984, p.2).

Recommendations and Implications for Further Research

The broad scope of EAPs indicates why so little is written about ideal EAP staff (Birkland 1982). As the present study indicates, much diversity is required of staff and therefore clear profiles and job descriptions vary from workplace to workplace. More specific studies need to be undertaken in order to determine what promotes case success or failure. The literature focuses on ideals, statistics and theoret-

ical models. These are essential. What appear to be missing however, are descriptions of how these are integrated with actual practice and outcome. The present study only begins to fill this gap. Further research is needed into how the specifics of EAP practice relate to the already existing body of knowledge on the process of change in counseling.

Continuing education is essential, but it presently falls short of the mark. One subject indicated "When I go to conferences I know more than the presenters...." He added that "learning for me was a result of sharing experiences with peers." This supports the idea that case conferences and consultation are needed as basic to professional growth, as found by Green (1983).

There are two aspects of education to be addressed. The first is in relation to those practitioners already active in the field, and the second to the new entrants. In terms of the current EAP staff, this researcher cautions that further understanding of the specific learning styles and needs of employee assistance counselors precludes making any missionary recommendations to this group of diverse providers of services. The variety of interests and professions requires a complex educational prescription to meet the needs of all the counselors in the field. Any approach imposed from outside will continue to fall short. Counselors presently in the field must participate in the determination of their own educational needs.

The findings of the present research highlight these existing needs, and can give direction to the future development of EAP

personnel and practice. The following recommendations may thus be made with confidence.

Experience in the business arena along with maturity appear to be consistently valuable assets. Young, inexperienced entrants into the field should be discouraged, or at the very least should be provided with intensive supervision and consultation for several years. This conception is not unlike some of the existing licensing requirements of other mental health professions.

According to the findings of this study, individuals trained in mental health fields presented stronger positions with less ambivalence in terms of psychological issues in treatment than those who came up through the ranks. Thus, graduate level training in mental health fields seems useful. In addition, stronger emphasis needs to be placed on the understanding of substance abuse and business, with internships in all three areas.

Since EAP staffs are small, the counselor with the broadest education may be the most suitable. Work experience in corporate settings, as well, would be helpful in assisting the entrant to understand the work environment and the systems within the organization. Conjoint programs between graduate schools of social work, business and industrial psychology could be considered. Core academic curricula geared to a defined EAP role may inhibit the idiosyncratic approaches of counselors and encourage more consistency. I agree with Intveldt-Work who suggests that the following courses would be most relevant:

...an introductory course in mental health at the workplace, a course in assessment and referral, at least one course each in basic counseling skills and in counseling the substance abuser, a course in organizational development, and a course in the administration and evaluation of mental health programs (1983, p. 99).

To this end, professional consultation by employee assistance consultants with the broadest range of education, business skill and experience is an essential adjunct, and perhaps the major method of reaching those already in practice.

Conclusion

This exploratory study reflects the diversity of programs and individuals, orientations and procedures involved in employee assistance delivery systems. At the present time the individual counselors are the program! In other words, this author concludes that the programs are the individuals who serve in the counseling and assessment roles and, vice versa, the individuals are the programs that provide the service. The subjects in the present study clearly revealed their personal preferences and priorities for intervention. For example, a female social worker expressed special concern and focus on working women with children, while a recovering alcoholism counselor felt the greatest need was strictly in the area of substance abuse. The literature review pointed out that programs may stress particular

problems as evidenced by those counselors who only pursue their special case interests.

This study also supports previously reported trends that indicate that program diversity is related to educational background and experience. However, as Green (1983) has stated: "While experience is a master teacher, this method of learning can be painful and inefficient" (page 5). Continuing education, consultation and EAP support groups, in addition to a professional organization established to serve employee assistance counselors, would be required to improve the effectiveness of existing programs.

This exploratory research indicates that the field is a new and emerging arena for individuals with psychological and business skills. Clinical knowledge plus ecological appreciation of how systems interrelate are essential for the survival of the EAP counselor within industry. Future counselors entering the field must understand the network of departments and workers and how they interrelate as a total system on the troubled worker and counselor, as well as how to diagnose and intervene on behalf of the individual client. Employee assistance counselors/administrators are the pioneers in a field struggling to establish its identity as a profession.

This researcher's experience in the clinical interviews indicates that employee assistance counseling is often very difficult and, at times, a lonely and unrewarding position. Basically isolated from other professionals in the work site, there is a hunger for contact, recognition and professional satisfaction among counselors.

In addition, the need for accurate and supportive information related to clinical issues is vital. It is my hope that this study has provided a more personal view of the employee assistance counselor/ administrator and that it will encourage future investigators to explore ways in which to undertake and provide effective programs for support and dissemination of accurate information among these personnel.

APPENDIX A

President
JANE HARLIN
obert Dorris & Associates

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Treasurer
CHESTER GRIFFITH
Xerox Corporation

Secretary
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immediate Past President
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LOS ANGELES CHAPTER
OF

ALMACA

ASSOCIATION OF
LABOR-MANAGEMENT ADMINISTRATORS
AND CONSULTANTS ON ALCOHOLISM, INC.

September 8, 1983

Saul Leopold, L.C.S.W.
3250 W. Lomita Blvd., Suite 308
Torrance, California 90505

Dear Saul,

Your letter requesting ALMACA endorsement of your research project was read at the Executive Committee meeting of the Los Angeles Chapter on August 24, 1983. After discussing the issues involved in terms of precedents and procedures, the Committee decided to approve your request. We are happy to lend our support to your activities and share with you the goal of generating more knowledge about the employee assistance field. We look forward to your sharing with us the results of your investigation and particularly the implications for education and training.

Sincerely yours,

Jane Harlin, President

Kenneth Collins, Chair
Education & Training
Committee

Post Office Box 3761 • Inglewood, California 90304

Saul M. Leopold, M.S.W.
3250 W. Lomita Blvd., #308
Torrance, CA 90505
539-1434

Time Dated Study

Dear ALMACA Colleague:

The field of Employee Assistance Programs as you know, is a
relatively new field with representatives from a variety of
educational backgrounds and experiences.

Knowledge as to who staffs programs and the manner in which
personnel deliver services is sparse or vague in the litera-
ture.

Recent studies appearing in the Employee Assistance Program
Digest have encouraged regional studies into the area of
staffing and practice (see E.A.P. Digest, May/June 1983).

This research is concerned with your unique and experienced
points of view into this relatively new field of practice.
There are no right or wrong answers on these instruments--
only your descriptions and responses to the researcher's
inquiries are requested. Your contribution will be important
to the total research effort which will be presented to the
Los Angeles ALMACA Chapter upon completion of this project.

Protection of subjects will be followed:

    1. All identifying information will be held in the
        strictest of confidence.

    2. Name, company and any disclosing information will
        not be used by anyone except the researcher.

    3. Results of the study will be divulged as a whole
        and no personal disclosing information revealing
        identities will be shared.

Please follow these instructions:

    1. Review and sign the enclosed consent form.

    2. Complete Part I of the questionnaire.

    3. Return the Consent Form and Part I in the enclosed
        self-addressed envelope.
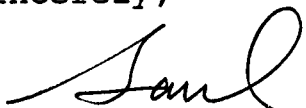
Please complete Part I, answering all sections clearly and to the best of your ability. Please do not leave anything blank as this will invalidate your total response.

Upon receipt and review of the responses, you may be contacted for a 30-60 minute interview to complete the final portion of this research.

Thank you for contributing a portion of your time to this project and I greatly appreciate your willingness to share your experiences.

Again, thank you.

Sincerely,

Saul M. Leopold, M.S.W.

SML/nr

P.S. Since a limited number of subjects are involved your response will be deeply appreciated. Saul

INSTITUTE FOR CLINICAL SOCIAL WORK
INFORMED CONSENT FORM

I, _____, hereby willingly consent to
participate in the "Characteristics of Clinical Practice in Employee
Assistance Programs: An Exploratory Study" research project by Saul M.
Leopold, M.S.W. of the Institute for Clinical Social Work endorsed by the
Los Angeles Chapter of ALMACA on September 8, 1983.

I understand the procedure to be as follows:

    1. Filling out Part I data sheet and returning this
       data sheet with the Informed Consent Form.

    2. Being selected for a 30-60 minute personal interview.

I am aware that any potential risks in the study will be minimized.

Appropriate measures have been taken to minimize any potential risks to
participants in the study. The following individuals will be available
for consultation if any concerns arise as a result of participation in
the study or procedure.

        Saul M. Leopold, M.S.W.
        3250 Lomita Blvd., #308
        Torrance, CA 90505
        (213) 539-1434 (Exchange)

        Rosemary Creed Lukton, D.S.W., Dean
        Institute for Clinical Social Work
        P. O. Box 241710
        Los Angeles, CA 90024
        (415) 843-1888

I understand that I may withdraw from this study at any time without
penalty. I understand that this study may be published and both my and
the Companys anonymity will be protected unless I give my written consent
to such disclosure.

Date:_____   Print Name:_____

                          Signature:_____

Witness:_____   Telephone (Day)_____

                              (Evening)_____

APPENDIX B

PART I

CONFIDENTIAL QUESTIONNAIRE

INSTRUCTIONS: Please answer all questions, as a blank will
invalidate this survey. Please return Part I
with the Informed Consent immediately in the
self-addressed envelope provided.

Name:_____   Sex: M   F   (Circle)

Company:_____   Age:_____

Telephone: (Day)_____   (Evening)_____

Job Position or Title:_____

Education Background (Major):_____

_____

Degree and/or Certification (Specify):_____

Previous work experience: (Clinical: Title and brief description):

_____

_____

_____

_____

Program Description

1. Number of Staff:_____

2. Program Emphasis: Percent of cases per year per category
    (alcohol, drug, mental health, legal, financial).

    % of cases seen (Use 0 for non-applicable items.)

    Alcohol   _____%

    Drug   _____%

    Mental Health   _____%

    Financial   _____%

    Other   _____% Specify:_____

    Should equal 100%

3. Gender of clients by percent

    Male ____%

    Female ____%

    100%

4. E.A.P. Budget:_____(Annually)

5. What percent of your work time is spent in:

    In-House:_____   Contracted:_____   Other (specify):_____

    (Should equal 100%.)

6. Time spent in program activities:_____ Consulting:_____

    Other (specify):_____   (Should equal 100%.)

7. Approximate % of time in delivery of services:
    (Use 0 for non-applicable items.)

    Promotion of Programs ____%

    Training   ____%

    Orientation   ____%

    Administration   ____%

    Counseling   ____%

    Assessment/Referral   ____%

    Treatment   ____%

    Community Relations   ____%

    Other   ____%   Specify_____

    Should equal   100%

8. % of E.A.P./M.A.P. work time _____ vs. Non-E.A.P./M.A.P.
    work time _____ = 100%.

9. Years in this present position. _____

10. Previous position in the same company. _____

11. Total years of E.A.P. experience. _____

12. Number of years this E.A.P. program in existence. _____

13. Number of employees served by E.A.P./M.A.P. person(s). _____

14. % of cases which are job performance referred, _____,
    supervisor referred, _____, self-referred, _____,
    other, _____ Specify_____. Should equal 100%.

Enclosures:

1-ALMACA Letter of Endorsement
1-Cover Letter
1-Part I Questionnaire
1-Consent Form
1-Addressed and Stamped Envelope

Section B

Personal Interview (By Researcher)

I.   What has been your most:

A.   Complex case?_____

_____

_____

_____

_____

    1.   What was the outcome?_____

        _____

        _____

        _____

        _____

B.   Greatest triumph?_____

_____

_____

_____

_____

    1.   Why did it work?_____

        _____

        _____

        _____

        _____

C.   Biggest disappointment?_____

_____

_____

_____

_____

      1. Why did it turn out that way:_____

_____

_____

_____

_____

II. What is your:

A. Most useful skill in your work?_____

_____

_____

_____

_____

B. Weakest skill in your work?_____

_____

_____

_____

_____

C. Where do you think you need more education/training in your work?_____

_____

_____

_____

_____

III. How is your role viewed by those above you and below you in the organization?_____

_____

_____

_____

_____

IV. How can the Employee Assistance practice be improved in your organization?_____

_____

_____

_____

_____

V. How can the profession of Employee Assistance Practice be improved?_____

_____

_____

_____

_____

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