

AN ASSESSMENT OF EMPLOYEE ASSISTANCE PROGRAMS
IN MAJOR TULSA COMPANIES

By

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CHAPTER I

INTRODUCTION

When the employee takes his problem to work, it becomes the employers problem. Many employees are faced with a magnitude of problems, worries and frustrations concerning their family, health, finances, legal, marital, job difficulties, emotional or substance abuse problems. Preoccupation with a problem can lead to a pattern of deteriorating job performance. Statistics indicate that at any given time between 10 and 25 percent of an organization's work force may be having problems that affect job performance. The two most commonly reported problems are alcohol addiction and emotional disorders (National Institute on Alcoholism and Alcohol Abuse, 1979).

An Employee Assistance Program (EAP) enables the employer to refer troubled employees for assistance regarding declining job performance instead of the usual alternatives of firing, retiring or tolerating a half person on the job. Employers pay a steep price for troubled workers. A troubled employee can cost an employer as much as 25 percent beyond his or her annual salary when sick leave or other costs are brought into consideration -- a cost which can burgeon when a problem has been building for several years (NIAAA, 1979). Alcoholism, which is by far the largest problem tackled by EAP programs leaves business and industry with an annual \$20 billion hangover in lost production. Health services related to drinking cost another \$12 billion a year. Companies have begun to expand their traditional employee benefits to include free professional

counseling for troubled workers and their dependents (Parade, 1980).

Statement of the Problem

The problem with which this study dealt was the lack of knowledge relative to the types of employees services being provided by companies with one thousand or more employees.

Need for the Study

Limited research has been conducted in the area of Employee Assistance Programs. Little attempt has been made to provide services to troubled employees. The study could contribute toward a working relationship between business and industry in providing services to employees, exchange ideas between companies and increase company productivity through Employee Assistance Program services.

Purpose of the Study

The purpose of the study was to survey the Employee Assistance Programs in the City of Tulsa in companies that have one thousand or more employees to determine what types of services are being provided to the employees.

This study sought to answer the following questions:

1. What Employee Assistance Programs exist in Tulsa companies?
2. What types of services are provided to the employee?
3. How does the program identify the problem employee?
4. What is the attitude of management toward Employee Assistance Programs?
5. Do employees utilize existing programs?
6. What type of follow-up if any is provided?
7. What are the strengths and weaknesses of existing Employee

Assistance Programs?

Objectives of the Study

The objectives of this study were to:

1. Gather data on Employee Assistance Programs in companies with one thousand or more employees.
2. Identify existing services provided to employees.
3. Examine strengths and weaknesses of existing programs.
4. Elicit suggestions for implementing Employee Assistance Programs and improvements for existing programs.

Definitions

The following terms have been defined for use in this study.

Employee Assistance Program (EAP) - Muntz (1975) defines EAP as:

. . . a program of services designed to restore valuable employees to full productivity. The purpose of these programs is to identify the employee with a developing pattern of deficient performance, motivate the individual to seek help, direct him or her toward the best assistance available and provide continuing support and guidance throughout the problem solving period (p. 1).

"Broad-Brush" Program - a program that provides a variety of services through assessment and referral concerning employee problems such as financial, marital, substance abuse and job performance deterioration.

Alcoholism - Stedman Medical Dictionary (1976) defines alcoholism as:

Alcohol abuse; alcohol dependence; alcohol addiction; chronic heavy drinking or intoxication resulting in impairment of health, dependency as a coping mechanism, and increased adaptation to the effects of alcohol requiring increasing doses to achieve and sustain a desired effect. Specific signs and symptoms of withdrawal are usually shown upon sudden cessation of such drinking. Acute alcoholism, intoxication; drunkenness, a temporary mental disturbance with muscular uncoordination and paresis, induced by the ingestion of alcoholic beverages in

poisonous amounts. Chronic alcoholism, a pathologic condition, affecting chiefly the nervous and gastroenteric systems, caused by the habitual use of alcoholic beverages in poisonous amount (p. 78).

For further information on the "Symptoms" of alcoholism see Appendix A.

Alcoholics - an excessive drinker whose dependence on alcohol has attained such a degree that the person shows a noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relationships and their social and economic functioning. or who show prodromal signs of developments such as black-outs, tolerance. See Appendix A.

Emotional Disorders - a state of mind in which a person is not in control of their emotions, mental mismanagement.

Disease - a definite sickness with distinctive symptoms.

Deteriorating Job Performance - a continuing and repeated decline in the productivity of the employee.

Organization of the Study

Chapter I introduces the study by presenting the statement of the problem, need for the study, purpose, objectives and definition of terms. Chapter II includes a review of related literature concerning current employee assistance programs, the role of the supervisor, alcoholism and emotional disorders. Chapter III reports the procedures utilized in this study, including the selection of companies, collection of data and analysis of data. Chapter IV presents the findings of the study and observations while Chapter V contains a summary, conclusions and recommendations for further research and practice.

CHAPTER II

REVIEW OF LITERATURE

This chapter reviews the literature in the following areas: (1) current Employee Assistance Programs (EAP) including statistics, adoption, legal, employment, career pathing, corporate move and highlights of an existing community/business program, (2) the role of the supervisor in Employee Assistance Programs, (3) alcoholism, and (4) emotional disorders as they relate to job performance.

Current Employee Assistance Programs

Approximately ten million workers are covered by company sponsored Employee Assistance Programs (EAP). Their ranks are growing as more companies seek to help their employees cope better with everyday and extraordinary problems. Government EAP's alone cover 1.6 million federal employees and 1.5 million state employees. Private business, industry and labor provide EAP programs to another 6.2 million workers. McDonnell Douglas calculates that it saved \$4 million over ten years with its EAP, and other companies also report lowered costs for medical and disability insurance, fewer accidents and reduced absenteeism (Brash, 1980).

In 1975, results show that the Philadelphia Police Department had more than recovered the costs of the counseling program in savings resulting from recovered alcoholic employees taking less sick leave, receiving fewer injuries, and incurring fewer suspensions than before treatment. In addition the National Council on Alcoholism Delaware Valley Area, Inc.,

predicted a savings of \$50,000 a year above program costs expected in future years (NIAAA, 1975).

Xerox, Hallmark Cards, Pitney Bowes and IBM are among a handful now providing employees with financial help to offset the cost of adoption. The Xerox Adoption Assistance Plan covers 55,000 employees with benefits up to \$1,000 for each child to offset agency and lawyer fees, court costs, medical expenses and even the biological mother's maternity expenses. Since October 1979, 18 employees have taken advantage of it. Hallmark which began its plan in February 1980, has budgeted \$50,000 for adoptions for its first year. IBM's program operating for eight years, has helped 2000 employees to adopt children. Sharon Diehl, benefit manager for Xerox said, "that since the company pays for maternity benefits under the medical policy when a child is born to an employee, it is only logical to provide some assistance when a child is adopted" (Brash, 1980, p. 7).

Other EAP's reach out to help employees with practical assistance for contemporary family problems like child care. Another EAP benefit is assistance for employees struggling with legal problems. In Cincinnati, a white collar manager for Monsanto went to an EAP attorney for advice on the custody of children he had never legally adopted during his second marriage. The attorney referred him to a specialist in family law and continued to stay in touch until the issue was settled. Some companies and unions are beginning to emulate the United Auto Workers Legal Service plan, a benefit for Chrysler's 100,000 employees and 40,000 retirees. "In 1979, the unions 70 full-time attorneys and 20 paralegals helped 25,000 Chrysler employees out of such routine legal jams as bankruptcy, divorce, and housing problems" (Brash, 1980, p. 8).

Hundreds of major corporations are even helping fired, laid-off or dissatisfied employees find other jobs. One Monsanto employee who

"didn't know what to do with my life" sought help for depression through the Employee Assistance Program. The employee, a researcher who had been with the company for 30 years, was suffering stress, as a result of computerized technology, he no longer felt involved or challenged. "There is really a feeling of responsibility not to arbitrarily let such an employee go," says one Monsanto senior consultant. "That 55-year-old researcher whose strong suit is planning might be perfect for the new company across the street looking for an executive with managerial and research skills," (Brash, 1980, p. 8). Over the past four years, Monsanto Outplacement Counseling Service has helped 50 employees find new jobs, many at higher salaries (Brash, 1980).

Some companies are beginning to utilize "career pathing" which involves familiarizing the executive, the spouse and family with the long-range plans to move, removing the surprise element of the corporate move and reducing stress on the family. In developing this concept, management should plan on maximum utilization of corporate moves in the beginning of the executive's career and a very minimum after he has been with the corporation 10 to 12 years. The basic idea behind the recommendation is that the younger children are, the fewer attachments they have outside the family. Teenagers have the most involvement with school, community and peers. A recent study indicates that "children view a family move as a crisis 18 times more often than their parents," (McInroy, 1981, p. 28). Career pathing can improve support for the corporation, which additionally decreases the stress on the executive and the family. When a spouse feels appreciated and involved in the corporation, support is usually increased. Spouses could be included in monthly meetings sharing with them the goals and accomplishments of the corporation and their influence in the overall

plan. Quarterly or semi-annually, a spouse appreciation day could be designated when the corporation shows the spouse how important and valuable she or he is to the business. The same consideration could be given to the children with father/mother - son/daughter events sponsored by the company as well as contests and trips for them. For the working spouses, corporations should consider employing spouses or arranging an employment placement service for them. The corporation that is sensitive to the psychological aspects of moving its families will find a higher level of job satisfaction and a lower rate of turn over among its executives (McInroy, 1981).

The typical Employee Assistance Program is an in-house program administered by a director and a trained counseling staff. The emphasis is on short-term crisis treatment with EAP staff coordinating resources for early diagnosis, treatment, monitoring and follow-up. In cases where long-term assistance or special care is needed, the staff makes referrals to community resources. Some companies offer a seven day, 24-hour hotline service for its employees. Iron-clad confidentiality is important. In Chicago, United Airlines' EAP is housed in the medical department. If employees are uncomfortable, counselors will meet them outside the office. In St. Louis, Anheuser-Busch guarantees privacy by locating the EAP office six miles from the brewery. At Kemper Insurance, employees names are kept on coded cards in locked files. Many companies avoid any internal staff contact with EAP cases by hiring private off-site firms to administer the program (Brash, 1980).

Despite the growing trend, Employee Assistance Programs are virtually unavailable to more than 50 percent of the labor force working for small companies of less than 500 employees. Jim Wrick, who directs United Airlines

EAP, sums up the overall EAP impact potential as enormous and unlimited. "Practically everyone in our society is associated with an employer," he says. "Because EAP's include family members, they can play a major role that cannot be duplicated anywhere in our society" (Brash, 1980, p. 8).

Concern Counts

In Kansas City, Missouri, a project entitled "Concern Counts" formed a task force of people who represented big and small business, labor, in and out-of-house EAP's, local and federal government agencies, media industry, and related health care and psychological services. Concern Counts is one project actively pursuing answers to business and industry's interest in resolving employee problems. It is "dedicated to establishing the progress of change through campaigns which will address the personal, emotional, psychological factors behind such phenomena as disease, absenteeism, crime and substance abuse" (Watkins, 1981, p. 24).

The five-year project of the Kansas City Association for Mental Health was directed to "Five Major Target Audiences." See Appendix B for complete listing of audience, project description, and objectives. The objectives of "Concern Counts" are (1) To help specific audiences with special problems develop an awareness of the mental/emotional dynamics that underlie behavior; (2) to promote better understanding of constructive alternatives, and the use of resources for problem resolution; (3) to nurture a sense of personal and social responsibility by providing a forum for involvement in campaigns which address issues of human development -- that is, to be part of the solution, not part of the problem (Watkins, 1981).

Concern Counts was divided into three phases. In Phase One problem awareness, information and motivational activities were launched using

posters, billboards, magazine ads, radio and television commercials depicting images of men and women with boxes over their heads, headlined, "Leave me alone. I'll handle my problems in my own way" (Watkins, 1981, p. 24). Poster material was distributed to union halls and newsletters were mailed to 4,000 employers relating bottom-line benefits of EAP education and prevention programs now being developed in major American corporations. Phase Two was to analyze problems for individuals and companies and to introduce two new approaches to personal stress assessment and corporate health risk reduction.

An initial mailing directed employers of 20 or more persons contained a brochure on COMPUTES, a computerized method of analyzing and profiling leading stressors operative in a company, and identifying health risk areas capable of being addressed through education and prevention programs (Watkins, 1981, p. 24).

The Comprehensive Scale of Stress Assessment designed to be self-scoring was distributed to union members and made available to employers for company-wide use. See Appendix C for a copy of the stress test. Phase Three of the project was geared "to the marketing of information and resources to individuals and companies, and includes a variety of activities planned collaboratively with local research, education, and health service organizations" (Watkins, 1981, p. 24). Resources were developed for public use as well as the use of special interest groups. A resource bank of mental health information for individuals and business firms was maintained by the project.

According to Watkins, 1981, the escalating cost of health care and the growing realization that important work-related issues like productivity, absenteeism, and other performance problems are not one-dimensional problems. Work behavior is related to total life concerns of the individual. "Many of the companies which have experimented aggressively with broad-brush

employee service programs can show impressive dollar return on their investment" (Watkins, 1981, p. 25). Watkins believes EAP's now represent the mainstream of activity aimed at enhancing the quality of life in the work setting (Watkins, 1981).

There is a need for a statement of policy for employee assistance programs. The National Council on Alcoholism has developed a Joint Union-Management Statement of Policy for Alcoholism. See Appendix D for a copy of that statement. Perhaps this policy can be adapted to cover comprehensive services for the employee.

Role of the Supervisor

The responsibility of the supervisor is to assist the employee to develop their full potential both as an individual and as an able member of a work unit. This focuses on the basic concept of a supervisor's primary responsibility to develop people and their productive abilities. Other duties of the supervisor include maintaining production, lessen and hopefully eliminate safety hazards, and detect performance problems which could not only diminish company profit but which could ultimately lead to disciplinary problems and termination of an employee (Bisolara, 1979).

It is the supervisor who has to put up with absenteeism, errors, personality problems and deteriorating job performance of the developing alcoholic or other problemed employees. It is the supervisor who ultimately may have to make the painful decision to recommend termination of a once valuable employee because drinking or other personal problems have destroyed the ability to function on the job. And it is the supervisor, second only to the alcoholic or troubled employee who has the most to gain from an Employee Assistance Program

which provides early identification of the problem with an understanding attitude and prompt referral to competent sources of assistance (Weiss, 1980).

Poor work performance includes tardiness, absenteeism, poor performance on the job, on-duty accidents, unexplained absence from assignments and difficulty with fellow employees and customers. Accompanying job performance deterioration may be personality changes such as moodiness, irritability and chronic griping. For a complete listing of "Patterns of Job Performance Deterioration" see Appendix E. There may be changes in physical conditions such as carelessness in dress and poor personal hygiene. These symptoms may also be the result of health problems other than alcoholism including family members with personal problems. The supervisor will always remain on safe ground by avoiding the role of diagnostician and counselor and make the decision to confront the employee only on the basis of work performance. Research has shown that supervisors represent job security to the problem drinker and can help motivate the person to seek help more effectively than family or friends.

The most important predictor of treatment outcome is not the nature of the treatment itself but the motivation to accept treatment (Weiss, 1980). If the alcoholic is still employed and still possesses his or her family, total recovery is more easily attained (Brisolara, 1979).

Training and education sessions need to be provided to the supervisor to provide awareness and understanding about an Employee Assistance Program. For a possible outline for an occupational training program see Appendix F.

The role of the supervisor is to establish performance standards

and inform employees of expectations. The supervisor observes and documents employee performance and behavior. If patterns of job deterioration continue, the supervisor discusses the evidence of deteriorating performance with the employee and refers the employee to the Employee Assistance Program. The supervisor continues to monitor progress and repeats the process if needed. In the case of supervisory referral to an Employee Assistance Program, Weiss (1980) favors informing the employee's supervisor only that the employee was or was not cooperating with the programs recommendation and not what the diagnosis was or how treatment was progressing. It is the employee who has the final say on whether, or to whom, information about program participation is cleared.

The counselor offers the client a specific plan of therapeutic action, and firmly emphasizes the consequences of non-cooperation will be exposure to the company's disciplinary procedures up to and including termination. The supervisor is the primary source of making an Employee Assistance Program meet the needs of the employee and the company.

Alcoholism

In 1974, the NIAAA estimated that there were nine million alcoholic persons in the United States. It further estimated that each year 100,000 to 200,000 new cases of alcoholism developed. The number of persons whose lives have been adversely affected by problem drinking and alcoholism has been estimated to be 36 million persons, one of every six men, women and children (Follman, 1976). Stedman's Medical Dictionary (1976, p. 78) offers the following definition of alcoholism:

Alcohol abuse; alcohol dependence, alcohol addiction; chronic heavy drinking or intoxication resulting in impairment of health, dependency as a coping mechanism, and increased adaptation to the effects of alcohol requiring increasing doses to

achieve and sustain a desired effect. Specific signs and symptoms of withdrawal are usually shown upon sudden cessation of such drinking.

See Appendix A as previously mentioned for Symptoms of Alcoholism.

The number one symptom of alcoholism is denial. The last person to admit to having an alcohol problem or the need for help is an alcoholic. Given the denial pattern in the disease and the necessity for getting the early-stage alcoholic to treatment, the most practical approach is one that forces the person to accept the existence of the problem and to seek assistance. It is in the context of the job that certain symptoms (lateness, absenteeism, etc.) become obvious. Companies are considered to be in the best position to motivate the alcoholic into treatment.

Conventional wisdom says that alcoholics will typically accept the loss of friends, spouses and children without controlling their drinking -- but the threat of losing one's job is the most effective motivation for getting the alcoholic into treatment (Weiss, 1980, p. 2).

See Figure I, Behavioral Patterns of Employee with Drinking Problems.

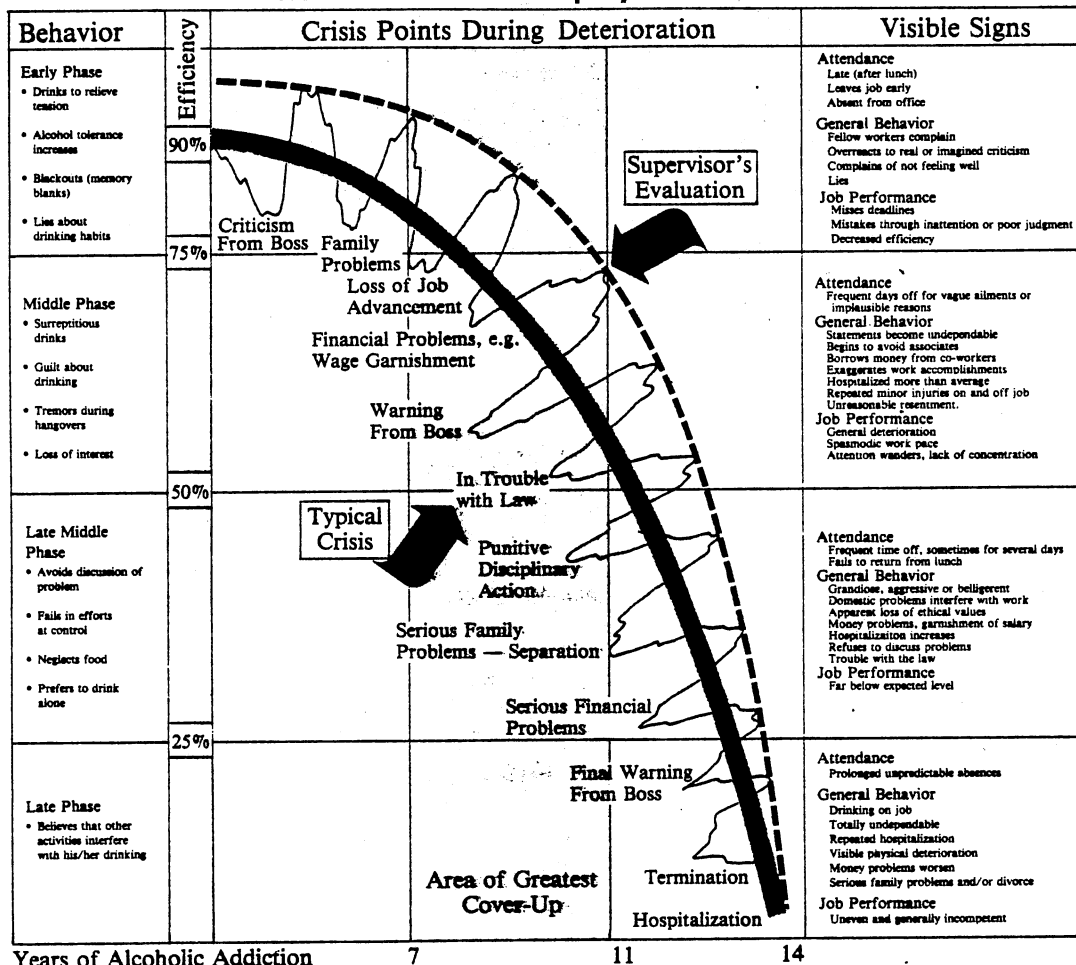
There are an estimated five million alcoholics who are employed in the nation according to the National Council on Alcoholism.

Conservative estimates point to an industrial alcoholism problem, affecting five percent of any workforce. The average alcoholic is absent 22 more days per year because of his or her illness than the non-alcoholic, who is absent according to statistics 10 days a year. Most alcoholics have been employed for an average of 10 years. They are usually experienced and they are key personnel, at the peak of productivity (Brisolara, 1979, p. 14).

Emotional Disorders

A select Presidential Commission on Mental Health recently concluded that psychiatric and psychological disorders among Americans are more widespread than had previously been believed. The Commission's report

How an Alcoholic Employee Behaves



Years of Alcoholic Addiction

7

11

14

May / June 1981

EAP Digest

29

Figure 1. Behavioral Patterns of Employee with Drinking Problem

estimated that one quarter of our population has suffered severe emotional stress, that "between 20 and 32 million Americans need some kind of mental health care at any one time" (Nathan, 1980, p. 10). A National Institute of Mental Health psychologist portrays universal madness as a statistical certainty. "Almost no family in the nation is entirely free of mental disorders" (Gross, 1978, p. 25).

The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, better known as DSM III has categorized many of the disorders previously known as "neuroses" to 300 different disorders.

In DSM III each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is typically associated with either a painful symptom (distress) or impairment in one or more important areas of functioning (disability) (Diagnostic and Statistical Manual on Mental Disorders, 1980, p. 6).

The need for information of services for emotional disorders is evident from the increasing numbers of people seeking mental health care. Vast numbers are touched by mental illness, not only individually, but through family, friends, and job contacts. National studies indicate that 70 to 80 percent of America's population will experience emotional problems requiring professional help (Perspectives on Mental Health Care, 1980).

Summary

As recently as five years ago most employers had no official policy for employees with personal problems. By using the criteria of deteriorating job performance, companies are now in a position to expand their traditional employee benefits to include professional counseling for

troubled employees and their dependents. Many companies are taking the approach of preventative programming by offering services such as company exercise programs, nutrition, stress-reduction, career pathing, corporate move and employee 24-hour hotline. Companies are expanding their services by offering adoption services, legal and financial consultation. With the high incidence of alcoholism and emotional disorders in this country, the work place is an ideal setting to provide services to employees and their families.

CHAPTER III

PROCEDURES

This chapter details the procedures for collecting data relevant to the purpose of the study outlined in Chapter I. Included are: (1) the selection of the subjects; (2) the creation of the interview schedule; (3) the collection of the data; (4) the procedures selected for analyzing the data.

Selection of the Subjects

A selection of the companies for the study was made available by Tulsa Chamber of Commerce. A total of twenty-three companies with a one thousand or more employees were interviewed for the study. An open-ended interview approach was utilized to allow a freedom of responses. Interviews were conducted with Employee Assistance Program Coordinator, Troubled Employee Assistance Counselor, Employee Relations Supervisor, Industrial Relations Coordinator, Personnel Director, Special Health Services Counselor, Employee Social Worker and Human Resource Coordinator. The companies with one thousand or more employees were selected because they were expected to have more Employee Assistance Programs (EAP).

Creation of the Interview Schedule

The interview method was employed by the researcher for the assessment of Employee Assistance Programs provided by companies with one thousand or more employees. By using the interview method, the appropriate

respondent was chosen, asked the questions orally, and the responses were recorded. Interview surveys generally produce fewer incomplete questionnaires and typically achieve high rates of data collection. The interview method was effective in dealing with complicated issues. The researcher was able to make important observations aside from responses to questions asked in the interview. The interview questions compiled by the researcher covered general questions concerning Employee Assistance Programs: (1) companies with existing programs, (2) types of services provided to the employee, (3) identifying the problem employee, (4) attitude of management toward the program, (5) strengths and weaknesses of existing programs. A field test of the first draft of the interview format was conducted on an experienced Industrial Consultant, Gary Wood, St. John-Cornell Alcoholism Treatment Center. After review and comment, minor changes were made in the interview questions.

Collection of Data

An eight question open-ended interview format was then used for collecting the data for the study. Interviews were conducted in person and by telephone. The companies were first contacted by telephone and then face-to-face interviews were conducted with businesses and industries with Employee Assistance Programs. The interview time ranged from 15 minutes to two hours. Nine interviews were conducted face-to-face and fourteen interviews were conducted by telephone.

Analysis of Data

To analyze the data from the interviews, the responses of the companies were compiled. The findings were then organized according to interview questions and presented in table format using absolute frequencies and

relative frequencies. Totals often indicate more than one response per person. In addition, observations from the interviews were included to provide background information on the climate that existed. The climate was important to explore because responses were biased by attitude toward Employee Assistance Programs.

CHAPTER IV

PRESENTATION OF FINDINGS

In this section the results of the interview schedules with companies with one thousand or more employees are presented in detail. An attempt was made by the researcher to allow the subjects freedom to relate all information they perceived as pertinent to the Employee Assistance Programs (EAP).

Findings are organized according to interview questions and presented in tabular format to indicate absolute and relative frequencies. Totals may indicate more than one response per person. In addition, observations by the researcher are included in this chapter to provide background information on the interview.

Question 1: Number of Employees

Responses to Question 1 are given in Table I. The companies responded to Question 1 "What is the number of employees in the company?" Forty-four percent of the companies interviewed employed between 1000 - 2000 employees. Six companies employed 2000 - 3000. Using a conservative estimate from NIAAA (1979), 15 percent of the employees in a company may be having problems that affect their job performance. A company with 2000 employees may have 300 employees who could benefit from an Employee Assistance Program (EAP). A company with 8000 employees may have 1200 employees with deteriorating job performance.

TABLE I
 SIZE OF INTERVIEWED COMPANIES
 WITH ESTIMATED NUMBER
 OF EMPLOYEES

Size of Company	Companies		Trouble Employees (15%)
	N	%	
1000 - 2000	10	44	300
2001 - 3000	6	26	450
3001 - 4000	5	21	600
4001 - 5000	0	0	750
5001 - 6000	1	4.3	900
6001 - 7000	0	0	1050
7001 - 8000	1	4.3	1200

Question 2: Employee Assistance Program

Responses to Question 2 are presented in Table II below. The companies responded to Question 2 "Does the company have an Employee Assistance Program?" Nine companies or 39% of the companies interviewed had Employee Assistance Programs. Fourteen companies, or 61%, did not have Employee Assistance Programs. All twenty-three companies provided a variety of benefits including medical, dental, life or workers compensation benefits.

Question 3: Services

A complete listing of the responses to Question 3 "What types of services are available to the employee?" are in Table III. The responses were divided into two groups, one group having existing Employee Assistance Programs and the other group not having Employee Assistance Programs. The responses included "broad-brush" services that provided alcohol, marriage, family and job counseling to career guidance, stress, and time

TABLE II
PERCENT OF COMPANIES WITH EAP

Companies	N	%
With EAP	9	39%
Non-EAP	14	61%
Total Companies	23	100%

TABLE III
TYPES OF SERVICES OFFERED BY COMPANIES*

EAP		NON EAP	
Services	N	Services	N
Alcohol and Drug Rehabilitation	7	Counseling as requested	3
Counseling and referral	2	Informal grievance to formal bargaining	3
Marriage and family counseling	2	Literature Rack	1
Broad-brush program	2	Employee Hotline	1
Job counseling	2	Psychiatric counseling	1
Money Management	1	Assessment and referral	1
Career guidance	1	Company Physician	1
Counseling for medical problems	1	Job targets	1
Psychiatric counseling	1	Stress	1
Corporate policy for ten years operating out of hip pocket	1	Time-management	1
		Training	1

*Totals may indicate more than one response per person.

management. One company without an EAP was innovative enough to have a twenty-four hour hotline while other companies stated they provided labor contract grievance procedures, and the basic medical, dental, life and compensation insurance employee benefits. One EAP company provided its employees with financial packet designed to be a step-by-step procedure for making ends meet. See Appendix G for a sample worksheet from Making Ends Meet.

Question 4: Identification of Problem Employee

Responses to Question 4 are presented in Table IV. The companies responded to the question "How does the program identify the problem employee?" Self-referral by the employee to existing Employee Assistance Programs was the most often described means of identification of employees with problems. Absenteeism and job performance were methods of identification used by companies without Employee Assistance Programs for trouble employees.

TABLE IV
IDENTIFICATION OF PROBLEM EMPLOYEES*

EAP Identifiers	N	Non-EAP Identifiers	N
self referral	8	absenteeism	4
absenteeism	5	job performance	4
supervisor referral	4	supervisor referral	1
job performance	4	self referral	1
erratic behavior	1	+exhibiting moral turpitude	1
drinking on the job	1	+willful neglect	1
		+incompetence	1
		+teaching disloyalty	1
		no response	5

*Totals indicate more than one response per person.

+Tulsa Public Schools

Question 5: Attitude of Management Toward EAP

Responses to Question 5 are presented in Table V. The companies responded to the question "What is the attitude of management toward the program?" The responses were diversified with a large number of negative comments by the respondents from companies without existing Employee Assistance Programs. There were six companies which gave no response to Question 5 because management did not have an existing EAP program. The companies with existing EAP's generally had the support of management with policies being implemented to varying degrees.

TABLE V
ATTITUDE OF MANAGEMENT TOWARD EAP*

EAP Companies		Non-EAP Companies	
Comments	N	Comments	N
1. Support of union and management	1	1. Diverse attitudes, don't like to deal with personal problems	1
2. Written policy employees aware of	1	2. Time and money not worth it	1
3. Management does not see it as a tool	1	3. Conservative attitude	1
4. Varies some support with referrals	1	4. Social programs do not have a place in business	1
5. Divided	1	5. Non-committal, not in budget	1
6. Support from top	1	6. Not openly discussed	1
7. Good support	1	7. Management support	1
8. Head man has alcohol problem	1	8. Don't know	1
9. Conservative family oriented company	1	9. Some you can't help	1
		10. If employee comes in with a problem then help them	1
		11. Work with first line supervisor	1
		12. People company	1
		13. No response	6

*Totals indicate more than one response per person.

Question 6: Employee Use of Services

Responses to Question 6a are presented in Table VI. The companies responded to the question "Do the employees utilize the program?" All the companies with EAP's did respond that it was being used. Two provided information on the number of employees who utilized the program in 1980. One company which had 568 employee contacts with the program provided a Counseling Profile Worksheet included as Appendix H. The other company with an existing EAP had only two employees utilize the program in the last year.

TABLE VI
EMPLOYEE USE OF SERVICES

EAP		Non-EAP	
Responses	N	Responses	N
1. yes	9	1. yes	2
2. no	0	2. employees use EEO, financial/ marital	1
		3. no response	11

Responses to Question 6b are presented in Table VII. The companies responded to the question "How many employees are self-referrals?" The companies with EAP's responded that most employees were referring themselves to the program.

TABLE VII
NUMBER OF SELF REFERRALS*

EAP		Non-EAP	
Comments	N	Comments	N
1. More self referrals	6	1. No statistics	2
2. No statistics	2	2. 50% self referral	1
3. 70% self referral; 3 for alcoholism last month	1	3. work related	1
4. 35 - 50 employees in a year	1	4. no response	11

*Total may indicate more than one response per person.

Question 7: Follow-up

Responses to Question 7 are presented in Table VIII. The companies responded to the question "What type of follow-up is provided?" It was interesting to note that three companies with Employee Assistance Programs relied on a private outpatient alcoholism clinic for follow-up services. Non-EAP follow-up services consisted of periodic performance appraisal.

Question 8: Strengths and Weaknesses

Responses to Question 8 are presented in Tables IX and X. The companies responded to the question "In your opinion, what are the strengths and weaknesses of the program?" Companies with EAP cited lack of knowledge of what the program does throughout the company as a major weakness as well as supervisors sheltering employees and not documenting job performance. Companies without EAP's responded that the corporate policy is not implemented and a lack of well-defined methods and procedures as weaknesses.

TABLE VIII
FOLLOW-UP SERVICES

EAP		Non-EAP	
Comments	N	Comments	N
Aftercare St. Johns Outpatient Program	3	Performance evaluation	2
Alcoholics Anonymous	3	Periodic performance appraisal	1
Telephone calls every 6 and 12 months	2	Review in 30 days	1
Formal performance evaluation	1	No response	10
Evaluation everyday, an on- going process	1		
Volunteers	1		

TABLE IX
STRENGTHS AND WEAKNESSES OF SERVICES OF EAP COMPANIES*

Strengths	N	Weaknesses	N
1. Confidentiality	1	1. Lack of knowledge of what the program does through the company	3
2. Support from management	1	2. Supervisors sheltering employees, not documenting job performance deteriora- tion	2
3. Increase in number of employees going through the program	1	3. Too many other responsi- bilities	2
4. Employees who use the program feel they get results	1	4. Communication between employee and supervisor	1
5. Availability to refer to community resources	1	5. Departments need to work together	1
6. How to help employees	1	6. Follow-up	1
7. Insurance pays for in- patient treatment one time	1		
8. 85% clean up their act	1		

*Totals may indicate more than one response per person.

TABLE X
STRENGTHS AND WEAKNESSES OF SERVICES OF NON-EAP COMPANIES*

Strengths	N	Weaknesses	N
1. Total support from management	1	1. Corp policy but not implemented	1
2. Minority of managers in personnel committed to helping employees	1	2. Lack of well-defined methods/procedures	1
3. Employees main asset	1	3. Management unwilling to accept responsibility	1
4. In house training program	1	4. Product oriented	1
		5. Management needs empathy and mutual concern for employees' problems	1
		6. Evaluation every 3 years for tenure	1
		7. No response	1

*Totals may indicate more than one response per person.

Observations

Due to the interview technique employed by the researcher, observations were made concerning the interviewers attitude toward Employee Assistance Programs. The first initial contact by telephone often provided the researcher with a challenge of finding out if the company had an existing Employee Assistance Program and who the responsible administrator was. Many times the person on the telephone had never heard of an Employee Assistance Program. It was necessary to question the respondent about existence of an industrial relations program, a human resource department, personnel or medical departments. Several companies had written policies yet the program was not utilized by the employees. There is a certain stigma that is associated with Employee Assistance Programs. Some employees

think they will be passed over for a promotion or salary increase if they participate in an employee rehabilitation program. To some companies without existing Employee Assistance Programs, announcing an alcoholism program would be poor public relations; people might conclude the company has a lot of drunks on the payroll.

One person got into a heated discussion on alcoholism being a disease; another individual gave the impression of being on the defensive and having to be accountable for lack of services being provided to troubled employees and requested not to be identified. Several EAP coordinators also had additional responsibilities of administering training, maintaining vending machines and providing employee benefits. Several companies interviewed were beginning to plan services and institute Employee Assistance Programs within their company, while another company struggled to make an alcohol prevention presentation at the 30 minute lunch break. Locations of Employee Assistance Programs were in the medical, personnel and human resource departments, or out in a open area of the plant. Doubt is created about the commitment of management when confidentiality cannot be observed. One company with an existing Employee Assistance Program said that the services are only as limited as the imagination.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter concludes the study by offering a summary and discussion of the results in three parts. The first section gives an overview and summary of the completed study. The conclusions of the research are presented next, and the recommendations for further research and practice are presented in section three.

Summary

The concept of Employee Assistance Programs (EAP) has been in existence since the 1940's, yet it is still a relatively new and unique idea for most businesses and industries in the Tulsa area with one thousand or more employees. The purpose of this study was to find out which companies had existing Employee Assistance Programs, types of services were provided to employees, how the problem employee was identified, the attitude of management toward the program, employee use of the program, type of follow-up provided for existing programs and the strengths and weaknesses of the Employee Assistance Programs.

The interview method used by the researcher to obtain information from twenty-three Tulsa companies with one thousand employees. The interview schedule was designed to obtain information related to the services mentioned in the purpose of the study.

The findings of this study indicate that nine companies (about 40

percent) had already existing employee services. Fourteen companies or 60 percent of those interviewed did not have Employee Assistance Programs. Seven of the companies with Employee Assistance Programs provided alcohol and drug rehabilitation services. Companies without Employee Assistance Programs provided counseling if requested by the employee, a twenty-four hour hotline service and informal grievance procedures to formal bargaining services. Troubled employees had the highest number of self-referrals followed by supervisor referral. Absenteeism and deteriorating job performance were the identifiers for both companies with Employee Assistance Programs and without assistance programs for troubled employees.

Although management attitude toward existing Employee Assistance Programs is one of support, the program is not seen as a tool to improve job performance and company productivity. The attitude of management without Employee Assistance Programs is diverse, and therefore not likely to deal with an employee's personal problems. Some people feel that time and money do not justify Employee Assistance Programs and that some people may be impossible to help. Little or no statistics were provided by either type of company. Follow-up services for Employee Assistance Programs were through private outpatient alcoholism clinic. Performance evaluations were used as follow-up services in non-EAP companies. The strengths of Employee Assistance Programs were the confidentiality, support from management and the increased number of employees using the services. The weaknesses of EAP were the lack of knowledge of what the program does throughout the company and supervisors sheltering employees by not documenting deteriorating job performance. The strengths of the non-EAP firms were that a minority of managers in personnel are committed to helping employees. Identified weaknesses of non-EAP firms were having a corporate

policy that was not being implemented, lack of well-defined methods and procedures, and management's unwillingness to accept responsibility for troubled employees.

Conclusions

1. All companies provided medical, dental, life and worker's compensation benefits; less than 40 percent had Employee Assistance Programs.
2. Types of services available to employees range from broad-brush, nebulous services to employee benefit plans.
3. Troubled employees are self-referred to the existing Employee Assistance Programs followed by supervisor referral.
4. The attitude of management ranged from active support to non-involvement.
5. There is a lack of information on the types of services provided by EAP.
6. Little if any follow-up services are provided; there is a tendency to use private outpatient alcoholism clinics for follow-up services.
7. A positive strength of EAP is that increasingly more employees are using the programs; one weakness emerges from the lack of information about the existing program.
8. Lack of information about what has been accomplished with EAP exists.
9. Little or no sharing and exchanging of ideas among EAP exists.
10. The interview process generated an emotional response from the participants indicating personal frustration with implementation of Employee Assistance Programs.

11. How a policy is communicated from the top to the front line supervisor, the effectiveness of disciplinary procedures, methods by which the company maintains its personnel records, labor-management relations and supervisory training seem to play a significant role in an effective Employee Assistance Program.
12. Supervisors were a key element in the successful functioning of Employee Assistance Programs by establishing performance standards, observing and documenting employee performance and behavior, discussing patterns of deteriorating job performance and referring the employees to the program.

Recommendations

The results of the study have implications for recommendations for practice and further research. Recommendations specific to Employee Assistance Programs in the Tulsa area with one thousand employees are considered under the following areas: recognition of troubled employees, need for statistical information, supervisory training, and community and company networks.

Recognition of Troubled Employees

Employers need to be more aware that problems that affect the employee also affect the employer in terms of on-the-job absenteeism, equipment breakage or damage, worker's compensation, suspensions, and productivity. Identifying the needs of the employee in terms of prevention programs in health, stress-reducing, nutrition and exercise can be positive measures offered to help the employee deal with his problems. Sometimes people can solve a problem on their own, but outside help often makes a difference between eliminating a problem cold or going through a long coping period.

Statistical Information

Statistical information is an essential component of an Employee Assistance program. An Employee Assistance Program needs to know how many employees use the services and under what conditions such as self-referral or supervisory referral. By keeping records and providing follow-up, the company can observe the successful retention of rehabilitated employees. When a troubled employee is referred to a community agency, a follow-up is necessary to insure that the referral was appropriate. A periodic performance check is needed to insure that the problem has subsided and that the employee is performing up to expectations and without harassment or stigmatization from the supervisor or other employees for utilizing the program.

Supervisory Training

The supervisor is the corner stone of any successful Employee Assistance Program. The supervisor must be convinced that the program not only benefits the employee but the supervisor as well. Establishing training and information programs for the supervisors and employees provides knowledge and familiarity on the types of services available. For an outline on An Occupational Training Program for Supervisors, see Appendix F.

Community and Company Networks

Companies need to meet regularly to discuss the progress of Employee Assistance Programs, the implementation and the stumbling blocks encountered. By exchanging ideas with companies about what works and what does not, Employee Assistance Programs can be more effective and provide comprehensive services to the employees. Community agencies are an important referral

source for Employee Assistance Programs. Being aware of the services provided in a community can expand the services of an Employee Assistance Program.

Further Research

Further research and practice needs to be conducted on the services provided by the community service agencies for Employee Assistance Programs. A survey of employee satisfaction in companies with Employee Assistance Programs would provide knowledge of the interaction between employees and existing programs. Additional research could be conducted on the benefits of Employee Assistance Programs in relation to increases in productivity, absenteeism, and medical benefits. Further studies could be conducted on union-management collaboration in providing Employee Assistance Programs.

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APPENDICES

APPENDIX A

SYMPTOMS OF ALCOHOLISM

SYMPTOMSPRE-ALCOHOLIC SYMPTOMS

- A. Rewarding relief (occasional relief drinking)
- B. Frequent relief drinking
- C. Increase in tolerance

I. THE EARLY PHASE (PRODROMAL)

- | | |
|---|-------------------------------------|
| A. Blackouts (alcoholic palimpsests) | E. Gulpng (avid drinking) |
| B. Getting drunk | F. Guilt feelings (starts lying) |
| C. Sneaking drinks (surreptitious drinking) | G. Avoids reference to alcohol |
| D. Pre-occupation with alcohol | H. Increased frequency of blackouts |

II. THE MIDDLE PHASE (THE CRUCIAL PHASE)

- | | |
|---|---|
| A. Loss of Control | O. Life becomes alcohol-centered |
| B. Rationalizations | P. Loses outside interests |
| C. Loses job advancement | Q. Reinterprets interpersonal relations |
| D. Fabricating excuses | R. Marked self-pity |
| E. Grandiose behavior | S. May try geographic escape |
| F. Week-end drunks | T. Change in family habits |
| G. Aggressive behavior | U. Unreasonable resentments |
| H. Persistent remorse | V. Protects alcohol supply |
| I. Losing work time | W. Neglects proper nutrition |
| J. Going on Wagon (efforts at self-control) | X. First hospitalization |
| K. Changes pattern of drinking behavior | Y. Decrease sexual drive |
| L. Drops friends | Z. Alcoholic jealousy |
| M. Indifference to quality | AA. Early morning drink |
| N. Quits jobs | |

III. THE CHRONIC PHASE

- A. Benders (prolonged intoxications)
- B. Marked ethical deterioration
- C. Daytime drunks
- D. Impairment of thinking (alcoholic psychosis)
- E. Solitary drinking
- F. Turns to inferior companions
- G. Takes recourse to technical products
- H. Sedatives
- I. Drop in tolerance
- J. Indefinable fears (nameless dread)
- K. Seeks psychiatric advice
- L. Psycho-motor inhibitions (tremors - shakes)
- M. Obsessed with drinking
- N. Vague religious feelings develop
- O. Rationalizations break down
- P. May be amenable to help

APPENDIX B

FIVE MAJOR TARGET AUDIENCES

FIVE MAJOR TARGET AUDIENCES

Audience	Project Description	Objectives
1. Union Members	Distribution of posters, stress tests, and resource sheets.	To help union members deal with personal problems, and find ways to use available resources.
2. Union stewards, Company referral agents and supervisors	Training in handling stressor-related personnel problems, use of stress tests and related resource information tools.	To give stewards and referral agents help in using new tools, especially the stress test and resource sheets.
3. Company employee benefit, and employee services managers.	Seminar programs to introduce program options and new stress tests, and foster EAP program development	To develop middle-management awareness of benefits of service options for employees.
4. Business Owners	Presentations on the economics of health care, highlighting the concept of overall health.	To develop a willingness to look at a broader range of services to employees, and encourage "innovation for results."
5. Civic Leadership	Seminar: "Toward a Caring Society," highlighting need for support systems at work as integral to the fabric of society.	To develop sanctions for action and a climate of acceptance for overall goals of campaign.

APPENDIX C

STRESS TEST

SCORE YOURSELF ON THE LIFE CHANGE SCALE

WHAT EVENTS HAVE HAPPENED TO YOU IN THE PAST 12 MONTHS?

Event Rank	Event Value	Happened	Your Score	Life Event
1	100	_____	_____	Death of spouse
2	73	_____	_____	Divorce
3	65	_____	_____	Marital separation
4	63	_____	_____	Jail term
5	63	_____	_____	Death of close family member
6	53	_____	_____	Personal injury or illness
7	50	_____	_____	Marriage
8	47	_____	_____	Fired from job
9	45	_____	_____	Marital reconciliation
10	45	_____	_____	Retirement
11	44	_____	_____	Change in health of family member
12	40	_____	_____	Pregnancy
13	39	_____	_____	Sex difficulties
14	39	_____	_____	Gain of new family member
15	39	_____	_____	Business readjustment
16	38	_____	_____	Change in financial state
17	37	_____	_____	Death of close friend
18	36	_____	_____	Change to different line of work
19	35	_____	_____	Change in number of arguments with spouse
20	31	_____	_____	Mortgage over \$10,000
21	30	_____	_____	Foreclosure of mortgage or loan
22	29	_____	_____	Change in responsibilities at work
23	29	_____	_____	Son or daughter leaving home
24	29	_____	_____	Trouble with in-laws
25	28	_____	_____	Outstanding personal achievement
26	26	_____	_____	Wife begin or stop work
27	26	_____	_____	Begin or end school
28	25	_____	_____	Change in living conditions
29	24	_____	_____	Revisions of personal habits
30	23	_____	_____	Trouble with boss
31	20	_____	_____	Change in work hours or conditions
32	20	_____	_____	Change in residence
33	20	_____	_____	Change in schools
34	19	_____	_____	Change in recreation
35	19	_____	_____	Change in church activities
36	18	_____	_____	Change in social activities
37	17	_____	_____	Mortgage or loan less than \$10,000
38	16	_____	_____	Change in sleeping habits
39	15	_____	_____	Change in number of family get togethers
40	15	_____	_____	Change in eating habits
41	13	_____	_____	Vacation
42	12	_____	_____	Christmas
43	11	_____	_____	Minor violations of the law

APPENDIX D

JOINT-UNION STATEMENT OF POLICY

JOINT UNION-MANAGEMENT STATEMENT OF POLICY

Judging by the combined experience of the most successful programs, the following principles should be considered for inclusion:

- (1) Alcoholism is recognized as a disease for which there is effective treatment and rehabilitation.
- (2) Alcoholism is defined as a disease in which a person's consumption of any alcoholic beverage definitely and repeatedly interferes with that individual's health and/or job performance.
- (3) Persons who suspect that they may have an alcoholism problem, even in its early stages, are encouraged to seek diagnosis, and to follow through with the treatment that may be prescribed by qualified professionals, in order to arrest the disease as early as possible: -
- (4) Any persons having this disease will receive the same careful consideration and offer of treatment that is presently extended under existing benefit plans, to all those having any other disease.
- (5) The same benefits and insurance coverages that are provided for all other diseases under established benefit plans, will be available for individuals who accept medically approved treatment for alcoholism.
- (6) This policy is not concerned with social drinking, but rather with the disease of alcoholism. The concern is limited to those instances of alcoholism which affect the job performance of the individual. The policy is designed solely to achieve restoration of health and full recovery.
- (7) It will be the responsibility of all management and union personnel to implement this policy and to follow the procedures which have been designed to assure that no person with alcoholism will have either job security or promotional opportunities jeopardized by a request for diagnosis and treatment.
- (8) Neither supervisors nor union representatives have the medical qualifications to diagnose alcoholism as a disease. Therefore, referral for diagnosis and treatment will be based on job performance, within the terms, conditions and application of the union-management agreement.
- (9) The decision to request diagnosis and accept treatment for alcoholism is the personal responsibility of the individual.
- (10) An individual's refusal to accept referral for diagnosis or to follow prescribed treatment will be handled in accordance with existing contractual agreements and union-management understandings with respect to job performance.
- (11) The confidential nature of the medical records of individuals with alcoholism will be strictly preserved.
- (12) Persons participating in this program will be expected to meet existing job performance standards and established work rules within the framework of existing union-management agreements. Any exceptions to this requirement will be by mutual agreement between the union and management.
- (13) Nothing in this statement of policy is to be interpreted as constituting a waiver of management's responsibility to maintain discipline or the right to take disciplinary measures, within the framework of the collective bargaining agreement, in the case of misconduct that may result from alcoholism.

B—Joint Union-Management Committees



1. Company-wide Committee

If a company-wide program is being designed for a multi-plant organization, it is advisable to set up a company-wide union-management committee. It should be composed of equal representation from the management and union(s). This committee should include a top ranking management executive with authority to establish and implement policy on behalf of the company, and a counterpart or counterparts with equivalent authority in the union(s).

The committee should meet as often as is found necessary to do its job. It can be expected that frequent meetings will be needed in the initial planning, development and installation phases and later can be decreased to a number consistent with maintaining effective program operation.

The functions of the committee should include, but not be limited to, the following:

- (a) To develop the specific procedures to be followed by all management and union supervisory personnel in order to implement the agreed-upon written policy.
- (b) To specify and assure the development of a training program (including the use of films, written materials, manuals, and other audio-visual presentations) that will be used in the training of all supervisors and union representatives.
- (c) To develop a time schedule for initiating the program at local plants.
- (d) To determine the personnel, materials, equipment and budget needed to initiate local programs and to provide guidance and consultation with respect to policy, procedures, training, treatment resources and other matters relevant to the local programs.

- (e) To assist in solving problems which may arise in the local plant programs.
- (f) To develop confidential record-keeping systems which may be needed to assure evaluation of program effectiveness.
- (g) To monitor all aspects of program progress and effectiveness at both national and local sites.
- (h) To develop ideas or activities which might increase program effectiveness, particularly in the areas of prevention and education.
- (i) To keep abreast of new developments, techniques, resources, and referral agencies.
- (j) To assist in developing a list of and evaluating the alcoholism counseling and treatment facilities and other alcoholism services in the communities where the company has facilities. This aspect is discussed more fully in Section IV, "Working Cooperatively in the Community."
- (k) To assure that the group health benefits cover alcoholism for persons who accept treatment.
- (l) To assist in obtaining health benefit coverage which includes payments for treatment and rehabilitation in specialized alcoholism facilities.

It is recommended that the company provide a full-time program administrator who would be responsible for implementing the committee's decisions as well as performing the tasks assigned by the committee.

APPENDIX E

PATTERNS OF JOB PERFORMANCE DETERIORATION

PATTERNS OF JOB PERFORMANCE DETERIORATION

The key words in relation to the job performance problems noted below are continuing and repeated. A pattern of job performance deterioration should begin to appear. This requires documentation.

1. Absenteeism. The patterns of absenteeism vary from person to person, whether the problem is alcoholism, drug abuse, emotional, marital, financial, etc. The following are some general patterns. Generally, any excess absenteeism and increases in absenteeism should be noted.
 - a. Unauthorized leave
 - b. Excessive sick leave
 - c. Monday absences, Friday absences, or Monday and Friday absences
 - d. Repeated absences of 2 - 4 days
 - e. Repeated absences of 1 - 2 weeks (5 - 10 days)
 - f. Excessive tardiness, especially on Monday mornings or in returning from lunch
 - g. Leaving work early
 - h. Peculiar and increasingly improbable excuses for absences
 - i. Higher absenteeism rate than other employees for colds, flu, gastritis, etc. (and consequently, more claims on company health insurance)
 - j. Frequent unscheduled short term absences (with or without medical explanation)
2. "On-the-job" absenteeism.
 - a. Continued absences from post more than job requires
 - b. Frequent trips to water fountain or bathroom
 - c. Long coffee breaks
 - d. Physical illness on job
3. High accident rate. (And, consequently, more accident claims)
 - a. Accidents on-the-job
 - b. Frequent trips to nurse's office
 - c. Accidents off-the-job (but affecting job performance)
4. Difficulty in concentration.
 - a. Work requires great effort
 - b. Jobs take more time
 - c. There may be a hand tremor when concentrating

5. Confusion.

- a. Difficulty in recalling instructions, details, etc.
- b. Increasing difficulty in handling complex assignments
- c. Difficulty in recalling own mistakes

6. Spasmodic work patterns. Alternate periods of very high and very low productivity. Differential increases.

7. Tenacity to job - doesn't change easily. This may present a threat because his control of present job allows him to hide low job performance.

8. Coming to/returning to work in an obviously abnormal condition.

9. Generally lowered job efficiency.

- a. Misses deadlines
- b. Makes mistakes due to inattention or poor judgment
- c. Wastes more material
- d. Makes bad decisions
- e. Complaints from customers
- f. Improbable excuses for poor job performance

10. Employee relations on-the-job. Friction in employee relationships, including supervisor-employee relationships, usually results in decreased job performance and efficiency. The following is indicative of behavior that affects job performance and may be indicative of some sort of problem, possibly alcoholism.

- a. Over-reacts to real or imagined criticism
- b. Wide swings in morale
- c. Borrows money from co-workers
- d. Complaints from co-workers
- e. Unreasonable resentments
- f. Begins to avoid associates

11. These patterns apply to all employees in general. In specific relation to management personnel, however, there are other key indicators which are largely dependent on the level and type of management position involved. On the first management level, a supervisor may begin to let safety standards slip, begin to issue conflicting instructions to employees, use employee time and skills inefficiently, submit incomplete reports and data, become lax in his supervisory duties, etc. On higher management levels, patterns of declining job performance are more subtle. Budgets may begin to be mismanaged, schedules fail to be coordinated, the

agency fails to deliver proper service, and so on. The decision-making aspect of higher management positions is crucial in this regard. Managers who begin to make decisions on the basis of insufficient data and poor judgment approaches can significantly impair the efficiency of an organization.

REMEMBER: All employees, including yourselves, exhibit some of these job performance problems occasionally. It is a pattern of job performance problems over a period of time (several weeks or months) that you should note and document.

ALSO:

1. Supervisor is not expected to be a diagnostician;
2. Identification and referral is to be based strictly on deficient job performance.

APPENDIX F

OCCUPATIONAL TRAINING PROGRAM

OCCUPATIONAL TRAINING PROGRAM

Session I: Management Orientation (2 hours)

Introduction	President/Plant Manager	(5 min)
Program Process	Company Coordinator	(5 min)
Objectives of EAP	EAP Director	(10 min)
Review of Company Policy	EAP Director	(15 min)
The Troubled Employee Problem	EAP Director	(25 min)
The Treatment/Referral Process	EAP Director	(15 min)
Training Schedule	EAP Director	(5 min)
Film: "Alcohol: Industry's Costly Hangover"		(25 min)
Question/Answer Session	EAP Director	(10 min)
Close	President/Plant Manager	(5 min)

Session II: Supervisors, Management, and Union Representatives (2 hours)

Objective: Introduction to the company's policy and problems of the troubled employee.

- A. Introduction: President/Plant Manager
- B. Historical Perspective: EAP Director
- C. The troubled employee -- an overview: EAP Director
job performance problems, alcoholism, drug abuse, emotional problems, financial, family or marital disputes
- D. Review and discussion of policy: EAP Director
- E. Film: "We Don't Want To Lose You"
- F. Questions and Answers: EAP Director

Session III: Supervisor, Management and Union Representatives (2 hours)

Objective: Introduction to the steps of program implementation for all supervisory personnel.

- A. Process of establishing performance standards
- B. Process of identifying the troubled employee
- C. Documentation procedures and confidentiality
- D. Confrontation process
- E. Film: "Alcoholism in Industry" -- deals with how to confront trouble employee
- F. Motivating the trouble employee to seek help
- G. Follow-up procedures
- H. Survey of negative supervisory attitudes
- I. Questions and Answers

Session IV: Supervisors, Management and Union Representatives (2 hours)

Objective: Test the knowledge of the participants in the workings of the EAP program

First half -- all participants (1 hour)

- A. Wayne Powers Action Maze: EAP Director
- B. Discussion of the exercise: EAP Director
- C. Summary of the exercise

Second half -- all participants who supervise women

- A. The female troubled employee: EAP Director

- B. Film: "Case 7201": EAP Director
- C. Discussion of film: EAP Director
- D. Summary: EAP Director

Session V: Supervisors, Management, and Union Representatives (2 hours)

Objective: To discuss the many areas the EAP will impact the troubled employee.

- A. Medical Problems: EAP Director
- B. Mental Problems: EAP Director
- C. Alcoholism: EAP Director
- D. Drug Abuse: EAP Director
- E. Marital Problems: EAP Director
- F. Financial Problems: EAP Director
- G. Legal Problems: EAP Director
- H. Why the Family Must Be Involved
- I. Film: "Life, death, and Discovery of an Alcoholic"
- J. Questions and answers: EAP Director
- K. Final Summary
- L. Close: President/Plant Manager

Adapted from: The Occupational Training Program
by Bethany Medical Center's Occupational Programming Division

APPENDIX G

A MONTHLY FINANCIAL STATEMENT FROM MAKING ENDS MEET

RECORD OF DAILY EXPENDITURES

Month of _____	FOOD					HOME MAINTENANCE		HOUSEHOLD			TRANSPORTATION			PERSONAL			EDUCATION - RECREATION - AMUSEMENT				TAX DEDUCTIBLE EXPENDITURES											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
Week	1	2	3	4	5	Total																										
Wages																																
Other																																
MONTHLY FINANCIAL STATEMENT																																
Total Gross Income _____																																
Less Withholding _____																																
Net Income to Spend _____																																
Less Savings _____																																
Net Income Available _____																																
Over or Under _____																																
SAVINGS: _____																																
ONCE A MONTH EXPENDITURES																																
Rent or Mortgage _____																																
Gas-Fuel _____																																
Electricity _____																																
Water _____																																
Telephone _____																																
Carfare _____																																
Other _____																																
TOTAL MONTHLY _____																																
INSTALLMENT PURCHASES																																
Car Payment _____																																
Credit Accounts _____																																
Lay-Away _____																																
Time Payments _____																																
Loan Repayment _____																																
Other _____																																
TOTALS																																

APPENDIX H

COUNSELING PROFILE WORKSHEET

WS 2-9-107

COUNSELING PROFILE WORKSHEET

<u>Field</u>	<u>Information Contained</u>	<u>Maximum No. of Digits</u>		
1	ID _____	8		
2	Code No. _____	6		
3	Date _____	10		
4	District or Location _____	2		
5	Sex _____	1		
6	Age _____	2		
7	EEO Code _____	7		
8	Handicap _____	30		
9	Code or Type of Problem _____	20		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> A. Personal (1) Marriage (2) Financial (3) Family or Children (4) Preretirement (5) Alcohol/Drugs (6) Rehabilitation (7) Other </td> <td style="width: 50%; vertical-align: top;"> B. Job Related (1) Supervisor (2) Peers (3) Job Performance (4) Alcohol/Drugs (5) EEO-AA (6) Rehabilitation (7) Career Counseling (8) Other </td> </tr> </table>	A. Personal (1) Marriage (2) Financial (3) Family or Children (4) Preretirement (5) Alcohol/Drugs (6) Rehabilitation (7) Other	B. Job Related (1) Supervisor (2) Peers (3) Job Performance (4) Alcohol/Drugs (5) EEO-AA (6) Rehabilitation (7) Career Counseling (8) Other	
A. Personal (1) Marriage (2) Financial (3) Family or Children (4) Preretirement (5) Alcohol/Drugs (6) Rehabilitation (7) Other	B. Job Related (1) Supervisor (2) Peers (3) Job Performance (4) Alcohol/Drugs (5) EEO-AA (6) Rehabilitation (7) Career Counseling (8) Other			
10	Referral Method _____	2		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> (1) Self-Referral (2) Supervisor (3) Friend </td> <td style="width: 50%; vertical-align: top;"> (4) Supervisory Skills Workshop (5) Staff/Company Specialist (6) Other </td> </tr> </table>	(1) Self-Referral (2) Supervisor (3) Friend	(4) Supervisory Skills Workshop (5) Staff/Company Specialist (6) Other	
(1) Self-Referral (2) Supervisor (3) Friend	(4) Supervisory Skills Workshop (5) Staff/Company Specialist (6) Other			
11	Referral by Counselor to _____	2		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> (1) Medical Doctor (2) Psychologist (3) Psychiatrist (4) Financial Counseling </td> <td style="width: 50%; vertical-align: top;"> (5) Supervisor (6) Staff/Company Specialist (7) Community Agency (8) Other </td> </tr> </table>	(1) Medical Doctor (2) Psychologist (3) Psychiatrist (4) Financial Counseling	(5) Supervisor (6) Staff/Company Specialist (7) Community Agency (8) Other	
(1) Medical Doctor (2) Psychologist (3) Psychiatrist (4) Financial Counseling	(5) Supervisor (6) Staff/Company Specialist (7) Community Agency (8) Other			
12	Remarks _____ _____ _____ _____ _____			

APPENDIX I

INTERVIEW SCHEDULE

1. What is the number of employees in the company?
2. Does the company have an Employee Assistance Program?
3. What types of services are available to the employee?
4. How does the program identify the problem employee?
5. What is the attitude of management toward the program?
6. Do employees utilize the program?

How many employees are self referrals?

7. What type of follow-up, if any, is provided?
8. In your opinion, what are the strengths and weaknesses of the program?

NAME _____

COMPANY _____

VITA²

Mary Susan Klenda

Candidate for the Degree of

Master of Science

Thesis: AN ASSESSMENT OF THE EMPLOYEE ASSISTANCE PROGRAMS IN MAJOR
TULSA COMPANIES

Major Field: Occupational and Adult Education

Biographical:

Personal Data: Born in Wichita, Kansas, May 18, 1951, the daughter
of Ted and Eileen Klenda.

Education: Graduated from Bishop Kelley High School, Tulsa,
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1974; completed requirements for the Master of Science degree at Okla-
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Professional Experience: Probation Supervisor for the City of Tulsa
Municipal Criminal Courts, 1978-present; Probation Counselor for DUI and
other misdemeanor offenses, City of Tulsa, 1974 - 1978.