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RESEARCH TO DETERMINE THE FEASIBILITY OF UTILIZING EMPLOYEE ASSISTANCE PROGRAMS FOR THE MINING INDUSTRY FINAL REPORT

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This report examines the feasibility of Employee Assistance Plans for the coal industry. Three issues are examined in detail. First, the prevalence of off-the-job factors such as alcoholism, drug abuse, and marital problems are examined in a sample of miners from the eastern, midwestern, and western underground coal fields. Then data were presented that examined the link between these off-the-job factors and behaviors critical to the mines such as absenteeism and turnover. Lastly, we examined the effectiveness of the major Employee Assistance Program in undergroundcoal mining--the HELP Program. The report contains recommendations on whether coal mining companies should implement these programs and how these programs should be designed.

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FOREWORD

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RESEARCH TO DETERMINE THE FEASIBILITY OF UTILIZING EMPLOYEE ASSISTANCE PROGRAMS FOR THE MINING INDUSTRY

By P. S. Goodman[1]

***EXECUTIVE SUMMARY

This report examines the feasibility of Employee Assistance Plans (EAPs) in the coal industry. While EAPs are utilized in many industries, they are not used in the coal industry. The goal of this report is to provide information to management, union, and other interested parties to determine whether EAPs should be introduced into the coal industry.

We begin with a description of EAPs and then provide a brief history of their spread in U.S. industry over the past 20 years. The report turns to the basic design issues in constructing an EAP. Any company considering EAPs needs to answer questions about: the selection of goals of the EAP, the selection of the target population, the scope of services to be provided, the organization of EAPs, to find out who performs the services, to determine location of delivery of EAP services, and to understand the role of the union, and to determine the relationship of the EAP to other corporate policies. For each of these issues, the report identifies alternatives and an analysis of pro's and con's for each design choice.

A basic framework is presented in which to view an EAP. The basic thesis is that there are a set of critical behaviors such as accidents, absenteeism, and performance. These behaviors are influenced by on-the-job and off-the-job behaviors. EAPs deal primarily with problems caused by off-the-job behaviors (e.g., family problems). The key assumption underlying this framework is to fit the strategy to the cause of the problem behaviors. If a

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mine experiences a lot of accidents which are related to on-the-job factors (e.g., supervision), EAPs will not be effective. If the accidents are caused by off-the-job factors, EAPs may be an effective strategy.

Data are then presented from a national study of underground miners. The results indicate that incidences of alcoholism, drug abuse, family and marital problems, emotional, and financial and legal problems all occur in coal mining. The data suggest incidence rates in the 1-3% range in the mines in our sample.

The next section examined the link between these off-the-job behaviors and absenteeism, accidents, and performance. The basic results indicate the above list of off-the-job behaviors (e.g., alcoholism, drugs, etc.) were not the primary cause of accidents, absenteeism, and poor performance. However, these off-the-job factors can affect accidents, absenteeism, and performance. A discussion is presented showing that people can manage alcoholism in a variety of ways, so there is not a direct relationship, for example, between alcoholism and accidents. Also, it was argued that while we are dealing with low frequency events, the costs of a serious injury or fatality caused by off-the-job factors is substantial for the company and for the individual miner.

The next section reviews a model for assessing EAPs. It focuses on critical input, process, and outcome factors.

The last major section applies this framework to evaluating the longest running formal EAP in coal mining--the HELP Program. In terms of input factors, our analysis shows that there is continual participation by managers and miners six to seven years into the operation of the program. Since participation is mostly voluntary, we view this data as one statement of the effectiveness of the program. When we reviewed the process as part of the program, we found that miners and managers in the three mines participating in the program understood the program, viewed training about the program as valuable, perceived the program as being supported by management and union, and for those using the program, rated the services as

above average. In our analysis of outcomes such as absenteeism and accidents, we did not find any clear trends to indicate that the HELP Program changes these outcomes for people who had completed the program. An evaluation of the input, process, and outcome criteria are interpreted into an overall evaluation of the HELP Program.

The report concludes with a strategy for firms interested in assessing the feasibility and implementation of an EAP.

*** INTRODUCTION

Increases in accidents, absenteeism, costs and declines in productivity can be attributed to on-the-job problems, (e.g., poor supervision) or off-the-job problems (e.g., alcoholism, family). This report focuses on off-the-job problems and one possible mechanism to resolve off-the-job problems--Employee Assistance Programs (EAPs). Recently, EAPs have been developed and implemented in many industries. The goal of an EAP is to help employees resolve off-the-job problems so they can keep their jobs and remain as safe and productive workers. If the EAP is successful, and there is some evidence that they can be, then the organization should experience less turnover, absenteeism, and accidents, and more productivity. The purpose of this section is to introduce the reader to the concept of EAPs and to discuss several common questions about their use. Particular emphasis will be focused on issues of importance to the mining industry.

WHAT IS AN EAP?

An Employee Assistance Program is a personnel system designed to help employees and their families deal with those major off-the-job problems that can, and often do, affect a miner's job performance. We are all familiar with the fact than an accident that occurs at home can reduce a miner's job effectiveness. For example, if a miner breaks an arm falling down a flight of porch stairs, he (or she) may not be able to perform their regular job. Equally familiar, but much less discussed, is the fact that a deteriorating marriage, trouble with children, or dependency on alcohol can be just as debilitating an ailment. Just as medical personnel policies help an individual deal with a physical ailment, so can EAPs help an individual cope with the stress and frustration of these other, nonphysical problems.

While there are many types of EAPs, typically an employee with an off-the-job problem may either decide to go to the company EAP or may be referred by a supervisor or union official. The professionals at the EAP would provide an initial diagnosis of the employee's problem and then either provide counselling or refer the employee to the appropriate community agency (e.g., A.A., Drug Abuse Program, Family Counselling Service). These

services are usually covered by the organization's insurance program. Many of the programs operate off-site and all are run on a confidential basis.

EAPs appear to have evolved from industrial alcoholism programs begun many decades ago by such companies as DuPont, Eastman Kodak, and Allis Chalmers. Contemporary programs often expand on this initial focus to include such off-the-job problems as drug addiction, family and marital problems, financial and legal problems, and emotional problems. Indeed, a significant decision in the formulation of an EAP policy is a definition of the types of problems that the program will consider. Another important decision is how the services of the program will be delivered. The options here are numerous, and range from all services subcontracted to an outside agency, to all services being provided by the company itself. These, and other complex "design issues" will be discussed at length.

Why a company may be motivated to develop an EAP also varies. For example, some companies view EAPs as occupational programs; that is, they believe that off-the-job problems may affect absenteeism, accidents, or on-the-job performance. From this point of view, an EAP may be a cost effective device for reducing on-the-job problems that are associated with an individual's inability to cope with the stress caused by an off-the-job problem. Other companies see EAPs as nothing more than a simple adjunct to other, more traditional, health benefits. Still others provide EAPs to their employees as part of a broader philosophy concerning the importance of achieving and maintaining a well-adjusted, emotionally healthy workforce. The implications of these different rationales will also be discussed below.

Although the type of problems considered, the means of delivery of services, and the rationale for implementing such programs differs greatly, two general observations about EAPs can be made. First, interest in EAPs has grown significantly in the past decade. Second, little actual development has occurred within the coal industry. While we may speculate about the reasons for this differential growth pattern, that is not the objective of this report. Rather, the entire question of the feasibility of EAPs in the coal industry has been addressed directly by asking whether there is a need for them and whether they are successful.

Research Objective

The major objective of this research is to determine the feasibility of EAPs in the underground coal industry. To accomplish this objective, we need to examine the following questions:

-- To what extent are off-the-job factors such as alcoholism, drugs, and family problems prevalent in the coal industry?

-- To what extent do these factors affect absenteeism, accidents, and performance?

-- To what extent do EAP programs successfully treat these off-the-job factors and reduce absenteeism and accidents, and improve job performance?

Significance

These three questions should be important to management, the union, and to coal miners. To the extent that accidents can be reduced, all parties benefit. To the extent that EAPs can reduce absenteeism not legitimated by the labor-management contract, work will run more smoothly with less chances for accidents. To the extent that EAPs can make firms more productive and more competitive, there will be greater employment security for all employees.

At the time this contract was initiated, there was only one major EAP in the coal industry -- the HELP Program. While there was interest in EAPs, there was no formal study of the feasibility of EAPs for coal companies. Also, most firms have dealt with various off-the-job problems, but very few had considered formalizing the EAP process. Therefore, a study which examines the feasibility of EAPs in the coal industry is an important activity. EAPs have grown rapidly in other industries. They have not proliferated in underground coal mines. This investigation should assist managers and union officials in assessing whether EAPs should be introduced in different parts of the coal industry.

*** THE NATURE OF EMPLOYEE ASSISTANCE PROGRAMS

The purpose of this section is to give the reader a detailed sense of what EAPs are and how they operate. To accomplish this, the section will be subdivided into two subsections. The first subsection provides a brief history of EAPs. This subsection is organized around a discussion of five themes that appear to have been particularly important to the growth of the EAP concept during the past 20–25 years. The second subsection focuses on the design issues important to the development of a new EAP. This subsection is organized around clusters of decisions that must be resolved in the planning of a new EAP. It concludes by providing an example of one of the few EAP programs in underground coal mining.

BRIEF HISTORY

EAPs appear to have evolved from industrial alcoholism programs, which gained credibility in the 1940s with the development of such programs in a number of industrial companies such as DuPont, Eastman Kodak, and Allis Chalmers, and with the establishment of the Center for Alcohol Studies (now at Rutgers University) in 1941, and the National Council on Alcoholism, in 1944. Further growth was slow, however, until the 1960s, (1).[2]

During the period from the 1960s through the 1970s, at least four important themes have been associated with the development of industrial alcoholism programs and their evolution in today's EAP. Some of these themes might be thought of as directly related to development and growth of EAPs, while others have had more indirect effects. Our purpose, however, is not to assess the relative importance of each theme as a "cause" but, rather to provide some sense of the social context within which the number and diversity of EAPs increased rapidly. A more detailed discussion of the history of EAPs can be found in Trice and Beyer (2).

The four themes are as follows:

1. the change to a medical model of alcoholism;
2. increased interest by the Federal Government;

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[2] Underlined numbers in parentheses refer to items in the list of references preceding Appendix A.

3. increased interest from unions; and

4. an increase in the number of providers of occupational programs.

The Changing View of Alcoholism

The traditional view of alcoholism was to consider it to be a sign of, or an outcome of, "moral weakness." Such a view implied that people who acquired alcohol problems could be stereotyped as Skid Row bums. Although the evidence suggests that fewer than 3 or 4% of the individuals with alcohol problems actually fit the Skid Row image, the image persists, (3). The effect of such an image may have been to "block action by both managerial decision makers and first-line supervisors on attempting to resolve these problems.

The development of "the disease concept of alcoholism" marked the beginning of a shift in views. This position argues that many forms of alcohol abuse could be better understood, diagnosed, and treated if it were viewed as a disease. The implication here is clear. Any person could become an alcoholic if exposed to certain causes, and alcoholism could be treated. Whether alcoholism actually is a disease is still an unanswered question. The key point, however, for the present discussion, is that as this view has gained acceptance among the general public, so has the belief among the general public that alcoholism can be treated. This, in turn, may have contributed to the increased interest among companies to provide means by which their employees could obtain treatment.

Increased Interest by the Federal Government

Federal interest in the effect of alcohol abuse on the job was demonstrated in 1971, when the Occupational Programs Branch of the National Institute of Alcohol Abuse and Alcoholism took as its target population the employed problem drinker, and provided funding for work-based treatment efforts, (4). An important aspect of this focus involved a shift in emphasis of occupational programs from a singular focus on alcoholism to the broader set of personal, social, economic, and behavioral problems. Trice and Belasco (5) argue that the "broad brush" strategy was a response to data that suggested that the more encompassing definition of

"problem" would receive more support from supervisory employees than the traditional narrow focus on alcohol related problems. It may also be the case that the changing view of alcoholism, addressed above, sharpened the belief that alcohol problems were often interrelated with other off-the-job problems.

Although some companies had programs that were essentially broad brush in scope before 1961, it would seem as though this federal initiative was very important in legitimating and promulgating this strategy.

Increased Interest from Unions

The third development, which began in the mid-1960s and gained impetus in the mid-1970s was the involvement of unions. Union involvement took two forms. Some unions initiated their own programs, others joined with management to set up programs.

Increase in the Number of Providers of Occupational Programs

The fourth major theme concerns the increase in number of individuals who administer EAPs or who provide counselling service. Trice (6) argues that such individuals (or change agents) have appeared in large numbers in both companies and in unions, and also as external practitioners. To him "their goal was to encourage, facilitate and help implement the development of explicit drug-abuse policies and programs, especially for alcoholism" (page 184). On the company side, Trice (6) noted that such agents could be attached to the personnel or the medical departments, often came from managerial or industrial relations backgrounds, and occasionally were recovered alcoholics. Also discussed was the growing role of third party providers. These agents were both public and private sectors in origin, and tended to be concerned with the provisions of services (to be discussed later) to a wide complement of organizations.

Summary

Many forces have been important in the evolution of EAPs from the older industrial alcohol abuse programs. The changing definition of alcoholism provided a basis for medical treatment. Initiatives by the National Institute of Alcoholism and Alcohol Abuse introduced the concept of the broad brush program to focus on off-the-job problems other than just alcohol abuse. Union involvement, both unilaterally and in concert with management, has probably legitimated EAP type programs to the workforce. Finally, the presence of a growing number of persons and agencies that are in the business of providing EAP type services may have helped meet the interest induced by the other thematic developments.

To be certain, the historical view just presented is only a capsule summary, and we acknowledge that it has not addressed all of the historical and social nuances that may have been active in the recent growth of interest in EAPs. The reader who wishes a more detailed discussion might consult Trice and Beyer (2). It is also the case that a substantial literature about EAPs exists. Appendix A provides an annotated bibliography for the reader interested in pursuing this literature.

DESIGN DECISIONS

There is no one form of EAP. There are many possible designs. In this section we present a series of design decisions that must be considered in setting up an EAP or in evaluating whether a current EAP needs to be revised. The major decisions phrased in question form are the following:

- What are the goals or objectives of the EAP?
- What is the target population for EAP services?
- What are the scope of services to be provided to the target population?
- How do we organize the EAP effort from the point of view of the organization receiving the services, and the delivery system providing these services?
- What services will be directly provided by the EAP organization? What services will be provided by outside vendors (e.g., hospitals)?

- What is the appropriate location for the delivery of EAP services?
- What is the role of the union in setting up the EAP?
- How does the EAP link with other corporate policies or plans in the human resource areas?

Design 1 - EAP Goals

We assume that companies and unions initiate EAPs with some goal or rationale in mind. There are a number of possible objectives we have identified and they include: (1) to reduce absenteeism and to improve productivity; (2) to reduce accidents and absentee costs (3); to provide a device by which individuals with personal problems can be disciplined or removed from the work force; (4) to provide a personal benefit to employees that is consistent with other employee benefits; and (5) to improve employee well being.

The first two goals of EAPs focus on performance criteria and represent the most public reasons for adopting an EAP. To the extent that EAPs reduce absenteeism, accidents, and contribute to better performance, they would be viewed as "desirable" new organizational programs. Indeed, most of the evaluations of EAPs focus on these performance criteria. We separated these factors into accident and nonaccident criteria only because some managers and union officials view the programs primarily for reducing accidents and associated medical costs, while others focus on other criteria such as absenteeism or productivity. It is clear that all these performance criteria may be important.

Another rationale for EAPs is that they provide a formal device for dealing with disciplinary problems brought on by alcohol, drugs, and other related factors. Consider the issue of high absentee employees. We have studied the topic of absenteeism throughout the coal industry. We have found wide variation in absentee rates, types of absenteeism, and how companies manage absenteeism. While most companies have absentee control plans, we have found very few cases that these plans have been effective in managing the high absentee employee. The existence of an EAP provides a new mechanism for managing these cases of

problem employees. Consider again the high absentee employee. After a series of discussions over time with this employee about absenteeism, the individual is confronted with the choice of entering the EAP or terminating. This is an important choice because it gives the individual the opportunity to hold on to his or her job and it introduces an impartial third party who has the resources to get at the cause of the absenteeism problem, which may either be on-the-job or off-the-job. Absentee control plans are necessary parts of any absentee programs but they do not get at the cause of absenteeism. The EAP provides a nonadversarial way to get at the absentee problem or other related disciplinary problems. A number of action alternatives may come from the EAP. The causes of the absentee problem may be chronic or uncontrollable, and it may not be appropriate for the individual to remain in the firm. Or, the causes of absenteeism may be resolvable, and the individual would remain in the firm as long as he or she continued in the EAP program and continued to improve in the absentee area.

The basic reasons why EAPs are good devices for dealing with disciplinary problems is that they (1) require the firm to formally state policies to deal with cases concerning absenteeism, alcoholism, drug abuse, and so on, and (2) provide a neutral third party to help employees with the causes of these problems. The existence of the two public factors should make terminations or disciplinary action more legitimate in the eyes of employees, the union, and through other parties such as arbitrators.

Some companies consider EAPs as logical extensions of their fringe benefit programs. From this point of view, the company is likely to be concerned with the degree to which the program is likely to be seen by the workforce as an attractive addition to the total compensation plan (wages plus fringe benefits). Attractiveness is likely to be determined partly by the company's perception of the need for such program (perhaps based on general estimates of the frequency, severity and types of off-the-job problems experienced by the workforce, and the availability of treatment in the community), partly on whether other local area employers have such programs, and partly on the impact that such a program may have for

maintaining or improving employee relations. For example, medical plans (e.g., Blue Cross or HMO's) are typically important parts of a total compensation plan because they are perceived as important by the workforce, and they may be critical in attracting or retaining employees. Further, the cost to the employer is typically relatively small compared to the benefits derived in retaining or attracting employees.

Consideration of an EAP as part of the general benefit program is different from the above two reasons in that the company does not a priori expect to observe specific improvements in absenteeism, performance, or the cost of medical insurance, but that it would expect to observe some improvement in the recruitment and retention of employees and in general employee relations.

Finally, some companies simply believe that an emotionally healthy workforce is an appropriate goal in its own right, and achieving this goal via the expense of an EAP is a legitimate and proper business expense. From that point of view, an EAP may help achieve a healthy workforce for two reasons. First, knowledge by employees that it is "in place" and available for use if needed may reduce stress felt by some employees who are exposed to the potentially devastating effects of off-the-job problems. The second reason is that the services, when needed and used, are beneficial to the employees.

Summary

The first design decision in the planning of an EAP is the determination of the purpose or rationale for the program. Five such rationales were presented and discussed. In practice, a company may select one or some combination of these goals. Regardless of what goals are selected, the choice will affect how one designs and evaluates the EAP.

Design 2 - Program Scope

There are two major dimensions of program scope. First, one needs to decide on the target population for the program. The second decision concerns the areas covered by the program.

Population. An EAP can be designed for employees only, employees and immediate family, or employees and general family members (immediate and more distant). The decision on which population to select is based on the following considerations:

The cost of the program. Employee only programs are probably less expensive.

The effect of family members on employee performance. While most studies on EAPs suggest there can be a link between family related problems and on the job performance, we believe that this issue needs to be resolved on a mine-by-mine basis. For example, in mines with primarily a young, single work force, family related problems are likely to be less important and therefore, the inclusion of family members, less relevant. On the other hand, in mines with young married employees with children, there are likely to be family, marital, and children related problems that affect employee job performance. In our study of the coal industry, family problems are one of the most frequently mentioned off-the-job problems.

Another issue concerns whether the population should be composed of management, union, and/or self-referrals. The word "referral" concerns who can initiate a first contact with the EAP. Typically, there are three possibilities: the client may initiate contact on his/her own (self-referral), the firm may require that an employee use the program (company-referral), or a labor organization may initiate the contact (union-referral). In practice, most programs include all three forms of referrals.

To put the question of the type of referral in perspective, let us note the following at one EAP in the coal industry, the data suggest that nearly half of the program clients were family members, and that of the employees using the programs, about half did so on a self-referral basis. That is, only about 25% of the clients were management-referred employees. In another EAP in mining (noncoal) 15% of the participants came from direct management referrals (personal discussion with management at Kennecott Copper). The rationale for the program appeared to be at least partially based on a benefit-cost perspective, which would tend to emphasize management referral. This data suggest that the ambient demand for EAP

services provided by these programs may have been much greater than would have been estimated from managements' referrals. In these cases, a good argument could be made for permitting both company and self-referrals.

Target Areas. There has been a traditional distinction between EAP programs targeted to a specific area (e.g., alcoholism) and broad brush programs. The latter provides various services for all or most of the following types of problems: alcohol dependency, marital and family problems, drug dependency, legal problems, emotional problems, and financial problems.

The question we address here is for what set of these problems will the EAP be designed? Will the program be specific or broad brush?

The tradeoff between a problem-specific program (almost always focused on alcohol problems) and one which is broad brush is relatively straightforward. The broad brush approach is usually more expensive, and may often devote resources to problems that are observed only rarely in the workforce or may not be directly related to problems at work. Alcoholism programs have a considerable history, and the technology of alcoholism treatment may be better understood than the treatment of other problems. Further, alcohol treatment may be seen as a legitimate activity for management concern, while management interest in other problems may be seen as "meddling."

The advantages of a broad brush program is that the company has a general system available to deal with any of a number of related problems. For example, marital problems and alcoholism may occur simultaneously. Another advantage is that a problem which may have an initial diagnosis of dependency may evolve into a broader set of problems.

There exists no hard guidelines to help the company choose between specific and broad brush approaches. Clearly, the choice is somewhat dependent on the rationale for the program. For example, a program whose purpose is to foster a well-adjusted workforce would probably be broad brush in structure. A second factor that would be important is the expected

frequency of certain problems in the client population. For example, if it were known that a high proportion of the workforce consisted of young married couples, it would seem reasonable to expect that marital and family problems may be quite common in the client population. In that instance, a broad brush program may be more appropriate.

Summary

Most EAPs we reviewed include both employees and immediate family members. These programs permit referrals from management, union, and self-referrals. Self-referrals are an important measure of the degree to which the EAP is accepted and utilized by the employees. In a program we reviewed, employees included exempt and nonexempt personnel.

Most EAPs we have reviewed provide a broad brush program. Basically these programs acknowledge that there are many interrelated off-the-job problems that affect on-the-job performance.

Design 3 - Organization of EAPS

Once the objectives of the EAP have been established and the population and scope of the program determined, the next step is to decide on the organization of the EAP program. There are a number of organizational decisions. First, the program could be organized at the mine, corporation, or consortium level. The rationale for setting up the organization (including goals and policies) at the mine level would be that off-the-job problems are very prevalent at the mine (compared to other mines in the company) and the mine in terms of size, region, or technology is different from the other mines.

Most EAPs are set up at the corporation level. The issue is simply that EAPs should be available to all employees, the incidence of off-the-job problems probably appears in all mines, and that a centralized policy and program design probably provides better delivery of services and control of costs.

Some companies have organized EAPs at the consortium level. This means that different

corporations fund, manage, and control a common EAP. This design occurs when a particular company's mines are spread over diverse rural areas, but in any one area there are a concentration of mines from different companies.

The next organizational decision concerns who will provide what program services. The "who" refers to whether the services will be provided by the company or an outside vendor. The services refer to activities such as initial diagnosis, referral, treatment, monitoring follow-up, and training.

A basic decision concerns the degree to which the company will become involved in actually providing program services. For example, it may decide to develop an in-house program, to contract with an existing program or to obtain the services of an outside vendor to develop a new program. The relationship between the company and the outside program is similar to this relationship of a company to the provider of any other personnel benefit vendor, such as a medical insurer. For example, if a company purchases a group health insurance plan through Blue Cross, the company neither delivers medical services nor does it process insurance forms (beyond a basic level, perhaps). On the other hand, a company may decide to self-insure its medical benefits, in which case it is actively involved in certain screening and processing functions. Yet a different example is an organization that has its own medical facilities for providing most forms of medical treatment (perhaps the best example here is the U.S. military), in which case the organization is actively involved (through its medical unit) in the actual delivery of most services.

There exist a number of providers of EAPs, some of whom are highly localized (e.g., one of the hospitals in the Pittsburgh area markets an EAP for Pittsburgh area companies), and some of whom are national in scope (e.g., Human Affairs, Inc.).

Most vendors of existing programs offer a relatively standard package available on a cost per employee, per year basis. A standard plan can be thought of as one which has limited flexibility in choice of the "options" available to fine tune the program to the company's or

the union's specific needs. That is, the plans' features are often limited. Such plans however, require very little additional burden to the company or the union in the sense that no additional personnel need to be hired to administer or deliver the program. Indeed, as noted above, the company may view the EAP as just another company benefit plan, and within that context, purchases and minimal administrative overview are typically provided by the same unit within the company that handles other benefits.

Some companies, either because of size, resources, location, or beliefs about what ought to be included in a program, choose to develop programs that are almost completely in-house. Such programs may be very specifically fine-tuned to the company's needs. Clearly, however, they can also become quite expensive and specialized types of outside services (.e.g, detoxification) may still have to be purchased from outside vendors.

Based on the relative amount of services provided by the company and by outside vendors, we can point out at least four different types of EAPs. These four are as follows

Consultation Model

Inhouse services: establish the credibility of the program; provide information aimed at problem identification; provide time-off for employee and supervisor training and awareness programs.

Outside services: all problem identifications; all intakes and initial problem assessment; all counselling and other treatment; all referrals; all follow-ups.

Assessment-Referral model

Inhouse services: (in addition to the services noted in the consultation model) identify the existence of a client's general problem; provide general referral to a category of outside services; keep informed on client's progress; primary prevention training.

Outside services: specific problem identification; all counselling and other treatment; all referrals; all follow-up.

Limited treatment model

Inhouse services: (in addition to the services noted in the assessment-referral model) identify the specific nature of client's problems; counselling for more minor problems and referral to specific treatment agency for more important problems; primary prevention.

Outside services: treatment for all but more minor problems; follow-up.

Full treatment model

Inhouse services: (in addition to the services noted in the limited treatment model) provide all but highly specialized treatment; follow-up.

Outside services: provide highly specialized treatment services.

The consultation model implies a commitment on the part of the company in terms of certain activities that will be provided by the company, in terms of the staff necessary to provide these activities, and in terms of the cost of the program. These types of programs are typically operated from a personnel office.

As the degree of company involvement increases, so does its commitment to, and investment in, the program. In essence, the company must be willing to develop a separate function with its own staff, space, and budget. Those companies that adopt full-treatment models are typically very large, and frequently place the EAP organization within the general area of responsibility of an existing medical department. The shift of locus from benefits or personnel to the medical department has several implications. First, the maintenance of confidentiality should be less of a problem because of the traditional doctor-client relationship. This may be offset, however, by the "visibility" or use of the program that occurs because of

a visit to the medical department. A second issue is more subtle. Physicians, who are likely to be involved in the providing of the EAP services may be predisposed to treatment modes that are medical in nature, although many of the problems that individuals may have may be more amenable to psychological treatments (or combined medical-psychological modes).

Two important caveats need to be mentioned. The first is that as company participation in the administration of the program increases, so do potential problems concerning the legitimate expectations of employees that their participation in the program remain confidential. That is, to the extent that persons within the firm have knowledge of who is in the program and what their course of participation in the program is, so is it that increased safeguards on access to this information must be effected. The second caveat is that administration of the sort needed by the "greater involvement models" requires specialists who may be difficult to employ or retain, or who may not have sufficient skill flexibility to engage in other company activities (e.g., administering other benefit plans) if their time is not fully utilized by EAP administration.

In general, it would appear as though the cost of higher-involvement programs is greater than the cost of lower-involvement programs. In addition to the cost, however, it may be the case that individual's use of a program may be reduced because of the potential client's belief that off-the-job problems are not things that they wish to share with any member of the company, even if they have a technical guarantee of confidentiality.

Summary

Most of the programs we have reviewed are the assessment-referral or limited treatment model.

Design 4 - Location

The physical location of the program is another important decision in the design of the program. Programs can be located on the company facilities or at an off-site. Some costs can be reduced by using existing on-site facilities such as a medical office. Also, if the

program operates at the work site, problems in commuting to the program are minimized. On the other hand, the operation of an EAP on the work site would reduce to some extent the confidentiality required for effective EAP operations. This is particularly true for self-referrals who represent, from some of the data we collected, a fairly large portion of potential EAP clients.

Summary

There are both instances of on-site and off-site locations for EAPs in the mining industry.

Design 5 - The Role of the Union

The position of the union can affect the degree to which employees use the EAP program and the overall effectiveness of the program. Firms vary in the extent to which the union gets involved in the design of the program. In some instances both parties can be involved in the inception and design of the program. In other instances the company designs the program and provides the union with information about the programs and seeks to elicit the union's cooperation. The extent to which the union becomes involved seems related to the nature of the general relationship between the company and the union.

Summary

There are instances of union initiated EAPs and management initiated EAPs. Management initiated programs which provide the union leaders and members' information about the objectives and operations of an EAP represent the most common arrangement.

Design 6 - Relationship To Other Policies

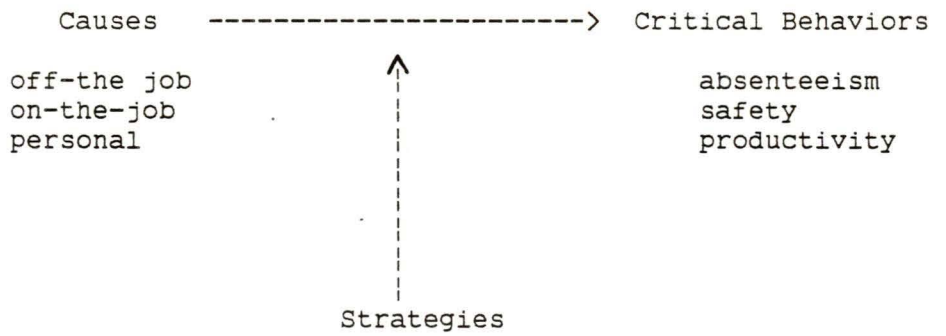
The introduction of an EAP affects other aspects of a company's human resource system. The operation of an EAP affects company policies about absenteeism, discipline, alcoholism, and drug usage. In designing a program, these policies need to be consistent with the thrust of the program. An EAP program also affects company medical benefit plans, since many of the referrals from an EAP require such service. Therefore, in designing a program, medical programs need to be reviewed to reflect the activities of an EAP.

UNDERSTANDING THE EFFECTIVENESS OF EMPLOYEE ASSISTANCE PROGRAMS

The purpose of this section is to provide a framework for understanding the effectiveness of Employee Assistance Programs. The basic structure of this framework rests on three classes of variables--critical behaviors, causes, and strategies. Critical behaviors in the context of this research concern absenteeism, safety, and productivity. Absenteeism refers to whether employees come to work on scheduled production days. Safety behaviors refer to safety practices such as testing the roof, wearing protective glasses, and safety events such as accidents. Productivity refers to tons of coal produced over some resource factor such as time. Causes represent those factors that cause or determine the critical behaviors. That is, those factors that create greater or lower levels of absenteeism, accidents, or productivity. There are three general types of causes--off-the-job factors, on-the-job factors, and personal factors. Strategies represent those factors that affect the cause of the critical behaviors. In the context of this study, the strategies affect the causes in order to improve absenteeism, safety, and productivity.

Figure 1 diagrams the relationships among these three classes of variables.

FIGURE 1. - Causes, strategies, and critical behaviors



The basic assumption is that different causes require different strategies. Unless the strategy fits the cause there will be not changes in the critical behaviors. This point will be elaborated below.

Figure 2 catalogs some of the different causes of the critical behaviors. On-the-job factors refer to causes that are related to the job or organizational contexts. Off-the-job factors refer to factors that occur generally outside of the job and organizational context. Personal factors refer to attributes that are unique to the individual whether they are at work or outside of work.

FIGURE 2. - Factors affecting critical work behaviors

FACTOR	CRITICAL BEHAVIOR
ON-THE-JOB	
Supervision	
Pay Systems	
Organizational Goals	
Communication	
Job Stress	ABSENTEEISM
Authority	
Labor-Management Relations	
Physical Conditions	
Policies	
OFF-THE-JOB	SAFETY
Family Problems	
Marital Problems	
Financial Problems	
Legal Problems	
Alcohol Abuse	PRODUCTIVITY
Drug Abuse	
PERSONAL	
Skill	
Ability	
Motivation	
Tolerance for Stress	
Personality	

Under on-the-job factors there are a variety of causes that can impact any of the critical behaviors. Poor supervision can increase absenteeism, accidents, and lower productivity. Poor labor-management relationships can have the same effects. Job stress can directly increase absenteeism as a way of reducing stress.

There are also a variety of off-the-job factors. Family or marital problems can increase accidents as the employee becomes less vigilant in his or her work habits. These off-the-job factors can increase the level of stress experienced by the employee which can also lead to absenteeism. Alcoholism and/or drug abuse can affect any of the critical behaviors.

Personal causes refer to unique characteristics of the individual which affect the critical behaviors. Differences in individual ability, skill, and motivation can be associated with absenteeism, accidents, or low performance.

The rationale for identifying different causes of the critical behaviors is that certain strategies are more effective in dealing with off-the-job causes than with on-the-job or personal causes. Figure 3 lists strategies by on-the-job, off-the-job, or personal causes.

FIGURE 3. - Strategies for managing critical behaviors

ON-THE-JOB STRATEGIES

Supervisory Training
Feedback
Absentee Policies
Job Redesign
Absentee Plans
Bonus Systems for Attendance, Performance
Team Building
Quality of Work Life Programs
Safety Programs

OFF-THE-JOB STRATEGIES

Selection
Employee Assistance Programs
Medical Programs
Flextime
Transportation Programs

PERSONAL

Selection
Employee Assistance Programs

There are a number of important observations that can be drawn from Figure 3. First, there are a large number of different strategies available under the on-the-job or off-the-job categories. Second, while there are a large number of strategies, the effectiveness of any strategy depends on the nature of the cause. For example, if poor supervision contributes to absenteeism, then supervisor training, rather than job redesign, would be a more effective strategy. That is, the strategy must fit the cause.

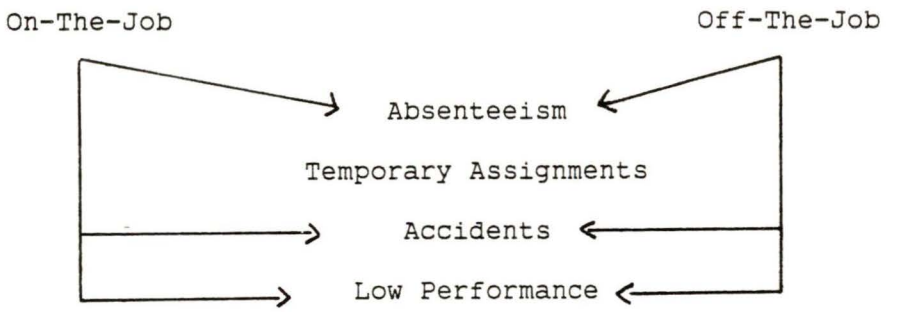
Figure 4 illustrates the issue of relating the strategy to the cause. If high absenteeism is caused by on-the-job factors, then on-the-job strategies should be implemented. If high absenteeism is caused by off-the-job factors, then off-the-job strategies should be used. The third issue which follows from the above discussion is that EAPs appear as strategies in the off-the-job and personal categories. This means that if the critical behaviors are affected by on-the-job causes, then EAPs will be a less powerful strategy. However, if the cause of absenteeism is primarily off-the-job, then EAPs may represent a desirable strategy. The important point is that EAPs are not a general strategy for improving critical behaviors; EAPs work on certain causes of off-the-job behaviors.

FIGURE 4. - Fitting strategy to cause

Critical Behavior	Cause	Possible Strategies
	CASE A	
High absenteeism...	On-the-job factors...	Supervisory training Interview feedback Absentee policies
	CASE B	
High absenteeism...	Off-the-job factors...	Selection Employee Assistance Programs

Figure 5 summarizes the basic relationships in the framework elaborated in this discussion.

FIGURE 5. - Relationships among external factors and the critical behaviors



The implications for this framework for the objective of this research --to examine the feasibility of EAPs in the coal industry--should be apparent. Our first task is to demonstrate the existence of off-the-job causes. We refer to this as determining the prevalence of the off-the-job factors that might contribute to the critical behaviors. After the frequency of these factors have been identified, we need to determine the extent to which they affect the critical behaviors.

There is not a 1:1 correspondence between the existence of a factor and its impact on one of the critical behaviors. For example, an individual may experience family or marital problems, but these do not necessarily have to impact on the critical behaviors. The task is to determine the extent to which these factors affect the critical behaviors. The next two sections in this analysis focus on prevalence and the extent to which these affect the critical behaviors.

*** PREVALENCE

The purpose of this section is to determine the prevalence of off-the-job factors that might affect on-the-job "performance" defined in terms of absenteeism, safety, and productivity. Our focus, of course, is only on underground mining. That is, we want to determine the prevalence of these factors for that work population. The reason for assessing prevalence is that it will help us evaluate the feasibility of EAPs for the coal industry. If prevalence is low and not related to the critical work behaviors, then the argument for EAPs is less compelling.

Measuring and assessing prevalence is complicated. There are four major reasons why it is difficult to assess prevalence. First, issues of social desirability cloud any measurement of prevalence. Most of the off-the-job behaviors we have focused on concern "inappropriate social behaviors" such as alcoholism and drug abuse. Behaviors such as these are typically underreported because they are not socially desirable. That is, people do not want to talk about these behaviors. Second, even if people were willing to state what they know about the frequency of these off-the-job behaviors, it is still difficult to know whether their estimates are accurate or valid. That is, since people with alcohol, drug, or marital problems are likely to hide any of the manifestations of these problems, it may be difficult to accurately estimate their occurrence even if other people (e.g., supervisor) were willing to talk about it. Third, when assessing prevalence data we are examining low frequency events. That is, we are talking about events in the 5% range, say for problem drinkers as opposed to 90% of the population. Given the low frequency phenomena it is probably harder to detect the existence or prevalence of these off-the-job behaviors. The last point concerns the aggregation issue. There is a tendency in reporting prevalence information on topics such as alcoholism to focus on aggregate levels such as the industry level or national level. Our experience is that aggregation clouds a lot of important variation at the mine level. That is, although we might report 5% of the industry exhibits a particular off-the-job problem, the range at the firm level might be quite great. This point suggests we should look at the range, as well as the average prevalence, of the phenomena under investigation.

DEFINITION

Prevalence refers to the frequency of occurrence of off-the-job factors that may affect on-the-job performance. The frequency is generally presented in percentages reflecting the number of people in a particular work force, exhibiting a particular off-the-job behavior (e.g., alcoholism). We distinguish between two types of prevalence measures (1) the percentage of the work force exhibiting these behaviors, and (2) the percentage of the work force exhibiting these behaviors that may affect work performance. The critical distinction between the two types of prevalence is that the latter concerns incidences that affect on-the-job performance.

This percentage should be lower than the former, which simply reflects incidences that occur in the work force.

The concept of off-the-job behaviors needs to be delineated in order to place the prevalence concept in operational form. For this study we have selected the following off-the-job behaviors: alcoholism, drug usage, marital and family problems, emotional problems, and financial and legal problems. Alcoholism and drug usages were selected because they are the most common forms of substance abuse that may impinge on job performance. While we have arbitrarily defined these as off-the-job behaviors, we do acknowledge these substance abuses can occur on-the-job as well. Family and marital problems focus on husband-wife problems and problems with children or other dependents. Emotional problems refer to psychological problems such as depression, stress, low self-esteem, and so on, which may affect on-the-job performance. Financial and legal problems refer to topics such as high indebtedness, wage garnishments, problems with the law, and so on.

We selected these dimensions because these are areas covered by EAPs in other industries. There is information that they impact on-the-job behaviors. It is clear that these dimensions are not independent from each other. For example, marital problems may lead to alcoholism which may, in turn, lead to legal problems, or alcoholism could lead to marital problems which could in turn affect legal problems.

METHODOLOGY

Data for the prevalence investigation came from a national study conducted by the Carnegie-Mellon Coal Research Program and from record data of an EAP in coal mining (the HELP Program). The study was administered on an interview basis in 26 mines located in the eastern, midwestern, and western coal fields.

Firm Level

The sample for this study was drawn at three different levels. First, we drew a sample of 17 mining companies. The objective was to contact firms that: (1) were major producers and opinion leaders in the industry, and (2) had multiple mining operations. In selecting firms we also wanted to reflect geographical diversity. Our decision was to focus on eastern, midwestern, and western coal fields.

The following firms agreed to participate:

- Amax Coal Company
- American Electric Power Company
- Bethlehem Steel Corporation
- Consolidation Coal Company
- Eastern Associated Coal Corporation
- Getty Oil
- Island Creek Coal Company
- Jones & Laughlin Steel Corporation
- Kerr McGee Coal Corporation
- Monterey Coal Company
- North American Coal Corporation
- Pennsylvania Mines Corporation
- Pittston Company
- Rochester & Pittsburgh
- Valley Camp Coal Company
- Westmoreland Coal Company
- Zeigler Coal Company

A cursory examination of the above list of firms indicates they are (1) some of the major producers of underground coal, (2) some of the major innovators in both the technical and human resource area, and (3) representative of different types of ownership. Some are

independent coal companies, others are coal operations in an energy company, and others are coal operations in a utility company. Only two firms refused to participate. From our knowledge of the coal industry and these two firms' relationships to that industry, there is nothing to indicate that the exclusion of these two firms would affect the results and generalization from this report.

Our agreement with each firm was the following: For access to interviewing and company records we would provide a summary of our study to the firm as well as any technical papers from our project.

We also needed to secure union cooperation for this study. Contacts were initially made at the international level and later with individual districts. In discussions with the union we outlined the purpose of the study and then detailed the specific methodology for data collection. Two key attributes of our work were discussed in detail. First, participation in the study was voluntary. That is, we only wanted people to participate who were interested in the study. Second, all data were considered confidential whether it came from interviews, company records, or any other sources. This means that no information would be presented in any reports that identified individuals, work groups, or the company.

These two rules were particularly important because they contributed to the high level of participation in this study. After approval was achieved at the district level, a presentation was made to the local union officers. Only after these individuals were briefed and agreed to participate was a particular site secured.

To review, the sampling of firms was designed to select influential firms who had multiple operations. Seventeen out of nineteen companies agreed to participate in this study. We think this high level of participation reflects their interests in human resource problems in this research program. Union support for the study was also an integral part of our design. We viewed our role as third party researchers requiring the support of both management and union. We received support from all three levels of the union -- international, district, and local. In no case did any district or local refuse to participate.

Sample - Mine Level

For each firm we asked for a list of all their underground mines in the geographical areas we selected. The list included mine names and their characteristics. Our exclusion rule was not to select mines that (1) were to be closed down (within 1 - 3 years), (2) were just starting up (within 1 - 3 years), and (3) were primarily on the "spot" market. That is, we did not select mines where there was a lot of volatility about demand for their product.

We selected mines on criteria such as size, geographical area, and types of technology. Very few of the mines were small in size (less than 100 employees) so the low end of mines in our sample was between 100 to 250. Medium size mines were in the 250 to 400 range, and a group of the mines were in the greater than 400 category. The general rule for geographical location was to find mines in the eastern, midwestern, and western coal fields. The more specific rule was to get multiple mines within the same UMWA district. Since we had to get permission from the companies and union to do our study, there were economies of scale in identifying mines within UMWA districts. The following districts were included: 2, 4, 12, 17, 22, 28, and 31.

Totally we sampled 26 mines. The geographical distribution of these mines appear in Table 1. While we covered three of the major coal areas in the United States, we obviously selected more from the eastern coal fields. The reasons for that were (1) the major companies we selected had more mines in this area, and (2) we wanted to control travel costs. Sending an interviewing team to a mine is a costly undertaking.

TABLE 1. - Distribution of mines by geographical area

Category Label	(%)
Pennsylvania	23
Virginia/West Virginia	42
West	15
Illinois	19
	100

Table 2 shows the distributions of the mines by size. Again, we drew a representative sample of mines from the population of mines represented by our 17 companies. But the distribution of size obviously is not representative of underground coal mines in the United States. For example, there are large numbers of small mines (e.g., under 100), managed by independent - family operators. We intentionally did not go after this group for several reasons which are listed below.

TABLE 2. - Distribution of mines by size

Category Label	(%)
< 250	31
250 - 400	31
> 400	38
	100

1. There was nothing inherent in the size of a mine that was important for some of our research questions.
2. This type of mine was not likely to be an opinion leader.
3. It was more efficient to work with the companies in our sample since they had multiple operations (few mines under 100) and one presentation for participation might generate several mines.

Table 3 shows the distribution of mines by type of technology.

TABLE 3. - Distribution of mines by type of technology

Category Label	(%)
Conventional/Continuous	8
Continuous Only	46
Continuous/Longwall	46
	100

All the mines had continuous mining operations. There was one mine that had primarily conventional technology but, this type of equipment was being phased out.

Since this study was conducted over a four year period, we present the year data was collected from each mine. It is important to distinguish between the data we collected and company record data (e.g., absenteeism). In all cases we collected interview data at only one point in time. Record data for any mine may have covered multiple years.

Sampling Within A Mine

The procedure for sampling people at a mine was affected by the following rules: (1) Because of the nature of our research question, our primary focus was on the underground crews (vs. cleaning plant people). (2) Most firms wanted us in and out as quickly as possible, and (3) One-on-one discussions are expensive, so we needed to limit the number of people in our sample per mine. Given these constraints, we first obtained a list of all production crews by section and shift. In each mine we attempted to interview at least 12 - 14 crews. In some mines this meant we interviewed all crews. In large mines typically this meant we talked with 50% of the crews. When we sampled crews the first strategy was to sample within a section so we got all the interdependent crews. The second strategy was to pick sections that varied in terms of physical conditions. Additionally, we looked for sections that varied in terms of productivity.

Once the sections had been selected, a schedule was created that assigned interviewers to a crew. The rule was to interview all of the crews in a given section, so interviewing occurred

across all the production shifts. In each crew the interviewer worked with the crew foreman in identifying interviewees. The rule was to talk to a representative sample of the crew. This meant interviewing at least one person from the major jobs. So it was better to interview one car person and one bolter than two bolters. This procedure worked fairly well as we generally were able to interview one person from each job category. Table 4 shows interviewees by job category.

TABLE 4. - Interviewees by job category

Category Label	(%)
Miner Operator	11.53
Miner Helper	6.63
Roof Bolter	17.02
Roof Bolter Helper	4.54
Shuttle Car Operator	19.32
Mechanic/Electrician	11.17
General Inside	8.94
Scoop Operator	2.31
Face or Utility	4.11
Outside Job	.43
Supply Man	.94
Boom Man	.94
Shot Fireman	.58
Brattice/Ventilation	.65
Pan Loader	3.10
Shearer	1.80
Shearer Helper	.22
Jack Setter	.36
Chockman	.14
Longwall Utility	.94
Tailgate/Headgate	.29
Longwall Mechanic	1.59
Rockminer	.22
Other	2.23
	100.00

It is important for the reader to know that the sample was affected by the realities of the mining operation rather than by sampling theory. While we had clear sampling rules, the day-to-day events of production and safety concerns affected what happened. If there was a roof fall and the foreman needed manpower, the interview stopped. If a federal inspector wanted something done, our work was affected. We agreed to go into a section only once a shift. In most cases this meant a full 8 hours of interviewing. There were times when that was not true.

The actual interviewing time varied in terms of the length of the interview and the respondent. Different interviews were used for different mines because the research questions varied. However, in all cases, there were some common core items. In general, interviews lasted between 45 - 60 minutes. At this rate, given time to travel in and out of the section and time for lunch, we interviewed a maximum of 6 or 7 people per crew per shift. We interviewed up to 14 shifts per mine. The total interviews per mine were in the 70 - 80% range

Interviews were also conducted with foremen and senior managers at the mine. The purpose of these interviews were to obtain descriptive information about the technological, organizational, and management policies of the mine as well as prevalence data.

The Interview

Data for this research program were gathered from a structured interview. Typically, this interview was administered on a 1:1 basis in the back area of a mining section. The time for an individual interview was approximately 45 minutes to an hour.

The interview was selected as the principle data collection instrument because we wanted to maximize the respondent's motivation to participate and to produce quality information. Mining has its own particular culture. We are outsiders in that culture. So it appeared that a personal interview in the workers' own territory (i.e., the mining section) would maximize the quality of the data. We rejected a mail self-administered questionnaire outside of work time because of a low expected response rate. Also, we rejected a self-administered questionnaire at work because: (1) most managers were unwilling to hold a large number of miners on the surface for such an administration, (2) some of our questions were too complex for this format, and (3) some of our questions were too high in social desirability (e.g., questions about drug or alcohol use) for a self administered format. A good personal interview provided better control on these questions.

The initial content of the interview was the same for each mine. The opening section explained the purpose of the study and stated the rules of confidentiality and the voluntary nature of participating in the study. The next section concerned job demographic characteristics of the individual. The following section tapped the global satisfaction of the individual toward a variety of job factors such as pay, supervision, the company, and so on. Other common content areas that appear in most interviews include:

- safety
- motivation
- organization
- crew characteristics
- labor–management relations
- incentive plans
- community
- personal demographics
- prevalence

While there are common areas, the content of the interview also varied in terms of the purpose of the study. In some mines we emphasized safety, in others we focused on bonus plans, while in other mines there were questions dealing with off–the–job behaviors (e.g., alcoholism) that affect on–the–job performance. The basic point is that the content of the interview varied across mines.

As we review results in this report the frequency of individuals answering question will vary by mine.

The form of the interview is common across all the interviews. Basically there are a set of items. Most items are in a structured format. The interviewer reads a question and then hands the interviewee a card. The card contains a fixed set of responses (e.g., strongly agree, agree, slightly agree, and so on), and the interviewee selects the appropriate responses. More

than 80 percent of the questions are in this structured format. The other format is semistructured items. In this case the interviewer asks a standard question: "how can you improve safety at this mine?" The interviewee responds by generating a variety of action alternatives. This open ended format generates different answers for different respondents.

Interviewers and Training

The interviewers for this study were recruited from the mining program at the University of Pittsburgh and the doctoral program at the Graduate School of Industrial Administration at Carnegie-Mellon University. Interviewing training was intensive. It lasted for a six week period with 2 training session a week for approximately 2 hours each. After basic training in interview concepts, role playing was used extensively.

The goal of the training was to impart general interviewing skills (e.g., probing, listening), and at the same time impart a common set of rules about the number of probes, how to clarify a question, and so on. If gaps of several months appeared in our interviewing schedule, retraining was initiated as a refresher.

Interview Procedure

We have already suggested the nature of the interview process. Prior to any interviewing the purpose and nature of the interviews was communicated to labor and management. Announcements of our visit appeared at least a week prior to our visit. Our interviewing schedule designating interviewers by crew by shift was also available prior to our visit. When the interview process started each interviewer would seek out the foreman of the crew to which they had been assigned. The interviewer would go in with the crew and restate the purpose of the study to the crew prior to the beginning of production work. Then the interviewer would wait for the foreman to ask people in the crew to participate. His selection depended on factors such as downtime, production and safety problems, and so on. After the interview was completed, the miner would inform the foreman and a new individual would be

asked. Across all of the mines there was a high degree of cooperation with the union and management and our team.

We also conducted interviews in the community with doctors. Table 5 summarizes the basic data sources for our analysis on prevalence.

TABLE 5. - Prevalence - data sources

Miners	Interviews
Foremen	Interviews
Superintendents	Interviews
Doctors	Interviews

In the introduction of this section we pointed to problems inherent in collecting data about prevalence. In designing this research effort we tried to minimize many of these problems. Table 6 summarizes the strategies we used to improve the quality of the prevalence data.

TABLE 6. - Quality of Prevalence Data

Permission - Management and Union
Trained Interviewers
Rapport and Trust Established
No Names - Confidentiality
Multiple Respondents (Miners, Managers, Doctors)

RESULTS

In this section we examine different types of prevalence data. Table 7 presents estimates by doctors, superintendents, and foremen of alcohol consumption of miners. The superintendents and foremen, of course, came from the mines where we were interviewing. We identified the sample of doctors from a list of medical personnel and also through the telephone book. The criteria for selecting doctors was whether they had miners as patients.

Since most of the miners were located in small communities, it was not difficult to locate the general family doctors. The question for Table 7 is: "Of the miners that you know, what percentage do you think never drink alcoholic beverages, drinks at least once a week, drinks at least once a day, and drinks more than once a day?" Since this question was presented in an interview format it was possible to clarify any problems in interpretation. Alcoholic consumption includes beer and wine. "Drinks at least once a week" could range from 1 - 6 days. "Drinks more than once a day" means at different sittings.

TABLE 7. - Estimated alcohol consumption

% of mines	Doctors	Superintendents	Foremen
Never drink	23	22	20
Drinks once a week	62	54	56
Drinks once a day	26	18	30
Drinks more than once a day	08	15	N/A

The estimates indicate reasonable convergent validity. About a fifth of the miners are estimated not to drink. The majority drink during the 1-6 day period. (Since the data are averages of percentage estimates, we do not expect, for example, all the doctors' estimates to add to 100%. Pay attention to the relative magnitudes.)

The reader should note this table is only about estimate consumption and does not speak to the problem drinker or alcoholic.

Table 8 examines drinking patterns around work. The question is: "Of all the miners you know, what percent drink some alcoholic beverages before they come to work, during work, or after work?" (Each category, e.g., drink before work, was asked as a separate question. No instructions were given to make the estimates add to 100%.) Doctors were not asked this question because it was unlikely they would have knowledge about drinking behavior on-the-job or around work time.

TABLE 10. - Estimated drug usage

(% saying yes)

Did you know any miners in the past year who...

	Superintendent	Foremen
Used illegal drugs on-the-job	30%	15%
Came to work showing the effects of illegal drugs	64%	40%
Came to work greatly under the influence of illegal drugs; unable to do the job adequately	27%	16%
Came to work greatly under the influence of legal drugs; unable to do the job adequately	50%	12%

In reviewing the data, it appears that the superintendents are more likely to report drug usage than the foremen. In the other tables, there was good convergence among these raters. One explanation for this difference may be that all people we talked with stated drug usages was harder to verify, but if a case was verified, it would be more likely to come to the superintendent rather than the foreman. There are a number of interesting points in this table as contrasted with Table 9. (1) More superintendents and foremen report drug use on the job versus alcohol usage on the job. (The drug usage referred primarily to is pill taking versus smoking any substance.) (2) Fewer superintendents and foremen report that illegal drug usage interferes with adequate performance. Compared to alcohol usage, however, both superintendents and foremen report that incidents of both alcoholism and drugs (illegal or legal) affect job performance.

Table 11 examines the prevalence question from the point of view of the miners. We asked the following question:

"In the past year, have any miners in this mine had persistent alcohol problems that affected their job performance (defined in terms of work performance, absenteeism, and safety)? If yes, how many different miners? You said there were ___ different miners. Was that for the whole mine, shift, or crew?"

TABLE 11. - Prevalence of off-the-job factors (in percentage form)

	ALCOHOL	DRUGS	FAMILY/ MARITAL	EMOTIONAL	LEGAL/ FINANCIAL
MINE 4	0.18	0.54	N/A	N/A	N/A
MINE 5	1.20	1.01	N/A	N/A	N/A
MINE 6	1.25	1.04	N/A	N/A	N/A
MINE 7	1.00	1.24	N/A	N/A	N/A
MINE 8	0.26	0.17	N/A	N/A	N/A
MINE 9	2.19	2.92	1.66	2.41	4.41
MINE 10	0.18	0.55	0.57	0.43	0.43
MINE 11	0.65	0.96	3.98	0.68	0.68
MINE 12	0.57	0.96	3.08	0.47	0.71
MINE 13	0.46	1.05	1.67	0.72	1.13
MINE 14	1.14	1.30	2.36	1.32	2.55
MINE 15	0.34	0.30	0.93	0.22	1.71
MINE 16	0.35	1.43	0.77	0.54	0.94
MINE 17	0.34	0.57	0.28	0.03	0.23
MINE 18	1.43	0.09	1.51	0.51	0.14
MINE 19	0.22	0.26	1.16	0.26	0.78

TABLE 11. - Prevalence of off-the-job factors--continued

(in percentage form)

	ALCOHOL	DRUGS	FAMILY/ MARITAL	EMOTIONAL	LEGAL/ FINANCIAL
MINE 20	3.32	3.29	3.50	2.62	4.04
MINE 21	0.68	0.84	2.65	0.96	1.81
MINE 22	0.73	2.84	3.30	1.60	2.29
MINE 23	1.65	5.00	2.47	1.89	1.95
MINE 24	2.02	7.99	5.56	8.14	8.041
MINE 25	2.67	0.85	3.23	0.84	N/A
MINE 27	2.71	1.11	3.15	1.83	N/A

This question was then repeated for: drug problems, family or marital problems, emotional problems, and financial or legal problems. The question about crew, shift or mine was used to determine the base for determining the percentage. The reader should note: (1) We asked miners to respond about what they know about others. (2) We are asking the restricted prevalence question. That is, we asked about how many incidences of persistent alcoholism occurred that affected performance, rather than how many incidences occurred. This data in the table represent average percentage estimates of the people in the mine who exhibit an off-the-job behavior that might affect performance. The range of the estimates are also presented per mine.

There are a number of general observations that can be drawn from the table: (1) Across all the miners the prevalence of these off-the-job behaviors is relatively low -- in the 1 - 5% range. (2) There is variation between mines. For example, the prevalence of alcoholism in mine 4 is different from mine 27. (3) There is variance in the ranges within a mine. That is, miners vary in their estimates of prevalence within a given mine on a given topic. For example, in mine 27 the estimates of alcoholism prevalence varied from 0 - 20. However, a

close examination of the distribution of estimates in this case and in others in the table indicated there are "outlyer estimates," but the majority of the estimates fall around the reported average percentage estimate.

Table 12 summarizes the data in Table 11 in terms of ranges of average percent prevalence by mines. For example, the prevalence of alcoholism appears to be in the 1 - 3% range across the mines we studied. Table 13 summarizes the data from Table 11 in terms of the size of mine. There are no major trends by size. Table 14 summarizes the data in Table 11 in terms of geographical area. Again, there are no major trends.

TABLE 12. - Prevalence Ranges - mines

Alcohol	<1% - 3%
Drugs	<1% - 3%
Family/Marital	<1% - 3-4%
Emotional	<1% - 2%
Legal/Financial	<1% - 3%

TABLE 13. - Prevalence X size - miners

	< 250	250 - 400	> 400
Alcoholism	1%	1%	1%
Drugs	2-3%	2%	1%
Family/ Marital	N/A	N/A	N/A
Emotional	N/A	1-2%	1%
Financial/ Legal	N/A	2%	2%

TABLE 16. - Accident causes

(% saying moderate to primary cause)

	Doctors	Superintendents	Foremen
Carelessness	99	99	86
Bad luck	14	--	13
Work medical problem	--	--	13
Nonwork medical	12	9	8
Short cuts	83	90	80
Emotional	12	9	16
Family/Marital	18	9	21
Alcohol	18	--	10
Legal	--	10	6
Other job	20	9	10
Lack of training	17	9	17
Sloppy housekeeping	33	45	37
Temporary assignments	25	70	65
Drugs	--	8	7

The major causes of accidents which appear in this table are carelessness, taking short cuts, and temporary assignments. The first two represent characteristics of individual activities that are not specifically related to off-the-job behaviors. That is, one can be careless whether they have a persistent alcohol problem or not. Assigning miner's a temporary job is an on-the-job cause. One basic conclusion of the table is that the off-the-job factors we reviewed are not considered by doctors, superintendents, or foremen to be the major causes of accidents.

Table 17 presents data on superintendents and foremen's ratings on cause of poor job performance. Doctors are omitted in this analysis because they would not have access to data about job performance. The table indicates that bad work attitudes and carelessness accounts

for most of the poor job performance. The off-the-job factors we have examined do not seem to be rated as important causes of poor job performance.

TABLE 17. - Job performance causes
(% saying moderate to primary causes)

	Superintendents	Foremen
Bad attitude	84	74
Lack of training	8	13
Carelessness	83	59
Medical work problems	--	10
Nonwork medical	8	7
Emotional	--	10
Alcohol	10	12
Drug	9	8
Legal	9	5
Other job	9	13

The next set of tables focus on the miners. We asked them to what extent a set of factors were the primary cause for the absenteeism over the past year. The following tables from the mine interviews are arranged in terms of factors and a five point rating scale.

Table 18 shows that slightly more than 50% of the miners felt accidents were at least important or extremely important as a cause of absenteeism. Table 19 indicates similar results for personal illness. Tables 20 examines the affect of spouse or children's illness on absenteeism of the respondent. 46% see a relationship between family illness and their absenteeism.

TABLE 18. - How important were accidents as a cause for your absenteeism during the past year or two?

Extremely important	27.6%
Very important	17.3%
Somewhat important	6.6%
Slightly important	8.7%
Not important	39.8%

TABLE 19. - How important was personal illness as a cause for your absenteeism during the past year or two?

Extremely important	14.5%
Very important	23.2%
Somewhat important	20.2%
Slightly important	18.4%
Not important	23.7%

TABLE 20. - How important was family illness as a cause for your absenteeism during the past year or two?

Extremely important	14.4%
Very important	19.3%
Somewhat important	12.3%
Slightly important	15.0%
Not important	39.0%

Miners report that hangovers were not a primary cause of their absenteeism (Table 21). A somewhat higher percentage (28%) view family or marital problems as a cause of absenteeism (Table 22). Financial and legal problems are reported by 29% of the respondents as at least somewhat important as a cause of absenteeism (Table 23).

TABLE 21. - How important were hangovers as a cause for your absenteeism during the past year or two?

Extremely important	.9%
Very important	3.2%
Somewhat important	4.2%
Slightly important	8.3%
Not important	83.4%

TABLE 22. - How important were family or marital problems as a cause for your absenteeism during the past year or two?

Extremely important	7.7%
Very important	10.9%
Somewhat important	9.9%
Slightly important	11.9%
Not important	59.6%

TABLE 23. - How important were legal or financial problems as a cause for your absenteeism during the past year or two?

Extremely important	6.7%
Very important	11.7%
Somewhat important	11.2%
Slightly important	13.6%
Not important	56.8%

DISCUSSION

The data in this section review the perceived connection between the off-the-job behaviors and the three critical behaviors. According to the doctors, superintendents, and foreman, off-the-job behaviors such as alcoholism, drugs, family, emotional and legal problems were not the primary cause of accidents, absenteeism, and poor performance. In reviewing the miners' responses to these same factors we find similar results. They do not see these factors as the primary cause of their absenteeism. We did not ask miners for their ratings on accidents or job performance because of time limitations in the interview.

An important question is how do we interpret these data. Basically the data says that off-the-job factors such as alcoholism or family problems are not the primary reasons explaining absenteeism, accidents, or poor job performance. That does not mean that these factors have no effect on absenteeism, accidents or performance. Consider the following example. Mine "A" has 250 employees. Lets assume that 2% of that group has persistent alcohol problems. If we interviewed these 5 individuals we would expect they would more likely say alcoholism affects absenteeism. If we interviewed the other 245 employees we would expect them not to report that alcoholism affects their absenteeism. So if we looked at the data at this mine or a sample of similar mines, we would not expect a large percentage of respondents to state that alcoholism is a major cause of their absenteeism, accidents, or performance.

Another important qualification is that the increase of alcohol problems or family problems does not necessarily mean that we will find an increase in absenteeism, accidents or poor performance. People manage these problems in many ways. The existence of these factors will have a consequence on people's behavior, but that does not mean the consequences will be seen in higher levels of absenteeism or accidents. The point is that this data is consistent with the data from the prior section. It basically says that off-the-job problems (e.g., alcoholism) exist in the mining community; the rates are low, but this is consistent with other work populations. These factors can have a consequence for absenteeism, accidents and turnover, but they are not the primary explanatory variable of absenteeism, accidents, and poor job performance.

Another way to think about this is that we are talking about low frequency events that can have organizational consequences. Low frequency events can have important organizational consequences. If one of the 5 miners in our previous example had a serious injury or fatality, the costs to the coal company could be substantial. So while it appears that these off-the-job factors are not the primary cause of absenteeism across the whole work force, they can be important for some members of the work force. Thus, low frequency groups can have important cost implications for the company.

The data we have presented in this section and the previous one are limited to peoples' perceptions rather than actually being able to examine in a more objective fashion, whether rates of absenteeism of people with family problems are greater than those with no family problems. We have some data on this topic and it will be presented in a later section. The reader should again review Table 6. While we have been reporting subjective estimates, reasonable care has been given to be sure that it is high quality data.

*** BASIC ISSUES AND STRATEGIES FOR EVALUATING EAPS

This section outlines some of the basic issues and strategies for evaluating EAPs. Our model could be used by anyone interested in evaluating the effectiveness of EAPs. We will apply this model to evaluating the HELP Program--one of the few examples of EAPs in underground coal mining.

This section outlines some of the issues and strategies for evaluating EAPs. The task is quite complex, but we should be able to evaluate the effectiveness of an EAP. They are designed to bring about changes in the organization.

ISSUES IN ASSESSING EAPS

Areas for Evaluation. A basic issue in assessing EAPs is delineating the areas for evaluation or in specifying the general evaluation model. Should one look primarily at economic areas such as costs of absenteeism, or at other areas such as labor-management relations, morale, and so on? Should one look at direct effects such as reduction in absenteeism and/or indirect effects such as improvement in productivity from reduction in absenteeism? Should one examine the intangible benefits such as improved morale? Some approaches to evaluating EAPs focus solely on results such as reduction of costs, while others focus on evaluating activities within the program such as the quality of referrals or counselling. Should one look at results, activities, or some combination?

Level of Analysis/Boundaries. In assessing an EAP we could focus on several different levels of analysis: the individual, the firm, or the community. Since EAPs provide treatment

to individuals, this could be one obvious unit of analysis. The funding for an EAP comes from the firm so that would be another possible level. That is, we would evaluate the benefits and costs to the firm. Since EAPs try to resolve mental health issues, and since communities provide services for mental health activities, the impact of the EAP may spill over into the community. So we could analyze the benefits of EAPs to the community.

The boundary issue concerns how broad a perspective we should take in evaluating the effects of an EAP. The immediate impact of the EAP is on the individual. Changes in the individual's behavior may affect the work organization and this would be one boundary. However, the changes in individual work behavior may affect the family, the community, or other possible boundaries. For example, if we evaluate an EAP from the perspective of the firm, we could assess effects only in the work area or extend the boundary to nonwork areas. The question in assessment is defining the boundaries for assessing effects of EAPs.

Constituencies. When we assess the effectiveness of any program, it is important to reflect that the meaning of effectiveness will vary with the perspective of any particular constituency. That is, different constituencies can evaluate the effectiveness of any program differently. Some of the possible constituencies in an EAP include the individual being treated, the firm, the professional operating the EAP, the community services that receive referrals from the EAP, the family, the union, and so on. Prior to assessing an EAP some delineation of the appropriate constituencies is necessary.

Time Frame. EAPs deliver services to clients that do not have immediate effects. Rehabilitation for alcoholism or drug abuse takes time and there is a real possibility of a success case returning to the earlier form of abuse. So the time period selected for evaluating an EAP can affect the reported results. If a very short time period is selected (i.e., examining clients who have been in a program for three months), treatment is unlikely to be completed, and one will underestimate any effects of the program. On the other hand, some evaluations trace clients over a five-year period. The problem in this type of evaluation is that the EAP,

the organization, or other factors (e.g., supervision, family composition), might have changed and then assessment of the EAP's effects on clients is much more difficult.

Interpreting Indicators of Effectiveness. In evaluating EAPs there is a variety of indicators that can be used to assess the program's effectiveness. Changes in absenteeism, accidents, referral effectiveness, penetration ratios are all possible indicators of an EAP's effectiveness. There are two issues in the use of these indicators. First, should they be combined into some global summary indicator? This strategy is represented in the typical cost benefit analysis where a variety of benefits and costs are combined into a single indicator. An alternative strategy is to present each indicator individually and let the reader do the aggregating. The advantage of the latter strategy is that it permits different people to weigh the indicators differently.

Another issue concerns the functional relationship between any indicator of interpretation and effectiveness. That is, if the absentee rate of an EAP client goes down, does the pronouncement of effectiveness go up? It is unlikely that there is a simple linear function between all the indicators and effectiveness.

GENERAL EVALUATION MODEL

To evaluate the effectiveness of an EAP it is necessary to propose a general evaluation model. This model permits a way to organize the evaluation. It charts out the basic categories of variables and their interrelationships.

Our model, developed from prior work, (8) examines three categories of variables: inputs, processes, and outcomes. Figure 1 presents these basic categories with some illustrative variables.

Inputs concern the client population using EAP services. Whether voluntary or involuntary, inputs are clients who are being "treated" in some way by the EAP. One way to assess the effectiveness of an EAP is to determine whether organizational members are aware

of and motivated to use the EAP. The more the relevant population (i.e., those requiring EAP services) uses the EAP, the more effective the program is in terms of attracting the appropriate clients.

Processes represent the specific services provided by the EAP. These services would include diagnosis, referral, follow-up, treatment, training, and so on. One way to assess the effectiveness of an EAP is by the quality of services provided. If EAP personnel made incorrect diagnoses or poor follow-up, then the program would be less effective. Note, the relationship between inputs and processes could be treated independently or interdependently. That is, we could simply assess the quality of services independent of the nature of the inputs, or we could trace the effects of inputs on services. Simply, the quality of inputs may affect the quality of the processes. For example, for EAPs receiving minor drug abuse cases it may be easier to demonstrate higher quality of services rendered than with a program receiving severe drug abuse cases.

Outcomes represent worker behaviors that can be affected by the EAP. Typical outcome variables would include absenteeism, turnover, accidents, etc. One of the basic goals of most EAPs is to resolve the off-the-job problem (e.g., marital) in order to reduce absenteeism, turnover, accidents, and so on.

This three-factor model is presented because: 1) it is comprehensive; 2) it permits examining each factor in its own right; and 3) it acknowledges the interrelationship among the three factors. The quality of inputs will affect processes and outcomes. More difficult cases over time will make it more difficult to demonstrate good outcome results. Similarly, the quality of the outcomes can affect inputs and processes. Success in outcomes may encourage supervisors to refer new clients or for potential clients to enter the EAP program. The quality of these inputs can, in turn, affect processes and outcomes.

OPERATIONALIZATION OF VARIABLES

The three-factor model in figure 1 presents a general way to organize the variables for evaluating an EAP. In this section we identify the critical variables to be included in an EAP and suggest operational forms.

Inputs

The client population constitutes the inputs to an EAP. The rationale for including inputs in an evaluation of assistance programs is based on the fact that a program's ability to reach and engage the focal population constitutes an indicator of its effectiveness. Clearly, programs which have involved the relevant employees or family members are more effective than those which have not. Thus, one method of assessing effectiveness is to determine the degree to which the individuals who need program services are aware of and utilize these services. The following discussion presents possible strategies for describing and measuring inputs.

Categories. The client population is composed of the total number of employees or family members who have used EAP services within a given time period. A characterization of the client population includes:

- demographic characteristics -- age, sex, race, and marital status
- type of client -- direct (employee) or indirect (employee's family member)
- job information (for direct clients) -- job classification, wage level, and length of company service
- type of behavioral/medical problem -- chemical dependency, mental health, marital/family, medical, financial, legal, job-related, or other
- source of referral to the EAP -- self, management, medical, union, family member, co-worker, or other

Frequencies and Patterns. Once the categories are specified, the patterns and frequencies of inputs with respect to these categories can be determined (e.g., the distribution of direct and indirect clients). This descriptive data provides the information required to compare

different EAPs. Furthermore, the patterns and frequencies of inputs can be compared with the population composed of all employees and family members. This provides a characterization of program utilization by category (e.g., 20% of the blue collar employees versus 5% of the white collar employees have used program services). Descriptions of program utilization may reveal biases in the distribution of the client population. For example, utilization ratios may indicate that the EAP has involved a considerable proportion of blue collar employees but has not reached white collar employees. Assuming that the need for EAP services is equivalent across organizational levels, this would indicate that the EAP has been ineffective with respect to white collar employees in the sense of not attracting the relevant individuals from this employee subgroup. The source of information for calculating utilization ratios is company and EAP records.

Other Indicators of Effectiveness. Penetration rates are a common measure of program effectiveness. This measure indicates the fraction of the relevant population in the EAP during a given time period. Penetration rates can be calculated as follows:

$$\text{Penetration Rate} = U/TXF$$

where U = the number of employees (and family members) who use EAP services within a given time period. This includes both new and returning clients. T = the number of employees (and family members) in the given time period. This is calculated as the number of employees (and family members) at the beginning of the time period plus those hired (and the family members of those hired) during the time period. F = the fraction of the employees (and family members) estimated to have a problem within the scope of the EAP (7). This value includes recidivists but does not include those previously cured by the EAP. Thus, in addition to varying with the type of problem being considered, the value of F also varies with the cure rate.

Calculated in this manner, penetration rates represent the degree to which the EAP engages the relevant population in a given time period. Penetration rates for multiple time periods can be examined to determine patterns or trends. For example, has program penetration increased

or decreased between the second and fifth year of the EAP? The variables in the above equation can be estimated by examining EAP and company records and interview data; U and T can be derived from EAP and company records, and F can be calculated on the basis of interview data.

Before employees or family members can utilize program services, they must be aware of these services. Clearly, an EAP cannot be effective unless program services are known about by relevant employees and family members. Thus, the degree to which employees and family members are aware of the EAP constitutes another indicator of effectiveness. Because awareness is a necessary condition for utilization, this indicator can be termed *potential utilization*. This statistic can be calculated as follows:

$$\text{Potential Utilization Rate} = U_a/T_a$$

where U_a = the number of employees (and family members) who become aware of the EAP in a given time period. T_a = the number of employees (and family members) in the given time period. This is calculated as the number of employees (and family members) at the beginning of the time period plus those hired (and the family members of those hired) during the time period, minus those who were previously aware of the program.

Calculated in this manner, potential utilization rates represent the extent to which employees and family members become aware of the EAP during a given time period. Similar to penetration rates, this statistic can be employed to examine patterns and trends in potential utilization over multiple time periods. For example, how is awareness of the EAP related to the age of the program? The information needed to calculate potential penetration rates can be acquired from interview data and company records; estimates of U_a can be derived from interview data, and T_a can be calculated from both interview data and company records. Interview data will indicate the number of employees aware of the EAP in the given time periods.

The preceding discussion has presented some strategies for describing and measuring inputs. However, several issues in the assessment of inputs remain to be resolved. As with any type

of measure, several shortcomings are associated with the measurement of awareness and penetration. First, the measurement of penetration rates involves subjective estimates of the F value (the fraction of employees and family members who have a problem within the scope of the EAP). Due to this, different constituencies may provide different estimates of F. Second, "the length of time the program has been in effect must be included. A program will be able to penetrate the population further in five years than in one year," (7, p. 36). This issue can be resolved either by representing the trends in utilization or penetration from the beginning of the EAP or by computing average annual rates, (8). Third, an accurate assessment of inputs may be attenuated by selection biases in EAPs. Trice and Beyer (9) suggest that such biases stem from two sources: cases most likely to succeed are screened into the program, while those less likely to succeed are screened out; and clients who do not complete program services are not included in the EAP records. Their study indicates that the magnitude of selection biases does not exceed 10%. The impact of these biases on the evaluation of inputs can be reduced by estimating the magnitude of the bias and including this estimate in input assessment. Fourth, the functional relationships between input indicators and effectiveness remain to be determined. For example, it is possible that the relationship between potential penetration rates and program effectiveness is S-shaped rather than linear.

Processes

The second element in our evaluation model is the process involved in an EAP. That is, one way to evaluate an EAP is to examine the effectiveness of the services provided by an EAP. In this section we will examine some of the major processes in an EAP and suggest some ways of measuring these dimensions.

Formalization

The degree to which the objectives and procedures of an EAP are formalized is an important component in building an effective EAP. The objective statement indicates the company's attitudes about areas such as alcoholism and drug abuse. Issues about referrals, confidentiality, payments for services, need to be well-specified for a program to work.

There are two major ways to measure formalization. First, one can determine the existence and scope of written policies about the EAP. This could also include a measure of the physical distribution of these policies to the work force. An alternative measure is to test the employee's knowledge of the EAP. In general, higher levels of formalization should improve knowledge of the program. This would include questions on the type of services, rules for confidentiality, time off from work provisions, payment schedules, and so on. The extent to which the work force understood different policies would be a measure of the extent of formalization. Our position is that a well-specified set of formal policies and procedures is, at least, a necessary condition for a successful EAP.

Education of Work Force

This concept is highly linked with the formalization concept. Once a set of policies are written, some means of communicating to or education of the work force is necessary. The communication may come in the form of verbal or written announcements, training sessions, informal visits of EAP personnel to mines, etc. The formalized procedures without this communication are, of course, of little value.

To evaluate the effectiveness of the education or communication activities about the EAP, one must first identify the specific activities used at a particular site. This would require describing the specific activities and noting who said what and when. Such activities may include company meetings, newsletters, posters, etc. The frequency of delivering different communications would be necessary to record. The evaluation or measurement process requires the assessment of these activities in terms of quality or effectiveness of the communication. That is, the extent to which employees reported different communications activities to be very helpful or not very helpful would be one measure of the effectiveness of this particular process.

In the discussions of formalization we suggested a measurement of employee's knowledge of EAP policies and procedures. Some ratio of the number of people knowledgeable in EAP

activities would be a potential measure of education or communication effectiveness. This measure would be a global assessment of communication effectiveness and the formalization of policies and procedures. We also think one must assess the effectiveness of specific techniques used to advertise the EAP.

Training

A major problem in most EAPs is identifying problem cases and motivating them to enter the EAP. This problem is difficult because "potential clients" with problems such as alcoholism have mastered ways to hide any symptoms of their problems. Clearly, identifying problem cases may involve various individuals: co-workers, family members, friends, foremen, supervisors, upper management, union leaders, medical personnel, etc. However, identification generally falls to the first line supervisor. One way to improve the supervisor's identification skills is through training. Training provides the first line managers with tools to identify problems affecting the employee and to motivate the employee to seek help. The effectiveness of an EAP then is partially a function of the effectiveness of this training.

Referrals

A basic part of most EAP work is diagnosis and referral. A client comes to the EAP asking for assistance. The diagnosis process identifies the nature of the problem and the referral process places the client in a treatment organization (e.g., Alcoholics Anonymous) typically in the community. One way to evaluate the EAP is whether the referrals are made accurately. That is, do the people who are referred for psychiatric help need that help, do the people referred for marital counselling need that help?

While measuring the accuracy of referrals is a complicated problem, some rough measures may be available from the treatment center. The principal role of most EAPs is diagnosis and referrals, not treatment. The treatment is typically done by organizations in the community. These treatment organizations would receive referrals from many agencies and individuals (e.g., doctors). One way to assess the referral process of an EAP is to ask treatment organizations

to rate the quality of the referral process. The measure of quality could include how well the client's case had been worked up or documented by the EAP personnel, and how well they have diagnosed the client's problem. Now there can be obvious disagreements in diagnosing mental health issues. But, if an EAP is effective, we would expect the outside agencies to give EAP personnel high marks for professional diagnosis and referral.

TREATMENT

Some EAPs provide limited treatment services. These may be in the form of individual counselling, group therapy sessions, parenting classes, etc. The quality of these services represents another way to evaluate an EAP. The simplest way, and an effective way, to measure the quality of these services is to obtain ratings from clients receiving those services. We would obtain ratings on the extent to which these services facilitated adjustment on-the-job and off-the-job.

Follow-Up

After clients have officially completed treatment there is always some uncertainty about whether the individual will be able to cope with his or her day-to-day activities, or whether the individual's earlier problems (e.g., alcoholism, drugs, family) will reappear. A follow-up procedure is important. It provides a means to identify if the client is reverting to old ways and invites the client back to treatment.

To measure follow-up we need to identify whether it occurs, and in what form. This information should be in EAP client records, or available from EAP personnel. In addition, a sample of telephone interviews with clients who successfully left the program would be a way of verifying this follow-up process. Our interest is not in the number of follow-ups. We do not have any clear hypothesis that more follow-ups are the sign of an effective program. We do think, however, that the existence of a systematic follow-up procedure is a good sign of an effective EAP.

OUTCOMES

Absenteeism

One of the consequences of off-the-job problems is increased absenteeism. One of the impacts of an EAP is to reduce absenteeism. Therefore, one way to assess an EAP is to determine the extent to which it reduces absenteeism. The following discussion outlines some strategies for measuring absenteeism. A more detailed account of measuring absenteeism can be found below.

Categories. There are different kinds of absenteeism, and the differences in categories must be reflected in evaluating an EAP. A broad categorization of absences would include:

- days legitimated by the contract (e.g., sick days, graduated vacation, jury duty, military reasons, bereavement, etc)
- excused days where doctor's slips and/or the superintendent excuses an absence
- unexcused absences

The first category represents paid days, while the latter two categories are unpaid. For our evaluation, categories two and three are the most relevant forms of absence.

Frequencies and Patterns. Once the categories are identified, one can examine the patterns and frequencies (by category) of absences for those people in the program versus a comparable sample of workers not in the program. That is, do rates of absenteeism (before rates/after rates) of EAP clients drop, and do the after rates of EAP clients approximate the ambient absenteeism rate for the control group? (Issues of sampling, design, and time frame will be discussed in another section.) The effectiveness of an EAP would be determined in part by the effect of the program in reducing absentee rates for the treated worker. The source of information on absenteeism comes from company records. Workers in the program can be identified by EAP records.

Costs of Absenteeism. If there is a demonstrable decrease in absenteeism rates as a

function of the EAP, some translation of these rates into costs would be useful. To determine the costs of absenteeism, the following components need to be estimated.

(1) **The number of additional laborers hired to offset *X* rate of absenteeism.** That is, if the organization initiates some replacement policy given a certain level of absenteeism, then additional laborers must be hired to fill in for the absent worker. We need to estimate the number of additional workers hired to deal with *X* rate of absenteeism, or the number of workers that could be reduced if absenteeism rates declined by *X*%. The source of this data would be estimated by mine management.

(2) **The costs of the additional workers.** The costs of the additional laborers include: (a) the costs of recruiting, selecting, and hiring a new worker, (b) the salary and fringe benefit costs, (c) training costs, and (d) learning curve costs -- that is, the time it takes a new worker to achieve modal performance for a particular job. This could be calculated by the percent of time below average performance times the number of days below performance. Wages could be used to reflect the value of below average performance.

(3) **Incremental costs.** If a laborer serves as a replacement for an absent worker, there is no incremental wage cost since the absent worker receives no pay for that day. There would be incremental fringe benefit costs since those costs are being paid for absent workers and replacements. Other incremental costs could be in the form of additional overtime. Instead of hiring an additional worker to cover absenteeism, the firm could add labor time through overtime.

(4) **Reduced productivity.** If a replacement is assigned to a particular job there may be a decrease in productivity because of unfamiliarity with the job, crew, or section. If no replacement is initiated, the crew will be short one person, which may also reduce productivity.

The information on productivity may come from two sources. First, we can ask mine managers to estimate the extent that the replacement can operate up to 100% of production

capacity. The wage of the worker can be used to reflect any loss if productivity is less than 100%. The second strategy is to formally estimate the effect of a replacement or nonreplacement in a production function framework.

The third strategy is to estimate the effects of absenteeism on undermanned crews. The scenario for this option is as follows: At any point in time the mine will have additional laborers to cover absenteeism. A reduction in absenteeism (brought about by an EAP) may not be large and/or visible enough to cause a reduction in the labor force. However, the additional bonus available could lead to improvements in productivity. In this strategy we would determine the reduction in absenteeism caused by the EAP, and translate this percentage into hours available. This figure could then be used in our production models to determine the effect of additional hours on additional tons of coal produced.

(5) **Increased accidents.** If a replacement is assigned to a particular job there may be an increased chance for accidents due to unfamiliarity of the job, crew, or section. Also, if a crew is short-handed, there may be an increased chance for accidents. Methods to estimate the effects of accidents on absenteeism are discussed in another section.

Turnover

If a worker is experiencing off-the-job problems, and these problems are not resolved, one consequence might be the individual's departure from the organization. Therefore, one way to assess EAPs is in terms of its effect on turnover. The following discussion outlines some strategies for assessing turnover.

Categories. Turnover can be voluntary or involuntary (i.e., the company discharges the worker). The worker who leaves, also can be classified in terms of whether his or her skills and interests are congruent with mining work, and those that are not. The reason for focusing on the fit between the person and the job is that it helps us assign meaning and value to a turnover case. For example, one source of stress for a worker may be that his skills and interests are incongruent with the nature of work. This would lead to stress which could

manifest in to family problems, alcoholism, etc. If an EAP correctly identifies a case where there is incongruency between the person and the job, the appropriate recommendation might be for that individual to leave mining. The continued presence of such an individual in a mine would only invite more stress, absenteeism, accidents, etc. Basically, a company made a selection error, and it is in the interests of the company and individual to leave. The other case is where there is a good fit between interests and abilities, and the mining job. However, for some other reason the individual is suffering from a problem such as alcoholism, marital problems, etc. In this case, if these off-the-job problems are removed, the individual should experience a productive life as a miner, and we would consider preventing this individual from leaving -- a *save* for the company.

The fit between job requirements and individual skills and interests is probably the most powerful criterion for evaluating the meaning of turnover. We would also look at the voluntary/involuntary criterion, but this is less important. An effective EAP should attract as clients people who have a problem. It is less important as to whether they can voluntarily quit or are in trouble and must leave.

Costs of Turnover. The costs of turnover are calculated in a manner similar to the costs of additional laborers in the absenteeism section. First, one must enumerate the costs of the miner hired to replace the miner who left the company. These would include the costs of recruiting, selecting and hiring, the salary and fringe benefits, training costs, and learning curve costs. Second, these costs need to be compared (incremental costs) to the costs of keeping the worker who left. It could be the worker who left had higher fringe costs (e.g., more vacation days) and perhaps a higher wage rate than the new hire. The costs of recruiting, selecting, hiring the new worker, and training, of course, represent new costs. In assessing incremental costs the problem is likely to be complicated because the departing worker is unlikely to be replaced by a new hire. The open job would be up for bid and the replacement could be someone from the existing work force. The incremental comparisons would then compare costs of the person leaving against the costs of the replacement, and the costs of the replacement

(before moving) against the costs of the new hire. Third, there may be some separation costs associated with the departing employee. Fourth, the miner who replaces the departing worker will experience some productivity loss. This occurs because of the unfamiliarity with the specific job, the crew, and the section. Fifth, there is a possibility of increased accidents also due to unfamiliarity with the job, crew, and section.

These five points parallel the cost issues for absenteeism. In this section we indicated sources of information for these dimensions. All five factors listed above need to be incorporated into costing turnover.

Accidents On-the-job

If a worker is concerned with off-the-job problems, this distraction may lead to accidents. Preoccupation with other issues increases the chance for injury. An effective EAP may resolve the problem and thus reduce the chance for accidents. The following discussion outlines some strategies for measuring accidents.

Categories. The first way to divide accidents is on a lost time versus no lost time basis. Next, we want a careful descriptive categorizing of accidents in terms of type of injury (part of body), source of injury (roof fall vs. machine), location of accident, and so on. We also propose to categorize accidents on a control scale. That is, we want a rough categorization of the injury in terms of the extent to which the cause was under the control of the miner. There are many causes of accidents; we realize identifying the cause is quite complicated. However, in some cases such as an eye injury with no safety glasses, the cause may be attributed to the miner. In other cases, such as an unexpected roof fall, the cause may be more attributed to environmental factors. One could have mine experts rate accidents on a simple scale which indicates the degree of control the miner had over the accident. The experts will be presented with multiple scenarios and will rate all of the scenarios as to the degree of control the miner had over the accident.

Frequencies and Patterns. Once the categories are developed one can examine the

frequencies and patterns of accidents for those people in the program versus a comparable sample of workers not in the program over time. That is, do the after rates of accidents for EAP clients drop relative to the before rates, and do the after rates of EAP clients approximate the ambient accident rate for the control group? The effectiveness of an EAP would be determined in part by the effect of the program in reducing accidents.

A problem with using frequency rates is that the number of accidents for the EAP or the non-EAP population may be quite low. In addition, it is likely there will be a lot of variability in accident severity. In some of our preliminary evaluations we found the small number of accidents in the before-treatment samples of EAPs and non-EAPs to be too small to do any meaningful comparison. If this problem persists, we propose two other measures of accident potential.

We will have first line supervisors rate miners (or miners rate themselves) on the number of close calls (a potential lost time accident) experienced in the last six months. This will provide one measure of potential accidents. Analytically, we can look at the EAP and non-EAP samples to see whether they differ on this dimension. Over time we could use this question to examine treatment effects on EAP versus non-EAP clients.

Another approach would be to examine major lost time accidents over the past year to determine if individuals involved in these accidents also experienced off-the-job problems. If there are individuals in this classification, we could consider them as potential clients to an EAP. The argument would be if these individuals had effective treatment by an EAP the probability and costs of this accident would be reduced. Conversely, if there was no one in the major lost time accident category who had off-the-job problems, it is unlikely an EAP would reduce lost time accidents.

The information on accidents comes from company records. Our measure of work control over accidents comes from a specially designed scale that would require the use of experts in mine safety.

Costs of Accidents. Accidents, particularly lost time accidents, represent a cost to the company. A reduction in these accidents could be a possible benefit of EAPs. To determine the cost of an accident, the following components need to be estimated.

- The cost of days lost due to accidents follows the costing procedure under *Costs of Absenteeism.*
- Medical costs associated with the accident. These would be all direct costs (doctor, hospital, x-ray) paid by the company for the injury.
- Disability claims paid for the injury. This would include any costs associated with the injury, as well as any payments for lost wages.
- Worker's compensation rates. This would involve changes in the rates paid by the company for worker's compensation.
- Nonobligated costs. These would include costs which the company elects to pay to family members.

The sources of cost information is available from company records.

The costing of accidents is a complicated procedure. First, from our other research it appears that accidents are of low frequency, and there is a high degree of variability in the costs of accidents due to differences in severity. This confounds any summary statistic and comparison over time. Second, some companies are self-insured while others are not, and this complicates the procedure for assigning costs for accidents. In addition, since we are examining accidents over time, inflation can confound any comparison unless appropriate corrections are introduced. The evaluation needs to reflect this complication when assessing accident costs.

Accidents Off-the-Job

Preoccupation with family, marital, emotional problems, etc. can lead to accidents off the job. Accidents off the job can affect on-the-job performance. The strategy for measuring off-the-job accidents is similar to our discussion of on-the-job accidents.

Categories. We need to identify if the off-the-job accident is a lost time accident or not. It will be easy to determine if it is lost time since this will appear in absentee records. The only way to determine if there are nonlost time off-the-job accidents would be to question program clients or check program records. A base rate for off-the-job accidents can be determined by questioning employees. The reason nonlost time off-the-job accidents are relevant is that they may affect on-the-job performance. An individual could come to work with a sprained wrist but this probably would reduce performance levels in most mining jobs. In addition, we would develop a descriptive categorization of injuries in terms of type (part of body), and source (automobile) of accident.

Frequency and Patterns. Once the categories are developed, one can examine frequencies and patterns for those people in the EAP versus a comparable sample of workers not in the program.

Costs of Accidents. The procedure for costing accidents off-the-job follows the same procedure for accidents on-the-job. Costs could include days of work lost (see *Absentee Costs* and *Payments for Lost Wages*), and any medical and/or disability payment. Since some of the costs of off-the-job accidents may be covered by the company via insurance, we want to determine how the cost in premiums varies with the rate of accidents.

The frequency and costs for off-the-job lost time accidents can be derived from absentee records and sickness and accident claims. Off-the-job nonlost time accidents may, in part, be obtained from sickness and accident claims. Direct questioning of clients may also be necessary.

Grievances

Preoccupation with off-the-job problems can lead to on-the-job behavior that will lead to disciplinary action and subsequent grievances. Alcoholism or drug abuse could lead to sleeping on the job. Emotional problems could cause physical conflict with fellow workers or one's supervisor. As we have already stated, absenteeism could be a consequence of these off-the-

job problems. In any of these cases, disciplinary action could follow and later grievances generated to contest the disciplinary action. We could use the following strategy in measuring grievances.

Categories. Since there are many types of grievances, it is important to develop a categorization scheme. One simple breakout may be between disciplinary versus nondisciplinary grievances. A disciplinary grievance would be one contesting some action such as being placed on the absentee control plan. A nondisciplinary grievance may contest the awarding of a job bid. It may appear initially that disciplinary grievances are more relevant for assessing EAPs. Given the nature of problems faced by most EAP clients, we would expect more disciplinary actions and hence grievances. However, one must be careful. Many of the typical problems faced by EAP clients may generate strong feelings of hostility. These feelings may be vented in many ways. One may be simply to file grievances (over hours, bidding, etc.) against the company. In addition to the disciplinary versus nondisciplinary categorization, other breakdowns will be explored.

Frequencies and Patterns. It will be necessary first to determine whether grievances are initiated by EAP clients. Since the second stage in the grievance procedure requires a written grievance, this will be the most practical place to start counting grievances. The basic strategy will be the same as in all our indicators: grievance frequency and patterns are compared before and after treatment, and compared to grievances initiated from a comparable sample.

Costs of Grievances. In determining the costs of grievances one must follow the procedure by stages. Stage 1 is between the employee and the foreman. Since this stage is not formally recorded, it would be difficult to get accurate frequency and cost data. At Stage 2 the discussion is between the superintendent (in most cases) and the mine committee. It is difficult to assign some cost for the superintendent because handling grievances is part of his job. Whether the grievance rate increases or decreases, the superintendent's salary is the same. It may be that if the superintendent had to spend more time on grievances, he would spend

less time on other managerial issues which would lead to decreases in productivity. However, there is some slack or discretion in the superintendent's job, and it would be very difficult to demonstrate productivity losses from increased time spent on grievances. At this stage, one might cost out the time of the mine committee since they are involved in nonproductive work. However, the union pays the wages of the committee during grievance processing, so the company does not experience a wage cost for this time which should reflect their productive value.

At Stage 3, the grievance is reviewed by district and an employer's representative. The only possible cost to the employer is the hours spent by the employer's representative. However, this person could be the superintendent or a division industrial relations person. Handling this stage is part of this person's job. It is unlikely that a reduction of grievances would lead to removing the job of say the industrial relations representative. We treat this cost as not varying with the rates of grievances.

At Stage 4 the grievance goes to arbitration. There is a direct cost to the union and management which should be included as the cost of grievances.

Lost Productivity

We have already discussed how preoccupation in off-the-job problems can lead to absenteeism, accidents, and other forms of behavior which decreases productivity. In all of these cases, the effect on productivity is *indirect*. That is, preoccupation with problems leads to absenteeism which *then* reduces productivity. On-the-job problems can have a *direct* effect on productivity. In this case, the individual comes to work, but preoccupation with other problems causes less efficient on-the-job performance.

Measurement of direct losses in productivity for individual miners is quite complicated. The nature of the mining technology focuses on group versus individual performance. We talk about the number of feet out, cars loaded, or tons produced. All these performance figures result from an interdependent group activity, not individual performance. While number of

cars might appear to be a measure of the car operator's performance, the number of cars loaded depends on the miner bolter and other interdependent crew activities.

There are two possible strategies for measuring lost performance.

1. Estimated lost productivity. Most foremen have experience with miners who are having problems which interfere with their performance. One strategy to measure lost productivity would be to develop reliable estimates for lost productivity due to off-the-job problems. This could be accomplished by interviewing foremen about specific cases. In addition, we would provide descriptions of miners with different problems of varying severity and obtain estimates of lost productivity. These estimates could be used if they exhibited reasonable levels of reliability.
2. Use estimates from other industries. A number of investigations on the effects of alcoholism have assessed lost productivity. These studies report a problem drinker is working only at 67% of his potential as compared to 87% of the nonproblem drinker. While these estimates are based primarily on alcoholism and are not from the coal industry, they provide some rough estimates of lost productivity.

If we use a technique to obtain lost productivity estimates in the coal industry and estimates from noncoal industries, we will be able to sharpen our estimates of lost productivity.

WORKER BELIEFS AND ATTITUDES

In the final analysis the EAP program has its major impact on the individual. As a troubled individual is helped through his or her problems, there should be a gradual change in beliefs and attitudes. Initially, the changes may be represented by more positive beliefs in oneself. If the individual becomes more adjusted in either their work or nonwork life, positive attitudes may be generated toward their work, the program, the company, and themselves. Therefore, it is important to capture these attitudes as a possible measure of program effectiveness. The following discussion outlines some strategies for measuring the attitude dimension.

Categories. There are a variety of dimensions one might include under attitudes and beliefs. These represent dimensions that might be changed by an EAP.

a) Beliefs and attitudes about oneself. If one is preoccupied with off-the-job issues, there should be high levels of stress. In addition, we would expect lower feelings of self-esteem. An effective EAP should reduce levels of stress and increase feelings of self-esteem.

b) Beliefs and attitudes about the EAP. An EAP provides a set of services which the client will evaluate. We expect that the overall evaluation of the EAP will be related to other indicators of effectiveness we have discussed, such as absenteeism and accidents. Also, the overall evaluation could be used as a measure of effectiveness.

c) Beliefs and attitudes about work. If the EAP helps the individual better adjust to work requirements, there may be positive changes in attitudes about one's job, work, and supervisor.

d) Beliefs and attitudes about the company. The existence of an EAP depends on direct company funding and an insurance program that supports specialized treatments for alcoholism, drug abuse, family problems, etc. If an employee uses these services and finds them helpful, we would expect more positive attitudes expressed toward company benefits and about management's concern for its personnel.

Measurement. The belief and attitude dimension would be measured by items similar to those found in the Carnegie-Mellon University Coal Project Interview Schedule No. 9. That schedule has standardized measures of attitudes about the job, crew, supervisor, and company. There are a number of standard self-esteem measures. New items would be written for overall evaluation of the EAP. The basic point is that measures for the attitude dimensions are quite straightforward and relatively easy to produce.

The design for examining changes in attitudes would follow the procedure we outlined for other indicators. We need to look at changes in before- and after-treatment attitudes for the client group compared to some comparable sample.

UNION AND MANAGEMENT SUPPORT

In unionized mines the attitudes and positions of the union officials toward an EAP are important considerations for its success. If the union sees the EAP as an illegitimate intrusion into the worker's private life, it is unlikely the program will be successful.

We plan to measure union-management support in three ways. First, we will obtain union and management leaders' ratings of the overall effectiveness of the program. Second, we will obtain employees' perceptions of whether the union and management support the program. Lastly, we will obtain information on whether the source of a referral is from the union or management. In management's case we are particularly interested in voluntary referrals rather than involuntary referrals, where the individual has to go to the EAP or leave the company.

PROGRAM COSTS

Our general model of inputs, processes, and outcomes provides a useful framework for evaluating an EAP. To complete our evaluation however, we need to examine program costs. That is, while a program may exhibit a favorable penetration ratio or high ratings on quality of services provided, or favorable outcomes (e.g., drop in accidents), these results need to be examined in terms of costs.

In this section our focus is on direct or indirect program costs necessary to initiate and maintain the program.

To develop and institute an EAP there are important set up costs. The direct costs would be primarily payments for consultants who help in the design of the program, trips to visit other programs, program materials, and costs for physical space for the program. There also would be time spent by managers planning and evaluating various ways to design the program. However, it is not clear one should include the man-hours spent designing the program. These managers get a fixed salary for doing these special projects. And there is no reason to believe that doing the planning and set up for an EAP would cause increased costs or productivity losses because some alternative activity was not completed.

The next set of costs concerns the day-to-day administration of the program. In the *process* section we listed a variety of services provided by an EAP such as education of the work force, supervisory training, treatment, and so on. These basic activities generate the costs of a program. If a program is done on a contract basis to an outside vendor providing EAP services, then the total contract cost would be used. If the program is in-house, then one would have to look at the *incremental* costs brought about by the program. This would include categories such as professional time, secretarial time, materials, telephone, travel, and so on. Another way to arrange the direct costs would be by services provided by the EAP such as educating employees about EAPs, training supervisors, intake, referrals, etc. During the course of a program, there may be a variety of indirect costs. For example, if supervisors or employees attend educational programs about EAPs we need to estimate possible production losses incurred since they were not on their regular job.

The enumeration of program costs is an important task in the evaluation of an EAP. It provides the basic information for conducting a cost benefit analysis.

*** THE HELP PROGRAM

In this section we evaluated the HELP Program, an EAP in the coal industry. We selected the HELP Program because it probably was the largest and most established formal EAP in underground coal mining. The prior section provides a guide for this analysis.

WHAT IS THE HELP PROGRAM?

The HELP-PRO Program is a nonprofit corporation that provides counseling and referral services to the employees and dependents of the sponsoring coal companies. Established in November 1977 as the Carbon-Emery-Grand Counties Employee HELP Program, Inc., its purpose is to reduce turnover, absenteeism, and poor work performance resulting from problems in the employee's personal life. The sponsoring companies have included between three and five underground mines.

Services provided include the following:

1. Referral to proper public agencies or private providers for ongoing counseling or assistance, including making initial appointment and accompanying client to first appointment.
2. Follow-up with client and provider to insure that services are being provided and utilized.
3. Consultation with sponsoring companies.
4. Various preventative education classes, including drug and alcohol information, effective parenting training classes, etc.
5. Supervisory training for sponsoring companies in the areas of human relations, human behavior, and dealing with troubled employees.
6. Marital, family, emotional, alcoholism, drug abuse, financial, and other types of counseling and information.
7. Twenty-four hour crisis intervention.

Implementation of the program's operations is conducted by the executive directors located in Helper, Utah. The office is staffed by the directors, several counselors, and psychologists. Some of this professional help comes to the office on a part-time basis. Record-keeping procedures have been carefully designed to provide necessary information, safeguard client confidentiality, provide for easy follow-up, and minimize paperwork and clerical time.

The HELP Program has been able to meet the problems of size and the rural nature of mining by employing the consortium approach. This requires the joint sponsorship of a program by several mines, each of which supplies a portion of the operating revenue. Most services are available at the EAP office, although certain specialized services may require use of facilities in Salt Lake City, about three hours distance. Having both management and UMWA District 22 personnel involved from the program's inception has facilitated cooperation between labor and management.

Methods

To evaluate the HELP Program we used the model from the previous section. So we arranged our data collection around three major variables, inputs, processes, and outcomes. The two major sources of data were record data and employee interviews. The record data came from the HELP Program records and included information primarily on inputs and outcomes. The other source of record data was company records on outcomes variables such as absenteeism and accidents. The interview covered process variables and outcome variables. The interview followed the same format as described in previous sections.

Our Study

We conducted interviews with the employees at three of the four mines involved in the HELP Program in 1982. The fourth mine was shut down because of economic conditions. Interviews were conducted with managers, foremen and miners. The interviews were conducted individually and lasted about 45 minutes. Interviews with miners typically were conducted underground. Some of the questions directly concerned the EAP while others concerned safety and absenteeism.

Table 24 indicates the number of people studied by each mine and the total employment for each mine. Our strategy in sampling was to select representative crews and interview as many miners (and foremen) as possible. We selected the interview because it is a method to generate high quality, rich data. It is, however, very expensive per unit of information collected. Our best estimate over our larger study (which includes 21 other mines) is that our sampling procedure of production sections yields a good picture of the attitudes and opinions of the underground miners.

TABLE 24. - Number of respondents

	Mine Size	Employees	Management
Mine 2	275	69	13
Mine 3	400	83	7
Mine 4	300	65	9

Inputs

One way to evaluate the effectiveness of an EAP such as the HELP Program is to evaluate who uses the program and how many people use the program. To the extent that the program is viewed as helpful or useful, we would expect people to participate in the program. To the extent that people see little value in the program, we would expect people not to use the program. This type of analysis over time would be particularly important because poor EAP services should lead to a reduction in participation.

Data

Data for this analysis come from records of the HELP Program. We established an information system to record the clients entering the HELP Program. This system was established for the years 1980 - 1983. For 1980 and 1983 we had data for one-half of the year--the last half of 1980 and the first half of 1983. These time periods were selected because they reflected: (1) the dates of our contract, (2) a period when the program was up and running, (3) a period when good records were available, and (3) a period (for most of the mines in this program) relatively free from economic induced layoffs. The actual start-up of the HELP Program was at the end of 1977 with the same four mines that we examined in 1980 - 1983.

Results

Table 25 shows the number of people starting the program across the four mines. Remember, the data for 1980 and 1983 are only for 6 months so the reader might double these figures as a rough approximation of what a full year might look like. Examination of the table indicates that: (1) People are still entering the program. Ninety-eight entered in 1982, more than five years after the program was established. If we adjust the six months figures in 1983, a similar number of people are electing to start the HELP Program. The column % gives a rough indication of the percentages of people in the program over time. It was calculated by summing the people starting the program across all four mines divided by the number of employees in all four mines. (For calculation purposes we doubled the two six month periods to make the column percentages reflect the same time period.) We used the words "rough indication" because people starting the program include employees and family members. However, we do not know the population of families and it seems reasonable to expect that family members to employees should be a constant rate across all four mines. Given this assumption, it would mean that the relative relationship among the percentages is accurate, while the actual percentages are probably overstated. Given these qualifications, the picture that emerges is that the participation rates are low and relatively consistent over time. This observation must be understood in the light that the data presents the HELP Program function in years 3 - 6. (2) There is, of course, variability among mines. The most obvious reasons for this is that mines differ in size. The row percentages, however, indicate that people starting/mine size is relatively the same across mines. There are also some unique reasons. For example, in mine 3, participation dropped in 1981 for economic reasons.

The basic conclusion from Table 25 is that people are still electing to use the programs 6 years into its existence.

TABLE 25. - Number of people starting at each mine per year

	6 months 1980	1981	1982	6 months 1983	
Mine 1 Size 500	25	56	27	17	25%
Mine 2 Size 275	7	44	18	13	29.6%
Mine 3 Size 400	17	7	29	11	16%
Mine 4 Size 300	22	30	24	13	29.7%
	9.6%	9.3%	6.6%	7.3%	

Table 26 provides the number of people who are active in the HELP Program in any year. The data in this table is highly correlated with the data in Table 25. This is because people in the program generally are not participants for more than a year. So new starts in a year and program participation in a year should be highly related. Since we started the data collection system in the last six months of 1980, the 1980 column is the same for both Tables 25 and 26. As we would expect, the data in this table indicates fairly constant participation over time (years 3 - 6) across all four mines. This is important because the majority of participation in the HELP Program is voluntary (versus mandated by the companies). Voluntary participation, typically outside of the regular work day, indicates that the clients of the HELP Program view the program as beneficial.

TABLE 26. - Number of people in the program at each mine per year

	6 months 1980	1981	1982	6 months 1983	
Mine 1	25	69	38	25	31%
Mine 2	7	47	27	18	36%
Mine 3	17	18	33	26	23.5%
Mine 4	22	40	39	21	46%
	9.6%	11%	9.3%	12%	

There is a good deal of variation within a given mine over time. Remember that 1980 and 1983 are half years. However, if we adjust those years by doubling the values, there is still variation. For example, in mine 2 there is a big difference in 1981 and 1982. Unfortunately, we have reviewed the history of participation of these mines in the HELP Program and find no specific predictors of this variability. (We did mention that mine 3 in 1981, for economic reasons, reduced its participation in the program.)

Table 27 provides information on whether the program participants are employees of the companies or their family members. Percentages and actual numbers are presented. The data are quite similar across mines. In general, slightly more than one-half of the participants are nonemployees. The HELP Program is a broad brush program dealing with a range of problem areas including marital and family, so it is not surprising to find family participation in the HELP Program. Indeed most of the problem areas from alcoholism to legal eventually touch on family issues which suggest family members would be involved in the HELP Program. The ratio of employee to family member participation is fairly constant over time.

TABLE 27 . - Types of users--employees/nonemployees

	Employees	Nonemployees
Mine 1	55.7 54	44.3 43
Mine 2	58.0 40	42.0 27
Mine 3	63.2 36	36.8 21
Mine 4	60.3 41	39.7 27

Table 28 shows participation by hourly and clerical versus management personnel. There is a little more variation among mines in this data. Mine 3 has almost all participants from employee ranks whereas mine 4 has almost a third of the participants from the managerial ranks. The hourly to managerial ratio across all mines is around 8:2.

TABLE 28. - Types of users--hourly/management

	Hourly	Management
Mine 1	77.2 85	22.8 25
Mine 2	81.5 62	17.5 14
Mine 3	96.7 58	3.3 2
Mine 4	65.4 53	34.6 28

Table 29 presents the number of self-referrals to the program. This is an important piece of data since it shows voluntary referrals over time. A comparison between Tables 25 and 29 show that the majority of referrals are self-initiated. Also, the self-referrals are relatively

constant over time when taken in comparison to number of people starting the program (Table 25) or number of people in the program (Table 26).

TABLE 29. - Self-referrals

	1980	1981	1982	1983
Mine 1	21	33	38	15
Mine 2	6	32	15	13
Mine 3	17	5	21	7
Mine 4	17	26	22	13

Another way to think about inputs to the program focuses on the types of problem areas introduced into the HELP Program, that is, the types of client problems that are presented to the HELP staff. Table 30 shows the types of problem areas worked on by the HELP Program during the years 1980 - 83. The diagnosis of the problems were done by the HELP staff and outside agencies. It is likely that multiple problem definitions could be assigned to a single client. Of all the problems worked on by the HELP staff, more were diagnosed in the marital, family, and emotional areas than in the alcohol or drugs area. Table 31 provides a breakdown by type of problem and mine. The relative importance of family, marital, and emotional problems remains the same.

TABLE 30. - Type of problem--final diagnosis

	Frequency Cases	%
Alcohol	29	04
Drugs	10	03
Marital	155	35
Family	107	24
Emotional	133	30
Financial	9	02
Legal	3	01

Table 31 provides in a limited way, a means to look at the prevalence issue we discussed earlier. We use the word limited because Table 31 indicates the prevalence of problems being treated rather than the prevalence of problems in the total populations of these four mines. However, if we understand that restriction, it is still instructive to compare the frequencies in this table to the number of people in the mines against the prevalence percentages in Table 11. To simplify this comparison we will look at alcoholism and marital and family problems. The percentage of alcoholism represented in Table 11 ranges from 1-3% comparable to the percentage reported in Table 31. (Frequencies of problems / number of employees were calculated for each mine in Table 31 and compared to percentages in Table 11.) The percentage of marital and family problems at the three mines were higher than the figures reported in Table 11. Our interpretation of this comparison is that alcohol and drug abuse, while acknowledged problems, are relatively low in frequency, and marital, family, and emotional problems are slightly more frequent than reported in our prevalence data.

TABLE 31. - Type of problem--final diagnosis at each mine

	Alcohol	Drugs	Marital	Family	Emot.	Financ.	Legal
Mine 1	12	3	52	46	47	2	0
Mine 2	8	1	39	20	31	2	0
Mine 3	3	2	26	21	24	2	1
Mine 4	6	4	38	20	31	3	2

Table 32 provides another view of the types of problems presented to the HELP staff. This analysis shows problems by different clients.

TABLE 32. - Client status by final diagnosis in percentages

	Alcohol	Drugs	Prescription Drugs	Marital
Employee	82.8 24	60.0 6	0.0 0	44.5 69
Spouse	13.8 4	20.0 2	100.0 1	49.7 77
Child/ Dependent	0.0 0	0.0 0	0.0 0	0.0 0
Other	3.4 1	20.0 2	0.0 0	5.8 9

TABLE 32. - Client status by final diagnosis --continued

	Emotional	Financial	Legal
Employee	55.6 74	77.8 7	33.3 1
Spouse	32.3 43	22.2 2	0.0 0
Child/ Dependent	6.0 8	0.0 0	66.7 2
Other	6.0 8	0.0 0	0.0 0

Summary

Describing program inputs is one way to evaluate the effectiveness of an EAP Program. Our data show that people are using the program over time. Since most of the referrals are self-referrals, it appears that clients perceive more benefits (than costs) of going to the HELP Program. If we saw a marked decline in participation, this might indicate that employees do not see the HELP Program as valuable. This does not seem to be the case.

Processes

Another way to evaluate the effectiveness of an EAP is to evaluate the extent to which services (i.e., the processes of running the program) have been implemented. We identified the following processes -- degree of formalization, education of the work force, training of supervisors, referrals, treatment, follow-up, and the means of getting union-management involvement. Our study examined formalization, education, and training in terms of the knowledge hourly and management employees had of the program and their support of the program. We evaluated union involvement in terms of how well the union supported the program. We did not have direct measures of the effectiveness of the referral or treatment process.

KNOWLEDGE OF HELP - EMPLOYEE VIEWS

The first step in understanding people's attitudes about a program is to see how well they understand the program. The following questions tap how well employees at the three mines understood the HELP program.

We first asked employees if there was a program for "off-the-job problems." As Table 33 indicates, most employees acknowledged there was a program, and it was known as the "HELP Program." The number saying "yes" was slightly lower in mine 2 where the program had started in 1977, had been terminated in 1980, and reinstated in 1981.

TABLE 33. - Is there a program for off-the-job problems?

	Mine 1	Mine 2	Mine 3
Yes	92.5	72.5	90.8
No	--	11.8	7.7
Don't Know	7.5	15.7	1.5
	100.0	100.0	100.0

Those employees who said there was a program were then asked "who can use the services?" and "what kind of services are provided?" As Table 34 indicates, most employees see the program as primarily serving all employees and family members, but not friends -- that perception is accurate according to the program director and the record of what actually happens. The employees' perception of what types of problems are serviced by the HELP Program are also accurate (Table 35). Financial and legal problems were in the scope of the program but were not common problems. While there is some variation across these two questions, it seems that the employee's conception of the HELP Program corresponds to what the HELP Program was designed for and actually does.

TABLE 34. - Who can use the services from the program for off-the-job problems?

(Percent responding yes)

	Miners	Mgmt.	Clerical	Family	Friends
Mine 1	100.0	95.2	88.7	83.9	16.1
Mine 2	100.0	78.4	64.9	75.7	24.3
Mine 3	98.3	81.7	76.7	80.0	16.7

TABLE 35. - What types of problems does the program help with?

(Percent responding yes)

	Alcohol	Drugs	Marital/ Family	Emotional	Financial or Legal
Mine 1	96.8	95.2	96.8	95.2	54.8
Mine 2	97.3	91.9	83.8	86.5	37.8
Mine 3	95.0	96.7	93.3	90.0	70.0

Knowledge about the program was imparted formally through job orientation, bulletin boards, talks by the HELP director, and so on. 85% of the people at mine 1, 51% at mine 2 and 69% at mine 3 reported receiving some formal communication. The grapevine and other information sources also provided information about the program.

In general employees were knowledgeable about the functioning of the HELP Program. This is a precondition to exploring their evaluation of the HELP Program.

Amount of Support

The next series of questions indicate the amount of support the employees see other groups will give to the HELP Program. The extent a program like this is supported by management

and the union is critical for its survival. Since an EAP typically deals with confidential and personal matters, the amount of support (and trust) that exists within the organization is probably important for the success of any EAP.

Table 36 presents how much support employees think the mine superintendent gives to the HELP Program. In mines 1 and 2, 68% and 67% of the employees think the superintendent is very positive or positive about the EAP, while only 2% or 8% of the respondents say the superintendent is negative or very negative. In mine 3, 44% think the superintendent is very positive or positive about the HELP Program while 13% say he is negative or very negative about the HELP Program.

TABLE 36. - Amount of support from superintendent for HELP Program

	Mine 1	Mine 2	Mine 3
Very positive about HELP	32.0	28.6	10.4
Positive about HELP	36.0	38.8	33.3
Slightly positive about HELP	22.0	20.4	20.8
Slightly negative about HELP	8.0	4.1	16.7
Negative about HELP	2.0	2.0	6.3
Very negative about HELP	---	6.1	6.3
	100.0	100.0	100.0

Table 37 presents how employees think the foreman feels about the HELP Program. The majority of employees, 55%, 59%, and 46% feel the foreman is either very positive or positive about the program. Only 8%, 6%, and 11% feel the foreman is negative or very negative about the HELP Program.

TABLE 37. - Amount of support from foreman for HELP Program

	Mine 1	Mine 2	Mine 3
Very positive about HELP	9.8	11.8	8.3
Positive about HELP	45.1	47.1	37.5
Slightly positive about HELP	31.4	29.4	35.4
Slightly negative about HELP	5.9	5.9	8.3
Negative about HELP	3.9	2.0	6.3
Very negative about HELP	3.9	3.9	4.2
	100.0	100.0	100.0

Table 38 provides the same kind of information about the union support for the HELP Program. (Mine 1 is nonunion.) A review of this table indicates that at least 70–75% of the employees think the union endorses the HELP Program and only a relatively small percent think the union has negative feelings about the program.

TABLE 38. - Amount of support from the union for HELP Program

	Mine 1	Mine 2	Mine 3
Very positive about HELP	--	24.5	22.0
Positive about HELP	--	45.3	54.0
Slightly positive about HELP	--	22.6	16.0
Slightly negative about HELP	--	1.9	6.0
Negative about HELP	--	3.8	2.0
Very negative about HELP	--	1.9	--
		100.0	100.0

Tables 36 - 38 show there is positive support for the HELP Program although the perceived degree of positive support varies among the three groups. While it is important to note that we are not measuring actual support toward HELP by the superintendents, foremen, or union, the employees' perceptions are probably a relevant indicator. To the extent that employees perceive lack of support from any of these positions, we would expect less employee participation in EAP activities.

Foremens' Knowledge of HELP

We also interviewed foremen at the three mines about their views of the HELP Program. Twenty six first line or shift foremen were interviewed across the three mines. The responses of the foremen for all mines will be presented together to preserve confidentiality of the respondents.

90% of the foremen said there was a program for off-the-job problems; 10% said they did not know whether there was a program. This 10% is spread across the 3 mines. Those foremen who said there was a program were knowledgeable about who was eligible for the program, and the services provided by the program. 64% of those foremen said they had attended a training program designed to explain the purpose and functioning of the HELP Program. Of those, 22% said the training was excellent, 44% said well above average, 11% said slightly above average and 22% said average. No foreman rated the training below average. In general, the foreman seemed knowledgeable about the program. It is interesting, however, that 10% of the foremen were unaware of this management funded program.

Foremens' Perception of Amount of Support Received By "HELP"

Table 39 reports on foremen opinions about who supports the HELP Program. Two general conclusions come from this table. First, the foremen think that each of the four groups

support the HELP Program. That is, the majority of the responses are in the positive categories. Second, the foremen feel that the superintendent, mine foreman, and miners support the program more than the first line foreman. That is, there are fewer responses in the very positive, positive categories and more responses in the slightly negative category for the foreman. This finding is important in that the first line supervisor is likely to have day-to-day interactions with miners who are attending the HELP program.

TABLE 39. - Foremans' perceptions of amount of support from program for off-the-job problems from:

	Supt.	Mine Foreman	Section Foreman	Miners
Very positive	62.5	21.7	4.5	31.8
Positive	16.7	47.8	22.7	45.5
Slightly positive	16.7	30.5	50.0	22.7
Slightly negative	5.1	--	--	--
Negative	--	--	--	--
Very negative	--	--	--	--
	100.0	100.0	100.0	100.0

GENERAL EVALUATIONS OF HELP - EMPLOYEES

We used a number of different questions to determine how the employees felt about HELP. First, we asked them whether family or friends have used the program's services. Table 40 provides the answer to that question. The data in that table indicate some use of the program. Whether 40.3 or 24.3 (percent answering yes) is a high or low percentage is another question. We would have to know how many employees in this population actually needed help and how many of these used the services of the EAP. After we determine whether the respondent knew someone who had participated in the program, we asked them if they knew how their friends evaluated the program. For those people saying yes, they knew a friend or

family member who had used the program, 71%, 67%, and 58% respectively, said their friend or family member rated the program as excellent or well above average. The results are represented in Table 41. Our respondents also feel that family or friends who used the HELP Program would evaluate it as favorable. Only 14% of the people in mine 1 and 17% in mine 3 felt the HELP Program was below average in quality, while no one in mine 2 felt HELP was below average in quality.

TABLE 40. - Have friends or family gone to the program?

	Mine 1	Mine 2	Mine 3
Yes	40.3	24.3	33.1
No	59.7	75.7	66.9
	100.0	100.0	100.0

We then asked miners whether they had used HELP services (see Table 42). Responses indicated that between 6 and 13% had used the program. Again it is difficult to infer whether the percentage of people participating in the HELP Program indicates favorable or unfavorable use of the program, because we do not have the information on how many people needed its services. Also, given the personal nature of issues dealt with in EAPs, we would expect respondents to underestimate their participation. Table 43 indicates how these respondents who participated in the program evaluated the program. Note that since there are a small number of people participating (see Table 42), the percentages in Table 43 are based on a small number of respondents. Therefore, one has to be careful in interpreting the results.

TABLE 41. - How did friends or family who used the program feel about the program?

	Mine 1	Mine 2	Mine 3
Excellent	42.9	50.0	33.3
Well above average	28.6	16.7	25.0
Slightly above average	4.8	--	16.7
Average	9.5	33.3	8.3
Slightly below average	--	--	--
Well below average	9.5	--	8.3
Poor	4.8	--	8.3
	100.0	100.0	100.0

TABLE 42. - Have you participated in the HELP program?

	Mine 1	Mine 2	Mine 3
Yes	13.0	8.4	6.2
No	87.0	91.6	93.8
	100.0	100.0	100.0

TABLE 43. - If you have used the HELP program, how would you evaluate the service?

	Mine 1	Mine 2	Mine 3
Excellent	25.0	28.6	75.0
Well above average	25.0	14.3	--
Slightly above average	12.5	--	--
Average	--	28.6	25.0
Slightly below average	--	--	--
Well below average	25.0	14.3	--
Poor	12.5	14.3	--
	100.0	100.0	100.0

Another question asked the respondents to indicate the amount of support they and their fellow employees gave to the HELP Program (Table 44). In general, the respondents felt positive about the program. Only 13%, 14%, and 16% of the respondents in mines 1, 2 and 3 did not support the program.

TABLE 44. - Amount of support for HELP program from you and other miners

	Mine 1	Mine 2	Mine 3
Very positive about HELP	25.8	18.6	16.4
Positive about HELP	35.5	30.5	32.7
Slightly positive about HELP	25.8	37.3	34.5
Slightly negative about HELP	8.1	8.5	16.4
Negative about HELP	1.6	--	--
Very negative about HELP	3.2	5.1	--
	100.0	100.0	100.0

Examining the results across the latter three questions indicates people feel positive about HELP. More feel slightly positive or positive rather than very positive.

Foremens' General Evaluation of HELP

We asked the foreman whether any family or friends had participated in the HELP Program. Only 20% reported family or friends had used the program. Of these using the program, the foremen reported 71% rated the program as excellent or well above average; no one rated the program below average.

Superintendents' Views of the Consequences of HELP

We asked the three superintendents to evaluate the consequences of the HELP Program on a variety of organizational indicators. Since we are only examining the responses of three individuals we need to be tentative in drawing any conclusions. The basic question that was posed is whether the HELP Program increased, decreased, or had no effect on indicators such as absenteeism, turnover, productivity, etc. The basic findings are that the HELP Program: (a) decreased absenteeism and turnover, (b) had no effect on productivity and grievances and (c)

improved morale and the quality of labor management relations. While these findings are tentative due to the small number of respondents and the fact that they are opinions rather than actual data (e.g., absentee rates), the direction of the findings make sense. An EAP program should impact on withdrawal behaviors (e.g., absenteeism) more directly than on productivity. An EAP can be seen as an extra benefit which may improve people's attitudes about the company and it can serve as a mechanism for labor and management to help a troubled employee.

OUTCOMES

Another way to evaluate the effectiveness of an EAP is to look at critical behaviors such as absenteeism, accidents, turnover, and performance. The question is whether an EAP will have any impact in improving these behaviors.

This section examines the impact of the HELP Program on absenteeism, accidents, and turnover. We do not have data on individual performance. Most mining activities are group activities so it is difficult to find any records on individual performance. Before we begin the analysis the reader should be aware of the following qualifications.

1. Absenteeism, accidents, and turnover are affected by multiple factors. (See Figure 2.) One of the explanatory factors could be off-the-job problems which could be reduced by an EAP Program. However, since there are multiple factors affecting critical behaviors, it is possible for an EAP to be effective, but the effect is not easily discernible as other factors act in a dynamic way to increase a critical behavior such as absenteeism.

2. The critical behaviors we are examining tend to be low frequency events, so clear changes in these variables are difficult to discern, and

3. All the data we use for analysis come from company records. We have discussed elsewhere, (10), potential measurement problems with this type of data. The combination of the above three factors speaks to the difficulty of isolating the effects of an EAP such as the HELP Program on absenteeism, accidents or turnover.

Absenteeism

What effect, if any, did the HELP Program have on absenteeism? Data for this analysis comes from company absentee records. Every day the company records for each hourly employee whether they are absent and a code explains the nature of the absence. From this data we created four indices:

Total absences = total days absent/number of scheduled days to work

Total absences - sick and injured = total days - days sick and injured/scheduled days

Unexcused days = unexcused absences/scheduled days

Excused days = excused absences/scheduled days

Total absences simply refer to all absences that occur in a given time period. Excused absences are defined by mine management. They refer to days where the individual did not come to work, did not elect to use union mines' provisions in the contract to legitimate days off, but was excused by management. Unexcused days represent days that the individual did not come to work and management did not excuse the individual. While the distinction between unexcused and excused depends on the decision of mine management, we found that most of the excused absences were days off with a doctor's slip and unexcused days were days off without a doctor's slip (with miners typically having poor prior absence records).

To analyze the effect of the HELP Program we first identified all the people in the program. This information was obtained from HELP records. The companies do not know the names of the people in the program except from company referrals. Since this is privileged information, all attempts were made to insure its confidentiality. Our primary analysis will focus on the people in the program to see if HELP had an effect on absentee rates. There is a question of what might be an appropriate control group comparison. Our own experience with this data suggests there are some reasonable control groups within the HELP data set. That is, there are people in the program who started and completed the

program, while there are others who started and withdrew. We should expect some differences among these groups. The nonparticipants in the HELP Program provide another possible control group. That is, if absentee rates for the mine as a whole are increasing, remaining the same, or decreasing, that provides an important context for understanding what effect the HELP Program may have on changing absentee rates. The limitations on using the nonparticipating employees in the mines as a control group is the following: Participants in the HELP Program are not a random sample of employees at the four mines involved in the HELP Program. Indeed we would expect that HELP participants would be different from the typical work population in the areas (e.g., absenteeism) we are examining. We are not suggesting to disregard absentee trends in the larger population, but it is clear there are limitations to this group as a control group.

The data were arranged in the following way. First, we only looked at employees since there were data about these individuals. It would be possible to look at nonemployees (e.g., family members) and trace this effect to employee absenteeism., but it was not possible in all cases to match nonemployee participants with employee participants. Also, the impact of the program should be greater or more pronounced for employee participants, than indirectly on absenteeism through family member participants effects on employee absenteeism.

Another consideration was to arrange the data over time. That is, for each participant we gathered data on their absentee rates before they entered in the HELP Program, while they were in the program, and after they left the program. If a person entered, left, and reentered again, we aggregated all the absentee rates before the program, during, and after, regardless of the number of times this happened. Multiple entries are a relatively low frequency event.

The next way we categorized the data was by program status. There were 5 possible statuses (1) employees who completed the program and remained in the company; (2) employees who completed the program and left the company; (3) employees still in the program, (4) employees who withdrew from the program and remained with the company, and (5) employees

who withdrew from the program and left the company. The "still in the program" refers to people who have not officially withdrawn from the program, but who have not visited the program. This category is closer to the "withdrew" category than the "completed" category.

Table 45 presents absence rates for participants in the HELP Program before they entered the program, during, and after the program. Each participant was classified if they completed the program and were employed by the mine, withdrew from the program and were employed, withdrew and left the company, and were still in the program. Total absences, total absences minus on-the-job accidents, unexcused absences, and excused absences are the absence measures. Table 45 includes data on participants across all four mines. For participants who completed the program and remained with the mine, there does not appear to be any changes in absentee rates over the three time periods for any of the absence measures. The absentee rates for participants who withdrew from the program but remained with the mine are higher than the first category, but there are no clear trends over the three time periods. For participants who withdrew from the program and later from the company, absenteeism rates increased over time. We compare before and during absentee rates for people still in the HELP Program (at the time when we collected the data), and we find no differences.

TABLE 45. - Absenteeism rates for HELP participants

	TOTAL ABSENCES			TOTAL ABSENCES MINUS ACCIDENTS AND ILLNESS		
	Before	During	After	Before	During	After
Completed/ Employed	05	08	05	03	06	05
Withdrew/ Employed	09	17	13	07	14	07
Withdrew/ Not Employed	04	10	16	5	11	16
Still in Program	07	05	-	07	05	-

	UNEXCUSED			EXCUSED		
	Before	During	After	Before	During	After
Completed/ Employed	01	03	01	03	03	04
Withdrew/ Employed	03	05	02	04	09	05
Withdrew/ Not Employed	02	06	15	04	05	01
Still in Program	03	02	-	04	03	-

Tables 46 and 47 provide the same data on absentee rates by time and by status in the program. The only differences are that the data in these tables are presented for each mine.

For Mine 1 there are no real trends in absenteeism data for the "before," "during," and

"after" periods. There is a big increase and then decrease in "total absenteeism" for the during and after periods, but this seems to be attributable to a jump in lost time accident days in the during period.

For Mine 2 we also do not see any clear trends in changes in absenteeism over time. In general, the absentee rates for this mine are quite low and there is not a lot of "room" for movement in absentee rates.

In Mine 3 there are only participants in three categories. The only possible trend is an increase in absenteeism for participants who withdrew from the program, but remained with the company.

For mine 4 there are increases in absenteeism for the completed/employed, completed/not employed, withdrew/employed and withdrew/nonemployed categories.

The picture that emerges from these tables is ambiguous. A reasonable expectation would have been that participants who completed the program would have lower absentee scores in the "after period." That is, if the program had an effect, it would have been to reduce absenteeism in possibly the "during" phase and clearly in the "after" phase. The data seems a little more consistent with the withdrew condition. If people withdrew from the program, this meant that they probably did not find the program to be useful. If the problem that stimulated them to enter the program still persists we would expect absentee rates to stay the same or increase. There is evidence that this happens in some of the mines. Another expectation is that people in the "still in program" category should begin to show lower rates. The data do not support this position.

Another general finding is that there are differences across mines. In Mine 2 there is not much room for the program to have an effect on absentee rates. In Mine 4, most of the participant categories indicate an increase in absenteeism, although there is not a general increase for that mine population as a whole.

TABLE 46. - Absenteeism for HELP clients - by mine

	TOTAL ABSENCES			TOTAL ABSENCES MINUS ACCIDENT AND ILLNESS		
	B*	D*	A*	B*	D*	A*
MINE 1						
(A) Completed/emp.	.07	.14	.02	.04	.05	.02
(B) Completed/ not employed						
(C) Withdrew/emp.	.08	.10	.12	.06	.05	.03
(E) In program	.05	.05	-	.04	.03	-
MINE 2						
(A) Completed/emp.	.02	.05	.01	.02	.05	.01
(C) Withdrew/emp.	.11	.01	.02	.03	.01	.01
(D) Withdrew/not employed	.07	.04	-	.07	.04	-
(E) In program	.07	.03	-	.07	.03	-
MINE 3						
(A) Completed/emp.	.11	.08	.08	.06	.07	.07
(C) Withdrew/emp.	.11	.24	.17	.12	.23	.21
(E) In Program	.12	.10	-	.12	.11	-
MINE 4						
(A) Completed/emp	.00	.08	.10	.00	.08	.10
(B) Completed/not employed	.20	.36	.34	.07	.23	.34
(C) Withdrew/emp.	.08	.34	.22	.08	.29	.05
(D) Withdrew/ not employed	.06	.10	.16	.06	.20	.16
(E) In Program	.04	.04	-	.04	.04	-

B = Before
D = During
A = After

TABLE 46. Absenteeism for HELP clients by mine--continued

	UNEXCUSED ABSENTEEISM			EXCUSED ABSENTEEISM		
	B*	D*	A*	B*	D*	A*
MINE 1						
(A) Completed/emp.	.01	.02	.01	.03	.03	.01
(C) Withdrew/emp.	.02	.03	.01	.04	.02	.02
(E) In Program	.01	.00	-	.03	.03	-
MINE 2						
(A) Completed/emp.	.01	.01	.00	.02	.04	.01
(C) Withdrew/emp.	.01	.01.	.00	.02	.00	.01
(D) Withdrew/not employed	.02	.01	-	.05	.03	-
(E) In Program	.06	.02	-	.01	.01	-
MINE 3						
(A) Completed/emp.	.02	.03	.02	.04	.04	.05
(C) Withdrew/emp.	.04	.05	.06	.08	.18	.15
(E) In Program	.02	.04	-	.10	.07	-
MINE 4						
(A) Completed/emp.	.00	.06	.02	.00	.02	.08
(C) Withdrew/emp.	.04	.10	.03	.04	.17	.02
(D) Withdrew/ not employed	.03	.12	.15	.03	.08	.01
(E) In Program	.02	.01	-	.02	.02	-

*
B = Before
D = During
A = After

Turnover

Turnover is another factor used in evaluating EAPs. The issue is how to view terminations when evaluating the HELP Program. In our paper on evaluations we argue terminations could be functional or dysfunctional for the company. In the functional sense, HELP might identify that the source of the off-the-job problem comes from a lack of fit between the individual and the job. That is, the client does not have the skills or abilities that fit mining job requirements. If the termination leads to a job placement which maximizes job performance fit, we argued that was a positive termination. In the other case the person has the skills and abilities to mine, but some other factors (e.g., drug problems) affect performance. If the drug problems persist and this leads to termination, we code this as a negative termination. Negative terminations are correlated with involuntary terminations. The underlying assumption is that if the off-the-job problem was solved, the individual would remain a productive miner.

The distinction between positive and negative terminations is important. If there is a lack of fit between central individual characteristics and job characteristics, it is likely the individual will continue to experience stress, hold negative job attitudes, and perform poorly. If the HELP Program facilitates the acknowledgement of this situation, and helps the individual find a job more congruent with his or her interests, then the individual and the organization are likely to be better off. (The termination will be more dysfunctional for the individual and company.) If a good employee's performance drops because of emotional problems and the HELP Program is unsuccessful in resolving their problems, then the departure of this person, particularly if that person is skilled and interested in mining, represents a loss to the company.

To sharpen the distinction between positive and negative terminations we adopted a rule which considered most terminations as negative. That is, strong evidence was needed to code a positive termination.

Examples of positive terminations are:

- Client was voluntary referral, lived far away from mine, and got an equivalent or better job closer to home. Had an absentee problem.
- Client was divorced alcoholic. Voluntary referral, moved to a different state, remarried, and obtained responsible job.
- Client came to Utah to make money with intention of leaving. Had emotional problems. Returned to Texas to get married. Obtained responsible job.

Examples of negative terminations are:

- Client was voluntary referral, was experiencing high levels of absenteeism, quit the program and company without explanation.
- Client was company referral because of high absenteeism and discipline. Initial diagnosis was alcoholism and family problems. After a period of time, company terminated this individual.

There are some other issues that must be reviewed when analyzing turnover as a measure of EAP effectiveness. First, the connection between effective EAPs and turnover rates is complex. The existence of off-the-job problems does not mean that turnover is a highly probable event. There are a variety of ways workers can manage off-the-job problems that do not directly lead to turnover. So EAPs may be effective in reducing off-the-job problems, but there will not be a corresponding reduction in turnover rates. Second, turnover rates are typically low frequency events. In the mining industry, particularly toward the end of 1981, layoffs were becoming more common, jobs were more difficult to obtain, and therefore, the attractiveness of keeping one's existing job was becoming stronger. Given lower turnover rates, it is simply more difficult to isolate changes in rates. Third, turnover is affected by multiple factors, so it is difficult, particularly given the low frequency, to attribute changes in rates to EAPs

The major limitation of the turnover data is that it cannot be formatted in the same way as absentee or accident data. Absentee data by individual occurs over time. So we can

examine rates before, during, and after the program. Turnover is a one time event. We can not trace it over time. Therefore, we do not have a built in control group over time. In absentee studies, the individual can serve as his or her own control group over time. It is possible to compare turnover rates at the mine to rates of program participants. But the comparison assumes some similarity between the mine turnover rates and the program turnover rates. We would expect the rates to be different because people who select themselves into an EAP should be different from the modal population. The major point of this discussion is that we do not have a good baseline either over time or in terms of some control group to assess the effectiveness of HELP in changing turnover rates. Also, we do not have accurate data on termination rates for the mines over time.

Given these limitations, we will provide some descriptive statistics about turnover.

1. 18% of the employees in the HELP Program terminated during the time period of this study.
2. 80% of these terminations represent negative terminations. In 20% of the cases these individuals went to nonmining jobs that were more congruent with their skills and abilities.
3. An analysis by mine indicates high variability in turnover rates by clients. In one mine there were no terminations. Another mine accounted for 80% of all the terminations. Our experience was that this mine had a high termination rate among all its employees during the time of our study. Compared to other mines it was much less accessible than any of the other mines in terms of travel distance and difficulty of the commute.

Summary

The data are not available to assess the impact of the HELP Program on turnover. Turnover of employees in the HELP Program is low in all but one mine which experiences high turnover over all employees. During the course of this study there were major economic

changes in the industry which reduced turnover as a viable option. As more mines began to lay off or shut down, the opportunities to turnover were reduced. We would like to know if participation in the HELP Program reduced turnover rates over and above what they would have been without a program. However, the data are not available to make that comparison and the prevailing economic conditions were probably the most powerful forces in affecting turnover rates, which for 3 of the 4 mines were already low.

Accidents

Accidents represent another type of critical behavior that could be affected by EAPs. Off-the-job problems may be associated with accidents in the following way: Increased preoccupation with off-the-job factors could lead to lower vigalence, greater opportunities for distraction, lower level of motivation to conform to standard operating practices, greater opportunities for carelessness, and so on. All of these behaviors increase the probability of accidents. To the extent to which EAPs can reduce off-the-job problems, the worker may exhibit, for example, greater vigalence and motivation to work safely and experience fewer accidents.

The issues in evaluating the impact of EAPs on accident rates are the same for our discussion of absenteeism and turnover. The existence of off-the-job problems does not necessarily lead to accidents. Accidents typically are low frequency events so it is harder to identify trends. Lastly, many factors affect accidents independent of any off-the-job problems.

Given these problems, we examined any reported accidents for participants in the HELP Program. These could include lost time and no lost time accidents. We used both types of accidents because of the low frequency of these events and we wanted to have enough cases to look for trends. The data were also arranged into the period before entering the program, during the program and after the program by the five status categories used in absentee analysis. Also, since there was wide variation among mines, we present the data by mines versus some aggregate category.

TABLE 47. - Number of accidents for program participants - mine 1

	Before	During	After
Completed-Employed	1	2	0
Still in Program	0	0	-
Withdrew-Employed	2	1	3

TABLE 48. - Number of accidents for program participants - mine 2

	Before	During	After
Completed-Employed	0	0	5
Still in Program	0	0	-
Withdrew-Employed	5	2	0
Withdrew-Not Employed	0	0	0

TABLE 49. - Number of accidents for program participants - mine 3

	Before	During	After
Completed-Employed	0	2	0
Still in Program	10	3	-
Withdrew-Employed	12	9	3

TABLE 50. - Number of accidents for program participants - mine 4

	Before	During	After
Completed-Employed	0	0	1
Completed-Not Employed	2	2	1
Still in Program	1	0	-
Withdrew-Employed	3	2	3
Withdrew-Not Employed	1	4	1

Tables 47 - 50 presents the number of accidents (lost time or nonlost time) for program participants in the "before," and "after" periods by the four mines. In mine 1 there are no trends over time or between the four status categories. In mine 2 there is conflicting information. In the status category where one would expect the best performance, there are more accidents in the "during" periods. However, one should note that there are no accidents in the "before" and "during" periods. The 5 accidents in the after period probably is not related to any program influence. In Mine 3 there are some decreases in accidents in the still-in-program and withdrew-employed categories. The lower number of accidents in the completed-employed category indicates they simply are a different group. In Mine 4 there are no trends over time or by category.

Table 51 shows accident rates by program status and time. The rates are calculated on lost time days over scheduled working time. Tables 47 - 50 concerned the number of accidents not the number of days lost. Participants in the HELP Program across all four mines did not have many lost time accident days, so there are not many opportunities to look for trends in the rates.

TABLE 51. - Accident Rates

	BEFORE	DURING	AFTER
MINE 1			
Completed/Employed	.03	.08	.00
N = 8			
Withdrew/Employed	.01	.00	.17
N = 7			
Withdrew/Not Employed	-	-	-
N =			
Still in Program	.00	.00	-
N = 2			
MINE 2			
Completed/Employed	.00	.00	.00
N = 10			
Withdrew/Employed	.00	.00	.00
N = 8			
Withdrew/Not Employed	.00	.00	.00
N = 2			
Still in Program	.00	.00	.00
N = 3			
MINE 3			
Completed/Employed	-	.00	.00
N = 3			
Withdrew/Employed	.00	.00	.00
N = 8			
Still in Program	.00	.00	-
N = 2			
MINE 4			
Completed/Employed	.00	.00	.00
N = 3			
Completed/Not Employed	.09	.15	.00
N = 4			
Withdrew/Employed	.00	.00	.00
N = 6			
Withdrew/Not Employed	.00	.00	.00
N = 6			
Still in Program	.00	.00	-
N = 2			

Other Factors

Preoccupation with off-the-job problems can lead to on-the-job behavior that could lead to disciplinary action and subsequently grievances. Alcoholism could lead to sleeping on the job. Emotional problems could lead to conflict with one's supervisor or increased absenteeism. In any of these cases disciplinary action could follow, which in turn could generate grievances. While we did not have access to the grievance data for the relevant mines included in the HELP Program, we did discuss the grievance issue with mine managers who were included in grievances. We found no evidence that there were any patterns of grievances related to clients in the HELP Program or to the program itself. There is no way to evaluate whether the HELP Program reduced the number of grievances beyond some level that would have occurred if the program had not been in existence.

Preoccupations with off-the-job problems can lead to accidents, absenteeism, and other forms of behavior which reduce productivity. This is an indirect effect. Off-the-job factors can also have a direct effect on productivity by diverting the employee's attention and motivation from work. We have done extensive analyses on estimating program effects on productivity in the coal industry, (11). It is not feasible to assess productivity effects of the HELP Program. This program is at the individual level while production underground coal mines occurs at the group level. If we were in an industry where there are clear measures of individual performance we could do some analysis. However, in coal mining, the unit of analysis is the crew or section. In other studies we have shown that accidents and absenteeism lower production (12). However, since our analysis of absenteeism and accidents does not permit assigning that proportion of absenteeism on accidents affected by the HELP Program, we can not estimate the effect of the HELP Program on reducing productivity.

Another factor to consider is program costs. One could examine the costs of the program relative to benefits. The HELP Program is funded on a cost per employee basis. During the period from 1980 - 1983, costs per employee were $4.50 to $5.50 per month per employee.

While we have done extensive cost benefit analyses in the coal industry, (11), it is not feasible to do such an analysis here because of the difficulty in attributing and quantifying the direct impact of HELP on absenteeism, accidents, turnover, and productivity. That is, we would need to identify the amount of absenteeism attributed to the HELP Program and then estimate the savings from the reduction in absenteeism or other indicators. However, in our analysis of outcomes we have pointed out the problems in isolating the effects of the HELP Program on absenteeism, turnover, and accidents.

OVERALL EVALUATION OF THE HELP PROGRAM

If we review all the information we have discussed, the following picture emerges about the HELP Program. First, and probably most important, management of the mines continued to renew its contracts with the HELP Program eight years after it was set up. Second, employees continue to use the HELP Program. Our data showed that people used HELP Program services. Also, most of the clients were self-referrals. Voluntary participation indicates employees see a benefit in the program. Third, when we examined the process indicators of effectiveness, employees were knowledgeable about the program, felt there was organizational support for the programs, and those using services of the program rated these as average or above average. In general, the process indicators of effectiveness were positive. The analysis of outcomes (e.g., absenteeism) were less clear. There were no clear indicators that the program increased or decreased absenteeism or accidents.

The basic objective of this research is to determine the feasibility of EAPs in the underground coal industry. This section is written for individuals involved in deciding whether or not to introduce an EAP into their mining organizations. This individual typically is a senior manager, but union officials also will have some involvement in this decision. There are multiple meanings that can be assigned to feasibility. The simplest interpretation focuses on whether EAPs should or should not be introduced into underground coal mining. Another interpretation is whether an EAP should be introduced in a particular mine. Our view is that the latter interpretation is more useful. There is nothing in the data we collected that would

indicate that the industry should adopt EAPs. Indeed one of the clearest findings in this study is that some analysis needs to be done at each mine site before deciding on the feasibility of EAPs. This initial position of fitting EAPs to specific mines is not simply a hedge--that is, reluctance to say whether EAPs are feasible. Rather, it is a clear conclusion from our data that EAPs will fit in some settings and not in others.

Let's review what we know about EAPs. First, an EAP represents one of many strategies an organization can use to improve the effective utilization of its human resources. We argued earlier in this report that EAPs can be helpful in improving certain human resource problems, but not others. Fitting the EAP to the appropriate causes is the key challenge. The critical set of causes relevant for EAPs are those related to off-the-job rather than on-the-job issues. The extent to which an employee experiences off-the-job problems such as alcoholism, drug abuse, family and marital problems, emotional problems, and so on, which in turn affect critical work behaviors such as absenteeism, accidents, and job performance, the more viable an EAP might be. The idea of targeting human resource strategies to causes of organizational problems is key. EAPs are effective in reducing problems induced by off-the-job factors, not problems caused by on-the-job problems. If the primary source of organizational problems can be traced to on-the-job factors such as pay systems, training, job design, then an EAP will not effect strategy.

The viability of EAPs then depends on the prevalence of these off-the-job problems. We studied a representative sample of underground coal mines to assess prevalence. The study was designed to build trust and rapport in order to obtain quality information on a sensitive topic. To the best of our knowledge, the study was one of the most comprehensive conducted in underground coal mining. The basic conclusion is that off-the-job problems such as alcoholism, family, marital, and emotional occur in the mines we studied in the 1-3% range. Earlier we discussed the accuracy of these estimates. The basic conclusion is that these estimates are always understated, but the idea is that we are still talking about low frequency events. Also, our estimates are not too different from those reported in other industries (7). Also, see Appendix A.

The data we presented from the HELP Program provides another view of the prevalence of these off-the-job factors. While this is a data set of people who have diagnosed off-the-job problems versus an estimate of the prevalence in general in these mines, the off-the-job problems reported from HELP records are comparable to the results of the prevalence data we collected at many other mines (Table 11).

Next, we examined the relationship between off-the-job problems and critical behaviors such as absenteeism, accidents, and job performance. One important conclusion in our analysis was that the existence of an off-the-job problem does not mean there is a one-to-one correspondence with increase absenteeism or accidents. There are many ways people manage off-the-job problems, that do not directly affect critical job behaviors. The data we collected support this observation. Off-the-job factors may be related to absenteeism, accidents or poor job performance, but they are not the primary cause of these phenomena.

At this point we have reported that off-the-job problems exist in the mining community, the rates of these problems are low, these off-the-job factors have consequences for absenteeism, accidents, and performance, but these are not the primary causes. The fact that we are talking about low frequency phenomena should <u>not</u> be interpreted to mean we are talking about unimportant organizational consequences. If we are talking about only 5 - 10 people in a 300 person mine, it only takes one serious injury or fatality to look at EAPs in a different light. The point is that we are talking about low frequency events that can have serious cost implications for the company.

Given this context, the first question the manager must consider is estimating the potential prevalence of these off-the-job factors. They may be more prevalent in some mines than in others. The reasons for estimating potential prevalence is twofold. First, given that there is variation across mines, some company mines may be better selections for EAPs than others. The second reason is that by estimating the potential prevalence, the managers will develop a better understanding of off-the-job problems.

One estimates the potential prevalence of off-the-job factors in a number of ways. First, most firms have historical experiences with alcoholism, drugs, emotional, and other such problems. One does not have to have a formal EAP to deal with these problems. In most mines we visited, it was relatively easy for the superintendent to generate a number of such cases. In all these mines these problem employees were dealt with informally. (Formal EAPs provide a set of consistent policies and procedures for dealing with these cases.) This historical account is quick and a relatively accurate way of identifying known cases and the consequences of these cases for the mine. The second type of analysis focuses on absentee records. All firms that we worked with keep daily absentee records. Some firms have this information computerized, others do not. There is no need however, for complicated analyses. Basically, we want to look at the high absentee individuals, that is, individuals whose rate of absences exceed the mine average. In most mines there are a small percentage of workers who account for a large percentage of total mine absenteeism. These individuals are likely candidates for EAPs. Their excessive absenteeism may be accounted for by off-the-job problems. A third source of data is accident records. Here, we would like for the same type of information as we suggested for absenteeism. Look at the individuals with frequent accident rates. In our analyses of accident rates we find that there is a small percentage of employees with greater than average accident rates. These individuals may be candidates for the EAP. Points 1 - 3 can be easily examined by mine personnel. The data are there, and in most cases, do not represent more than a man day to generate. A fourth way to estimate potential prevalence is to ask mine employees to provide estimates of the number of people affected by various off-the-job problems at their mine. These questions on prevalence can be added to any general study that the mine was planning to initiate. However, this method of estimating prevalence would have to be done by a neutral third party.

The purpose of doing points 1 - 4 is to estimate the potential of off-the-job problems. Points 1 - 3 can easily be implemented by mine personnel. The importance of this activity is to provide an opportunity for mine management to learn more about potential candidates for an EAP and to become more sensitized to off-the-job problems.

After the analysis for potential off-the-job problems is completed, the next step is to carefully review the rationale for establishing an EAP. This issue is very critical and often neglected in evaluating the feasibility of an EAP. The questions are: Why do I want an EAP? What benefits do I expect from an EAP? Earlier we mentioned five rationales: (1) to reduce absenteeism and increase productivity; (2) to reduce accidents; (3) to provide a neutral device by which individuals with personal problems can be managed, treated, and/or removed from the workforce; (4) to provide a personnel benefit to employees that is consistent with other employee benefits; and (5) to improve employee well being. We listed these five rationales because it is important for the firms to be explicit about why they want an EAP. Selecting the rationale should take time and careful discussion. When this selection takes place, managers should consider the following. The most obvious rationales are numbers one and two. That is, we want EAPs to reduce accidents, absenteeism, and to increase productivity. Although these benefits may occur, we pointed out earlier that we are talking about low frequency events (i.e., the off-the-job problems), these events do not always cause an increase in absenteeism and accidents, and it is difficult to isolate the effect of an EAP on absenteeism or accidents. On the other hand, rationales three through five are important and they do not rely on the same level of justification as is required by rationales one and two. Our experience is that mines which select EAPs solely for economic reasons may find their existence more difficult to justify. On the other hand, mines which use both economic and noneconomic factors to initiate an EAP will probably find the program easier to legitimate.

Let us assume the manager has estimated the potential EAP population and has a clear set of rationales for initiating an EAP. What should the EAP look like? While there is no one answer to that design question, there is a modal characterization that would fit most mining organizations. Here are some of the characteristics.

- A program that includes employees and immediate family members.
- Referrals to the program could be self-referrals, management referrals, or union referrals.
- Two models for delivery services are preferred. (1) **Consultation Model.** *In-house*

services: establish the credibility of the program; provide information aimed at problem identification; provide time off for employee, and supervisor training and awareness programs. *Outside services*: all problem identifications; all intakes and initial problem assessment; all counseling and other treatment; all follow-ups. (2) **Referral Model.** *In-house services*: (in addition to the services noted in the consultation model) identify the existence of a client's general problems; provide general referral to a category of outside services; keep informed on client's progress; primary prevention training. *Outside services*: specific problems identification; all counselling and other treatment; all referrals; all follow-up.

- The physical location of the facilities should be off-site.
- Corporate or consortium initiated programs are equally viable.
- In a unionized plan, participation of the union in the design and operation/evaluation of the program is important.

At this stage in the progress the manager has estimated the potential EAP population, identified the rationales for the programs, and has a rough outline of program characteristics. The next step is to initiate a set of processes that are critical to the success of any EAP.

1. Commitment. An EAP will not be successful unless the commitment of the major players is obtained. They include top management, middle management, first-line supervision, union officials, and employees. The major problem in many programs similar to EAPs is that some of the actors are committed and others are not. The bottom line is that these programs get put on-line, but they never last as viable entities. Gaining commitment is a difficult task. There are a variety of activities that may contribute to enhancing commitment. Reading portions of this report or other reports referenced in the appendix is a good start. The Carnegie-Mellon Coal Research Program's staff could provide some assistance. Visiting EAPs at mine sites or in nonmining companies is another very important way to build commitment. It's important to take time to build commitment in the "front-end." EAPs will affect a variety of organizational practices (e.g., absentee programs, safety programs) so it is important that all managers and union official are committed to the concept.

2. Another important activity is to select the vendor for the referral and/or treatment services. It is not appropriate in this type of report to recommend classes of vendors or specific vendors. Some of the critical issues that should be considered are: the experience of the vendors with EAPs, the accessibility of the vendor to a particular mine site, the experience of the vendor personnel with mining, and so on. It is obvious that other factors such as cost will be considered. We think an initial consideration of the three factors enumerated above should be considered prior to cost.
3. Training is critical to the setting up and successful administration of an EAP. Both the company and vendor can serve as trainers. The target population would include all levels of management, employees and union officials. The most obvious type of training is awareness training. That is, people need to learn what an EAP is, how it functions, areas it covers, and so on. This training is very important because it will impact on whether employees decide to participate in an EAP and whether there will be general support at the mine for an EAP. The second type of training is primarily aimed at first-line supervision. The purpose of that training is to help first-line supervisors to be more able to identify different types of off-the-job problems and procedures for confronting and working with employees who have these problems. This type of training is also important for the success of the program. A key problem in most EAP training is that it tends to be "one-shot." That is, the training is given at the initiation of the program, but there is no follow-up training. We believe training over time is critical for the long run success of an EAP.
4. Reward systems. An EAP will be successful if it is supported by the organization's reward system. Foremen need to be rewarded for active participation in the program. If a foreman identifies a potential problem case, mine management needs to support the foreman through the diagnosis and eventual treatment of the problem case. Failure to do that increases the risk for the foreman and decreases the probability that he or she will help make the program function.

in these mines are relatively stable (i.e., there is very low turnover). That is, the more stable the work force and the longer the mines participate in the HELP Program (begun in 1977), the fewer the new starts would be expected. Also, as the total population of potential participants decreases the absolute number of potential clients (i.e., problem drinker) also decreases.

In reviewing the types of clients in 1986 versus the 1980 - 1983 period there appears to be a lot of similarities. Most of the clients come on self-referrals. The types of cases are similar to those reported in Table 30.

There has been some change in the type of services provided by the HELP Program. During the 1980 - 1983 period services were provided by the director and two psychologists who would typically work on a one day a week basis. In 1986, the director John Warden, provides the same services (diagnosis, referral, and selective counselling) which he offered in the 1980 - 1983 period. Other activities by the directors such as visiting the mines, going inside and offering supervisory training have declined through 1986. A primary reason for discontinuing the services of the visiting psychologists according to the director, was that the case load would not support the visits of these psychologists who were based in Salt Lake. Special classes in areas such as parenting which, were offered in 1980 - 1983, were not available in 1986. The basic picture that emerges in 1986 is that the program services have been reduced. However, one needs to make the following qualifications. To the extent to which the HELP Program serves as a diagnostic referral EAP, then its activities have not changed very much. To the extent to which HELP provides treatment, its services have been reduced.

Is the HELP Program a viable entity? The only evidence that was available during our brief data collection in 1986 is that the mining companies are still willing to support the program some 10 years into its establishment. Also, new participants continue to enter the program. The forces working against the program are primarily financial in nature. There has been a significant drop in the total number of employees in the mines under contract which directly reduces income. At the same time, the costs of operating this EAP have not dropped.

Will the HELP Program continue to remain viable in the next two to three years? This question is harder to answer. The economic viability of the mines is the key to this question. If the economy remains strong and demand for coal increases, the increases in the number of employees will benefit the HELP Program. A new power plant in the area will be put on-line in about a year and this should have some affect on demand for coal. If demand does not change and the labor force remains the same in the four mines or declines, the viability of HELP will be more uncertain. Other than the economic situation, the other key factor affecting the viability of HELP is the motivation of the Wardens. They have been strongly dedicated to starting and maintaining the HELP Program. It remains the longest running EAP in the coal industry. My guess is that they will continue to run the program even if there is not an improvement in economic conditions of the four mines. Issues such as who owns what mines (that has changed over the 10 years) or what specific services are offered are less important than the dedication of the Wardens or the economic viability.

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APPENDIX A

ANNOTATED BIBLIOGRAPHY

ON

EMPLOYEE ASSISTANCE PROGRAMS

COAL PROJECT

CARNEGIE-MELLON UNIVERSITY

JANUARY 1986

I. GENERAL INTRODUCTION or WHAT IS AN EAP? (or industrial alcohol rehabilitation program).

Adams, J. M. The Problem Employee. New England Business, Vol.4, No.7 (April 19, 1982): 62-65.

Because of United States productivity lags, employers can no longer ignore the problem employee. Approaches taken by consultants are reviewed. A ten-step program of on-the-job solutions is summarized. An employee assistance program is recommended. Insets emphasize the art of listening and stopping unauthorized telephone calls.

Anonymous. Corporate Responsibility: The Perils of Becoming Thy Brother's Keeper. Training Vol.18, No.10 (October 1981): 50-51.

Corporations are increasingly offering employees more services in the areas of financial counseling, chemical-dependency intervention, and retirement planning. Despite the traditional view that the primary obligation of a corporation is to make a profit, today's corporation is becoming a focal instrument of social change. Although firms are already active in many external social programs the trend is toward a greater number of social programs within the organization. However, the result seems to be that employers and employees are on a collision course due to conflict between entitlement and inducement insofar as corporate social programs are concerned. Human resource development practitioners face unique problems because of the new responsibilities corporations have assumed. Companies have offered stop-smoking programs but they are not free to use non-smoking as a criterion for hiring workers. Unions contend that firms cannot force alcoholic workers to get help or be fired. It is evident that a whole series of democracy-in-the-workplace issues will soon find their way into litigation as corporations and individuals test each other's rights and responsibilities.

Anonymous. Variety of Approaches in Employee Assistance. Employee Benefit Plan Review Vol.37, No.1 (July 1982): 28,30.

The Division of Alcoholism of the Illinois Department of Mental Health and Development Disabilities sponsored a conference on employee assistance programs. The conference was designed to provide a closer look at the spectrum of existing assistance programs and the various directions these programs may follow. One program offered by Standard Oil is for middle management employees. Participants are given a stress test before they begin an individually designed program that has been suggested by the employee's physician. Participants are permitted to use the in-house facilities during working hours. Johnson & Johnson has 3 different programs at 7 company locations. Each of the programs is voluntary, involves employees and their families, and includes a policy statement that assures confidentiality, no recordkeeping, and that ensures that participation will not jeopardize job security or advancement. The Sentry Insurance Company implemented a holistic health program. In-house facilities include a full-size gymnasium, 2 racketball courts, an indoor swimming pool, Nautilus equipment, an indoor golf driving range, and a quiet room for meditation. Employees covered under the company health care plan, spouses, and dependents are eligible to use the program.

Anonymous. EAPs Change Structure to Reach Professionals. Employee Benefit Plan Review, Vol.37, No.7, (January 1983): 81-82.

Study is made of employee assistance program services. Nature of employee's personal problems is changing. Professionals have different problems because of different work environments.

Anonymous. Assistance Programs Help Employers Reduce Alcohol-Related Wrecks. Business Insurance Vol.17, No.29 (July 18, 1983): 35-36.

Many employers are using in-house employee assistance programs (EAP) to reduce the number of accidents caused by workers who drink while driving company vehicles. The results of these EAPs are difficult to measure, but companies report that employees who participate have fewer on-the-job accidents. Overall job performance is also improved, and absenteeism is reduced. Drinking on the job can cost employers in many ways, including increased cost through group health plans. Drinking on the job can also endanger fellow employees. Employers with such EAPs in effect believe that it is far better to help a person recover than to fire the individual. A look at a variety of companies and their programs provides some insight into how these in-house assistance programs function.

Anonymous. EAP Potential to Save Money is Unknown. Business Insurance Vol.17, No.35 (August 29, 1983): 14.

Large companies are turning to employee assistance programs (EAP) to help troubled workers. EAPs are designed to help employees deal with such problems as alcoholism, gambling, and marital difficulties. According to Donald W. Myers, a professor of insurance, about 20% of the US workforce suffers from such problems, and these problems cost their employers about $195 billion a year. The number of EAPs has increased rapidly over the years. The number of alcoholism programs alone doubled between 1972 and 1979. EAPs can take many forms, including: 1. nonprofit consortia, 2. privately contracted organizations, 3. peer assistance programs affiliated with professional organizations 4. union/management programs, and 5. hot lines. Some EAPs have shown impressive results, but despite encouraging results, little information has been collected on how much money EAPs actually save.

Anonymous. Employee Assistance, Wellness Pay Off. Employee Benefit Plan Review, Vol.38, No.3 (September 1983): 22, 117-118.

Employee assistance programs (EAP) are becoming a cost-effective means of benefitting employees and improving productivity. The in-house alcohol EAP Illinois Bell started in the 1940s has become a model for other companies. It was designed to help workers with alcohol and drug abuse and emotional illnesses. Supervisors play an important role in its operation via ongoing communication with affected workers. Employees can seek help from the EAP on their own, but most of the participation comes by management referral. Deere uses a health education and exercise program to improve employee productivity. With the cooperation of the health maintenance organizations in the area, Deere has developed a wellness program using 4 different cycles to make workers aware of the benefits of exercise. The 4 focus on: 1. health

awareness, 2. determination of particular individual health risks, 3. suggestions pertaining to health education, and 4. specific activities to improve employees' health profiles.

Anonymous. The Smart Companies Are Getting Personal: Why Employee Assistance Programs Encourage People to Bring Their Problems to Work. Industrial Management (Canada). Vol.7, No.8 (October 1983): 22-25.

Whether drug or alcohol problems, a nervous breakdown, a divorce, or the death of a spouse should be corporate issues is not completely clear, but such problems do cost companies a lot of money. It has been estimated that fewer than 4% to 5% of Canadian companies have formalized employee assistance programs (EAPs) to try to help employees deal with their problems. Meanwhile, more than 50% of the Fortune 500 companies have such programs. Employee assistance programs were created from the drug and alcohol abuse programs established by heavy industrial companies in years past. Most of the programs currently being operated offer help for any type of employee problem. Firms usually provide an employee assistance counselor as a resource for employees, and this counselor typically determines the nature of the problem and refers the employee to an outside agency specializing in that area. If the employee's problem has severely affected work performance, the employee may be mandatorially referred to the EAP, but most make a personal choice to use it. References.

Anonymous. Job Leverage Gives Employee Assistance a Boost. Employee Benefit Plan Review. Vol.39, No.2 (August 1984): 82-86.

Employee Assistance Programs (EAPs) work more effectively than many community counseling programs. Substance abuse, both drug and alcohol, are costing government and private employers money through absenteeism, waste, legal actions and workers' compensation claims. EAPs can be used to solve these problems through large companies or groups of small companies. The program in Taunton, Massachusetts, developed by Charles E. Volkmann and Dr. Dale A. Masi, is an example of a successful EAP. The program worked with emotional problems, family problems, marital problems, substance abuse, legal problems and financial problems. Referrals were usually voluntary and close to half the clients were self-referred.

Anonymous. NCR Employee Assistance Plan Goes Nationwide. Employee Benefit Plan Review. Vol.39, No.8 (February 1985): 10-11.

In 1982, NCR Corp. established a comprehensive employee assistance program (EAP) for employees at its headquarters in Dayton, Ohio. The EAP has since expanded nationwide to provide services to 30,000 US employees and their dependents. Personal Performance Consultants Inc. (St. Louis, Missouri) provides counseling services for the program. Confidentiality is ensured, and the only feedback that NCR ever receives from the counseling service is statistical so that the company can determine how many employees have used the service. NCR trains all its managers to use the EAP as a supervisory tool. The EAP deals with a wide variety of problems, including marital conflict, alcoholism, career issues, individual emotional concerns, family difficulties, and legal issues. Employees have an opportunity to anonymously evaluate and comment on the effectiveness of the program.

Archer, J. Occupational Alcoholism: A Review of Issues and a Guide to the Literature. In Schramm, C. J., ed., Alcoholism and Its Treatment in Industry. Baltimore: The Johns Hopkins University Press, 1977.

The first chapter of the Schramm collection is an overview of theory and research that have developed regarding the work-related aspects of alcoholism and problem drinkers. It provides a guide to the literature and a review of issues of concern to the field.

Bissell, L. Alcoholism. Occupational Health Nursing 24 (August 1976): 20-23.

Dr. Bissell is Chief, Smithers Alcoholism Treatment and Training Center in New York City's Roosevelt Hospital. In this article she discusses the trends, controversies, and changes in attitudes and treatment programs in the twenty years since the American Medical Association stated that alcoholism is a disease. She states that compared with other chronic illnesses, alcoholism is extremely easy to treat.

Several key elements in an effective industrial program are: (1) win support of top management and labor; (2) educate at all levels (here the role of the industrial nurse can be vital); and (3) become familiar with available treatment resources.

Brasch, P. Helping Hand from the Boss. Parade. (June 8, 1980): 6-8.

The objectives, services, and benefits of employee assistance programs are discussed, with examples of specific programs developed by leaders in business and industry.

Brubaker, W. W. Alcoholism in Industry. Occupational Health Nursing 25 (February 1977): 7-10.

This article, written by the Corporate Medical Director of Hershey Foods Corporation, cites the incidence of alcoholism as reported in the literature as from 2-10%. Industry is interested in alcoholism predominately because persons afflicted with this disorder greatly increase the cost of operations. Referral by the supervisor or personnel department leads to contact with the medical department, which prepares a medical history involving a work record (absences, accidents, etc.), an alcoholism questionnaire of twenty questions, and a physical exam. Treatment may be of several kinds, depending on the severity of the problem. The author offers a list of suggestions and guidelines for management and medical personnel.

Caldwell, Bernice. Assistance Programs Stress Individual Needs. Employee Benefit Plan Review, Vol.36, No.6 (December 1983): 76, 78.

A 5-day conference sponsored by the Association of Labor-Management Administrators and Consultants on Alcoholism provided attendees a chance to exchange views on employee assistance programs (EAP). EAPs aid workers with problems that affect work performance. Don Wegsheider, community services director for the Falkner Foundation (Austin, Texas), cited the importance of including family members as support mechanisms in treatment programs. EAPs include counseling for troubled employees; alcoholics, for example, are encouraged to build a positive self-image. Matthew J. Puleo, vice-president

of the human resources group of Yankelovich, Skelly, and White, asserted that EAPs are particularly suited to addressing the current "segmented workforce" which is more concerned with self needs than with a common cause. EAPs must ensure flexibility toward the segmented corporate community.

Carr, Julian L. Improving Corporate Performance Through Employee-Assistance Programs. Business Horizons, Vol.23, No.2 (April 1980): 57-60.

There has been a growing interest in the rapidly emerging Employee Assistance Programs (EAPs) for a number of reasons, including: 1. the costs of turnover, absenteeism, and sub-par job performance, 2. the realization of management and labor leaders that more needs to be done about the problem drinker and other problem employees, and 3. the increasing complexity of society. An EAP extends services to all employees who have a personal problem that is affecting work performance. In an EAP, a supervisor is responsible only for identifying declining work performance. If the supervisor's normal steps to intervene do not produce results, he then confronts the employee with the indications of his declining performance and offers the EAP. Studies of EAPs indicate that they can reduce costs. They are also an effective tool for dealing with difficult, sensitive problems. Management is able to maintain high work standards and consistent management practices by using declining work performance as the criterion for supervisor referral of an employee to the EAP. The employee is referred to a counselor or program coordinator who suggests follow-up counseling or treatment.

Dawson, E. R. Helping Employees Cope: It Takes More Than a Big Heart. Data Management, Vol.20 No.6 (June 1982): 16-18.

Personal problems of employees, such as mental illness and alcoholism, were opened to discussion in the 1970s. In the past, many organizations terminated employees who could not resolve their personal problems but many companies now realize it is cheaper to provide professional guidance than to replace an employee. Employee-assistance programs (EAPs), which provide counseling for emotional problems' exist primarily in large corporations. Many employers offer counseling by outside agencies. Some firms place counseling under the medical department, which ensures confidentially for the employee. Companies save thousands of dollars when EAPs avert termination or lost efficiency. A private firm is an alternative to the in-house, company-sponsored EAP. Outside counseling helps the firm in various ways in addition, such as training supervisors to recognize problems.

Dickman, Fred. Employee Assistance Programs: Basic Concepts, Attributes and an Evaluation. Personnel Administrator, Vol.27, No.8 (August 1982): 55-62.

During the last ten years, Employee Assistance Programs (EAPs) in the US have increased significantly in their number and in their importance to major industries. Most EAPs offer a variety of services for a wide range of problems. The largest part of the daily casework is rooted in problem identification, intervention, treatment, and recovery. EAPs take into account the financial effects problems can have on the company and "human cost factors". The critical attributes of an EAP are based on the pragmatic philosophy that an employee's personal problems are private unless they cause the employee's job performance to decline and deteriorate. Ten attributes are

critical to the success of an EAP: 1. management backing, 2. labor support, 3. confidentiality, 4. easy access, 5. supervisor training, 6. labor steward training, 7. insurance involvement, 8. breadth of service components, 9. professional leadership, and 10. follow-up and evaluation.

Emener, William G. Corporate Caring. Management World, Vol.12, No.1 (January 1983): 36-38.

The usefulness of Employee Assistance Programs (EAP) to North American companies has become vividly observable over the last several years. In the US, it has been reported that by 1981 there were over 4,000 EAPs' with over half in the largest 500 corporations. EAPs such as these respond to a number of employees' problems: depression, anxiety, domestic trauma, substance abuse, financial difficulties, psychiatric/medical problems, and others. For successful implementation, EAPs must have strong support from employees, as well as professional leadership and programming. In addition, such programs should possess: 1. confidentiality and anonymity, 2. accessibility, 3. training for supervisors, 4. management orientation, 5. insurance coverage, 6. broad service components, 7. professional leadership, and 8. program evaluation and follow-up. As successes in these programs occur, EAPs will become even more popular.

Francek, J. L. Occupational Alcoholism Programs: Challenge and Opportunity. Alcohol Health and Research World 4(3): 1980, 2-3.

Alcoholism in the workplace is briefly discussed, including some critical concerns that occupational alcoholism programs must address. Key issues facing those who work in the field of occupational alcoholism are also examined.

Garner, Edward A. One Way to Cut Disability Costs. National Underwriter (Life/Health), Vol.87, No.36 (September 3, 1983): 15,31.

In the past 5 years, the public and private sector employment communities have become increasingly concerned over the escalating costs of providing employee benefits, particularly in the area of health and disability programs. The costs directly or indirectly incurred by employers and insurance carriers in these programs disproportionately strain the systems of financial support available and create additional problems that increase the cost of doing business. The reasons for the upward spiraling trend of health and disability costs include: 1. rising medical care costs, 2. employers conceding more to demands for better employee health and disability benefits, and 3. increased litigation of personal and industrial disputes. Some employers and insurance companies have begun programs to monitor the costs and evaluate the services related to their health and disability expenses. Recognizing the influence of personal and other health problems on employee performance and productivity, employers have developed employee assistance programs to deal with a variety of concerns.

Greenwald, Judy. Phone Company Expects Savings from EAP. Business Insurance. Vol.18, No.27 (July 2, 1984): 11.

An alcohol/drug abuse day program introduced in December 1983 by New England Telephone Co. (Boston, Massachusetts) as part of its employee

assistance program (EAP) is a significant cost saver. Speaking at a conference, Peggy Carey, the EAP manager, indicated that the program will save the company an estimated $560,200 in rehabilitation costs for the estimated 100 people who will use the program in 1984. The substance abuse day program runs 8 hours a day, 5 days a week for 2 weeks. About half the people who come into the program are self-referrals who have heard about it through an informal network established within the company. The other half are referred by supervisors. The day program is only part of the company's EAP program, which offers counseling education, and training for employees. Steven C. Nahrwold, manager of the employee counseling service and professional development at Continental Illinois National Bank (Chicago, Illinois), pointed out that a successful EAP will make employees more productive.

Grosswirth, Marvin. Stoned at the Office. Datamation, Vol. 29, No.2 (February 1983): 30-36.

The use and abuse of mood-altering chemicals is epidemic in the business world. It costs American business billions of dollars, and indications are that the problem is growing. Firms with a higher level of job pressure experience chemical abuse problems more often than those with low job pressure. Some of the effects on business of worker drug abuse include reduced productivity, lateness, absenteeism, and job turnover. Drug abusers have an on-the-job accident rate 2 to 4 times greater than nonabusers. They use twice as many company-paid accident and sickness benefits. To combat these losses, many companies are introducing Employee Assistance Programs (EAPs), which are proving to be very cost-effective. Any problem which affects a worker's productivity may be referred to an EAP. The services are free and usually available to the family of an employee as well. They place great emphasis on confidentiality; supervisor will not be informed of an employee approaching the EAP without the employee's permission. Although EAPs are not inexpensive, their costs are much less than the company's losses without one.

Hall, Dan. Helping Employees Treat Problems of Drugs, Alcohol. New England Business Vol.11, No.5 (June 20, 1983): 52-53.

Drug and alcohol addictions have a large negative impact on the business world in such areas as accidents and medical costs. Some 10% of the working population abuses alcohol or other drugs and these workers typically produce at 25% below capacity. Thus, the average firm loses 2.5% of its payroll costs. Because the negative effects of alcohol and drug abuse are so well documented, and because the cost efficiency of having these problems handled by employers is so sure, firms seldom meet resistance to setting up an employee assistance program (EAP) to help abusers. Studies show that addictions show up across all pay levels within a company. Many companies have implemented successful EAPs. Honeywell conducts sensitivity training for supervisors-managers to help them confront the problem most effectively. Supervisors are advised to approach affected workers by focusing criticism on job performance alone. According to John Valentine of Beech Hill Hospital (Dublin, New Hampshire), denial is the primary problem in alcoholism treatment.

Hellan, Richard T. Employee Assistance Programs. Management World, Vol.9, No.10 (October 1980): 18-20.

During the 1970's there was a considerable increase in employee assistance programs (EAPs). The rapid growth of EAPs represents one of the most direct and comprehensive responses of management to the concerns of today's employee. Industry is realizing that when an employee enters the workplace, he or she does not leave personal problems at home. EAPs make personal assistance available to all employees and can reduce the costs of personal problems that affect employee performance. EAPs are based on the concept of providing constructive help for any and all personal problems. Supervisors no longer have the responsibility for acting as counselors; their role is restricted to identifying reduced work performance. EAPs provide an effective and practical tool for managing the employee and the situation. The EAP is an especially helpful tool for handling performance problems as they arise on a day-to-day basis. Another benefit to management is that the EAPs "broad brush" approach fosters early identification of employees with job-endangering personal problems.

Hellan, R. T.; Campbell, W. J. Contracting for EAP Services. Personnel Administrator, Vol.26, No.9 (September 1981): 49-51.

Employee assistance programs are provided by both the private and public sectors. Before contracting with a particular service, employers must clearly define what kind of program they want to offer and at what costs. Questions for prospective buyers of services to ask are outlined. The agency's track record, philosophy, and fee structure should be investigated. The image presented by the provider will determine whether or not employees will use the professional assistance of the provider.

Hoffer, William. How to Help a Troubled Employee. Association Management, Vol.35, No.3 (March 1983): 69-73.

The proper management strategy for handling such self-destructive employee behavior as alcoholism or drug abuse is the employee assistance program (EAP). Increasingly, consultant services make such programs available to small associations. The first step in establishing an EAP is to develop and publish a clear policy concerning alcoholism and various other problems that interfere with job performance. This policy should be developed with advice from a consultant. In the policy statement, it should be noted that participating in the program will not affect future employment or career advancement. There are several early warning signs that an employee has such problems; these signs include increased absenteeism, mood shifts, and financial problems. These signs should be noted and the problem attached before it causes severe deterioration. By documenting poor performance and giving the employee an ultimatum, the supervisor can often spur the employee to seek help.

Hoffer, William. Consider Employee Assistance Programs. Security Management, Vol.27, No.5 (May 1983): 57-58.

When an employee has a personal problem that seriously interferes with job performance, the best solution for management, the employee, and the overall business operation may be an employee assistance program (EAP). EAPs, which

are available to businesses of any size through consultants, have proved effective in dealing with employee alcoholism, drug abuse, and other self-destructive problems. A company wishing to start an EAP must establish a personnel policy that will encourage participation and guarantee confidentiality. Management must always take the position that the cause of an employee's poor performance is none of management's business. However, management does have a specific role to play in setting the stage for rehabilitation. Steps that a supervisor takes in this process include: 1. identification of an employee with a problem. 2. documentation of failing job performance, 3. confrontation of the employee, and 4. suggestion that the employee seek the help of a counselor or accept disciplinary action. EAP counselors are trained to identify problems and make treatment recommendations. Services typically cost $50 per hour, with an average case requiring 3-6 hours. Large firms may opt for a long-term contract at an annual cost of $10-$15 per employee.

Hollmann, Robert W. Beyond Contemporary Employee Assistance Programs. Personnel Administrator, Vol.26, No.9 (September 1981): 37-41.

Between 1972 and 1978, about 2,000 firms established employee assistance programs (EAPs) to help their employees who were troubled with alcohol, drugs, or stress. EAPs are geared to rehabilitating employees by emphasizing professional treatment, which usually lasts less than one year. Performance is used as a measure to assess EAP success. Shortcomings of an EAP include: 1. treating the symptoms not the cause, 2. reacting rather than anticipating future needs, and 3. dwelling upon just one problem and not exploring interdependent problems. New approaches to EAPs need to include: 1. integration of problem areas, 2. integration of EAP activities, and 3. integration of EAP activities with other programs. A progressive approach to EAPs would include instituting preventive measures based on internal research, which would include in-house education. A firm's community involvement in correcting societal problems would have a positive return for the firm.

Hollmann, Robert W. Employee Assistance and Employee Fitness Programs: A Growing Trend in U.S. Business. Montana Business Quarterly, Vol.21, No.2 (Summer 1983): 12-15.

Over the past decade, US companies have shown increasing concern for the physical and emotional well-being of their employees. This concern is reflected in the growing popularity of employee assistance programs (EAP) and employee fitness programs (EFP). The rapid growth of these programs can be attributed to several factors, including greater emphasis on "human resource accounting" and the fact that EAPs and EFPs increase productivity and reduce absenteeism and health-care claims. An EAP is a planned, systematic program, designed to provide professional assistance to employees regarding problems that interfere with their job performance. EAPs use internal or external professional assistance to deal with alcohol, emotional, drug, or other problems. An EFP will usually fall into one of 4 categories: 1. simple recreation, 2. basic exercise, 3. rigorous fitness, and 4. complete health. Studies have indicated that both EAPs and EFPs have beneficial results.

Kandel, William L. Alcoholism and Employment Law. Employee Relations Law Journal (Winter 1983/1984): 500-503.

The view that alcoholism is a disease rather than a social or volitional problem underlies recent protections for alcoholics in federal legislation and in decisions by agencies and arbitrators affecting employment law. However, this view has not met with total acceptance in the courts. Few efforts for prevention, detection, referral, and rehabilitation of alcoholism have been initiated by employers, despite the fact that such employee assistance programs (EAP) appear to justify themselves in terms of enhanced productivity and reduction of turnover. Employers that do not voluntarily implement programs to aid alcoholic employees face the risk that courts or arbitrators may order them to implement programs for unsatisfactory employees. Employer activism regarding alcoholism, on the other hand, could inspire tort claims and wrongful discharge actions, based on how the EAPs are implemented.

Kane, K. W. The Corporate Responsibility in the Area of Alcoholism. Personnel Journal 54 (July 1975): 380-84.

Industry is the sector of life most capable of effecting "constructive coercion" as it affects an alcoholic's life. Most alcoholics will not alter their behavior or accept therapy unless they are shown that life with alcohol is less rewarding than life without it. The cost of impaired productivity, interpersonal friction, absenteeism, health and accident problems, and human resources depletion provides an accurate figure for the basis of a corporate program. Kane discusses the advantages and disadvantages of the New York City Police Department program in the light of developments elsewhere.

Kane, S. Stemming Drug Abuse. Venture, Vol.6, No.1 (January 1984): 35-36.

Guidelines for helping drug-dependent employees are presented. Two ways in which an entrepreneur can help these employees are contracting with outside professional consultants and initiating employee assistance programs. Drug abuse affects behavior, job attendance and job efficiency. An employee assistance program provides help in a confidential environment. Most of the persons helped are self-referrals. An employee should not have unlimited chances to improve performance. Tactics to control drug use such as blood tests, undercover police and dogs are not recommended as they have a detrimental effect on employee morale.

Kaplan, Jill. Wellness Epidemic Sweeps Companies. Business Insurance, Vol.14, No.35 (September 1, 1980): 1,31.

Employers are promoting employee health programs with the goal of saving money through increased productivity, reduced absenteeism, and reduced health insurance costs. The rising cost of health care has motivated this effort. Employee health programs can be divided into 2 categories: 1. preventive medicine programs that give the employee information designed to help him or her change lifestyles, and 2. employee assistance programs that help those who already have a health problem. Many companies have sprung up to help employers administer preventive medicine programs. They provide services such as employee risk profiles, lab work, education courses, and weekend retreats. Employers disagree on whether profiles should be used alone or with

an education program. A fringe benefit to companies with health programs has been the tremendous pull on new recruits.

Katz, Irwin B.; Pascarelli, Emil F. Employee Assistance: A Business and Community Hospital Partnership. Hospital & Health Services Administration, Vol.29, No.6 (November/December 1984): 49-57.

In an attempt to overcome health problems that affect productivity, employers are now offering a variety of health care services. These employee assistance programs (EAP) are designed to enhance work performance by providing a method for preventing, diagnosing, and treating such illnesses as alcoholism, drug dependence, mental illness, and family, marital, financial, and legal difficulties intrinsic to all worksites. An analysis is given of a health care partnership between a hospital and industry in a large urban working community located in the Wall Street district of Manhattan. An examination is made of the concept, incentives, structures, obstacles, marketing, and cost containment factors that are inherent in the development of this new arrangement between businesses and community hospitals.

Keller, M. Troubled Employee Approach. In Robinson, D., ed., Alcohol Problems, pp. 162-71. New York: Holmes & Meyer, 1979.

The application and outcome of a troubled-employee approach to employee assistance programs are described. While the identification of symptoms of alcoholism approach often resulted in the delayed recognition of problem drinkers because of supervisor-subordinate "negotiation," the troubled-employee approach (concentrating on substandard performance) has offered a speedier and less ambiguous or threatening method of identifying unresolved difficulty, however, is that avoiding the term "alcohol" may provide cover-up opportunities for both employees and their supervisors.

Kemp, Donna R. State Employee Assistance Programs: Organization and Services Public Administration Review, Vol.45, No.3 (May/June 1985): 378-382.

Employee assistance programs (EAP) are provided by government and industry to help employees deal with personal problems that might affect their work performance. In 1983, a mail survey was conducted to request information from the 50 state personnel agencies about whether the state had an EAP. Results showed that 39 states had EAPs, and 11 did not. Follow-up questionnaires were sent to the 39 states to gain more information. EAPs had been established through different authorities, some by state law, more by executive order of the governor, and others by administrative laws. Frequently used services included: 1. alcohol and drug rehabilitation programs. 2. psychological counseling, and 3. stress management programs. EAPs were judged to be cost-effective when compared to alternative costs of firing, rehiring, and retraining if a troubled present employee could not be helped to stay on the job. For those contemplating starting an EAP, careful planning, qualified people, and patience are absolutely necessary.

Kuznits, F. E., and H. E. Hammons, II. Rehabilitating the Troubled Employee. Personnel Journal 58 (April 1979): 238-50.

Several decades ago, focus in industrial human relations was on motivation of the worker by extrinsic rewards (monetary gain) and/or by intrinsic rewards (challenging, fulfilling, responsible work that satisfies worker's self-esteem and growth). More recently, focus has shifted to the troubled workers as statistics show that a sizable portion of the work force suffers from alcohol abuse, drug abuse, mental and emotional problems. Discharge or transferring to jobs where "little harm can be done" is not the best solution for the employee, the organization or society.

Gulf Oil Corporation developed an employee assistance program in 1973 based on the process of identification in early stages, acceptance by employee of a work-related problem, referral for treatment, and follow-up on employee's subsequent performance. The supervisor plays a key role in this process. Gulf's program includes a detailed flow chart of activities that embrace the rehabilitation process from inception to completion.

Lee, Chris. Is the American Work Force Stoned? Training, Vol.20, No.11 (November 1983): 8,10.

Substance abuse in the workplace has serious effects on both industrial productivity and the economy in general. Estimates place drug use costs at $26 billion per year. Ten million workers, or 10% of the workforce, are problem drinkers. Employee assistance programs (EAPs) provide human resource directors with a method for confronting drug and alcohol abuse. Companies must develop a policy for dealing with these problems, especially to prevent on-the-job accidents caused by affected employees. General Motors (GM), which established an EAP in 1972, estimates the expense of rehabilitating a chemically dependent employee at $100,000. A chapter of the Associated General Contractors (AGC) has designed a training program offering drug abuse rehabilitation for managers and employees. A study by the American Society of Personnel Administrators states that 55% of all companies with more than 5,000 employees offer EAP services.

LeRoux, Margaret. Employee Assistance Programs Well Worth Their Cost, Employers Say. Business Insurance, Vol.16, No.39 (September 27, 1982): 3,16,20.

Employee assistance programs (EAPs), designed to aid employees in dealing with personal problems which affect work performance, are winning praise from a number of companies. Most EAPs are an outgrowth of the alcoholism treatment programs sponsored by US employers since the 1940s: gradually, a conceptual change evolved, and programs began treating the emotional, mental, and financial problems caused by alcohol and drug abuse. Today's broad-brush approach of EAPs encompasses counseling for marital problems, grief, and stress, in addition to alcohol and drug-related problems. The overriding argument in favor of an EAP is a financial one: some EAPs claim a 10-to-1 return on investment through reduced absenteeism, improved productivity, and fewer medical claims. The programs are sold by consultants with backgrounds in counseling and psychology and can be evaluated by standard cost-benefit analysis.

Maher, Thomas M. Control Data Presents "Wellness" Programs. National Underwriter (Life/Health), Vol.84, No.51 (December 20, 1980): 1,10.

Control Data Corp. (Minneapolis, Minnesota) is presenting 3 new "wellness" programs to help business control rapidly rising health care costs and improve productivity. They are: 1. Compliance Assistance Services (CAS) to monitor health status of employees and the work environment, 2. Employee Assistance Program (EAP) to aid employees in solving personal problems, and 3. Stay well to promote better health through identification of health risks and motivation for lifestyle changes. The programs will be marketed through the firm's Life Extension Institute division, and all 3 have been tested prior to nationwide marketing. A basic component of the programs is a computer-based Occupational Health Management System (OHMS) which gathers and organizes medical and exposure data for each employee, followed by recommendations for corrective action. EAP offers referral and crisis management services for a variety of employee personal concerns. The focus of the entire effort is to take the health status of the employee, relate it to the work environment, and pinpoint corrective steps.

Morantz, Alan. Helping Employees Cope With Personal Problems. Worklife (Canada), Vol.31, No.1 (1982): 10-12.

North American employers are increasingly implementing on-site employee assistance programs (EAP). EAPs are based on the assumption that a healthier employee will be more productive and less prone to absenteeism. Studies have shown that personal, emotional, and mental problems affect performance, and these problems are expensive in terms of lowered productivity, lost work days, disability and medical payments, and turnover. Unfortunately, there is a lack of information on the benefits of EAPs due to the reluctance of many companies to discuss them publicly. There are 2 major forms of EAPs: 1. alcohol-rehabilitation programs, and 2. "broad brush" approaches utilizing psychologists, counseling services, and community organizations to assist employees with other personal and emotional problems. The Canadian Labor Congress opposes on-site employer-paid EAPs and favors counseling sponsored by organized labor due to concern over confidentiality. Overall, however, the EAP concept appears promising.

Mosi, D. A. Occupational Alcoholism: Employee Assistance Programs. Conference Paper delivered May, 1979, 17 pp.

Paper describes the field of occupational alcoholism/employee assistance programs. It presents a conceptual framework for the development of these programs, particularly as they relate to the disease of alcoholism. Nine components of a program as well as five contrast model designs are described.

Niveau, J. Labor, Medicine and Alcoholism. Paper presented at the Twenty-fifth International Conference on the Prevention and Treatment of Alcoholism. June 1979: 428 pp. (219-31).

In the coal mines of Lorraine, France, the prevention of alcoholism is based on: (1) the development of public opinion favoring alcoholism prevention; (2) the establishment of a multidisciplinary task force; and (3)

the installation of an executive body to oversee prevention programming. The main objectives are the early detection of excessive drinking, the detection of heavy alcoholics, and the development of rehabilitation measures.

Otte, F. L. Creating Successful Career Development Programs. Training and Development Journal, Vol.36, No.2 (Feb. 1982): 30-37.

Employee-assistance programs or employee services make personal assistance available to all employees with any type of problem that interferes with job performance. The first to be trained in this type of program is the line supervisor. They are trained to notice deteriorating job performance and suggest resources for resolving it. The most integral part of the program is the program leader. This person must understand the dynamics of the organization and be able to give control to others if the program is to be a success. Pitfalls in the program's initiation may be underbudgeting, insufficient commitment, and insufficient organization.

Partridge, R. W., and M. C. Reed. Alcohol and Drug Problems Workplace. Journal of Psychedelic Drugs 12(1): 1980, 71-72.

The efficacy of employee assistance programs in reducing employee problem-related alcohol and drugs is discussed. The advantages of implementing an EAP and the six-step process by which a referred employee is helped are enumerated.

Perham, John. Battling Employee Alcoholism. Dun's Business Month, Vol.119, No.6 (June 1982): 48-53.

Recently more and more companies have launched sophisticated programs to combat employee alcoholism. Companies have trained their managers and supervisors to look for unsatisfactory job performance, which, if not responsive to usual management techniques for improvement, is often a signal that an employee has a drinking problem. Methods of treatment differ considerably. Some companies care for their alcoholics in-house, while others refer them to community agencies. A different approach has been taken by United Technologies Corp., which launched the nation's first corporate-run day-treatment program for alcoholics in 1981. For an alcoholic treatment program to be successful, it needs both the strong, active sponsorship of top management and the vigorous support of unions. Today's best alcoholism programs are achieving some remarkable rehabilitation rates. Many corporate programs which started out to deal only with alcoholism have been forced to set up expanded employee assistance programs to cope with a variety of employee problems, including drug abuse and marital, emotional, and financial problems.

Phillips, D. A. and P. Allen. Meet Sally and Jim, Successful Bank Execs - and Recovering Alcoholics. ABA Banking Journal, Vol.75, No.9 (September 1983): 61-62,67.

Employee Assistance Programs (EAPs) have been a success in many companies. They were started in the 1940s to deal with employee alcoholism. The workplace is the ideal place to identify the problem and provide motivation to overcome it. The treatment makes use of community resources. Many banks are pleased with their savings of dollars and useful personnel.

Ray, J. S. Having Problems With Worker Performance? Try an EAP. Administrative Management, Vol.43, No. 5 (May 1982): 47-49.

Companies are turning to Employee Assistance Programs (EAP) to help solve worker performance problems. It is important to set up a program to spot problem areas so that initially you can be aware of the problem employees. It is important that employees know that behavorial-medical help is available on a personal confidential basis. The program should be tailored to your company.

Reed, David J. One Approach to Employee Assistance. Personnel Journal, Vol.62, No.8 (August 1983): 648-652.

Control Data Corporation (Minneapolis, Minnesota) established an employee assistance program (EAP) known as Employee Advisory Resource (EAR) in 1974. EAR's goal is to help employees and their families solve personal and work-related problems through free, 24-hour telephone counseling for evaluation and counseling referrals. One-on-one counseling is also available at some of the company's larger remote locations. The program has a national staff of 43, including professionals in social work, clinical psychology, and chemical dependency. Counselors are able to provide help immediately for about 50% of the problems, and they refer the other 50% to professionals in the local area. In 1974, the program averaged 100 contacts per month; by 1981, the number of new contacts had increased to an average 750 per month. It has been estimated that alcoholic employees were costing the company $5 million annually; if 70% of these individuals proved treatable, the EAP could save the firm as much as $3.5 million each year.

Roman, P. M., and H. M. Trice. Alcohol Abuse and Work Organizations. In Kissin, Benjamin, and Begleiter, Henri, eds., Social Aspects of Alcoholism. New York: Plenum Press, 1976.

This chapter in Volume 4 in a series entitled "The Biology of Alcoholism" is a comprehensive introduction to the subject of alcoholism and assistance/rehabilitation programs in industry. The authors first examine the assumption and data that underlie this emphasis. They next outline the emergence of the subspecialty generally known as occupational alcoholism and assess its current status. Finally, they consider persistent problems faced in developing and executing work-based strategies that comprise a major component of the overall effort to deal with the social and personal problems accompanying alcohol abuse.

Roman, Paul M. Medicalization and Social Control in the Workplace: Prospects for the 1980s. Journal of Applied Behavioral Science, Vol.16, No.3 (July/August/September 1980): 407-422.

Employee assistance programs are a distinctive approach to dealing with job performance and will probably have a considerable impact on bureaucratic organizations in the 1980s. Employee assistance programs involve a series of concepts about the management of job performance that diverge from traditional management approaches. The difference centers on substituting medicalized expertise for traditional supervisory prerogatives. This alteration in the supervisor's role and the importation of mental healthier professionals into

the work setting are transforming the meaning of declining job performance. Employee assistance programs usually feature: 1. a written policy statement concerning the establishment of the program to enhance workforce health and company productivity, 2. supervisor training concerning suspected personal problems and attendance and work performance, 3. identification procedures, 4. referral capability, and 5. linkage with treatment resources.

Roman, Paul M. Employee Assistance Programs in Australia and the United States: Comparisons of Origin, Structure, and the Role of Behavioral Science Research. Journal of Applied Behavioral Science, Vol.19, No.3 (1983): 367-379.

During the past decade, a new form of intervention has been widely diffused throughout the US. The employee assistance program (EAP) is distinctive because its approach to enhancing employee productivity lies in its definition of poor performance within medical and psychiatric frames of reference. An EAP is based on the idea that many employees' poor performance is the result of personal problems. By means of diagnostic, referral, and treatment services, EAPs can frequently return the employee to a reasonably productive performance. A comparison is made of EAP development in Australia and the US, focusing on both countries' provision of consultation to organizations for the purposes of adopting and developing EAPs. The origins of EAP efforts in both countries and the structural differences in these efforts are examined. The role of behavioral science research in EAP development in the 2 nations is also analyzed.

Santa-Barbara, Jack. Benefits and the Human Element: New Opportunities for Risk Management. Canadian Insurance (Canada) Vol.88, No.9 (August 1983): 34-38.

Employee assistance programs (EAP), particularly in the area of psychological services, are receiving increased employer interest. As employers add EAPs, insurance coverage in this area is also expanded or added. Most EAPs provide professional counseling for: 1. alcohol/drug abuse, 2. family/marital problems, 3. stress, 4. depression, and 5. career problems. An EAP may be financed by securing appropriate coverage for psychological services through an extended health insurance plan. EAPs have proven beneficial to both employers and employees who receive counseling. An EAP also supports and assists managers in dealing with personal issues. Unions have shown a willingness to support EAPs, and in some cases, participate in EAP planning and operation. Although EAPs represent a small portion of the benefits dollar, they have the potential to reshape the structure of benefits packages.

Santa-Barbara, Jack. Productivity, Mental Health and Employee Assistance Programs. Canadian Manager (Canada) Vol.8, No.4 (Dec. 1983): 4-6.

The psychological health and well being of Canadian workers is not receiving as much attention as it should. About 20% of all Canadian workers have some sort of mental or emotional illness that leads to adverse consequences for employers. However, many employers are not dealing with the situation because they are unaware of mental health problems of workers or do not regard the problems as serious. Still other employers feel that the company has no right to become involved or that the costs of preventive

measures will be too high. Some forward-looking companies have taken action against worker mental health problems by means of employee assistance programs (EAP). An EAP is a systematic approach to providing workers with professional counseling services. Mandatory referral based on poor work performance has largely been replaced by voluntary or informal referral. Employees have come to use EAP services for non-work related problems, and EAPs are accepted much better if they are voluntary.

Santa-Barbara, Jack. The Consortium Approach - EAP for Small Firms. Canadian Manager (Canada) Vol.9, No. 3 (July/August/September 1984): 17-18.

Although employee assistance programs (EAP) that provide mental health resources to employees are growing in popularity in Canada, few small- and medium-sized firms have implemented such programs. Executives at many smaller companies may be unaware of the benefits of an EAP, or the cost of implementing an EAP may be viewed as prohibitive. An EAP can be made cost-effective for smaller employers by setting up an employee assistance consortium in which small firms pool their workforces. The London, Ontario, Employee Assistance Consortium has 10 member firms, including the General Motors Diesel Division. The Interlock Employee Assistance Services of Burnaby, British Columbia, has more than 45 participating firms with a combined workforce of 25,000. The use of collective staff and supervisor training helps reduce startup cost for collective EAPs.

Sonnenstuhl, William J. and James E. O'Donnell. EAPs: The Why's and How's of Planning Them. Personnel Administrator, Vol.25, No.11 (November 1980): 35-38.

Personnel administrators are becoming increasingly aware that the employee assistance program (EAP) is an essential part of their organizational health plan. The EAP makes an unique contribution by providing a formal structure that helps employees get counseling for personal problems and by providing a method for separating employee problems from routine personnel concerns. The basic components of the EAP program are: 1. a policy that clarifies the responsibilities of the company and the employees in health and personal problems that have an impact on the job, 2. an employee education program concerning health and prevention, 3. a supervisory training program that teaches managers how to identify employees with problems, and 4. counseling and clinical services, either in-house or out-of-house, or a combination.

Sulaski, Cynthia A. Employee Assistance Pays Off for Workers and Banks. NABW Journal (National Assn. of Bank Women) Vol.60, No.1 (November/December 1983): 10-13.

Banks and other employers throughout the US have begun establishing employee assistance programs (EAP) to provide employees with confidential, professional assistance for personal problems that affect their lives at home and, frequently, at work. The programs help employees with a wide range of problems: marital, legal, alcohol and drug abuse, emotional, financial, and stress. Current estimates say there are 2,500-5,000 EAPs in the US. In an era of reductions in force, reorganization, and emphasis on profitability, employers still use EAPs because: 1. Productivity generally increases while absenteeism, sick pay, and insurance utilization frequently decrease when employees turn their personal lives around. 2. It is more expensive to fire

poor performers and recruit and train replacements. Both internal and external EAP programs are currently in use. To start an EAP, the employer should: 1. seek fellow supporters, 2. read literature on the subject, and 3. collect data that supports the need for an EAP.

Walsh, D.C. Employee Assistance Programs. Health & Society, Vol.60, No. 3 (Summer 1982): 492-517.

Corporate-sponsored employee counseling programs are becoming increasingly popular. Many of the programs deal with the problem of occupationally-related alcoholism. A definition and history of employee assistance are presented. Job-performance criteria should not be given much importance in an employee assistance program. A comparison is given of how employee assistance programs are utilizing the services of an outside contracting consultant. The employee counseling field is undergoing changes. Employee assistance programs can lead to cost savings.

Wojahn, Ellen. How to Cut $5,000 Off the Cost of Each Employee. Inc., Vol.6, No.7 (July 1984): 106-110.

In-house corporate employee-assistance programs (EAP), initially developed more than 40 years ago, now provide various professional counseling programs that enable workers to resolve their personal difficulties voluntarily. Although most American jobs are provided by small businesses, only 2% of the estimated 12% of the US workforce now covered by EAPs are smaller company employees, Charles Shirley, head of the National Council on Alcoholism's EAP team in New York City, has found that many small businesses deny problems and do not wand external interference. While crises provide the best sales opportunity for EAPs, it is much more beneficial and economical for businesses to support counseling at the first signs of trouble. To institute an effective EAP, managers must create a supportive environment that: 1. removes the stigma of revealing problems, 2. encourages counseling, 3. offers training on the program, and 4. provides an ample health care policy.

Wright, Jim. EAP: An Important Supervisory Tool. Supervisory Management, Vol.29, No.12 (December 1984): 15-23.

An employee assistance program (EAP) can help raise job performance to company standards and can improve a supervisor's effectiveness. A growing number of EAPs are being set up to help employees cope with the personal problems that affect job productivity. Supervisors, the most important element of EAPs, must generate an atmosphere of support and acceptance for the programs by protecting confidentiality by avoiding the use of the EAP as a disciplinary tool only. They should be able to detect changes in behavior that signal the need to refer workers to EAPs. A good counseling style, where supervisors are perceived as friends who direct employees with problems is also essential to a successful EAP. Supervisors will need training in counseling techniques. They should not attempt, diagnoses and should avoid becoming too involved in workers' problems. A formal referral to an EAP, usually part of standard discipline procedures, is an effective way to get valued workers to seek help. An EAP should be comprehensive, in order to reach all company personnel, and its existence should be communicated to all workers.

Wyrtzen, Kay. Employee Assistance Programs. Supervision, Vol.47, No.5 (May 1985): 6-8, 21.

An increasing number of companies are providing employee assistance programs (EAP), which offer a humanistic approach to meeting the needs of employees troubled by such problems as drug addiction and alcoholism. An EAP may be an in-house counseling program or a program handled by an outside agency contracted to provide the required services. Both options require management backing and cooperation, written policies and procedures, assurance of confidentiality to the employee, and statements on health insurance policy coverage. In addition, programs should have a methodology for determining success. According to Joseph Guiliano of Wang Laboratories, in-house counseling is the most difficult aspect of that firm's EAP. Counselors must have the proper expertise to carry out their critical responsibilities.

Ziegenfuss, James T., Jr. Responding to People Problems. Business Horizons Vol.23, No.2 (April 1980): 73-76.

Employees have problems both on and off the job and may exhibit such symptoms as alcoholism drug addiction, absenteeism, sabotage, high turnover, and accidents. Historically, employee problems were ignored by industry, but that is changing as business becomes aware of the crucial importance of people dynamics. The impact of individual and group people problems on the organization is now being examined. Business and industry have responded to employee problems in a number of ways, including: 1. providing support for community programs for people problems, 2. developing personnel policies relevant to these difficulties, 3. supporting personal problems research, and 4. providing jobs for recovered workers. A conceptual model for prevention of social health problems which can be applied to business and industry has been developed. It includes 3 dimensions: 1. prevention, 2. intervention, and 3. treatment.

II. THE PROBLEM AREAS
(A) ALCOHOLISM

Allsop, S. and P. B. Beaumont. Dismissal for Alcohol Offenses. Employee Relations (UK) Vol.5, No.2 (1983): 28-32.

A recent survey in Scotland revealed that only about 25% of the 300 firms interviewed have introduced alcohol recovery policies for their employees. To explain the relative absence of alcohol recovery programs, the various approaches used by management to reduce the incidence of ineffective employee performance can be classified by: 1. selecting individuals for employment who have a low probability of failure, 2. establishing performance standards at such a low level that failure rarely occurs, 3. identifying strategic factors and introducing corrective procedures as quickly as possible, and 4. terminating the employment of ineffective performers as soon as identified. Alcohol abuse in one form or another may be important in dismissals for conduct or capability reasons. Thus, management may have little incentive to introduce a recovery policy when it is easier to dismiss individuals for such offenses. A recent IDS document on alcohol and drug dismissals sets some guidelines for management based on the leading industrial tribunal cases.

Anonymous. More Companies Working With Alcoholism. New England Business, Vol.27, No.7 (April 16, 1980): 21-22.

Millions of dollars are being saved annually by a number of New England corporations through the use of alcoholism treatment projects which detect and cut down employees' drinking problems and the business costs that accompany them. According to the Department of Health, Education and Welfare (HEW), American business loses $10 billion each year due to production decreases, mismanagement, liability suits, and other errors which are brought about by employee alcoholism. HEW estimates, overall, that alcoholism costs the nation over $43 billion yearly. These costs, however, are being drastically reduced by identifying alcoholic employees through analysis of work patterns and placement in highly successful recovery programs. Recognizing a need, national companies have turned to such programs for their production workers and executives as a means to combat alcohol-related sick leaves, excessive insurance payments, in-house accidents, lost sales, product mishandling, and training costs for new employees to replace those with drinking problems.

Anonymous. Alcohol Abuse and the Law. Harvard Law Review, Vol.94, No.7 (May 1981): 1660-1712.

Alcohol abuse is extremely widespread in our society. When it becomes visible to society, whether because of criminal behavior or other overt behavior, there are several ways in which society can intervene. Treatment of public intoxication as a criminal offense has changed a great deal in a short time, with a movement toward treatment. Nonetheless, treatment of skidrow alcoholics has been very unsuccessful, but neither has arrest and criminal processing been successful. It appears that decriminalization accompanied by erection of detoxification centers is the preferable approach. Driving while intoxicated is a very serious problem, and it appears that increased enforcement is the preferable approach to this problem. In the employment setting, some companies have had great success with alcoholism treatment programs for their employees. This may be related to the fact that alcoholism

treatment success rates are positively affected by early detection, motivation, and social support. Alcoholism is generally denied in the family situation, and while it is frequently an important factor in divorce and child custody disputes the average family requires 7 to 9 years to accept the existence of the problem and to seek help. Society should be protected by the law in a way which will also help the alcoholic.

Anonymous. Handling Alcohol and Drug Problems. Small Business Report, Vol.7, No.12 (December 1982): 20-22.

Alcohol and drug abuse is a major problem for an organization and can involve substantial costs such as lower productivity, increased, absenteeism, and damage to consumer and public relations. It is vital that companies recognize alcohol and drug use problems in the early stages and establish an suitable company policy regarding same. Corporate policy should encourage employees to admit their problems and seek professional help. Considerations for the policy include: 1. availability of immediate, expert counseling, 2. job security, 3. understanding by managerial personnel, 4. confidentiality. The policy should be a written statement, and mechanisms should be established for implementing the policy. If an employee has an alcohol problem, a manager should advise the employee of the company's concern and offer assistance. However, if work performance deteriorates, the employee should be told the alternative to assistance is disciplinary action.

Anonymous. What to Do About an Alcoholic Employee. Effective Manager, Vol.5, No.9 (June 1982): 3-4.

In 1980, alcohol abuse cost American business $60 billion; that amount includes the cost of lost production, alcohol treatment programs, and health and medical expenses. It is not the manager's responsibility to analyze the cause of the problem However, the manager should confront problem employees before they move beyond the stage of being helped. This involves recognizing the signs of an alcohol problem. Problem employees are those who formerly functioned well, but no longer respond to normal corrective procedures. Their behavior becomes inappropriate, unpredictable, grandiose, aggressive, and changes quickly from euphoric to angry. Work performance becomes sporadic, more accidents occur, and absences increase. It is important that this behavior is not covered up. Behavior and job performance should be observed and documented. After an initial talk, if work performance has not improved, the employee should be given a choice of counseling or termination; by 1979, 56% of the major private US companies had set up alcoholism programs. A written policy statement should be developed that spells out procedures for personnel to follow when dealing with alcoholic employees.

Anonymous. Assistance Programs Help Employers Reduce Alcohol-Related Wrecks. Business Insurance, Vol. 17, No. 29 (July 18, 1983) 35-36.

Many employers are using in-house employee assistance programs (EAP) to reduce the number of accidents caused by workers who drink while driving company vehicles. The results of these EAPs are difficult to measure, but companies report that employees who participate have fewer on-the-job accidents. Overall job performance is also improved, and absenteeism is reduced. Drinking on the job can cost employers in many ways, including increased cost through group health plans. Drinking on the job can also

endanger fellow employees. Employers with such EAPs in effect believe that it is far better to help a person to recover than to fire the individual. A look at a variety of companies and their programs provides some insight into how these in-house assistance programs function.

Anonymous. Industry's Large Stake in Curbing Alcoholism. Occupational Hazards, Vol. 45, No. 10 (October 1983) 97-101.

Problem drinking costs US industry more than $37 billion per year in lost productivity. Many companies have instated employee assistance programs (EAP) to treat and rehabilitate alcoholic workers. EAPs report a 50% to 80% recovery rate for workers. Supervisors' recognition of troubled employees is crucial to an EAPs success. A good EAP has the components of: management and union support, 2. confidentiality, 3. ongoing education, and 4. family involvement. Xerox Corp.'s EAP has served several thousand of its 65,500 employees in the US and Canada since late 1979. The program reports over a 70% success rate. The program includes supervisor training to help supervisors identify behavior patterns indicating that an employee needs help. United Technologies Corp.'s EAP reports that 92% of the 650 employees enrolled in its day treatment program remain employed. The average cost per case is $1,200, compared to $5,000 for the average inpatient program.

Anonymous. Alcohol and Drug Abuse Benefit to Be Available. National Underwriter (Life/Health) Vol.87, No.48 (November 26, 1983): 7,23.

Thanks to a demonstration project carried out by the Blue Cross and Blue Shield Association and by Blue Cross and Blue Shield plans in Pennsylvania and New York, special insurance coverage for treatment of alcohol and other drug abuse problems will be more widely available. During the project, 44 employer groups covering 110,000 subscribers opted for the coverage. Funding was provided by the National Institute on Alcohol Abuse and Alcoholism and by the National Institute on Drug Abuse. Blue Cross plans soon to be offered or already offered will have such features as: 1. coverage of outpatient treatment, 2. coverage of residential services in free-standing treatment programs, and 3. emphasis on early problem detection. The coverage may contribute to overall health care cost containment through early treatment and reduction of the need for hospital care. Blue Cross programs will offer such coverages as laboratory testing, individual and group psychotherapy, and required medications.

Anonymous. Workfit Joins Attack on Excessive Drinking. Rydge's (Australia), Vol. 57, No 5 (May 1984) 90.

Workfit, the National Awards for Health at Work sponsored by Rydge Publications and the Commonwealth Department of Health, will be earned by companies that contribute most to the health of their employees. One of the greatest problem areas of company health is alcoholism, which some observers say has reached epidemic proportions in Australia. Occupational health specialist Trish Ritman outlined the effects of alcohol on an executive's business performance. In addition to the emotional and family suffering caused by alcohol, insomnia and diseases of the liver, brain, nervous system, digestive system, heart, and lungs are also associated with alcoholism. Alcoholics age prematurely and die early. Recovering from alcohol dependence is possible only if the reasons for the need for alcohol are discovered and

confronted. Ritman believes the most effective approach to the recovery of an alcoholic is to introduce an employee assistance program for all members of the workforce.

Anonymous. The Invisible Epidemic. Management Quarterly, Vol. 26, No. 1 (Spring 1985) 17-19.

Alcoholism is the invisible epidemic that strikes thousands of American workers every year. Often, managers fire alcoholics without giving them an opportunity to receive help and improve their performance. However, some organizations have established Employee Assistance Programs (EAP) that train employees and supervisors about how personal difficulties can adversely affect the work of an employee. EAPs also train supervisors to: 1. recognize personal problems that are interfering with work, 2. address work-related difficulties but not try to treat or judge employees, and 3. refer employees for professional assessment and follow-up. Employees with problems cost American business $75 billion-$100 billion per year in lost time, accidents, shoddy work, and medical benefits. Replacing the troubled employee can cost an organization much more than providing necessary professional help.

Appelbaum, Steven H. A Human Resources Counseling Model: The Alcoholic Employee. Personnel Administrator (August 1982): 35-44.

Many employees suffer from alcoholism. Alcoholism affects an individual's job performance and becomes a complex problem for management. Early identification and referral of the alcoholic is essential because the prognosis for successful treatment becomes less favorable in the later stages of the disease. Rather than looking for symptoms of alcoholism, the manager should be concerned with identifying employees who are not performing. When the problem begins to manifest itself on the job through poor performance, the manager should deal directly with the employee and indicate awareness and concern while specifying the degree to which the employee's job is being affected. Rather than trying rehabilitative counseling, the supervisor should have the employee focus on a change of behavior. The manager should be aware of some supportive resources and encourage the employee to make an appointment with an appropriate source. If the employee does not want help, it should be made clear that continued employment depends on effective performance and the elimination of the problem.

Appelbaum, Steven H. Rescuing Time from the Bottle. Canadian Banker & ICB Review (Canada) Vol.89, No.6 (December 1982): 22-26.

Alcoholism is a pervasive problem on the job for both white- and blue-collar workers, and an increasing number of companies are establishing programs to control and correct this problem. Identification of the alcoholic is very difficult, especially due to the fact that the condition does not always affect the alcoholic's work adversely. Nevertheless, early identification and referral are important to a favorable prognosis for treatment. In the first stage of alcoholism, the individual is perceived as different from other drinkers, but in the second, the primary symptom is total loss of control. The third stage sees alcoholism become a chronic condition. A 10-step human resource counseling model is proposed for aiding alcoholic employees in assessing the state of their careers and taking steps to correct the damage that their affliction has caused. Once the situation has been clarified and discussed, a confrontation can take place between the

human resource counselor, the employee, and the employee's supervisor to develop a plan for the future. The accusation of alcoholic excesses is not brought up, and the entire emphasis is placed on performance criteria and progress.

Beale, A. V. The Continuing Education and Renewal of Employee Assistance Program Counselors. Journal of Employment Counseling, Vol.21, No.2 (June 1984): 83-88.

Employers have found that rehabilitating trained and proven employees makes good business sense. Employee Assistance Programs (EAPs) have come into existence, with the goals of reduced absenteeism, fewer accidents, higher morale, and reduced use of medical and disability benefits. This study investigates the continuing education needs of EAP practitioners.

Belohlav, James A. and Paul O. Popp. Employee Substance Abuse: Epidemic of the Eighties. Business Horizons, Vol.26, No.4 (July/August 1983): 29-34.

Alcohol and drug abuse has become a serious social, medical, and economic problem in the US. The effect of the increasing incidence of alcohol abuse and alcoholism is most certainly felt in the workforce. Although estimates of the actual number of alcoholics in the workforce are relatively imprecise, a generally accepted estimate is that 5% of US workers are alcoholics and another 5% are considered serious abusers. More recent estimates nearly double that figure. The use of non-alcohol drugs has also increased dramatically, and experts contend that drug abuse today is where alcoholism was 20 years ago. Simple solutions to the problem of substance abuse are infeasible. Attention must be directed to the problem's impact on work organizations. Organizations must develop strategies to deal with the problem, stressing individual relief and rehabilitation as well as the absolute need for the organization to maintain desired levels of performance.

Bissell, I. Alcoholism. Occupational Health Nursing 24: (August 1976): 20-23.

This is an overview of the problem of alcoholism in industry medical perspective. A general discussion of important issues (such as the trend toward "broadbrush" programs and alcoholism as a disease) is followed by several elements that the author sees as key to program success. First, the program must win the support of top level management and labor. Second, education at all corporate levels is required. Finally, program planners need to be familiar with available treatment resources as well as with the extent of medical coverage. Dr. Bissell further points out the possibility that an employee may be ill due to the drinking of his spouse rather than his own drinking. She concludes that, although the problem is complex, good treatment outcomes are to be expected if the rehabilitation program is well-planned.

Bond, Thomas R. Drinking: Many Employers Don't Really Know the On-the-Job Indications of Alcoholism. Business Insurance, Vol.15, No.46 (November 16, 1981): 37-38.

According to the National Council on Alcoholism, 6%-10% of employees at companies it surveyed were alcoholics. The economic impact of alcoholism

on business is considerable, as it costs an estimated $15 billion annually. A single problem drinker costs his employer an average of $3,000 a year in: 1. sick pay, 2. accidents, 3. loss production, and 4. bad judgment. In recent years, alcoholism has been recognized as a disease, but due to persistent stigmas surrounding the "disease", few alcoholics admit to having it and/or want to be treated. Employers aware of early and prevalent signs of alcoholism in employees can take corrective and protective measures. However, in spite of the high prevalence and detrimental impact of alcoholism, most businessmen contend they have no need for an alcohol control program. Once treated, alcoholics report a marked improvement in job satisfaction and retain a desire to improve job status. Employer programs that deal with alcoholism should contain a clear dichotomy between management and the problem counseling functions.

Brubaker, W. W. Alcoholism in Industry. Occupational Health Nursing 25: (February 1977): 7-10.

This is a presentation of the problem of alcoholism in the general population and industrial settings in particular. A discussion of its definition, cause, incidence, and body effects is given from a medical perspective. Diagnosis, treatment, and prevention are for both acute and chronic alcoholism are addressed.

Dr. Brubaker classifies industrial alcoholism programs into those that are unorganized and those that are formal. He then suggests guidelines for setting up formal alcohol programs.

Camisa, Kenneth P. Alcohol Abuse. Business Insurance Vol.14, No.5 (February 4, 1980): 19,21.

Employee benefit programs have not traditionally covered alcoholism treatment, but with many employers, unions, and plan designers coming to recognize alcoholism as a treatable disease, this new view is impacting development of health plans. Employee benefit plans thus are beginning to finance the medical and social services necessary to rehabilitate alcoholic workers. For its part, the federal government has been taking and continues to take actions legislatively to encourage and, in some cases, mandate alcoholism treatment as a basic service. States are increasingly passing laws requiring insurance coverage for substance abuse treatments, thus causing insurers to change group health policies to eliminate restrictions on alcoholism treatment. Statistics show that spending on such treatment can save a group money overall by reducing absenteeism, reducing the use of costly hospital services, and improving health in general. Employee benefit policies can be changed to allow payment for medical charges for alcoholism treatment, and they should also be expanded to cover more outpatient services. Companies and insurers alike are making such changes at an increasingly rapid rate.

Chafetz, M. E. Alcohol and Alcoholism. American Scientist 67: (May June 1979): 293-99.

This is a discussion of alcoholism in general. Written by one of the world's foremost authorities on the subject, it approaches topics such as the biomedical effects of alcohol and the treatment and prevention of alcoholism from a medical perspective. A history of how the disease has been treated and

the psychosocial reasons for alcohol abuse are also included. A brief self-test is included to help the individual determine whether or not he would be classified as an alcoholic.

Cooper, Cary L. Alcoholism at Work. Leadership & Organization Development Journal, (UK) Vol.5, No.5 (1984) 15-16.

Alcoholism in the UK has reached epidemic rates. One large UK firm estimated that just under 10% of its workforce had a drinking problem. An indication of the stress of worklife and its effect on individuals at work was recently discovered in a large-scale study on a sample of female and male executives. The average senior executive in UK industry is 22 times more likely to develop liver cirrhosis than the average male. US figures seem to indicate that workers who have a drinking or drug problem are 4 times more likely to have an accident, 5 times more likely to file for compensation, and 16 times more likely to be absent from work. Most occupational health physicians in UK firms know there is a a problem with alcoholism and drug abuse among a very large proportion of their employees. In the US, the cost savings from decreased absenteeism alone, as a result of Employee Assistance Programs for alcoholism, are more than $1,000 for each employee treated.

Denenberg, Tia Schneider. The Arbitration of Alcohol and Drug Abuse Cases. Arbitration Journal (December 1980): 16-21.

Alcohol and drug abuse in the workplace often results in substantial economic loss and personal tragedy. Many industries rely on an arbitrator to determine how to deal with an employee whose work has been affected by alcohol or drugs. However, arbitrators have shown a wide variance in their approaches towards alcoholism and drug abuse. There is no standard approach. Numerous related issues have emerged regarding the employment decisions on alcohol and drug abuse cases. The early identification of alcoholics and drug abusers and the use of assistance programs for them can help avoid disciplinary action. Numerous alcohol and drug abuse programs have been successfully implemented in both public and private sectors. Early identification is more likely than arbitration to achieve the avoidance of unnecessary squandering of lives and livelihoods, while attempting to keep the workplace safe and productive.

Department of Health and Rehabilitative Services, State of Florida. Solving Job Performance Problems, No. 0100002.

This summary paper reports statistical data regarding alcohol abuse and the work force in the state of Florida. Also provided is the following basic information related to Employee Assistance Programs: (1) overall cost-effectiveness (savings for companies); (2) benefits to management; (3) establishing procedures; (4) role of the supervisor; (5) training supervisory personnel.

Edwards, A. Just Down or Out? - Helping Troubled Employees. Supervisory Management, Vol.29, No.6 (June 1984): 10-12.

All organizations need to be concerned with the twenty-five percent decrease in productivity of a troubled employee. Productivity rate must be balanced against the need for a stable group of well-trained employees. Firing or alienating troubled employees may add to a company's loss of

productivity. The following are suggestions for supervisors to assist the employee in returning to the former level of productivity: participate in an employee assistance program, encourage professional counseling, recognize deteriorating productivity, communicate with the employee and respect the dignity of a troubled employee. Supervisors can adjust to the situation by making appropriate changes in work assignments, adopting an appropriate management style, and representing the concern of the company.

Follmann, J. F., Jr. Alcoholics and Business: Problems, Costs, Solutions. AMOCOM (a division of American Managemen Associations), 1976.

This book provides a view of alcoholism and problem drinking from the standpoint of their effects on the business community: on industrial management, on employees and organized labor, on health and welfare funds, and on insurance programs. The author concludes that, although the effects and costs of alcoholism are high, well-thought-out programs can go far to control the problem.

Grensing, Lin. Driving Them Away from Drink. Training, Vol. 2 , No. 12 (December 1984) 23-125.

Alcoholism costs employers about $ 00 billion each year due to lost production, health care expenses, accidents, violent crimes, and fire losses. Many companies have instituted employee-assistance programs (EAPs) to help with alcohol and other substance abuse. The New York Transit Authority's EAP resulted in savings of over $1 million annually in paid sick leave. The 1976 Executive Caravan studies found that important program components of an EAP include: 1. ensuring client confidentiality, 2. insurance coverage for treating alcohol problems, 3. a written company policy for identification and referral of employees with problems, 4. educating all employees, 5. orientation programs for management and training programs for all supervisors, and 6. extending access to the programs to employees' families.

Helping Workers Who Suffer from a Destructive Disease. The Machinist 30(15): (July 1975): 3-5.

Addressing a labor union audience, this article explores the issue of problem drinking among union members. General topics relating to alcohol abuse open the discussion--e.g., prevalence, cost to industry, and a profile of the abuser. Specific data concerning the industrial scene are then presented: (1) four stages in the behavior pattern that is typically exhibited; (2) the job performance curve as a function of years of alcoholic addiction. Finally, two operational programs are described. The first began in 1973 in the papermaking industry. The other employee assistance alcoholism program is in the railroad industry (the Illinois Central Program). Also included is a brief self-test designed as a rough guide to a budding alcoholism program.

Jervey, Gay. Is the Advertising World a Mecca for "Demon Rum"?/Y&R Meets the "Situation" Head On. Advertising Age, Vol. 54, No.6 (February 7, 1983): m4-5, m-40.

Despite a lack of hard facts, alcoholism traditionally has been linked with the advertising profession. The stress of the work may be a factor, or

the job itself may attract people prone to alcoholism. Daily work becomes sheer agony for the alcoholic, though bursts of energy may assure others that all is well. Alcoholic executives often fight their illness alone because they hide it or because few will confront an alcoholic with the problem. The stories of 2 recovering alcoholics in the advertising/marketing world reveal the lonely ordeal and the failure of employers to help. More than 5,000 US companies now have programs or policies to deal with employee alcoholism. A spot check of ad agencies suggests that agencies as a group lag behind others in establishing such programs. Experts agree the fear of losing the job will often get alcoholics to agree to treatment. Young & Rubicam (Y&R) is one agency that adheres to National Council on Alcoholism (NCA) guidelines for an alcoholism program. It has a written policy that treats alcohol as a disease and assures confidentiality to all participants. A third of the participants are sent by supervisors; the rest come on their own. Participants undergo detoxification, intensive therapy, and are required to attend Alcoholics Anonymous meetings. The program's success rate is 95%.

Kaden, S. E. Compassion or Cover-Up: The Alcoholic Employee. Personnel Journal 56 (July 1977): 356-58.

This is a summary article of alcoholism rehabilitation programs typically found in industrial settings. Topics covered are as follows: (1) denial of one's problem, thus hindering the process of getting help; (2) the cost to industry of untreated alcoholism; (3) steps generally taken in setting up industrial programs; (4) confrontation strategies; (5) performance evaluation as a diagnostic tool; and (6) referral to outside helping agencies. Success rates ranging from 50-75% are reported for alcoholism programs in general, and the specific monetary savings from the program at the Cleveland Trust Company is described.

Kandel, William L. Alcoholism and Employment Law. Employee Relations Law Journal, Vol.9, No.3 (Winter 1983/1984): 500-503.

The view that alcoholism is a disease rather than a social or volitional problem underlies recent protections for alcoholics in federal legislation and in decisions by agencies and arbitrators affecting employment law. However, this view has not met with total acceptance in the courts. Few efforts for prevention, detection, referral, and rehabilitation of alcoholism have been initiated by employers, despite th e fact that such employee assistance programs (EAP) appear to justify themselves in terms of enhanced productivity and reduction of turnover. Employers that do not voluntarily implement programs to aid alcoholic employees face the risk that courts or arbitrators may order them to implement programs for unsatisfactory employees. Employer activism regarding alcoholism, on the other hand, could inspire tort claims and wrongful discharge actions, based on how the EAPs are implemented. References.

Kane, K. W. The Corporate Responsibility in the Area of Alcoholism. V. 54, Personnel Journal, (July 1975): 380-84.

This article explores the reasonable responsibility of a corporation in the area of employee alcoholism. Topics covered are as follows: (1) background of the problem--definition, prevalence rate, profile of the alcoholic employee; (2) constructive coercion; (3) cost/benefit analysis; (4) union participation; (5) the use of community facilities; (6) educational

training programs; (7) health insurance coverage; (8) public education/awareness of the problem of alcoholism; and (9) experiences of specific programs--Alcoholics Anonymous, the New York City Police Program, and the U.S. Government Workers Program.

Kelvin, A. Corporate Samaritans. Working Woman, Vol.8, No.1, (January 1983): 84-90.

Employee Assistance Programs (EAPs) are proving to be cost effective. Employees that would have been fired can now be helped and remain with the company. Studies by companies that have operated EAPs show savings to the company. EAP information is usually not included in employee records. This is the rule so employees will freely use EAPs. EAPs are sometimes too narrow in their approach.

Light, Gordon F. Alcoholism Causes a $30 Billion Hangover for American Business. Bottomline, Vol.1, No. 6 (April 1984) 47-48.

Alcohol abuse groups refer to the amount of money lost each year in reduced productivity caused by alcoholism as the "$30-billion hangover." Studies by the National Association of Social Workers indicate that 6% of any given workforce suffers from abuse of alcohol or drugs. Stuart Paul, chief executive officer of an upstate New York treatment center for problem drinkers, believes financial institutions should be devoting more effort toward rehabilitation for these troubled members of the workforce. Rehabilitation costs about $800 per worker, while the cost to discharge and replace a worker is about $2,200. The worker's desire to get such help can be facilitated by some sort of employee assistance program. While financial institutions have a history of being leery of rehabilitating alcohol or drug offenders, several have joined the 60% of Fortune 500 companies now offering employee assistance programs.

Long, R. J. New York Bank's Program Begins with Alcoholism and Drugs, Then Grows. ABA Banking Journal, Vol.75, No.9 (September 1983): 61, 68+.

Security Trust is pleased with their employee assistance program (EAP). The EAP program used is part of a local health association. Employees can call voluntarily or be referred by management. Confidentiality is stressed. Over six per cent of its employees have used the service for a variety of problems.

MacBeth, J., and J. Weigand. Alcoholism: A Rehabilitation Program That Works. Supervisory Management 20, December 1975.

This is a brief paper that outlines important issues concerning alcoholism programs. The authors summarize their conclusions concerning the following topics: the appropriate program goals, critical elements of an alcoholism program, and several keys for program success. Supervisory attitudes that hinder successful program implementation are also discussed.

(untitled article) from: **The Machinist** 31(10): February 1977: p. 5.

This brief article in a labor union publication outlines the cost to industry and unions of having alcoholic employees. Estimating that some 5% of

the work force has a problem with alcohol abuse, the article concludes that the company and union cost is measured in terms of excessive absenteeism and abuse of sick leave. A specific program is then outlined (IAM Local 1781 and United Airlines joined forces in developing a program). Two key program elements are particularly emphasized. First, confrontation of an employee with inadequate job performance is the only method used to get an individual to undergo treatment. Second, the key to the program's success is ongoing training of top management and union officers, stewards, and foremen. Joint training sessions teach them to recognize alcoholics, understand how they think, and instruct them in constructive confrontation.

Manley, T. R., C. W. McNichols, and M. J. Stahl. Alcoholism and Alcohol Related Problems Among USAF Civilian Employees. Department of Systems Management, School of Engineering, Air Force Institute of Technology, Wright-Patterson AFB Ohio 45433. Technical Report 79-4, August 1979.

This is a summary report of a large-scale study undertaken by the U.S. Air Force. A survey of 10,000 employees provided the data; the study purpose was to estimate the nature and extent of alcohol-related problems among Air Force civilian employees. The research methodology was based on an earlier Rand study of Air Force military members. Reported are alcoholism prevalence rates, demographic characteristics of problem drinkers, and employee attitudes toward organizational EAPs. Data on employee job satisfaction, work involvement, stress, and psychological dependence are provided as potential correlates of an alcohol-related problem.

Mannello, T. A. Problem Drinking Among Railroad Workers: Extent, Impact and Solutions. University Research Corporation, Washington, DC, 1979.

Fourth in a series of monographs describing work conducted by the University Research Corporation (URC) and its affiliate, the Center for Human Services (CHS), this monograph describes the results of an extensive investigation into alcohol abuse among employees in the railroad industry. Undertaken as a basic tool for program development, many suggestions are made concerning practical ways to control the problem in this industry. Also included are baseline data against which to measure the success of intervention efforts--e.g., prevalence rates, frequency of violations of company drinking rules, and data related to the impact and costs of employee drinking.

Masi, F. A., and G. E. Spencer. Alcoholism and Employee Assistance Programs in Industry: A New Frontier for Social Work. Social Thought 3 (1977): 19-27.

This article provides a historical review of industrial alcohol rehabilitation programs. A specific program funded by the National Institute of Alcohol Abuse and Alcoholism (NIAAA) is then described. Additionally, a two-part program at New England Telephone Company is outlined. Part I includes counseling of the employee and his family, while the second component of the program involves educating and training supervisors.

McCann, Peter. A Cure for Drinking Directors. Chief Executive (UK) (December 1983): 16-17.

According to the latest published standard mortality rates, UK company directors and top executives run a high risk of developing a serious drinking problem and a greater risk of death from cirrhosis of the liver. A review of 334 patients in 15 alcoholism units found that company directors were disproportionately highly represented. In the latest discussion document of the Department of Health and Social Security (DHSS), executives are reported to be higher risk individuals because of: 1. stress, 2. irregular working hours, 3. absence of supervision, and 4. lack of restraining social influences. Alcoholism is not exclusive to directors - it takes its toll among blue collar workers as well. However, a director's or top executive's drinking habits are potentially more costly and can result in poor labor relations, rash decisions, and bad judgments. The earlier the problem is diagnosed, the better the chances of recovery. A few specialized treatment centers can help companies deal with the problem, and some UK companies, notably US subsidiaries, airlines, and oil companies, are introducing Employee Assistance Programs.

Milbourn, Gene, Jr. Alcohol and Drugs: Poor Remedies for Stress. Supervisory Management Vol.26, No.3 (March 1981): 35-42.

Employees who rely on drugs and alcohol are frequently victims of stress. The stressful personality is overly achievement oriented, aggressive, competitive, and ambitious. The work environment itself may produce stress. One way is through organizational frustration, which produces acts of direct aggression and nonaggressive responses such as compensation, conversion, fantasy, projection, or repression. Job stress may also produce stress, either through job ambiguity or job conflict. Stress may also be produced by underutilization, work overload, resource inadequacy, insecurity, and nonparticipation. Many employees turn to alcohol to unwind. Industry is not usually concerned until the heavy drinker becomes a problem drinker-someone whose work is adversely affected by the drinking. Even the alcoholic is frequently able to remain on the job for some time after he or she has already begun to cause severe damage in terms of work-time lost and higher accident rates. An alcohol treatment program is important, preferably accompanied by a clear company policy. To some extent, the signs of drug abuse are similar to those of alcohol abuse. As with alcohol, the focus should be on understanding, confidentiality, and treatment, rather than on termination of the abusing employee. It is more cost-effective to deal with stress in the work environment and to attempt treatment of its damaging effects.

National Institute on Alcohol Abuse and Alcoholism. Alcohol Health and Research World 4(3), (Spring 1980).

This issue of Alcohol Health and Research World focuses on occupational programming. Included are articles on the following: (1) an overview of the field itself--its objectives, concerns, and its current issues; (2) an up-to-date review of applied research studies in the field; (3) specific guidelines for the development and evaluation of EAPs; (4) the effects of different staffing patterns on employee alcoholism programs (case example: General Motors Corporation); (5) federal occupational alcoholism and programs; (6) corporate responsibilities; (7) attitudes of labor and management; and (8) ethical issues relating to EAPs.

A New Approach to Treating Alcoholism. Business Week. (September 8, 1975): 83-84.

A new approach to dealing with employee alcoholism: "for profit" alcohol treatment programs established by private companies under contract with the federal government (The National Institute for Alcohol Abuse and Alcoholism--NIAAA). In an effort to harness the corporate profit motive, NIAAA began the experiment with five private sector companies. Brief descriptions of these company programs are provided in the article. Program goals, techniques for meeting these goals, contract terms, and start-up procedures are discussed.

Pati, Gopal C.; Adkins, John I., Jr. The Employer's Role in Alcoholism Assistance. Personnel Journal, Vol.62, No. 7 (July 1983) 568-572.

Alcoholism on the job often results in accidents, increased absenteeism, tardiness, and illness, loss of morale among fellow workers, and impaired judgment. It has been estimated that half of all "problem employees" are actually alcoholics. Almost 1,200 company-based employee assistance programs (EAPs) have been established in the US to deal with this problem. EAPs have a high rate of success and are cost-effective. While not all companies can afford an EAP, other steps can and should be taken to help address the problem. The effort should begin with a statement on alcoholism and substance abuse in the personnel handbook. By utilizing community resources, the company can set up a referral service for the alcoholic. It is up to the supervisor to provide adequate documentation on alcohol-affected job performance. The employee should be counseled at the first signs of job-related problems. If the condition does not improve, the worker should be referred to a professional counselor. The company should emphasize that it is concerned only with job performance, and that termination is a possible alternative.

Perham, John. Battling Employee Alcoholism. Dun's Business Month, Vol.119, No.6 (June 1982): 48-53.

Recently more and more companies have launched sophisticated programs to combat employee alcoholism. Companies have trained their managers and supervisors to look for unsatisfactory job performance, which, if not responsive to usual management techniques for improvement, is often a signal that an employee has a drinking problem. Methods of treatment differ considerably. Some companies care for their alcoholics in-house, while others refer them to community agencies. A different approach has been taken by United Technologies Corp., which launched the nation's first corporate-run day-treatment program for alcoholics in 1981. For an alcoholic treatment program to be successful, it needs both the strong, active sponsorship of top management and the vigorous support of unions. Today's best alcoholism programs are achieving some remarkable rehabilitation rates. Many corporate programs which started out to deal only with alcoholism have been forced to set up expanded employee assistance programs to cope with a variety of employee problems, including drug abuse and marital, emotional, and financial problems.

Phillips, Donald A.; Allen, Patricia; Long, Richard J. Helping Alcoholics and Other Troubled Staff. ABA Banking Journal, Vol.75, No. 9 (September 1983) 61-71.

An increasing number of banks have developed the concept of an Employee Assistance Program (EAP) in recognition that employee alcoholism is a chronic, progressive disease which affects the alcoholic's supervisor, co-workers, spouse, and children. Such programs are implemented initially by corrective supervisory action, with a referral to the bank's EAP. EAPs have 2 purposes: 1. solving performance or conduct problems within the company, and 2. addressing general employee problems by encouraging voluntary participation, thus guaranteeing confidentiality. Security New York State Corp.'s EAP provides a model for the development and implementation of a successful EAP. An employee either voluntarily sets up an appointment for a counseling session or enters the EAP through management referral. The program has proved so successful that the bank's affiliate banks are investigating or have contracted for similar services.

Pickersgill, J. The IH Looks at the Problem Drinker. Occupational Health and Safety 46 (July/August 1977): 29-32.

Written from the perspective of an industrial hygienist (IH), this article probes the problem of alcoholism. Topics covered are alcoholism as an illness; the progression of the illness within an individual; and the impact of alcoholism on the occupational environment. Additional sources of information are then suggested concerning the illness.

Pike, Thomas P. Alcoholism in the Executive Suite-Robbing Their Employers Blind. Vital Speeches, Vol.46, No.6 (January 1, 1980): 166-169.

Alcoholism is the country's foremost health problem. Approximately 5-10% of all employed persons in this country are alcoholics. The total national economic impact of alcoholism in our society is $43 billion. Experience has shown that the alcoholic is much more amenable to help when he is still employed and still has the strong motivation of job security. It is important to identify the alcoholic employee on the job, to confront him with the evidence of impaired work, and to refer him to treatment with a strong warning. Alcoholism programs that are a joint venture of management and labor have shown dramatic decreases in lost man hours, sickness and accident benefits paid, leaves of absence, grievances, and job-related accidents. It is important to establish company-wide policies and procedures for handling alcoholism and this program should be communicated frankly to all employees and enforced. Technical expertise and assistance should be obtained when implementing a company alcoholism program.

Pursch, J. A. The Alcoholic Executive. Corporate Director, Vol.11, No.7 (January/February 1981): 7-12.

Alcoholism severely affects productivity in senior management ranks. An effective employee assistance program can be extremely helpful. In addition to averting a human tragedy, the corporation can retain its experienced executive. A behavior chart of the alcoholic executive is provided. A list of consultants is included.

Reiman, T. Accent on Access. Canadian Banker, Vol.9 , No.4 (August 1984): 48-50.

An employee assistance program implemented by the Royal Bank of Canada is bearing profitable fruit. The program, known as Access, is designed to assist employees with alcohol, drug or emotional problems. Access was implemented in 1981 and is available to all employees at the bank's 750 branches. The program assures employees complete anonymity. Senior management is pleased with the number of employees who have sought help through the program.

Ricklefs, R. Drinkers at Work. The Wall Street Journa , (December 1, 1975): 1.

This article appeared in The Wall Street Journal at the time when employee assistance programs were a relatively new concept (1975). The article discusses the problem of dealing with the alcoholic employee, providing a historical development of occupational programs geared toward rehabilitating the individual. Case studies are provided to illustrate successful program strategies. Success rates for programs are also provided.

Rozen, Leah. Alcoholism-Few Agencies Offer Official Help. Advertising Age (October 27, 1980): 3,100-101.

Most major US advertising agencies have no program for employees suffering from drinking problems, with a survey revealing that Young & Rubicam (Y & R) is the only one of the group with a planned program. Statistics indicate that the advertising industry suffers from the same 5% of its work force experiencing drinking problems as other business segments. Y & R's program was founded in 1975 and has helped 28 members of the staff. The firm regards alcoholism as a medically recognized and treatable disease, and anonymity is stressed to enhance employee cooperation. Supervisors have been charged with being on the lookout for problems and encouraging workers to take advantage of the help available to them. A worker with an advanced problem is hospitalized for detoxification and then joins the Y & R Alcoholics Anonymous unit. Y & R's program enjoys a 100% "sobriety record" but other agencies have lost employees to alcoholism. Some agencies send employees with problems to a medical care group called Executive Health Examiners Group Stress Control System because they feel embarrassed to set up a formal group like the one at Y & R.

Ryan, Bill. A New Approach to Employee Alcoholism. New England Business Vol.3, No.10 (June 1, 1980): 32, 35-36.

United Technologies Corp. (UTC) has begun an Alcohol Counseling Center for its employees, providing the first company-operated day treatment center for alcoholics in the country. The setting is a Victorian-era house, and the treatment lasts for approximately 2 weeks. UTC began the program, which requires the employees undergoing treatment to report for "work" at the center each day, after realizing the enormous cost and human loss resulting from alcoholism. Dr. Edward Bernacki, the corporate medical director, pushed for the program as an alternative to "dry-out farms". The day center works better, providing re-education for the alcoholic and his or her family, and is less expensive. However, it is true that it does not work for everyone. The center was originally conceived for women, who might have small children to

care for at home, but the people who attend now are about 80% men. The center allows the employee to avoid the social stigma of a detoxification center. The center has its own chapter of Alcoholics Anonymous, and the program is small enough that it can keep track of its "graduates". UTC still sends some employees to detoxification farms, but in Connecticut, half of the alcoholic workers are sent to the center instead. UTC has resisted requests from other companies to cooperate in the center because the center must be kept small to work, but UTC is willing to help other companies establish their own centers.

Saltman, J. Drinking on the Job: The $15-Billion Hangover. Public: Affairs Committee, 381 Park Avenue South, New York, NY 10016 (1978): 28 pp.

This is a twenty-eight page pamphlet put out by the nonprofit Public Affairs Committee in New York City. It describes the scope of the problem of alcoholism in the workplace, and it outlines programs and treatments for helping the alcoholic employee. A discussion of the roles that industry, unions, and government play in EAPs is included. Keys to program success are suggested, and the technique for monitoring job performance is compared with "constructive confrontation." The former is seen as the preferred means for getting employees into treatment.

Shahandeh, Behrouz. Drug and Alcohol Abuse in the Workplace: Consequences and Countermeasures. International Labour Review (Switzerland), Vol.124, No. 2 (March/April 1985) 207-223.

Since the end of World War II, alcohol and drug use and abuse has risen steadily. The costs to industry and society in general are difficult to calculate. Causes of drug or alcohol dependence include stress, availability, social pressures, mobility, and freedom from supervision. The negative impact of drug abuse and dependence is greatest for the family. In the workplace, the major effects are inefficiency and increased rates of turnover, absenteeism, and accidents. Responses include such primary prevention measures as reduced availability, clear company policies, and enforcement and screening procedures. Secondary prevention focuses on both health promotion and education. Employees assistance programs (EAP), which stress the importance of self-referral, are increasingly being incorporated into occupational welfare, health, and safety programs. Legal consequences exist in most countries for both the employer and employee if accidents occur while an employee is under the influence of drugs or alcohol.

Shields, Doyle. The Supervisor and the "Lost" Workday. Supervision, Vol.47, No. 10 (October 1985) 3-5.

Alcoholics can create havoc at the workplace by not showing up to work or by being difficult or mistake-prone when they do show. The impact of problem drinking is widespread. Coworkers may resent having to take up the slack on the job because the regular worker is out with a hangover, and they may resent the supervisor for tolerating the situation. Also, the products of the alcoholic's mistakes may have to be repaired at the company's expense. Supervisors who must deal with problem drinkers should not soft-pedal the issue or cover up for the person. Rather, the supervisor must inform the worker that, unless something is done about the problem, the worker faces termination. The threat of losing a job is one of the strongest incentives that can be used to prod a problem drinker into seeking help. When dealing with this problem, the supervisor should not lecture the employee, it does

little good. First, determine if the company has any employee assistance program that might help change the situation. Also, investigate external programs.

Shore, H. Employee Assistance Programs - Reaping the Benefits. Sloan Management Review, Vol.25, No.3 (Spring 1984): 69-73.

Many employees encounter personal problems in their lives, which negatively affect their performance on the job. Companies have responded by creating Employee Assistance Programs (EAPs). EAPs offer counseling, diagnosis, and referrals for alcoholism, drug abuse, emotional and family problems.

Smart, R. Drinking Problems Among Employed, Unemployed, and Shift Workers. Journal of Occupational Medicine 21(11): November 1979, 731-36.

This paper describes an investigation into the relationship between drinking problems and the following: current employment status, current occupation, unemployment shift work, and alcohol-related problems. Employing a survey methodology (993 persons in Canadian households, various findings are noted. First, the highest rates of problems were found among shift workers and the unemployed. Second, the workers most likely to have serious problems were in processing/manufacturing, transport, artistic/literary/ recreational and sales areas. Third, males with serious problems and shift workers reported drinking more when unemployed. Next, sanctions for work-related drinking problems (even for serious dependency on alcohol) were rarely applied.

The study results suggest that priority targets for occupational alcoholism programs should be males in processing/manufacturing, transport, artistic/literary/recreational areas, and sales.

Strasser, A. The Problem Drinker in Industry. Occupational Health and Safety, February 1980.

This is an overview of the problem of alcoholism in industry. Brief discussions are presented concerning the diagnosis, etiology, and approaches commonly employed by corporations. The author notes that, regardless of the therapeutic model, the early detection of the disease yields the best results.

Survey on Alcoholism. Occupational Health Nursing 25 (March 1977): 50-51.

The results of a survey on alcoholism conducted by the Alcoholism Treatment Center of Washington, a facility serving persons in the District of Columbia, Maryland, and Virginia are summarized. Results are based on 120 responses to a questionnaire sent to 690 employers in metropolitan Washington. Responses were both analyzed in the aggregate and stratified by size of corporation (0-250 employees; 251-500; and 501-999).

Notable among the findings was a correlation between company size and awareness of the problem of alcoholism, with smaller companies reporting less alcoholism than the large companies. The large companies also had more sophisticated programs (including written policies) for identifying problem drinkers. Numerous other data are presented concerning prevalence, cost, and available programs.

Tersine, Richard J. and Hazeldine, James. Alcoholism: A Productivity

Hangover. Business Horizons, Vol.25, No.6 (November/December 1982): 68-72.

Organizations are finding ways to help alcoholic employees and reverse the effects of alcoholism on productivity. At least 5% of the labor force suffers from alcoholism. Tangible losses include increased company costs directly due to administrative work, health insurance premiums, workers compensation payments, overtime, and lessening of quantity and quality of work. Intangible losses include lowered morale, loss of key employees, job friction, waste of supervisory time, bad decisions, and damaged customer and public relations. Employers are legally prohibited from discriminating against alcoholics in hiring. Companies are legally liable to protect the alcoholic workers from themselves, to protect others from them, and to make treatment available to them. Many companies are finding that instituting job-related alcoholism treatment programs has substantially reduced their losses due to alcoholism. Job-related programs have a success rate of 50%-85%; social service agencies success rate is 20%-40%. Motivation to keep one's job is considered the key motivation for alcoholics' increased recovery rate through these programs.

Trice, H. M. Job-Based Alcohol and Drug Abuse Programs: Recent Program Developments and Research. In Dupont, R., Goldstein, A., and O'Donnell, J., eds., Handbook on Drug Abuse. Washington: Government Printing Office, 1979.

This book chapter reviews recent studies on occupational alcohol and drug abuse programs. Data are arranged by the following topics: (1) intervention strategies; (2) types of programs and their success; (3) special problem; (4) prevention; (5) review of program Initiatives and research activities of the past five years; and (6) implications for the future--research, training, and treatment. A list of references is included.

Trice, H. M. Applied Research Studies: Job-Based Alcoholism and Employee Assistance Programs, Alcohol, Health, and Research World 4(3): Spring 1980, 4-18.

This article surveys recent applied research studies relevant to job-based alcoholism and employee assistance programs. Since the scope was primarily limited to work coming to the attention of the Program on Alcoholism and Occupational Health at Cornell University, this review is less than exhaustive. Studies are included that deal with the broader job milieu than EAPs, if they have relevance to the topic (e.g., job performance). The author concludes that a look outside the narrow confines of alcoholism programs identifies more research data than previously thought. A lengthy list of references is provided.

U.S. Department of Health, Education, and Welfare. Alcohol and Health: Second Special Report to the U.S. Congress. Morris E. Chafetz (Chairman of the Task Force), June 1974.

This is the second in a series of comprehensive reports prepared for presentation to the U.S. Congress concerning alcoholism as a national health problem. Under the chairmanship of Morris E. Chafetz, a renowned expert on alcoholism, a special U.S. Health Department Task Force approaches the problem from a wide perspective. Included are the economic costs of alcohol-related problems; clinical and epidemiological studies that implicate alcohol abuse in the development of cancer: the potential protective effect of alcohol in preventing heart attacks; occupational alcoholism programs (development, implementation, and evaluation); profile analyses of both high and low risk populations; and extensive bibliographies of each of these topics.

Weinberg, A. J. Managing Medical Costs through EAP's. Pension World, Vol.19, No.12 (December 1983): 27-28, 84.

Today, many employees are suffering from mental illnesses which range from emotional stress to alcohol-related problems. Due to the increase in the amount of cases resulting from mental illnesses, medical costs have risen considerably. To help cut down on medical costs, employers are setting up Employee Assistance Programs (EAPs) at the work site. Since these programs are offered on the work site, employees can attend on their own or be encouraged to attend by peers. The EAPs have been able to help cut down mental health case costs as well as other costs pertaining to absenteeism and lowered productivity.

Weiss, R. Dealing with Alcoholism in the Workplace. The Conference Board, Inc., 1980.

This is the third Conference Board report on the problem of alcoholism in the business world. It presents data on 346 EAPs evolved from the concept that alcoholism is a disease. Among the many findings are the following: (1) Senior personnel executives from firms with company programs are not more likely to support the "disease" concept of alcoholism than those from firms with no such programs; (2) The trend is to place EAPs in personnel or industrial relations departments due to the recent focus on the job performance approach to case finding; (3) The trend is to use the term "Employee Assistance Program" rather than the term "alcohol" or "alcoholism" in the program names; (4) The most typical route of entry into a program is referral by supervisors rather than self-referral; (5) Concerning program elements, the more formal the announcement and structure of the program, the better its response in the company.

Wells, Patricia A. and Matt Amano. Alcoholism Drug Abuse in the Workforce. Management World, Vol.9, No.10 (October 1980) 14-16.

Alcoholism and drug abuse have serious implications for businesses throughout the country. It is estimated that 80% of medium and large companies have had to cope with employee abuse of alcohol and drugs. There are many theories about why a person turns to alcohol or drugs, including physical factors and job dissatisfaction. Drug addiction may be highly visible and detectable in the employment screening procedure by means of a

judical exam. However, alcoholism may go totally undetected during the pre-employment process. Alcoholism occurs in 3 stages: 1. a period before the person loses control, during which there are indications of heavy drinking, 2. less controlled drinking and decreased productivity and efficiency, and 3. social, financial, and employment problems may overwhelm the alcoholic. The first and most important step to remedy alcoholism and drug abuse is acknowledgement by the employee involved. Companies can handle the problem internally or through outside sources. Companies have a responsibility for both recognizing and dealing with drug abuse and alcoholism.

Willatt, Norris. Industry's Hanover Cure. Management Today (UK) (July 1983): 72-75, 105.

The consequences of problem drinking are costing industries millions of dollars through increased absenteeism, poor job performance, and more on-the-job accidents. In 1977, the British National Council on Alcoholism estimated that employee drinking problems cost UK industry L350 million a year. Although France and Germany have made attempts to recognize and cope with alcoholism in industry, the UK is faced with a lack of management support for rehabilitation programs. The US chemical firm DuPont was one of the first companies to identify and rehabilitate alcoholic workers. However, by the early 1970s, only 350 to 400 US firms had anti-alcoholism projects. Evidence suggests that formal rehabilitation programs that do not have union support are likely to fail. The first step in any anti-alcoholism program begins with the supervisor persuading the worker to get treatment. The UK's Scottish and Newcastle Breweries has developed a 6-point policy to address alcoholism. The policy specifies that alcoholism be recognized as an illness and that no disciplinary action be taken on an employee receiving treatment. Allis-Chalmers reports that its program has cut absenteeism from 8% to 4%, while Consolidated Edison reports that 60% of its alcoholics have been rehabilitated.

(B) DRUGS

Anonymous. How Two Companies Curb Drug Abuse. Occupational Hazards, Vol. 45, No. 4 (April 1983) 93-96.

Drug abuse is a pervasive problem that cost employers $16.4 billion in 1981. Progressive companies have developed employee assistance programs (EAPs) to identify employees with drug or alcohol abuse problems; these companies are beginning to report some success in their drug abuse control efforts. General Motors (GM) uses a joint union/management effort to combat the problem. GM's EAP began as an alcoholism recovery program in 1972. Each plant's EAP team is responsible for researching community resources that are available and matching the employee with services that best meet that employee's needs. American Telephone & Telegraph (AT&T) uses professional counselors who report directly to each company's medical director. The counselors evaluate employee problems, develop rehabilitation plans (often using community treatment facilities), and follow each employee's progress. Employees are referred to the program by their supervisors, a medical professional, or themselves.

Anonymous. A Plan for Handling Drug Abuse in the Workplace. Professional Report, Vol. 13, No. 7 (July 1983): 15.

Drugs have invaded every aspect of American life including the workplace. Drug abuse is a common problem in most businesses. Some employers try to deal with the problem in employee assistance programs (EAPs). Smaller businesses can join with other companies to form programs. Community programs can also be explored. Early detection is the best solution.

Anonymous. Drug Abuse in Employment: A Ten-Year Study. Employee Benefit Plan Review, Vol.38, No.3 (September 1983): 109-110.

James W. Schreier of Marquette University conducted a series of mail surveys of 141 companies over 10 years to assess the level of drug abuse in the business community and to examine solutions that have been undertaken. More than 80% of responding organizations reported that, since 1975, they have had to deal directly with drug problems. Alcohol leads with 82% in actual drug use, but marijuana incidents have been documented by more than half of the firms. Organizations that have set alcohol/drug-use policies cite impact on job performance, absenteeism, illegality of some of the drugs involved, and impact on company image as main reasons. An organizational policy manual was the most frequent means of announcing company policy on alcohol/drug abuse. Detecting drug use and obtaining accurate information were cited as problem areas in developing a policy. Of the respondents, 37% believed the problem of drug abuse would get worse.

Bensinger, Peter B. Drugs in the Workplace. Harvard Business Review, Vol.60, No.6 (November/December 1982): 48-60.

The use of drugs in the workplace is not an isolated phenomenon; it reflects national drug-use patterns and trends. Statistics indicate that more than 25 million Americans use marijuana, which means that a large segment of the American workforce has an incidence of regular illegal drug use. Corporate executives cannot realistically rely on law enforcement to control

drug traffic. The burden of dealing with drug use in the workplace is falling increasingly on the affected enterprises themselves. Some suggestions for controlling drug use at work are offered. These are based on experiences of companies that have begun to deal with the problem: 1. Establish and communicate a clear policy on drug use. 2. Reinforce the policy with consistent application, 3. Provide education and accurate information about drugs, 4. Anticipate the problem and prepare for it, 5. Maintain a good relationship with the police, 6. Seek experienced professional advice rather than attempting to deal with the problem alone.

Berg, Tom. Staying Healthy In DP Or Avoiding Stress On-The-Job Drugs Costly for Business. Data Management Vol.19, No.12 (December 1981): 18-24, 61.

Stress-a nonspecific response to demand by the body-works on the body as well as the mind causing such ills as headaches and fatal heart attacks. Although some degree of stress is necessary and beneficial, too much stress leads to burnout. It is important to match the personality of the worker with the job. This is often difficult in data processing (DP). Handling stress begins with a personal evaluation followed by changes in either the job or outside activities or both. An important way to handle stress is through exercise. Some companies have formal exercise or fitness programs that help workers deal with stress. Some workers, especially younger workers use alcohol and drugs such as marijuana and amphetamines to deal with stress on the job. According to a survey by the Federal Alcohol, Drug Abuse and Mental Health Administration as many as 6 million workers use alcohol and/or drugs on the job. Considering the costs of alcohol/drug abuse, rehabilitation programs are needed. The effectiveness of such programs is proved.

Day, Charles R., Jr. Pushing Pills Out of the Office. Modern Office Procedures, Vol. 28, No. 5 (May 1983) 70-71, 74, 76.

Xerox Corp. (Stamford, Connecticut) and Control Data Corp. (Minneapolis, Minnesota) were among the first companies to recognize the existence of drug problems among their employees and to implement employee assistance programs (EAPs) to stem drug abuse. EAPs, launched from top executive levels, address various drug problems, including: 1. use of street drugs, 2. drug trafficking, and 3. abuse of prescription drugs. Chemical abuse, including alcohol as well as drugs, takes a heavy toll on office operations; the cost is estimated at over $20 billion per year. Some 4,000 companies have instated EAPs that provide professional help to chemical abuser-employees. Control Data's EAP offers: 1. counseling, 2. referral services, 3. a 24-hour, 7-day-a-week hotline, and 4. confidentiality. Companies considering forming EAPs must determine specific needs. An EAP may be sustained in-house or may be operated by an independent contractor, such as Human Resources Inc. Managers' alertness to changes in employee behavior and supportive action is essential to making an EAP work. An EAP serves an average of 5% of a firm's employees annually; the recovery rate is around 70%. An EAP costs between $12 and $20 per employee.

Frank, Cyril F. Where There's Drug Abuse, Security Goals May Conflict with Treatment Ideals. Security Management Vol.27, No.9 (September 1983): 126-128.

Many corporations choose to believe that drug abuse is limited to use away from the workplace, but statistics indicate that drug abuse is not a restricted activity. Once the abuse pattern is established, use will occur throughout the workday. Moreover, where there is drug abuse, there will also be drug sales. The problems with employee drug users include: 1. higher rates of accidents and absences, 2. increased incidence of theft, and 3. higher insurance rates. It is clear that at least 2 approaches are necessary in handling this problem. Employee assistance and rehabilitation programs are vital, but, as a security function, they should be directed toward prevention, detection, and investigation of problems related to drug abuse. This requires a commitment from management at the highest levels. Such a program should include the following elements: 1. risk analysis, 2. position profile/risk characterization, 3. management policy design, 4. screening policy/procedure development 5. personnel department' management and employee education, and 6. internal investigations.

Grosswirth, Marvin. Stoned at the Office. Datamation, Vol.29, No.2 (February 1983): 30-36.

The use and abuse of mood-altering chemicals is epidemic in the business world. It costs American business billions of dollars, and indications are that the problem is growing. Firms with a higher level of job pressure experience chemical abuse problems more often than those with low job pressure. Some of the effects on business or worker drug abuse include reduced productivity, lateness, absenteeism, and job turnover. Drug abusers have an on-the-job accident rate 2 to 4 times greater than nonabusers. They use twice as many company-paid accident and sickness benefits. To combat these losses, many companies are introducing Employee Assistance Programs (EAPs), which are proving to be very cost-effective. Any problem which affects a worker's productivity may be referred to an EAP. The services are free and usually available to the family of an employee as well. They place great emphasis on confidentiality; a supervisor will not be informed of an employee approaching the EAP without the employee's permission. Although EAPs are not inexpensive, their costs are much less than the company's losses without one.

MacDonald, Dougald. Drug Abuse: An Employer's Duties. New England Business, Vol. 7, No. 6 (April 1, 1985) 68-73.

Most studies claim that about 10% of the workforce has some drug or alcohol problem. The annual cost of this abuse to business is conservatively estimated at $25.8 billion for decreased productivity, lost time due to injuries and illness, damaged products, higher health insurance costs, and theft or embezzlement to pay for expensive drugs. Although alcohol is legal, it is extremely damaging and still the most abused drug. However, the use of cocaine, marijuana, and other controlled substances is catching up. For some companies like Raytheon and Blue Cross/Blue Shield of Boston, the mere use of a controlled substance is enough to justify termination and prosecution. Other companies offer help to drug abusers through Employee Assistance Programs (EAP) that provide troubled employees with a conduit to counseling.

According to People to People Associates, a management consulting firm, the recovery rate for those referred to a rehabilitation program through their company is 70%-90% compared to 20%-25% for those seeking outside help. Employers have strong leverage over employees, who often value their jobs more than family or friends.

Newman, F. H. Industry's New Achilles Heel. Security Management, Vol.27, No.12 (December 1983): 13-15, 17+.

The business world has been affected by the wide usage of drugs. Absenteeism, injury on the job, and decreased productivity is all attributed to an employee's involvement with drugs. Companies should be willing to do something about substance abuse. They should have employee assistance programs, a drug enforcement policy, and a disciplinary action policy. With these types of policies, companies will be able to cut down substance abuse at least at the workplace.

Resnik, H. S., C. Ashtin and C. S. Palley. Drug Abuse Prevention in the Workplace. DHEW, NIDA, Division of Resource Development, Rockville, MD. 1979: 74 pp.

This report discusses the evolution, planning, and development of drug abuse prevention programs and provides a history of employee alcohol and drug abuse assistance programs.

Rohan, Thomas M. Pushers on the Payroll: A Nightmare for Management. Industry Week, Vol.212, No.3 (February 8, 1982): 52-57.

Of 231 companies surveyed by the American Management Associations, 35% admitted to drug problems in their workforces. Studies profiling drug users have found that they are much more likely to be involved in accidents and receive 3 times the average level of sick benefits. Drug users also work at about two-thirds their potential. A number of companies have established programs to train supervisors in how to detect drug problems. Others employ private investigators to infiltrate the drug users' ranks and point out to management the users and pushers. Managements handle the problem in various ways, from termination to lecture programs for all employees to employee assistance programs. General Motors has established "substance abuse" teams in all 130 of its US plants to evaluate cases in which workers ask for help. If the team decides help is needed, the worker is referred to an outside clinic, and all costs are covered under a union contract provision.

Schreier, James W. A Survey of Drug Abuse in Organizations. Personnel Journal Vol.62, No.6 (June 1983): 478-484.

In the latest of 3 surveys of drug abuse in organizations conducted in 1981, new findings concern the effectiveness of employee assistance programs and management's response to drug abuse problems. The current study is based on responses from 141 companies, including several international organizations. It uses the original database from previous surveys made in 1976 and 1971 among manufacturing, service, and nonprofit firms in the Midwest. In a 1981 study, more than 80% of the respondents reported having to deal directly with drug problems, compared to 50% in 1976. Alcoholism was cited as the most frequent problem, followed by marijuana, heroin, and cocaine

abuse. Managers viewed employee drug problems as a worsening problem, yet many maintained it is a greater problem in other organizations than in their own. Drug abuse was perceived by some as a growing problem among women, but still more prevalent among men. Companies reported a variety of difficulties in developing an effective drug abuse policy. A definite trend in employee assistance programs (EAP) has been a focus toward wellness or fitness programming. These findings reveal that efforts to reduce drug abuse through EAPs have largely failed.

Sheridan, Peter J. Drug Abuse Demands Action from Industry. Occupational Hazards Vol.43, No.3 (March 1981): 62-65.

Studies indicate that drug abuse is a growing problem among the US workforce, and the implications for employers include increased absenteeism, poor job performance, and worker vulnerability to accidents. Industry, however, has been slow in addressing the growing problem. A survey by the national Institute on Drug Abuse (NIDA) indicates that 62% of employers had no drug abuse programs in place because they did not perceive any drug abuse problems within their companies. In order to sell management on a drug abuse program, relevant statistics must be compiled, and drug abusers must be placed in perspective, to shatter any stereotypes that may exist in management attitudes. Employee assistance programs (EAPs) should be put in place, and employees at all levels should be informed of their existence. McDonnell Douglas Corp. has had a successful EAP in operation in ##?St., Louis for some time, and reports savings of $4 million in reduced absenteeism costs. Gillette Co. has had a similar program for 10 years in Boston, and General Motors has programs covering both alcohol and drug abuse in 130 of its North American facilities.

Taravella, Steve. Help Hospital Workers Combat Chemical Abuse. Business Insurance Vol.18, No.47 (November 19, 1984): 12, 14.

Even though they work for health care providers, hospital employees, including physicians, need employee assistance programs just as much as other employees. Chemical dependency, excluding alcohol abuse, is about 3%-7$ more prevalent among health care professionals than among people in other career categories, according to Jody Ross Yearly, employee assistance consultant at Mount Diablo Hospital Medical Center. Willard G. Spiegelman, chairman of a support group for troubled medical staff doctors at Stanford University of Medicine, estimates that as many as 10% of physicians will become victims of some form of chemical dependency during their career. Individual hospital communities must take an active role in developing resources at the hospital level to promote a positive and helpful response to the impaired physician. To help these employees, hospitals must: 1. Recognize the problem. 2. Intervene. 3. Refer the employee to the appropriate treatment. 4. Provide a job re-entry program.

Trice, H. M. Drugs, Drug Abuse, and the Work Place. In Blum, K. ed., Social Meanings of Drugs: An Introduction to Social Pharmacology. New York: Basic Books, 1980.

This is a chapter in a book dealing with the social meaning of drugs and drug abuse. The topics addressed in the chapter are as follows: (1) occupational health and noxious drugs in the workplace; (2) drug taking and

job performance; (3) the narcotic addict: The special problem of an outcast; (4) risks of drug abuse and emotional disturbances in jobs and work organizations; (5) "broadbrush" programs; (6) current changes in EAPs due to women in the work force, union concerns, and poly-drug abuse.

An extensive bibliography is provided.

Trice, H. M., and J. M. Beyer. A Sociological Property of Drugs: Acceptance of Users of Alcohol and Other Drugs Among University Undergraduates. Journal of Studies on Alcohol 38(1): (January 1977): 58-74.

This is a study that analyzes student attitudes concerning the use of drugs. Findings suggest that the attitudes of students are not very different from those of society at large. Moreover, students who used drugs that were most established in the general society (e.g., alcohol and nicotine) found peer acceptance to a greater extent than did users of other less widely accepted drugs.

Tuthill, Mary. Joining the War on Drug Abuse. Nation's Business, Vol.70, No.6 (June 1982): 64-65.

Managers are frequently unaware of drug abuse signs in workers with whom they have daily contact because thay lack basic knowledge needed to recognize and contend with this growing problem. A number of companies are expanding employee assistance programs to include drug and emotional problems. These programs do not give direct treatment but refer employees to places where they can be helped in a setting that is both convenient and private. Drug and alcohol abuse touch every type of business; it causes accidents or costly errors because judgment is impaired. Steps for developing an employee assistance program include: 1. involvement and commitment from management, 2. guarantees of confidentiality, 3. involvement of employees in planning, 4. labor union cooperation, and 5. help from directors of programs at other companies.

(C) EMOTIONAL AND FAMILY

Althouse, R., and J. Hurrell, Jr. An Analysis of Job Stress in Coal Mining. U.S. Department of Health, Education and Welfare, May 1977.

This is a report of a NIOSH supported study into the psychological effects of working in coal mines. When compared with other blue collar workers, the miners exhibited more (1) anxiety, (2) depression, (3) irritability, and (4) physical complaints, although they reported the same amount of job-related stress. Among the miners, poor relations with supervisors and conflicting role demands were related to worker dissatisfaction. The study also found underground miners to report particularly high rates of strain, and those who did so tended to also report problems with their health.

Clutterbuck, D. Working Parents Gain Assurance. International Management 33 (July 1978): 30-31

This is a brief article describing an EAP at New England Mutual Life Insurance Company, a U.S.-based assurance company. The focus of the program was domestic issues of concern to employees with families. The format was a series of ten lunch-hour, confidentially held seminars that were publicized well in advance. Most of the time was spent in simple discussion and exchange of experience.

The majority of the participants being women, discussion centered around the impact on children of having a working mother. Two points are particularly noteworthy. First, research does not indicate any increased delinquency or psychological problems among children of dual-career parents. Second, the more comfortable one feels in his/her parental role, the less anxiety is caused to the child. Hence, if a woman does not feel guilty about working, her job is not likely to have negative psychological effects on her children. Several other points and suggestions that emerged from the seminar series are listed in the article.

Hersey, R. S. Emotional Factors in Accidents. Personnel Journal 57, February 1978.

Reprinted from the July 1936 issue of Personnel Journal, was originally delivered before the Eighth International Congress on Psychotechnology at Prague, Czechoslovakia. The author, on the staff at the Wharton School of Finance and Commerce, contends that accidents are largely due to emotional factors. He identifies two such sets of factors that influence industrial accidents: (1) more general emotional factors, and (2) individual personality factors which are specific to an individual. These latter factors are believed to cause the greatest proportion of accidents among those workers who are "repeaters." The paper then suggests two alternative methods of overcoming these emotional factors, one being an individual approach and the other a group technique.

Jackson, Susan E. and Randall S. Schuler. Preventing Employee Burnout. Personnel (March/April 1983): 58-68.

Burnout is a feeling of emotional exhaustion in one's work. Personal characteristics, such as idealistic expectations and goals, and certain organizational conditions can contribute to employee burnout. Burnout results

in: 1. withdrawal behaviors, 2. interpersonal friction, 3. a decline in job performance and health, and 4. family problems. Organizations can help prevent burnout several ways: 1. developing anticipatory socialization programs, which give new employees a realistic picture of their jobs, 2. increasing employees' participation in decision making, and 3. increasing feedback about job performance.

Kuzmits, F. E., and H. E. Hammons, II. Rehabilitating the Troubled Employee. Personnel Journal, April 1979.

Defining the "troubled employee" as an individual faced with acute personal or work-related problems, the authors make a case for using this definition as a base which program policies and designs may be built. Statistics are provided that suggest that an important proportion of the workforce today suffers from emotional problems that lead to alcoholism, drug abuse and mental illness. Included in this paper in a discussion of behavioral patterns common to the alcoholic employee as well as a description of professional and personal skills that a supervisor should ideally possess.

A detailed description of the program at the Gulf Oil Corporation is also provided. Supplemented in 1973, the Gulf Program has found that three elements are necessary for program success: (1) the employee with exceptional problems must be identified early; (2) the employee must accept the fact that he has a problem; and (3) the employee must seek professional treatment and agree to enter a therapeutic program. A detailed flow chart of activities basic to the Gulf Program is included.

Melchiode, G. A., and M. Jacobson. Psychiatric Treatment: A Barrier to Employment Progress. Journal of Occupational Medicine 18(2): February 1976.

This study tested the hypothesis that employees seeking help from a psychiatrist experience varying degrees of negative attitudes from their supervisors who know about it. Survey data were collected from 161 supervisors in various fields to determine the nature and extent of any potential hiring or promoting prejudices. While the data reveal varying degrees of tolerance toward employees undergoing psychiatric treatment, overall study results suggest a definite prejudice in promoting these employees.

Miller, Leo. Giving a Helping Hand with Personal Problems. Advanced Management Journal, (Spring 1981): 49-55.

Because happy individuals are productive workers, companies are having to become involved in the off-the-job, as well as job-related, problems of their employees. Polaroid Corporation was one of the first organizations to establish an employee counseling service. The Polaroid counseling department has 2 main objectives: 1. assisting Polaroid employees in solving problems that tend to restrict their ability to function and develop, and 2. dealing with the environment in which these individuals function. The counseling department functions as: 1. personal counselor, 2. consultant. 3. group facilitator, 4. stress sensor, and 5. researcher. Experience at Polaroid has shown that the counseling function tends to interact with the personality of the total organization. In fact, the counseling programs themselves are

determined to a significant degree by the characteristic behavior patterns, distinctive attitudes, and emotional needs of the organization.

Moch, W. L., R. Speigel, and J. D. Gary. Family Systems Theory Approach to Employee Assistance Programs. Labor-Management Alcoholism Journal 9(2): 1979, 45-54.

The use of a family system model is ideal for an EAP, particularly in the assessment and referral component. Some of the relevant literature in EAP is cited and the components of an EAP are described as they relate to the family systems model.

Modlin, H. C. Does Job Stress Alone Cause Health Problems? Occupational Health and Safety 47 (September/October 1978): 38-39.

Written from a medical perspective, this article addresses the topic of psychological stress and its relationship to disease. After stress is defined, three conditions are discussed as being necessary for a person to experience it negatively (distressful): (1) a basic susceptibility to stressors in general; (2) exposure to a significant change in environment or interpersonal relations; and (3) interpretation of that change as a stressor (i.e., as dangerous and threatening). Data are then presented concerning stress in the work environment. Being absent from work was typically seen as the most distressful event while being fired and unemployed were rated as less stressful. Other sources of potential job-related stress are noted. Data presented, however, seem to indicate that work is not a prominent source of stress for the majority of people. Individual strategies as well as social support systems for coping are discussed as protecting certain individuals from the negative health effects of stress.

More Help for Emotionally Troubled Employees. Business Week. May 12, 1979: 97-102.

This article explores a recent phenomenon: diagnostic health service firms that serve some companies as surrogate EAPs and others as significant adjuncts to in-house programs. The need for such contracted mental health services (which typically deal with employee depression and marital troubles as well as alcoholism) is discussed, as is the cost to the company. Issues relating to evaluation of these outside services are addressed.

Mortimer, J. I. Changing Attitudes Toward Work. Series in Work in America Institute Studies in Productivity, Work in American Institute, Inc., Scarsdale, NY. 1979: 55 pp.

Several conclusions are drawn from the literature pertaining to worker attitudes. (1) A decline in job satisfaction permeates all segments of the working population; (2) Sources of dissatisfaction are inadequate income, job insecurity, poor and unsafe working conditions, stress and monotony; (3) Since there is little evidence for a radical deterioration in working conditions in recent years, the authors postulate that increasing educational attainment and a growing centrality of work (i.e., work becoming an all-important facet of one's life) help to explain this dissatisfaction.

Also included are abstracts of relevant references and additional bibliographic lists.

North, G. E. The Concepts of Mental Illness and Disability. Occupational Health Nursing 28 (July 1977): 12-14.

This is an introduction to the concepts of mental illness and disability The author, the director of a community mental health center, addresses the article to occupational health nurses. Topics included are the origins and history of the concept of mental illness, the dangers of labeling a person mentally ill, and suggested ways of handling the problem in the work setting.

Occupational Stress. Occupational Health and Safety 47: 22, September/October 1978.

This column in a professional journal addresses two important questions concerning stress in the workplace: (1) Who is vulnerable to occupational stress? (2) What kinds of roles contribute to the problem?

Alexis Brook, a physician at a London clinic, identifies five characteristics of workers prone to stress: (1) They are at phases of life readjustment (e.g., middle age); (2) They have reached a life goal and are not readily able to adapt to new goals; (3) They are in jobs where the change involves a withdrawal of some of the major satisfactions; (4) They are people who compensate for deficiencies in other areas of their life by overvaluing their jobs (making it a way of life--"central"); and (5) They are people with marked obsessional personality structure who need the routine of their jobs as a reinforcement to their defenses against anxiety. Two examples of vulnerable roles in industry are also provided.

Palkon, D. S. Conjoint Alcohol Family Therapy Services for Occupational Alcoholism Programs. Labor-Management Alcoholism Journal 9(2): 1979, 55-62, 65-67.

Alcoholism is increasingly being viewed as a family dysfunction or disease. Some theories go so far as to suggest that alcoholism is symptomatic of family problems and not the central problem. This paper performs the following: (1) analyzes the various treatment approaches to alcoholism; (2) reviews the literature in conjoint alcohol family therapy and the effects of alcoholism on children; (3) reviews the roles of labor and management in regard to conjoint services; (4) offers pragmatic recommendations for implementing conjoint alcohol services; and (5) discusses the limitations and benefits of conjoint approaches to alcoholism.

Phillips, H. H. Families of Alcoholics. Labor-Management Alcoholism Journal (1979): 102-3.

The importance of offering help to the family members of alcoholic employees and the counterproductiveness of a supervisory cover-up of an employee's drinking problem are stressed.

Price, B. Mental Illness: A Case for Company Concern. Personnel Management, (December 1978): 39-43.

This article deals with a broad range of issues relating to the problem of employee mental illness. Reported are prevalence data and survival rates of former mental patients in (subsequent) jobs. The main thrust of the

discussion, however, is job discrimination and employer attitudes toward individuals with a psychiatric history. Attempts to overcome the problem of discrimination are suggested, and the U.S. Postal Service's formal policy of nondiscrimination toward mentally ill employees is described.

The author advocates having a psychiatrist available on the work premises for consultation at certain regular hours. A description is provided of how this service operates at the Central Electricity Generating Board (CEGB). Furthermore the author suggests that the practice in industry of overpromotion and lack of training for new jobs is a major reason for mental breakdowns among employees.

Rappaport, M. Psychological Nursing in Industry. Occupational Health Nursing 26: (May 1978): 26-29.

The author, both a psychiatrist and psychologist with experience providing consultation to industry, concludes that industrial nurses have a key role to play in providing first line care to employees displaying emotional and psychological problems. Written for occupational health nurses, then, this paper has several emphases. First, types of psychological problems typically seen in industrial settings are described (worry, tension, anxiety, unhappiness, and depression). Second, their origins are discussed in general terms. Finally, some commonly used methods of handling selected problems are presented.

Rappaport, M., M. P. Dolan, and T. Clementi. Psychological Problems in an Industrial Setting. Journal of Occupational Medicine 19(10): October 1977.

This is the report of a study undertaken to identify psychological problems reported by workers in an industrial setting and the degree to which these problems (1) affected an individual's ability to carry out work and home responsibilities and (2) were related to physical and psychological disorders. Results indicate that worries or fears, tension, anxiety, unhappiness and depression top the list of reported psychological problems. Often, furthermore, these emotional states are sufficiently severe to interfere with the individual's work and home/social functioning. Data are also presented for the various medical-psychiatric services needed to provide comprehensive understanding of individual health problems and good case management.

Reardon, R. W. Help for the Troubled Worker in a Small Company. Personnel 53 (January/February 1976): 50-54.

The question raised in this article is: How can a small to medium-sized company (50-500) employees) develop an EAP that deals effectively and economically with the growing problems of lost productivity, declining performance, and turnover?

Described is the solution arrived at by the Southern Connecticut Gas Company, an employer of fewer than 600 combined white and blue collar workers. Included in the discussion are such topics as the use of supportive outside agencies, union involvement, and the cost versus the benefit of the program.

Reynolds, N. Z. Helping Employees to Help Themselves. Management Review 66:44, November 1977.

This is a very brief column in a management-oriented publication describing two EAPs designed to meet the needs of emotionally troubled employees. The Kemper Insurance Company program designates supervisors as the keys to case-finding, and outside agencies as treatment centers. Kennecott Copper's INSIGHT program, on the other hand, offers a round-the-clock telephone referral service to be used directly by the employee in need.

Rostain, H., P. Allan, and S. Rosenberg. New York City's Approach to Problem-Employee Counseling. Personnel Journal (April 1980): 305.

The approach that the city of New York uses to deal with the problem of mental illness among employees is described. The program has been shown to save both money and employees by investing in professional counseling and top-management commitment. A key element of the approach is a supervisory training program developed by the city's Employee Counseling Service (ECS) and available to the various agencies in the city. Moreover, there is a continual re-education of the top agency leadership as to the purpose, scope and achievements of the program. Specific recommendations are made to administrators in other organizations that are contemplating the establishment of a similar type of program.

Santa-Barbara, Jack. Productivity, Mental Health and Employee Assistance Programs. Canadian Manager (Canada) (December 1983): 4-6.

The psychological health and well being of Canadian workers is not receiving as much attention as it should. About 20% of all Canadian workers have some sort of mental or emotional illness that leads to adverse consequences for employers. However, many employers are not dealing with the situation because they are unaware of mental problems of workers or do not regard the problems as serious. Still other employers feel that the company has not right to become involved or that the costs of preventive measures will be too high. Some forward-looking companies have taken action against worker mental health problems by means of employee assistance programs (EAP). An EAP is a systematic approach to providing workers with professional counseling services. Mandatory referral based on poor work performance has largely been replaced by voluntary or informal referral. Employees have come to use EAP services for non-work related problems, and EAPs are accepted much better if they are voluntary.

Smith, Terry L. Coaching the Troubled Employee. Supervisory Management, Vol.26, No.12 (December 1981): 33-36.

It is important for the manager to look for the source of the problem when an employees performance deteriorates. If there is a personal problem rather than a work related problem, it is possible for the manager to discuss the problem with the employee. Acknowledging that personal problems interfere with job performance is an important function which managers can perform. Because managers of people are human resources managers, it is important to recognize a troubled employee whose personal problems are causing work-related problems. Discussions with a troubled employee need to follow the same guidelines as are used in planning a performance review, such as holding the

meeting in private. It is important for the supervisor to refer the employee to professional help if the problems exceed the supervisor's limits. To do this, the supervisor needs to know what referral resources are available - such as a company employee assistance program - prior to the meeting. It is also important to follow up with the employee after a referral is made.

Thacher, F., P. Esmiol, H. Ives, and B. Mandelkorn. Can On-Site Counseling Programs Aid Workers, Reduce Health Costs? Occupational Health and Safety 46 (November/December 1977): 48-50.

This article describes an on-site psychiatric counseling service to working people and their families in Newton, Massachusetts. The program is geared toward overcoming what it identifies as three barriers that often prevent people from receiving professional psychiatric help: (1) stigma; (2) accessibility and time; and (3) cost. Thus, the goal of the program is to deliver high-quality care to people who might not otherwise get it, by bringing professionals into the workplace during regular working hours. Presented is a relatively complete description of how the program operates, as well as a discussion of its costs and benefits.

Trachtenberg, D. Early Behavioral Manifestations of Emotional Disorders. Occupational Health Nursing 25 (September 1977): 16-19.

This paper was presented at a conference entitled, "Psychological Problems and the Occupational Health Nurse." The article. written by a psychiatrist, is based on the premise that the industrial nurse has a critical role to play in the early detection and management of a broad spectrum of psychiatric disorders. Some general aspects of case-finding are discussed, followed by several specific syndromes encountered in industry.

Tubbs, A. L. On Site Psychotherapy in Industry: A Cost- Effectiveness Inquiry. Occupational Health and Safety. Vol. 49, No. 4 (April 1980): 42-44.

This article argues for on-site psychotherapy in industry. The advantages of having therapeutic services as an integral part of the company's internal health service are discussed. The Prudential Insurance Company program in Newark, New Jersey, is presented as a model that works. The cost-effectiveness of the Prudential program is described, as are the operational details.

U.S. Department of Health, Education, and Welfare. Conference on Occupational Stress, November 3, 1977.

The proceedings of a conference on occupational stress are contained in this volume. The psychological causes and problems of work-related stress are examined: Situations leading to feelings of insecurity and inadequacy as well as role incongruity are seen as stress producers. Reviewed are NIOSH studies reporting stress-related disease and mental health incidence rates by occupation, mass psychogenic contagion reaction in industry, as well as the relationship between machine pacing and stress.

A study of the health consequences of shift work did not find that shift workers suffer from severe health problems, although some decreased psychological well-being was noted. The relationship between stress, the

"type A" behavior pattern, and heart disease is discussed. Ongoing stress management programs--one in an aerospace company and one in a hospital--are described. Biofeedback as one possible therapy to reduce stress is discussed.

U.S. Department of Health, Education, and Welfare. Health Consequences of Shiftwork, Tasto, D. I., Colligan, M. J., Skjei, E. W., and Folly, S. J., March 1978.

This is a report of a NIOSH-sponsored study of the health effects of working unconventional hours. The physical and mental health of nurses and food professors working various shifts ware studied. The researchers found that day shift workers experienced the least difficulty in adapting to their work schedules, while those on rotating shifts encountered the greatest adjustment difficulty. Furthermore, shift workers who adapted well to their unconventional schedules tended to be (1) not too neurotic, (2) generally satisfied with their shift schedule, and (3) generally satisfied with the nature of the work itself.

Zemke, Ron. Should Supervisors Be Counselors? Training, Vol.20, No.3 (March 1983): 44-53.

One of the toughest problems faced by supervisors is working with employees who are performing poorly on the job because of off-the-job disruptions in their lives. The supervisor should not be expected to deal with an employee's personal problems, but when performance starts to suffer, the supervisor must get involved. A 5-step formula has been developed to aid in dealing with troubled employees. The steps are: 1. recognition, 2. documentation, 3. action, 4. referral, and 5. reintegration. These steps are explained in detail. Experts agree that supervisors should be trained in confronting the troubled employee. They also agree that personal problems must not be allowed to excuse chronic poor performance. All confrontations must be supported with facts of else the company may face a lawsuit. More than 2,000 companies have developed "employee assistance programs" to facilitate access to professional counseling.

III. PROGRAM DESIGN AND IMPLEMENTATION
(A) PROGRAM DESIGN

Adams, Jane Meredith. The Problem Employee. New England Business, Vol. 47, No.7 (April 19,982): 62 63,56.

Problem employees are costly in terms of time and money, and they pose a problem for management concerning methods for dealing with them. Some companies have instated wor. incentives aimed at improving emp'oyee morale and productivity. "Human potent'al" consultants may be retained to imcrove worker relations, which is considered vital to job satisfaction. An on-the-job solution to the problem employees has been developed by Peter Wylie and Mardy Grothe that entails a 10-step process. Before a solution can be applied, a manager must know how to identify a problem employee and differentiate between a true problem employee and a worker whose style varies from the manager's. All dealings with a problem employee must be documented. The idea is to change worker attitudes without lecturing or avoiding the problem. The employee's problem may stem from either inside or outside the workplace. Alcoholism is one example of a problem that can be dealt with via employee assistance programs which provide outside help for the employee. Programs that help problem employees can be costly, but they are often cost-effective in comparison to the cost of keeping such an employee.

American Occupational Medicine Association, Drug Abuse Committee. Criteria for Alcohol and Drug Rehabilitation Programs in Industry. Journal of Occupational Medicine 22(2) (February 1980): 111-130.

Prepared by the Drug Abuse Committee of the American Occupational Medical Association, this report lists ten criteria for successful programs of alcohol rehabilitation in industry. Included are the following: (1) recognition of alcoholism as an illness and its inclusion in disability and insurance plans; (2) a written policy statement as well as the involvement and support of both management and labor unions; (3) education of employees and their families, management, and medical personnel as to the problems of alcoholism and rehabilitation; (4) basic research into alcoholism as well as long-term follow-up studies of treated clients; and (5) establishment of referral sources either in the company or in the communities.

Anonymous. Chemical Dependency Studied in Minnesota. Employee Benefit Plan Review, Vol. 36, No. 2 (August 1981): 44,46.

The Minnesota Committee on Chemical Dependency has conducted a survey of methods of identification and referral, system of payment, and unmet needs in treatment of alcohol and drug abuse in the Minneapolis-St. Paul area. Significant findings include: 1. Over half of the Chemical dependency treatment programs are provided at hospital-based facilities, and aftercare treatment is provided at half-way houses. 2. Almost all programs are designed to help the individual achieve abstinence and are based on the 12 steps of Alcoholics Anonymous. 3. Chemical dependency treatment is mandated under state group insurance law, requiring all licensed care centers to provide inpatient and outpatient treatment. 4. The average total estimated cost of treatment in primary centers ran from $190 in an outpatient facility to $10,200 for an inpatient program for adolescents. 5. Source of funding has a direct bearing on choice of facilities and treatment patterns. Table.

Anonymous. Variety of Approaches in Employee Assistance. Employee Benefit Plan Review, Vol. 37, No. 1 (July 1982): 28,30.

Employee assistance programs are being investigated by many firms for possible changes within the employee interest programs. The various directions of the employee assistance programs find several positive aspects help programs instituted on the confidential level. Several firms have programs that involve the employees and their families with no recordkeeping involved and a strict air of confidentiality.

Anonymous. EAPs Change Structure to Reach Professionals. Employee Benefit Plan Review. Vol. 37, No. 7 (January 1983): 81-82.

Study is made of employee assistance program services. Nature of employee's personal problems is changing. Professionals have different problems because of different work environments.

Anonymous. Assistance Programs Face Potential Legal Problems. Employee Benefit Program Review. Vol. 37, No. 10 (April 1983): 52.

Conducting employee assistance programs has legal ramifications. Suggestions are given to prevent the possibility of employee-initiated litigation. The suggestions include setting confidentiality guidelines, obtaining malpractice insurance for counselors, and doing thorough investigations of all potential counselors.

Anonymous. How Two Companies Curb Drug Abuse. Occupational Hazards. Vol. 45, No. 4 (April 1983): 93-96.

Drug and alcohol abuse, which costs employers billions of dollars each year, used to be something which industry tried to ignore. Now many companies are adopting employee assistance programs (EAP's) which are proving to be very successful and whose results include fewer sick days and accidents, and increased productivity. The various types of drugs which are commonly abused include alcohol, marijuana, cocaine and heroin, among others. The EAP's of two companies, General Motors Corporation (GM) and American Telephone and Telegraph Company (AT&T) are described. GM uses a two person union/management team in each plant to spot employees with drug related problems whom they then recommend for treatment in the abuse program. The success rate has been about sixty per cent, and GM feels they are definitely getting their moneys worth out of the program. AT&T uses counselors and outside services to help employees who can be self referred or referred by a supervisor. The success rate for the program is over seventy per cent, and the savings on sick days, accidents and increased productivity have more than justified the program.

Anonymous. How to Locate the Right EAP. Business Insurance, Vol.18, No.50 (December 10, 1984).

Guidelines for small businesses wishing to initiate an Employee Assistance Program (EAP) are presented. Employers interested in starting such a program should ask a consultant for references. Proposals should be obtained from at least three consultants. Bargain programs may be suspect. The interests of the program service should be identified. The provider should be questioned

specifically about alcoholism and drug abuse programs. Many providers are now offering EAPs to both individual firms and employer consortiums.

Beyer, J. M., and H. M. Trice. The Design and Implementation of Job-Based Alcoholism Programs: Underlying Intervention Strategies and How They Work. Prepared for N.I.A.A.A.'s Research Workshop on Occupational Alcoholism, Washington, DC, May 21-23, 1980.

This is a comprehensive investigation of the actual operation of intervention strategies that commonly underlie job-based alcoholism programs. The researchers conclude that these basic strategies (namely, constructive confrontation and crisis precipitation) have been known to be viable over time. The current trend, furthermore, is to broaden the scope of these programs to deal with a wide range of personal problems, since alcoholism seems to be a multidimensional disorder. Concerning program implementation, various organizational processes are discussed as important to consider. Factors found to be associated with greater implementation include administrative emphasis, more resources available to policy coordinators, the presence of a union, and supervisor awareness of its position on the policy.

Busch, Edwin J., Jr. Developing an Employee Assistance Program. Personnel Journal, Vol.60. No.9 (September 1981): 708-711.

An employee assistance program (EAP) may be of help when an employee's personal problems start to affect his job performance. The Gates Rubber Company in Denver, Colorado, started an EAP in 1975, which, after one year's operation, produced a return on investment of more than 3 to 1. the 6 years of the program, absenteeism hours have improved over 300%, medical visits to the company clinic reduced more than 200%, and avoidance of employee termination has increased 10-fold. Labor leaders have been very positive in their comments about the results of the EAP. The program is administered by a small staff consisting of 2 full-time counselors and a licensed social worker. Using public and private referral agencies has helped to hold down costs. Confidentiality is stressed. The EAP information is maintained in files separate from personnel records. Only the program administrator and the referring supervisor are aware of an employee's use of the program.

Chiabotta, Bill. Evaluating EAP Vendors. Personnel Administrator, Vol.30, No.8 (August 1985): 39-43.

Employee assistance programs (EAP) have been widely accepted as a cost-effective means of helping employees deal with substance abuse. To be successful, EAPs demand careful planning in several areas. Before seeking vendor proposals, a number of issues must be addressed, including: 1. top management support, 2. EAP objectives, 3. legal issues, 4. hours/location, 5. vendor staffing, 6. vendor client references, 7. client staff training, 8. literature/materials/forms, 9. employee contact, and 10. reports and management information. Guidelines for evaluating proposals are outlined.

Cooper. C., and D. Torrinton. Strategies for Relieving Stress at Work. Personnel Management 11(6): June 1979 28-31.

Easing their article on the assumption that the personnel specialist has the responsibility for the well-being of an organization's employees, the

authors suggest strategies for stress management that might be initiated. Included under short-term strategies are performance appraisal, stress counseling, stress awareness training, and making promotional criteria very clear. Long-term strategies are discussed under the following topics: (1) worker participation and the managerial role; (2) the nature of managerial jobs; (3) selection and promotion criteria; (4) grievance procedures; and (5) job mobility. All the suggested strategies are designed to control employee stress that arises from situations in which the organization and the family goals conflict.

Daghestani, A., P. Barglow, R. Hilker, and F. Asma. The Supervisor's Role with the Problem Drinker Employee. Journal of Occupational Medicine 18(2): February 1976, 85-90.

This study was carried out between August 1974 and May 1975 in the Medical Department of Illinois Bell Telephone Company. A survey methodology (questionnaires and interviews), was utilized to address the following question: Which aspects of the supervisor-employee interaction seem to influence the excessive use of alcohol by employees in a large corporation? Based on the study results, conclusions are reached from the multiple perspectives of the alcoholic employee, his supervisor, and the company in general. Highlighted are the following findings: (1) Work pressure in itself was not found to be of major importance in either creating or influencing alcohol abuse among employees; (2) No evidence was found for the clinical entity "supervisor's neurosis" that had been previously described in the literature. (This psychiatric condition supposedly combines the symptoms of anxiety, depression, and generalized psychophysiological symptoms.) (3) The active participation of the supervisor in the follow-up is of crucial importance; and (4) The company's medical department should assume responsibility for the overall coordination of treatment among the family, private physician, Alcoholics Anonymous, in-patient alcohol rehabilitation units, and different community agencies.

Day, Charles R., Jr. Pushing Pills Out of the Office. Modern Office Procedures, Vol.28, No.5 (May 1983): 70-71, 74, 76.

Xerox Corp. (Stamford, Connecticut) and Control Data Corp. (Minneapolis, Minnesota) were among the first companies to recognize the existence of drug problems among their employees and to implement employee assistance programs (EAPs) to stem drug abuse. EAPs, launched from top executive levels, address various drug problems, including: 1. use of street drugs, 2. drug trafficking, 3. abuse of prescription drugs. Chemical abuse, including alcohol as well as drugs, takes a heavy toll on office operations; the cost is estimated at over $20 billion per year. Some 4,000 companies have instated EAPs that prove professional help to chemical-abuser employees. Control Data's EAP offers: 1. counseling, 2. referral services, 3. a 24-hour, 7-day-a-week hotline, and 4. confidentiality. Companies considering forming EAPs must determine specific needs. An EAP may be sustained in-house or may be operated by an independent contractor, such as Human Resources, Inc. Managers' alertness to changes in employee behavior and supportive action is essential to making an EAP work. EAP serves an average of 5% of a firm's employees annually; the recovery rate is around 70%. EAP costs between $12 and $20 per employee.

Dickman, F. and W. G. Emener. Employee Assistance Programs: Basic Concepts, Attributes and an Evaluation. Personnel Administrator. Vol. 27, No. 8 (August 1982) 55-56, 58.

Employee assistance programs (EAP) have increased in the past decade. EAP coordinators must confer with all levels of employees. Key ingredients of an EAP are: being confidential; referring employees to agencies for help; early intervening; job performance effects and resolving of problems. Everyone wins by an employee assistance program in their firm.

Foote, A., J. C. Erfurt, and R. Austin. Staffing Occupational Employee Assistance Program: The GM Experience. Alcohol Health and Research World, NCALI 4(3): 1980, 22-31.

This study focuses on the staffing of a group of occupational programs within a single corporation. Compares the results of those programs having full-time staffs with the results of those having different types of part-time staffs. The study was conducted in cooperation with the General Motors Substance Abuse Recovery Program as part of its annual evaluation.

Foote, A., J. C. Erfurt, P. A. Strauch, and T. L. Guzzardo. Cost-Effectiveness of Occupational Employee Assistance Programs: Test of an Evaluation Method. Office of Substance Abuse Services, Michigan Department of Public Health.

This is the report of a pilot study that asked two major questions: (1) How can one gather data that evaluates the effectiveness of occupational Employee Assistance Programs at a reasonable cost? (2) How can the individual program's cost benefit best be measured? After considering the issues, the authors conclude the report with several recommendations. First, a prospective data collection design is optimal, with client data gathered as one passes through the program. Second, a balance should be struck between time allotted to client contact and paperwork. Finally, the selection of program items to be measured should be tailored to the three potential uses of the data--i.e., client services, evaluation of program impact, and cost-benefit analysis. Items are then suggested that measure each of these three usage areas.

Glicken, Morley D. A Counseling Approach to Employee Burnout. Personnel Journal, Vol.62, No.3 (March 1983) 222-228.

Organizational changes can effectively treat some employee burnout, but the counseling approach, which firms often ignore, is more effective with employees who do not experience the organizational changes, or with those whose serious state of burnout calls for further treatment. Burnout affects work-related behavior and may also carry over to an employee's personal life. The employer must recognize the symptoms of burnout and be aware that certain personality types are more susceptible. Career Enhancement Therapy (CET) helps workers design new coping strategies through: 1. evaluating and understanding the causes of burnout, 2. determining necessary changes, 3. developing sensitivity to symptoms to help cope with future episodes, and 4. developing communication skills to discuss feelings with others. CET is most effective when offered to groups of 12-15 employees. CET is not a replacement for psychotherapy, but it is one step an organization may take to remedy the

problem of burnout. While the individual is chiefly responsible for recognizing and dealing with burnout. the organization can employ strategies to reduce burnout and help treat the problem where it exists. References.

Good, Roger, K. Benefits: What Bechtel Learned Creating an Employee Assistance Program. Personnel Journal, Vol. 63, No. 9, (September 1984) 80-86.

The Employee Assistance Services (EAS) program was established by Bechtel Corp. (San Francisco, California) in 1974. Bechtel's EAS has been effective because the designers never forgot the human element. Moreover, they worked to ensure that the program would always be an interactive process involving continual evaluation of service providers and training of company supervisors. Bechtel's selection criteria for outside treatment providers include: 1. reputation in the community, 2. personal and organizational considerations, 3. treatment style, 4. fees, 5. communications, and 6. licenses and other qualifications. The interaction of every department is needed for an employee assistance program to be most effective. At Bechtel, the supervisor's call for help with a troubled employee is channeled to a counselor who initiates the intake process. Intake workers record specific information and determine the seriousness of the problem. These workers are rigorously trained in crisis intervention. Intake is followed by diagnosis, referral for treatment, and follow-up.

Guida, M. The Occupational Health Nurse's Role in the Corporate Alcoholism Program. Occupational Health Nursing 24 (March 1976) 22-24.

Written by a registered nurse, this article explores the potential key role that a nurse may play in corporate alcoholism programs. The author feels that the involvement of an appropriately trained occupational health nurse can be coordinated with duties already assigned the job. Suggested are the following roles: (1) advisor to management of the need for a definitive policy for the handling of alcoholic employees, (2) educator as to the physical and mental health implications of alcohol abuse, (3) crisis intervener, and (4) interviewer of employees concerning their health, with an eye toward prevention of serious deterioration of work performance (i.e., early detection).

Guida, M. OHNs Are in the Best Position to Help Workers Fight Alcoholism. Occupational Health and Safety 47 (September/October 1978): 48-52.

This article discusses the potential role that an occupational health nurse may play in industrial alcoholism programs. Several characteristics of the industrial health nurse who is likely to work effectively with alcoholics are identified: (1) a high tolerance for frustration, (2) an ability to strike a reasonable balance in the patient between dependence and independence (specifically, the nurse must neither exploit the patient's need for dependency not ignore his needs altogether); and (3) an ability to realistically assess what can and cannot be done. A brief outline is then presented of the nurse's training that would be necessary for carrying out this role. The training would need to include, for example, information concerning physical and behavioral symptoms of alcoholism, intervention strategies, and follow-up procedures.

Hellan, Richard T., and William J. Campbell. Contracting for EAP Services A Guide to Making the Right Choice. Personnel Administrator, Vol.26, No.9 (September 1981): 49-51.

When employee assistance programs (EAPs) have not been conducted before, in-house care must be taken in selecting a provider for EAP services. Employers must initially define the needs of their organization and the types of services they wish to establish. In shopping for services, the employer must consider the provider's abilities in several areas: 1. quality of services, 2. whether the provider does counseling or just acts as a referral agent, 3. the methods used in promoting the program, 4. the methods used to train the supervisors, and 5. what accountability methods the provider uses and submits to the employer. The provider's EAP record should be examined. Potential conflicts-of-interest need to be identified. A fee schedule and termination procedures need to be established contractually. As federal funding is reduced for mental health programs, agencies are seeking to develop arrangements with the private sector that will insure their survival.

Herbert, H. R. Alcoholism: The Supervisor's Role in Rehabilitation. Supervisory Management 20 (December 1975): 7-14.

The staff physician for Eastman Kodak Company writes this article for first-line supervisory personnel in organizations having employee alcoholism programs. The author addresses the specific role that such supervisory people play in the rehabilitation of the individual employee. Specific steps for managers to take are then suggested (for times when alcoholism is suspected as the root of poor job performance).

Hitchcock, L., and M. Sanders. A Survey of Alcohol and Drug Abuse Programs in the Railroad Industry, November 1976.

This is a final report prepared for the U.S. Department of Transportation. It surveys twenty industrial alcoholism and counseling programs run by railroad corporations. Descriptions of program policy, practices, union involvement, penetration rates, success rates, relationships to discipline, and client population parameters are given, as is a thorough review of the literature pertaining to industrial alcoholism programs in general.

Results of the surveys indicate that involvement of labor in program activities and control results in a higher percentage of individuals voluntarily seeking help. Concerning the cost of running these programs, the range was from two to ten dollars per employee per year, costs typically absorbed by group health insurance policies. All programs, furthermore, depended heavily on services provided by existing hospitals, clinics, and self-help groups (such as Alcoholics Anonymous).

Hockwald, R. AOMA Testimony at Labor Department Hearings on Privacy of Medical Information. Journal of Occupational Medicine 22(5): May 1980, 351-52.

This is the verbatim testimony of the president of the American Occupational Medical Association (AOMA) to the U.S. Department of Labor concerning the confidentiality of information for employees who are also patients. Given that the majority of physicians providing services to

industry are working on a consultation basis out of private medical offices, the AOMA strongly feels that patient-physician communications are subject to the privacy of information code of ethics adopted in July of 1976. The AOMA position is that the client is the patient rather than the industry, although medical surveillance programs do complicate the picture. Several of the issues concerning third party involvement are addressed. Included in the article is the official AOMA position regarding the confidentiality of patient records (Code of Ethical Conduct for Physicians Providing Occupational Medical Services, adopted July 1976).

Hoffer, William. How to Help a Troubled Employee. Association Management, Vol.35, No.3 (March 1983): 69-73.

The proper management strategy for handling such self-destructive employee behavior as alcoholism or drug abuse is the employee assistance program (EAP). Increasingly, consultant services make such programs available to small associations. The first step in establishing an EAP is to develop and publish a clear policy concerning alcoholism and various other problems that interfere with job performance. This policy should be developed with advice from a consultant. In the policy statement, it should be noted that participating in the program will not affect future employment or career advancement. There are several early warning signs that an employee has such problems; these signs include increased absenteeism, mood shifts, and financial problems. These signs should be noted and the problem attacked before it causes severe deterioration. By documenting poor performance and giving an employee an ultimatum, the supervisor can often spur the employee to seek help.

Hollmann, R. W. Beyond Contemporary Employee Assistance Programs. Personnel Administrator. Vol. 26, No. 9 (September 1981): 37-41.

Current employee assistance programs provide a method for helping troubled employees, but need more progressive approaches. The characteristics common to most EAPs are outlined. Limitations include dealing with symptoms rather than root causes. providing reactive stance rather than a proactive one, and fragmentation. Two new features are suggested. An integrative dimension includes recognition that troubled employees may have multiple problems. Integration should be made with orientation and training activities, compensation, labor-management relations, and other organizational programs. The preventative dimension includes internal research, in-house education, and community involvement.

Hollmann, R. W. Employee Assistance Programmes in the United States. Employee Relations, Vol. 4, No. 3 (1982): 6-10.

Employee assistance programs are discussed as they occur in firms in the United States. The characteristics of the planned systematic programs designed to provide professional assistance to employees experiencing emotional or personal problems, or problems with drugs or alcohol are presented. An evaluation of some of the programs is also provided.

Jacobs, P. Employee Assistance Programs: Promoting On-the-Job Vitality. Occupational Health and Safety, April 1980.

This article discusses issues relating to the design of employee assistance programs in the health care field. The author, for example, points to the key role that hospital-based social work departments may perform in the initiation and development of the programs. Other topics covered are the cost-effectiveness of such EAPs, the optimal structure (including referral procedures), and labor-management interrelationships. An operational model is then described in detail (the Long Island Jewish-Hillside Medical Center Program).

Jeremy, F. H. Function of a Central Diagnostic and Referral Program. NCALI Report, 1980.

A description of an external critical diagnostic and referral program used in Kalamazoo, Michigan, for dealing with employees troubled with alcoholism, drug abuse and psychological disorders is presented. The various other functions of the program are outlined and discussed.

Johnson, Arthur, T. Municipal Employee Assistance Programs: Managing Troubled Employees. Public Administration Review, Vol. 45, No. 3 (May/June 1985) 383-390.

Employee assistance programs (EAP are designed to help troubled employees whose personal problems affect their job performance. The affected employee's supervisor is critical in the process of referring the troubled employee for such help. Client data were gathered from 3 EAPs from January 1981 to Fall 1983 to examine demographic profiles in 1. Baltimore, Maryland, 2. District of Columbia, and 3. Philadelphia, Pennsylvania. Data indicated that clients in each city tended to be black and male and that contact was made with EAP counselors primarily for problems with alcohol. Supervisors were more likely to refer male employees than female employees. Further research is needed to discover the reasons for the predominance of black, male referrals. EAP directors and managers need to assess the commitment of top management and supervisors to EAP and to compare the demographic composition of the workforce with EAP referrals.

Liebowitz Bernard. Employee Assistance Programs as an Employee and as Risk Management. Employee Benefits Journal, Vol.7, Benefit No.1 (March 1982): 14-16.

Employee assistance programs (EAPs) can provide a wide range of services designed to combat the conflicts, stress and personal problems experienced by workers that seriously affect job performance. EAPs are no longer limited only to dealing with alcohol-related problems of employees. EAP is a significant employee benefit and risk management tool that is being increasingly recognized by industry because of its concerns about profitability and productivity. EAP programs differ along such dimensions as: 1. the type and range of services provided, 2. the training and credentials of personnel, 3. whether it is an in-house or an independent contracted-for program, 4. the extensiveness of its network of community resources, and 5. the degree of accountability the program offers. any case, 2 factors seem to

be determinants of the success of any EAP: 1. the active support of top management, and 2. the continual protection of employee confidentiality.

Long, R. J. New York Bank's Program Begins With Alcoholism and Drugs, Then Grows. ABA Banking Journal. Vol.75, No.9 (September 1983): 61,68.

Security Trust is pleased with their employee assistance program (EAP). The EAP program is part of a local health association. Employees can call voluntary or be referred by management. Confidentiality is stressed. Over six per cent of its employees have used the service for a variety of problems.

McClellan, Keith. The Changing Nature of EAP Practice. Personnel Administrator, Vol. 30, No. 8 (August 1985) 29-37.

Lifestyles, new management practices, and the changing nature of work are affecting employee assistance program (EAP) services. The early efforts of EAPs, which were directed toward dealing with alcohol abuse, have expanded. EAPs must re-evaluate their emphasis on waiting for supervisory referrals for problems that have progressed to the point that they are affecting job performance. They must also proactively advocate health promotion and disease prevention programs. More companies are contracting with outside agencies to provide EAP services. EAP professionals must understand that the dissemination of information to employees and their eligible dependents is an important factor in the success of an EAP program. EAPs can succeed by: 1. maintaining a caring personal touch, 2. employing networking techniques, and 3. emphasizing self-help traditions.

McCroskey, Jacquelyn. Work and Families: What is the Employer's Responsibility? Personnel Journal, Vol.61, No.1 (January 1982): 30-38.

There is increasing sentiment that companies or employers should aid employees in dealing with their personal and family problems. Any company developing a program needs a framework within which it can direct its efforts, plan and implement effective programs, and measure results. An assessment must be done, and when it is complete and management has agreed to sponsor a program, a service plan must be developed. A service or program plan delineates the problems that need to be considered and identifies the types of services that could remedy those problems. Such a plan also discusses the constraints and parameters in which the program must work and outlines the services that will be offered. Some of the major types of programs that have been offered by employers include: referral programs' flexible work schedules, flexible benefits, service programs, employee assistance programs, and child care. Increasingly, employers are realizing that family-oriented benefits help improve absenteeism and turnover rates and increase productivity.

McGurch, T. R. Evaluation and Development of Employee Assistance Programs. Alcohol Health and Research World, NCALI 4(3): 1980, 17-21.

Several studies, their results and conclusions, are cited. The following items are also outlined: (1) principles necessary for a successful EAP, (2) guidelines for developing a training program for supervisory personnel, (3) program evaluation guidelines, and (4) factors examined in program evaluations.

Myers, Donald W. Taking a Positive Approach to Employee Counseling. Business, Vol.30, No.6 (November/December 1980): 43-46.

Many organizations offer employee counseling as part of the benefit program. This fringe benefit gives employees counseling for personal and family problems. Management would do well to educate all employees and managers to view counseling as a benefit like the health plan and to use it accordingly. A key element in employee reluctance to use these programs is their reluctance to admit a problem exists. A supervisor's attitude is important in referring employees and in getting them to refer themselves. Training can play an important role in helping supervisors develop the proper attitude. Management must carefully communicate that the counseling program is a professional benefit intended to meet particular needs. The name for the program should be carefully chosen to avoid placing a stigma on anyone desiring to use the program.

Phillips, Donald A., Patricia Allen, and Richard J. Long. Helping Alcoholics and Other Troubled Staff. ABA Banking Journal, Vol.75, No.9 (September 1983): 61-71.

An increasing number of banks have developed the concept of an Employee Assistance Program (EAP) in recognition that employee alcoholism is a chronic, progressive disease which affects the alcoholic's supervisor, co-workers, spouse and children. Such programs are implemented initially by corrective supervisory action with a referral to the bank's EAP. EAP have 2 purposes: 1. solving performance or conduct problems within the company. 2. addressing general employee problems by encouraging voluntary participation, thus guaranteeing confidentiality. Security New York State Corp.'s EAP provides a model for the development and implementation of a successful EAP. An employee either voluntarily sets up an appointment for a counseling session or enters the EAP through management referral. The program has proved so successful hat the bank's affiliate banks are investigating or have contracted for similar services.

Ray, James S. Having Problems With Worker Performance? Try an EAP. Administrative Management, Vol.43, No.5 (May 1982): 47-49.

An Employee Assistance Program (EAP) is a management tool designed to resolve persistent job performance problems which do not respond to the usual administrative techniques. Over 5,000 companies now use EAPs. A company establishing an EAP should: 1. Develop a written statement of the company's overview. 2. Provide managers and supervisors with a brief overview. 3. Provide for an outside professional. 4. Develop a planned program of communications. 5. Evaluate the program continuously. is important for managers to use the EAF without delay. A new EAP should be tailored to the organization by retaining an experienced consultant. The written statement of intent needs to stress that help is on a personal/confidential basis. continued communication is vital to remind employees of the service and its confidential nature. Too often managers faced with an employee performance problem choose to wait and hope the situation will improve. EAP provides a viable alternative to waiting.

Rendero, Thomasine. Highlights from AMA's Human Resources Conference: Employee Assistance Program. Personnel, Vol.58, No.4 (July-August 1981): 55-57.

William J. Campbell, Director of Employee and Labor Relations at Monsanto says Monsanto uses 4 types of employee assistance programs: 1. an in-house counselor who assesses employee problems and makes referrals, 2. an in-house coordinator who refers the employee to a psychologist, 3. a contract with a state agency to do the needed counseling, and 4. a self-referred systems approach with counseling done by an independent professional firm. The fourth program is different from the other three in that supervisory training is somewhat different; there is more intensive promotion of this program. Evaluation and follow-up is critical to the program. The goals of the program are: 1. to provide an effective management support system, and 2. to provide a valuable employee relations program. Campbell says his company has learned that: 1. management support is necessary. 2. the program must have a clear and positive image. 3. on-going evaluation of the system is essential. 4. the use of outside professionals has its advantages, and 5. the most cost-effective system is one which encourages early self-identification of a problem.

Stone J. D. Identifying, Evaluating and Utilizing Treatment Resources in an Employee Assistance Program. Paper presented at NCA Annual Forum, Seattle, WA, 1980, 18 pp.

It is noted that in employee assistance programs that provide "broadbrush" assessment and referral but do not themselves provide any treatment, the selection of treatment resources to which clients can be referred becomes a pivotal factor in determining the quality of service ultimately provided. Efforts of the Bucks County (Pennsylvania) Council on Alcoholism to launch an EAP of this type are discussed.

U.S. Department of Health, Education, and Welfare. Conference on Occupational Stress, November 3, 1977.

Stress management at TRW, an aerospace company, includes crisis intervention training and increasing the staff's general awareness of stress and its health implications. Individual counseling services and group workshops are considered for the future. A program designed for use with hospital staff is also described. A multi-modal approach, with staff organized into set groups for a six-week period, is employed. Intensive stress-reduction training is provided by group facilitators once a week for a two-hour session. Physical, social, and organizational stressors are the three areas of environmental stressors that they worked on.

Another approach to stress management is described by the medical director of a biofeedback center in California. Biofeedback is a technique used on a one-to-one counseling basis to teach the individual how to regulate the body functions that are related to stress (such as heart rate).

Weinberg, Andrew J. Managing Medical Costs Through EAP. Pension World, Vol.19, No. 12 (December 1983): 27-28, 84.

As a response to the increased incidence of problems related to alcoholism, drug dependency, and emotional illness, a growing number of

employee assistance programs (EAPs) are being set up at the work site. initial framework is constructed by merging characteristics and perceived needs of employees with personnel policies and benefit objectives. Things to be considered in the program are: 1. the reason for establishing an EAP at the work site, 2. the way the program will work, 3. the kinds of problems to be treated by the program, 4. the maximum number of counseling sessions, 5. office hours, office location, and staffing patterns, 6. a summary of training session purposes and methods for supervisor training. 7. an outline of the content of the publicity and communications to be sent out, and 8. a description of the way the program is to be evaluated.

Wrich, James T. EAPs: Ethical Considerations. Personnel Administrator, Vol. 30, No. 8 (August 1985) 12, 14.

Employee assistance programs (EAP) have become more widely accepted in the workplace in the last decade. Thus, it is time to take an honest look at the programs' effectiveness and personal ethics as they relate to the design, implementation, and management of EAPs. There are a number of serious issues that EAP professionals must examine: 1. individual therapists or treatment programs setting up EAPs and channeling referrals into their own programs, 2. training and credentials for EAP professionals, 3. failing to include an evaluation system as part of the EAP implementation process, 4. changes for services delivered based on insurance reimbursement, 5. guidelines for educational institutions' EAP curriculum, and 6. the acceptance of fees in exchange for referrals.

Wright, Phillip C. How Managers Should Approach Alcoholism and Drug Abuse in the Work Place. Business Quarterly (Canada), Vol. 48, No. 4 (Winter 1983) 53-56.

Most supervisors are ill trained or unwilling to face the problems of alcohol and drug abuse among workers and managers. Effective employee assistance programs (EAP) must be developed to help management cope with the problems of drinking and drug abuse. Most successful EAPs involve 4 steps: 1. a company policy that removes the stigma from the problem, 2. identification of symptoms in affected workers, 3. confrontation of those affected, and 4. diagnosis and treatment. Outside services are often more viable than in-house rehabilitation programs. If the employee refuses treatment, the employer has no alternative but dismissal. The Industrial Accident Prevention Association affirms that the highest recovery rates from alcoholism are in offices and factories, not in clinics and hospitals.

(B) PROGRAM IMPLEMENTATION

Andrewson, D. Arbitral Views of Alcoholism Cases. Personnel Journal (May 1976): 318-22.

This article examines the topic of arbitration cases involving the review of an employee's discharge for on-the-job intoxication. The author concludes that an extensive problem-solving approach is generally used in the making of arbitral decisions. Factors that enter into the judgment as to the justice of the discharge are fully discussed. Topics such as the "just cause" test, preponderance of evidence, rehabilitation versus discipline, and contractual clauses and their effect on arbitral decision making are addressed.

Anonymous. Illinois Bell Program Helps Troubled Employees. Employee Benefit Plan Review, Vol.36, No.7 (January 1982): 26-28.

Since 1950, Illinois Bell Telephone Company has offered programs to help troubled employees. The programs were begun with an Alcoholic Rehabilitation Program and were expanded so they are now integral to the company's medical department. At the present time, more than 800 employees and approximately 100 family members participate in the programs. Generally, immediate supervisors identify employee problems on the basis of job performance, although self-referrals and union referrals are also used. Supervisors refer problems to the medical department, where a health evaluation consisting of a psychological and complete physical exam diagnoses the problem. When the company began its formal Health Evaluation Program, it also began to study job performance, which is affected generally by emotional illness. Results showed use of the Alcoholic Rehabilitation Program significantly reduced the average number of days for disability. Some benefits of the program include a reduction of off-duty accidents, increased job efficiency ratings, and substantial dollar savings.

Anonymous. How Two Companies Curb Drug Abuse. Occupational Hazards, Vol.45, No.4 (April 1983): 93-96.

Drug abuse is a pervasive problem that cost employers $16.4 billion in 1981. Progressive companies have developed employee assistance programs (EAP) to identify employees with drug or alcohol abuse problems; these companies are beginning to report some success in their drug abuse control efforts. General Motors (GM) uses a joint union/management effort to combat the problem. GM's EAP began as an alcoholism recovery program in 1972. Each plant's EAP team is responsible for researching community resources that are available and matching the employee with services that best meet the employee's needs. American Telephone & Telegraph (AT&T) uses professional counselors who report directly to each company's medical director. The counselors evaluate employee problems, develop rehabilitation plans (often using community treatment facilities), and follow each employee's progress. Employees are referred to the program by their supervisors, a medical professional or themselves.

Anonymous. The Smart Companies are Getting Personal:. Why Employee Assistance Programs Encourage People to Bring Their Problems to Work. Industrial Management, Vol.7, No.8 (Canada) (October 1983): 22-25.

Whether drug or alcohol problems, a nervous breakdown, a divorce, or the death of a spouse would be corporate issues is not completely clear, but such problems do cost companies a lot of money. It has been estimated that fewer than 4% to 5% of Canadian companies have formalized employee assistance programs (EAPs) to try to help employees deal with their problems. Meanwhile, more than 50% of the Fortune 500 companies have such programs. Employee assistance programs were created from the drug and alcohol abuse programs established by heavy industrial companies in years past. Most of the employee programs currently being operated offer help for any type of employee problem. Firms usually provide an employee assistance counselor as a resource for employees, and this counselor typically determines the nature of the problem and refers the employee to an outside agency specializing in that area. If the employee's problem has severely affected work performance, the employee may be mandatorially referred to the EAP, but most make a personal choice to use it.

Cline, S. Alcohol and Drugs at Work. Drug Abuse Council, Inc., October 1975.

A comprehensive treatment of the problems involved in setting up industrial alcohol and drug abuse programs is presented. Topics covered include: factors that block the constructive action process, the role of the supervisor, unions, confidentiality, treatment modalities, and health insurance coverage. Three examples of ongoing industrial programs are then given: (1) The International Association of Machinists and Aerospace Workers (IAMAW) Program, (2) The Illinois Bell Telephone Company Programs, (3) The INSIGHT Program, used by the Kennecott Copper Corporation in Utah. Also included is an annotated reference list of nineteen related readings and publications of the Drug Abuse Council, which are available to organizations and individuals involved with drug abuse programs.

Clute, J. Aiding the "other victims" on the job. Occupational Health and Safety (February 1980): 34-38.

This article describes an EAP in operation at the Prudential Insurance Company in Newark, New Jersey. A major thrust of the program is the identification and treatment of family members of an alcoholic (called "co-alcoholics"). Hence, two groups of employees are program clients: (1) alcoholic employees and (2) co-alcoholics. Clients come to the program either by company referral (managers/supervisors, personnel staff, and medical staff) or by self-referral. It is noted that 63% of "co-alcoholic" employees are female and 37% are male, and eight commonly observed characteristics are listed. Heading the list, for example, are feelings of great fear, shame, guilt, anxiety, and frustration. Desperation and hopelessness predominate. These feelings then translate into health problems (both physical and mental disorders) and problems on the job.

Cook, Daniel D. Companies Put Social Workers on the Payroll. Industry Week, Vol.210, No.6 (September 21, 1981): 72-29.

The growth of employee assistance programs in US companies has spurred demand for industrial social workers. As yet, few firms have added these individuals to the regular payroll, preferring instead to borrow them from outside agencies. Industrial social workers employed by corporations have as their primary functions identification of troubled workers, determination of the actual problem, and referral of the worker to outside specialists. Much of their time is spent training supervisors to recognize signs of trouble. There is a shortage of industrial social workers because very few academic institutions offer programs geared to industry's needs. Employees must be convinced that turning to an assistance program will not jeopardize their job security. Social workers find it more difficult to approach management and white-collar workers than blue-collar workers because the former groups prize their confidentiality highly.

Crawford, R. and H. Adamson. Managerial Responses to Mental Disorders Among Employees. Journal of Occupational Medicine 22(5): May 1980, 309-15.

This study investigated the "gatekeeping" performance of line managers concerning mental disorder among employees. The specific question asked was: How capable are managers of recognizing and then dealing with psychiatric symptoms in their subordinates? Utilizing a case study approach, the researchers came to several conclusions. First, the majority of the supervisors could not identify the cases of psychiatric disorder. Second, the managers had difficulty in distinguishing between instances where supervisory measures might be beneficial, and perhaps sufficient, and cases where prompt professional help was needed. Finally, the supervisors had extremely limited knowledge of how to find, select and utilize professional resources within the organization or in the local community. A copy of the testing instrument is included in the Appendix ("Case Scenarios as Revised for Business Context").

Durkin, W. Recovery from Alcoholism--Only the First Hurdle. Occupational Health Nursing 26 (September 1978): 22-25.

This paper reports the results of a survey designed to (1) ascertain prevailing attitudes toward recovered alcoholics by those with hiring responsibilities in business and industrial firms, and (2) compare stated attitudes with actual performances, noting any differences between the two. Several interesting findings are noted. First, evidence was found for discrimination in the hiring of recovered alcoholics. Interestingly, though, while many of the surveyed companies practiced such discrimination, companies in general were found to give higher ratings to recovered alcoholics than to nonalcoholics in the theoretical hiring situation. Second though business and industry perceived themselves to be tolerant and accepting of the problems of alcoholics, in reality they are not very accepting of alcoholic employees. Finally, the authors conclude that corporate policy statements should not be accepted at face value but rather in the light of actual practices. Implications of these findings are discussed, and future research needed is suggested.

Emener, William G. and Fred Dickman. Corporate Caring. Management World, Vol.12, No.1 (January 1983): 36-38.

The usefulness of Employee Assistance Programs (EAP) to North American companies has become vividly observable over the last several years. In the US, it has been reported that by 1981 there were over 4,000 EAPs, with over half in the largest 500 corporations. EAPs such as these respond to a number of employees' problems: depression, anxiety, domestic trauma, substance abuse, financial difficulties, psychiatric/medical problems, and others. For successful implementation, EAPs must have strong support from employees, as well as professional leadership and programming, in addition, such programs should possess; 1. confidentiality and anonymity, 2. accessibility, 3. training for supervisors, 4. management orientation, 5. insurance coverage, 6. broad service components, 7. professional leadership, and 8. program evaluation and follow-up. As successes in these programs occur, EAP will become even more popular.

Erickson, L. Occupational Programming Marketing Survey. Michigan Department of Public Health, January 1976.

This is a summary report of a research study into the marketing of EAPs. Examined are the characteristics and attitudes of business, industry, and labor in two Michigan counties. Study findings form basis of recommendations concerning priority target markets, the secondary target markets, tools that may be used to determine entry into an EAP, the consultant's approach, the use of "influencers" in marketing the program, and cost/benefit issues. The general characteristics of organizations found to have the need, willingness, and ability to implement a formal EAP are as follows: a large number of hourly employees, a high proportion of hourly employees, a high proportion of clerical employees, and a high degree of unionization.

Finkelstein, J., and J. Ziegenfuss. Diagnosing Employees' Personal Problems. Personnel Journal 57 (November 1978): 633-43.

This article reports on a research effort to improve the performance of an organization (a bank) by analyzing various facets of its operations to determine appropriate areas for intervention concerning the personal problems of its employees. This analysis focused on the interrelationship between job satisfaction and the following: alcoholism, drug abuse, psychological difficulties, and marital problems. Based on the survey data, several recommendations were made to the study organization. Two were long-term considerations and four were more immediate in nature. The latter related to treatment, intervention, and prevention of the problem areas.

Included in the article are the study questions and results. An attempt was made to assess employee job satisfaction, perceptions of need for personal problem assistance, and employees' views on program structure.

Garner E. A. One Way to Cut Disability Costs. National Underwriter - Life & Health Insurance. Vol. 87, No. 36 (September 3, 1983): 15, 31.

Employee benefit costs, especially health and disability costs, are rising rapidly. This is due to the rising expense of providing medical care, unionization, and a trend toward increased litigation. Employee assistance

programs should be developed to handle occupational disability problems. A professional panel encourages the retention of disabled employees.

Hall, Dan. Help In Employees Treat Problems of Drugs, Alcohol. New England Business, Vol.5, No.11 (June 2 1983): 52-53.

Drug and alcohol addictions have a large negative impact on the business world in such areas as accidents and medical costs. Some 10% of the working population abuses alcohol or other drugs, and these workers typically produce at 25% below capacity. Thus, the average firm loses 2.5% of its payroll costs. Because the negative effects of alcohol and drug abuse are so well documented, and because the cost efficiency of having the problems handled by employers is so sure, firms seldom meet resistance to setting up an employee assistance program (EAP) to help abusers. Studies show that addictions show up across all pay levels within a company. Many companies have implemented successful EAPs. Honeywell conducts sensitivity training for supervisors-managers to help them confront the problem most effectively. Supervisors are advised to approach affected employees by focusing criticism on job performance alone. According to John Valentine of Beech Hill Hospital (Dublin, New Hampshire), denial is the primary problem in alcoholism treatment.

Huser, M. Assessment: Determining the Problem and the Treatment Provider. Occupational Health Nursing 26 (September 1978): 15-16.

This brief article provides occupational health nurses with a practical give to assessing the nature of an employee's health problem as well as the appropriate treatment provider to refer him to. Two techniques for collecting relevant data--paraphrasing statements and clarifying questions--are described within the context of an assessment guide. Examples are given of specific questions that may be asked by the occupational health nurse.

Hellan, R. T. Bottom Line. Management World. Vol. 9, No. 10 (October 1980): 18-20.

The increasing use of employee assistance programs and the benefits of this approach for both the company and employees are discussed. Personnel assistance programming frees the supervisor from playing counselor or psychologist and keeps his concern only with employee productivity. Early detection of alcoholism or other problems is increased and treatment can be more effective since the supervisor refers performance problems to the employee assistance program instead of ignoring the problem or trying to handle it alone.

Hoffer, William. Consider Employee Assistance Programs. Security Management, Vol.27, No.5 (May 1983): 57-58.

When an employee has a personal problem that seriously interferes with job performance, the best solution for management, the employee, and the overall business operation may be an employee assistance program (EAP). EAPs, which are available to business of any size through consultants, have proved effective in dealing with employee alcoholism drug abuse, and other self-destructive problems. A company wishing to start an EAP must establish a personnel policy that will encourage participation and guarantee confidentiality. Management must always take the position that the cause of

an employee's poor performance is none of management's business. However, management does have a specific role to play in setting the stage for rehabilitation. Steps that a supervisor takes in this process include: 1. identification of an employee with a problem, 2. documentation of failing job performance, 3. confrontation of the employee, and 4. suggestion that the employee seek the help of a counselor or accept disciplinary action. EAP counselors are trained to identify problems and make treatment recommendations. Services typically cost $50 per hour, with an average case requiring 3-6 hours. Large firms may opt for a long-term contract at an annual cost of $10-$15 per employee.

Ibbs, Patricia J. Two Approaches to Employee Assistance Programs: Employer Consortium and Night Hospital Programs. Employee Benefit Plan Review, Vol.35, No.6 (December 1980): 14-15.

At the 108th annual meeting of the American Public Health Association, James M. Stewart, assistant to the president of Blue Cross of Northeastern New York, discussed how a community consortium of employee assistance programs (AEP) was formed in the Albany, New York area. The Family and Children's Service of Albany took responsibility for sponsoring and administering the program, and Blue Cross provided the initial staff and financial support. The Blue Cross has had an excellent experience with the EAP, and today, the consortium has 10 employer members. Elmbrook Memorial Hospital, Milwaukee, Wisconsin, offers another approach to an EAP. has a night hospital program of the outpatient type. It involves 5 nights a week for 4 weeks of treatment. The alcoholic's spouse. parents older children, or close friends are involved in a family group which meets 3 evenings a week. Area employers have been very supportive of the program.

Kurtz, N. R., B. Googins, and C. N. Williams. Supervisors' Views of an Occupational Alcoholism Program. NCALI, Alcohol Health and Research World 4(3): 1980, 44-49.

Perceptions of the new role requirements of a group of supervisors who participated in the use of an occupational alcoholism program are described. Thirty-seven supervisors who had referred employees were identified in the company alcoholism program files of a large utility company in the Northeast. An open-minded questionnaire that focused on the five key elements of the referral process (identification, documentation, confrontation, referral, and reintegration) was developed and administered to these supervisors. Findings and then implications for practice are discussed.

Levine, Hermine Zagat. Employee Counseling Services. Personnel, Vol.58, No.2 (March/April 1981): 4-11.

While some companies feel that employee personal problems should be handled on a personal basis, most companies recognize that these personal problems affect their on-the-job performance and provide either some informal or formal kinds of help for the employee. Personnel did a survey of its readers to obtain more information on these programs. Some factors which affect the kind of counseling provided or not provided included: 1. cost of programs, 2. size of the company, 3. availability of community services, or 4. apparent employee need. Implementation of the programs, whether formal or informal, includes in-house staff, as well as referrals to outside agencies

for major problems. All the companies which had either formal or informal programs accepted referrals from supervisors or coworkers rather than requiring employees to seek help themselves. However, they waited until work performance was affected before taking action on such referrals. Communicating the kinds of help offered can be done via newsletters, bulletin boards, handbills, or home mailers.

Mohler, J. H., and W. D. Scott. Consultation and Education in Occupational Program Implementation. Paper presented at the Twenty-fifth International Institute on the Prevention and Treatment of Alcoholicism: see p. 3, Niveau, J. Tours, France, June 1979, 10 pp.

The authors argue that consultation and education in program implementation must be viewed as taking place on a continuum. Different programs, depending on their stated goals and needs, utilize varying aspects of consultation and education in the implementation of their individual progress and services. Some guidelines and definitions of consultation and education and a model for the utilization of extensive consultation and education efforts in the implementation of an occupational alcoholism program are provided.

Myers, Phyllis Schiller; Myers, Donald W. EAPS: The Benefit That Creates New Risks. Risk Management, Vol.32, No.5 (May 1985): 46-52.

Although troubled employees account for only a fraction of an employer's workforce, they account for the majority of employer losses due to criminal behavior, health benefit claims, and deficiencies in productivity. To combat such problems, more employers are implementing Employee Assistance Programs (EPA). However, employers may fail to realize that, unless properly managed, EAPs can create as many risks as they try to control. Some of the risks related to an EAP include: 1. employer liability for improper diagnosis and treatment, 2. breaches of client confidentiality, 3. employee grievances and lawsuits, 4. abrogation of management's rights, and 5. excessive treatment costs. Strategies that employers can use to help control potential EAP risks involve: 1. inclusion of the Employee Alcoholism/Assistance Program Standards, 2. establishment of methods of treatment evaluation, and 3. containment of treatment costs.

National Center for Alcohol Education. Training Materials Supplement. NCAE, 1601 North Kent Street, Arlington, VA 22209.

These are materials for use in programs that train personnel to work with alcoholic clients. Provided are descriptions of various packaged programs developed by the National Center for Alcohol Education (NCAE). Also included are the following: (1) feedback notes on program implementation and evaluation provided by program users, (2) practical procedures and pitfalls in establishing a drug-alcohol counselor training program, and (3) materials suggested for use with youth.

Nay, W. Robert, Worksite Health Promotion Programs, Employee Benefits Journal, Vol.10, No.2, (June 1985): 17-21.

Employee assistance programs and wellness or health promotion programs are ways to deal with chronic disease and the various causes of chronic disease.

The 4 strategies for implementing health promotion programs are: 1. focus on problems, 2. focus on certain employees, 3. a comprehensive approach focusing on certain risks, and 4. a comprehensive approach focusing on prevention for all employees. The goals of employee and employer will determine which strategy is chosen. Some employers with health promotion programs are: 1. Control Data Corp., 2. The State of Kansas Department of Health and Environment, and 3. the Johnson & Johnson Family of companies. Implementation problems include poor training of supervisory personnel and inadequate evaluation. Possible evaluation data include measurable change in: 1. health risk, 2. employee nonwork behavior patterns, and 3. employee physical status. Recommendations concerning implementation include: 1. deciding on goals, 2. involving managers, and 3. determining available in-house resources.

Otte, F. L. Creating Successful Career Development Programs. Training and Development Journal. Vol. 36, No. 2 (February 1982): 30-37.

Employee-assistance programs or employee services make personal assistance available to all employees with any type of problem that interferes with job performance. The first to be trained in this type of program is the line supervisor. They are trained to notice deteriorating job performance and suggest resources for resolving it. The most integral part of the program is the program leader. This person must understand the dynamics of the organization and be able to give control to others if the program is to be a success. Pitfalls in the program's initiation may be underbudgeting, insufficient commitment and insufficient organization.

Pati, Gopal C. and John I. Adkins, Jr. The Employer's Role in Alcoholism Assistance. Personnel Journal, Vol.62, No.7 (July 1983): 568-572.

Alcoholism on the job often results in accidents, increased absenteeism, tardiness, and illness, loss of morale among fellow workers, and impaired judgment. has been estimated that half of all "problem employees" are actually alcoholics. Almost 1,200 company-based employee assistance programs (EAPs) have been established in the US to deal with this problem. EAPs have a high rate of success and are cost-effective. While not all companies can afford an EAP, other steps can and should be taken to help address the problem. The effort should begin with a statement on alcoholism and substance abuse in the personnel handbook. By utilizing community resources, the company can set up a referral service for the alcoholic. It is up to the supervisor to provide adequate documentation on alcohol-affected job performance. The employee should be counseled at the first signs of job-related problems. If the condition does not improve, the worker should be referred to a professional counselor. The company should emphasize that it is concerned only with job performance, and that termination is a possible alternative.

Pearson, Clarence E. Implementing a Health Promotion Program. Personnel Journal, Vol.62, No.2 (February 1983): 150-154.

To get a better return on the health care dollar, businesses should promote health and educate employees about health. Because most chronic illnesses, disabilities and early deaths are related to personal habits, such as smoking, poor nutrition, overeating, and lack of exercise, worksite health-

promotion programs should motivate employees to assume personal responsibility for their health. Effective health-promotion programs require active support from employers and employees. Top management support for such programs is crucial. When program objectives have been determined, target groups should be defined. The potential commitment of the company must be considered in establishing programs, as different health programs require different amounts of staff time, space, equipment, and financial support. The health needs of employees should be assessed. Employees need to be provided with skills to change their health habits. Skills can be obtained through education intervention, community-based programs, or on-site, consultant-run programs. Effective evaluation of the program is also important.

Reed, D. J. One Approach to Employee Assistance. Personnel Journal. Vol. 62, No. 8 (August 1983): 648-652.

Employees' personal problems affect their job performance. Work-related problems can also hurt productivity. In order to deal with these issues Control Data established an employee assistance program called Employee Advisory Resource (EAR). Charts illustrate the percentages of calls received relating to different problems. The program has proven to be cost-effective for the company and morale boosting for employees.

Rosenberg, C., and J. Liftik. Use of Coercion in the Outpatient Treatment of Alcoholism. Journal of Studies on Alcohol 37(1), 1976, 58-65.

This study was undertaken to investigate the dropout problem in outpatient alcoholism programs. Many of the patients who seek help rapidly drop out of treatment and are then lost to follow-up. The attendance patterns of three groups of alcoholic patients were compared: (1) coerced patients--persons convicted of driving while intoxicated. They were required to attend the clinic program as a condition of probation (instead of losing their driver's licenses), (2) voluntary patients--with a fixed abode and family life, and (3) voluntary patients--homeless. Data clearly showed that the attendance rate of coerced patients was much higher than that of the voluntary patients. Fear of losing their licenses if they failed to comply with court-ordered treatment, however, seemed to be the motivator for attendance in the clinic program. The researchers speculate that coercion is less effective, however, in cases where the patient has little to lose by not complying.

Rostain, Hana, Peter Allan, and Stephen Rosenberg. New York City's Approach to Problem-Employee Counseling. Personnel Journal, Vol.59, No.4 (April 1980): 305-309, 321.

Occupational mental health has become a matter of increasing interest and concern to managers, particularly as the impact of the troubled employee on organizational productivity becomes more evident. However, there are relatively few programs designed to deal with employees' emotional problems. most organizations, the traditional response to the troubled employees has failed to provide a systematic effort of identifying an emotionally troubled employee. The City of New York has established an Employee Counseling Service (ECS) for its 300,000 employees. ECS accepts referrals of individuals with "behavioral-medical" problems or anyone who appears troubled. The service has been broadened to include counseling for families of city employees. The major impact of the program needs to be measured in terms of its effect on employee performance and on employees' well-being. appears that between 60-

70% of referrals show improvement. The ECS has been troubled by lack of funding, and resistance from supervisors and agencies.

Shore, Harvey. SMR Forum; Employee Assistance Programs - Reaping the Benefits. Sloan Management Review, Vol.25, No.3 (Spring 1984): 69-73.

A well-designed employee assistance program (EAP) that offers confidential counseling, diagnosis, and referral can improve job performance and productivity. As society becomes more complex, a growing number of people face problems that can lead to low productivity on the job. Employer-sponsored EAP services can be provided by an outside agency in a neutral location, by a group of organizations, or by internal operations. In-house EAP services make it easier to monitor an employee's progress during treatment and provide greater convenience for employees. Steps to implementing an EAP include: 1. Top management should establish a policy that confirms its commitment to confidentiality and the procedures of providing help to employees. 2. An EAP counselor should be selected. 3. Top management should promote support for the EAP through training and orientation. 4. Employees who are not performing well should be referred to the EAP. Organizations that have implemented successful EAPs include Illinois Bell Telephone, the US Postal Service, and International Harvester Co.

Starr, Ann and Giner Byram. Cost/Benefit Analysis for Employee Assistance Programs. Personnel Administrator, Vol.30, No.8 (August 1985): 55-62.

More employees assistance program (EAP) managers have begun to provide feedback on the program's return on investment and on the quality of services. To accomplish this, the EAP provider has learned how to determine return on investment and conduct a program evaluation. Cost/benefit analysis measures the benefits of a program, tangible and intangible, and the costs of a program, direct and indirect. The benefits and costs are compared by either benefit-to-cost ratio or the net benefits. Motorola's EAP program has developed some methodologies to serve as measures of cost/benefit. One is evaluation of training costs, while another is utilization of insurance benefits. Absences and disability constitute other measures. Cost-effectiveness analysis of an EAP may also be used, but it may be a more appropriate technique for measuring less accessible results.

Thomas, M. The Nurse's Role in the Detection and Treatment of Alcoholism. Occupational Health Nursing 24 (May 1976): 17-19.

This article, written by the chief nurse at ITT World Headquarters in New York City, focuses on the key role a nurse may play in the detection and treatment of alcoholism in industry. After a brief introduction to alcoholism as a disease and the alcoholic as a patient manifesting symptoms, the formal alcoholism policy statement at ITT is discussed. Concluding the presentation are two case studies of employee alcoholism from the ITT files.

Trice, H. M. The Role, Concerns, and Needs of Supervisors in Occupational Alcoholism Programs. Raport prepared for the U.S. Civil Service Commission.

This paper summarizes the findings of other work undertaken by the author concerning the role, concerns, and needs of supervisors in occupational

alcoholism programs. Although the data per se is not found in this report, there is a succinct presentation of the conclusions drawn. For example, the single factor that most predicted supervisory use of an alcoholism policy was the degree to which the supervisor was familiar with it. Another finding was that supervisory training in implementing a company's alcoholism policy is best integrated into the more general training program for managers. Additionally, data indicate that those with little supervisory experience were generally poor at implementing the alcoholism policy. Numerous other findings are presented and discussed. References to data sets mentioned in the paper are listed.

Trice, H. M. Evaluation of Consultants and Coordinators. Labor-Management Alcoholism Journal 7 (May 1977): 29-34.

This is a report of research into the effectiveness of both "internal change agents" and "external change agents" working in occupational alcoholism programs. Internal change agents are coordinators or counselors holding a formal position in the organization. External change agents, on the other hand, are consultants who primarily function outside the formal work organizations unions and management.

Trice, H. and J. Beyer. Differential Use of an Alcoholism Policy in Federal Organizations by Skill Level of Employees. Schramm, C., ed., Employee Assistance and Alcoholism Program in American Industry. Baltimore: The Johns Hopkins University Press, 1976.

The issue of differential use of alcoholism policies in the federal government is addressed in this chapter in a book on EAP. The overall conclusion is that adoption and use of a legally mandated policy is significantly greater when applied to relatively low-status, low-skilled employees as compared with higher status levels of employees. Data to support this finding, plausible explanations for it, and its implications within the broader context of EAPs are presented.

Trice, H. and J. Beyer. Women Employees and Job-Based Alcoholism Programs. Journal of Drug Issues 9(3): Summer 1979, 371-85.

The two trends toward (1) equalization of male and female drinking problems and (2) the increasing number of women in the work force precipitated the authors' examination of strategies typically used in job-based alcoholism programs for their appropriateness with women. Available data suggest that the strategy of constructive confrontation is viable for female employees if the following two cautions are exercised. First, sensitivity is advised concerning any potential "stressful life events" that may exist in the woman's life, since these are often present at the onset of her drinking problem. Second, since women have a higher rate of suicide attempts than men, confrontation is best accompanied with positive offers of help.

Uraneck, William. Providing Assistance to State Employees. Public Productivity Review, Vol.5, No.1 (March 1981): 80-82.

In 1978, the Massachusetts Employee Assistance Program (MEAP) was instituted to offer state employees special medical and psychological assistance for their personal problems. The McLean Hospital's Appleton

Treatment Center won the contract to administer the program. Nine state agencies volunteered to participate, and MEAP offer counseling to employees, but when the problem is especially serious or long-lasting, individuals are referred to outside or counseling. Union assistance was solicited from the beginning, and the unions have played an important role in managing MEAP. The goal of the program has been to have 80 workers (2% of the 400 eligible employees) participate, and estimates are that if used for just one year, MEAP could produce savings of $220,000. MEAP follows recovering participants' progress for 3 years. The savings realized by each successful treatment center around fewer accidents, fewer illnesses, less damage to equipment, and more satisfied workers.

Wojahn, E. How to Cut $5,000 off the Cost of Each Employee. Inc., Vol.6, No.7 (July 1984): 106,108-110.

Employees with alcohol, drug or other personal problems that affect job performance can cost an employer several thousands of dollars per year per employee. Many firms are combating the problem with Employee Assistance Programs (EAPs) where employees are referred to counseling services. Methods of implementing EAPs are explained. Attitudes of employers are examined. Case histories are reported. Early background of the movement is traced. Substantial savings by some companies are evident.

IV. RESULTS

Alander, R. and T. Campbell. An Evaluative Study of an Alcohol and Drug Recovery Program: A Case Study of the Oldsmobile Experience. Human Resource Management 14(1): Spring 1975, 14-18.

This article reports the results of a study designed to evaluate the impact of an employee drug and alcohol rehabilitation study at the Oldsmobile Division of General Motors Corporation in Lansing, Michigan. Results indicate that a substantial reduction in lost man hours, accidents, grievances, disciplinary actions, sick leaves, and benefits paid out for sickness and accidents followed company involvement in the rehabilitation program. Three other points are noteworthy: (1) These benefits seemed to be fairly stable over time; (2) The costs to the company of undertaking the program weree made up by the reduction in company expenditures that allowed, for example, the reduction in man hours lost; and (3) The key to the program's success was the use of supportive outside agencies and organizations such as Alcoholics Anonymous. Hence, it was a coordination of inside and outside efforts that led to the successful Oldsmobile experience.

Anonymous. EAF Potential to Save Money is Unknown. Business Insurance. Vol. 17, No. 35 (August 29, 1983): 14.

It has not been determined how much money is saved by Employee Assistance Programs (EAP). Study results show correlation between establishment of the programs and company size. The results of some programs are impressive. Program evaluation is still underway.

Anonymous. Industry's Large Stake in Curbing Alcoholism. Occupational Hazards, Vol.45, No.10 (October 1983): 97-101.

Problem drinking costs US industry more than $37 billion per year in lost productivity. Many companies have instated employee assistance programs (EAP) to treat and rehabilitate alcoholic workers. Supervisors' recognition of troubled employees is crucial to an EAP's success. A good EAP has the components of: 1. management and union support, 2. confidentiality, 3. ongoing education, and 4. family involvement. Xerox Corp's EAP has served several thousand of its 65,500 employees in the US and Canada since late 1979. The program reports over a 70% success rate. The program includes supervisor training to help supervisors identify behavior patterns indicating that an employee needs help. United Technologies Corp's EAP reports that 92% of the 650 employees enrolled in its day treatment program remain employed. The average cost per case is $1,200, compared to $5,000 for the average inpatient program.

Anonymous. Data Analysis of Alcohol/Drug Abuse Cases Indicates Areas of Potential Overcharging. Employee Benefit Plan Review, Vol.38, No.11, (May 1984): 34-36.

Management of companies tend to demand a degree of accountability for the actual cost of treating a drug or alcohol abuser. According to the American Psychiatric Association, of the 1,692,000 patients discharged from nonfederal short-stay hospitals in 1980, some 35.6% were diagnosed with alcohol - or drug-related problems. Many charges of financial abuses have been leveled at

this treatment area; in response, the Northwestern Ohio Association of Alcoholism and Employee Assistance Programs reviewed 21 cases in 14 treatment facilities in a 10-state area. An illustration involving the results for 5 of the 14 cases discloses discrepancies and areas of potential overcharging. In one facility, for example, the room rate increased 44% in one year, thus skewing the cost of treatment. Tables.

Asma, F. E. and R. J. Hilker, et al. Twenty-five Years of - Rehabilitation of Employees with Drinking Problems. Journal of (Occupational Medicine 22(4): April 1980, 241-44.

This is a report of the results of nearly three decades of Illinois Bell Telephone's alcohol rehabilitation program. Data are presented concerning the demographic characteristics of the clients as well as the proportion utilizing psychiatric services and Alcoholics Anonymous. Data are also presented for the following: rehabilitation success rates, change in job efficiency, change in the number of accidents, and sickness disability cases. The authors conclude that the study results warrant the continuation of such alcohol rehabilitation programs, since employee absences and accidents have been reduced and job efficiency substantially increased.

Cairo, Peter C. Counseling in Industry: Selected Review of the Literature. Personnel Psychology, Vol.36, No.1 (Spring 1983): 1-18.

Most of the research done in the area of counseling in business has been done with large firms. A survey of the literature in this area indicates that there are very few published studies which answer the 2 questions which are the focus of this study: 1. To what extent do personal and career counseling services exist in industry? 2. How effective are these services in helping employees with various problems and concerns? Employers have been willing to institute counseling programs based on good intentions rather than on the methodological and conceptual shortcomings. These studies fail to use control groups and fail to give details about the characteristics of the subjects.

Coppess, C., A. Beisiegel, and H. Trice. An Evaluation of the New York State Occupational Alcoholism Program Consultant Network. Working Paper #10, New York State School of Industrial and Labor Relations, Cornell University, December 31, 1977.

This is a comprehensive report of an evaluation study of an occupational alcoholism program piloted by the state of New York. Occupational Program Consultants (OPCs) were employed to develop and implement formalized alcoholism policies in the context of work. What is included here is the step-by-step procedure used to evaluate the program. The study questions, methodology, data analysis, and results are included. Based on the study's overall results, it was concluded that the OPC network set up in New York State was (1) consistent with its formal goals, and (2) implemented and sufficiently in place to deliver consultations about job-based policies and programs to New York State employers and unions. A list and discussion of problems that still need to be worked out conclude the paper.

Dickman, F.; Emener, W. G. Employee Assistance Programs: Basic Concepts, Attributes and an Evaluation. Personnel Administrator, Vol.27, No.8, (August 1982): 55-56, 58.

Employee assistance programs (EAP) have increased in the past decade. EAP coordinators must confer with all levels of employees. Key ingredients of an EAP are: being confidential; referring employees to agencies for help; early intervening; job performance effects; and resolving of problems. Everyone wins by an employee assistance program in their firm.

Edwards, D., and L. Baler, et. al. Evaluation of a National Training Program for Consultants in Alcoholism Treatment. Journal of Studies on Alcohol 39(1): 1978. 77-88.

This paper describes an attempt to monitor and evaluate the training of consultants in occupational alcoholism programs. Problems both in developing and in interpreting a workable evaluative model are discussed within the context of social programs. Although the results are only tentative, the consultation training program described in the article was successful in two respects: (1) Compared with the beginning of the training program, at the end of it potential consultants had a better understanding of how problems related to alcoholism may be solved, and (2) there was increased knowledge concerning industrial alcoholism generally.

Emener, W. G. and F. Dickman. Corporate Caring. Management World. Vol. 12, No. 1 (January 1983): 36-38.

The companies that have Employee Assistance Programs (EAP) report that they have proved helpful in such employee problems as marital difficulties, alcoholism and other problems. Some management companies with such a program state that it helps solve employee problems, while employees say that it is one of the greatest benefits the company offers, and employee work performance has improved as a result of some EAP counseling. The EAP is important to management because while the employee is being helped, productivity in the organization continues.

Featherston, H. Joe, and Robert J. Bednarek. A Positive Demonstration of Concern for Employees. Personnel Administrator, Vol.26, No.9 (September 1981): 43-44, 47.

While employee assistance programs (EAPs) have been established in many US industries, their presence in the hospital industry is curiously lacking. Hospitals need to view an EAP as a way to contain their costs and retain their employees. A study was done on a non-profit, 198-bed, acute care facility employing 700 and having 224 physicians on staff. Services were offered to both voluntary and referral clients. Managers were trained to identify behavior of subordinates needing attention. During the first 2 years of the program, 67 employees were counseled for a variety of problems: financial, 21 cases; marital or family, 12 cases; psychiatric or psychological, 10 cases; alcohol/drug abuse, 8 cases; others, 16 cases. The previous yearly rate of employee turnover was 36%; during the first year of the program it was 26%. The EAP is regarded as cost effective in terms of reducing replacement costs of training new employees and reducing unemployment insurance.

Fielding, J. E. Preventive Medicine and the Bottom Line. Journal of Occupational Health 2 (1979): 79-88.

In this overview of the cost-effectiveness of disease prevention programs in industry, it is suggested that alcoholism programs be developed either in conjunction with a self help group or under the auspices of the company's health care staff. The importance of a supportive policy, which precludes dismissal if help is sought, and family involvement in treatment are stressed.

Ford, Robert C. and Frank S. McLaughlin. Employee Assistance Programs: A Descriptive Survey of ASPA Members. Personnel Administrator Vol.26, No.9 (September 1981): 29-35.

In recent years, employee assistance programs (EAFs) have been established by companies, in an effort to assist troubled employees. A study was undertaken among American Society of Personnel Administration (ASPA) members to ascertain the characteristics of companies that have an EAP and to evaluate an EAP in operation. Questionnaires were sent to 1,000 ASPA members, and of the 51% that responded, 110 had EAPs. The study reveals that while the industrial classification is not a factor in EAPs, the size of the organization is, with larger companies having a higher percentage of EAPs. The sex and the age groups of the workforce in organizations with and without EAPs appear the same, however, the more educated the workforce, the more likely the organization was to have an EAP. The primary reasons for initiating an EAP were alcohol and substance abuse; most programs also included other services. The programs are run in-house, while other programs are external, referring clients to community-based services. Structurally, the majority of the EAP heads report to the head of the department of human resources and have EAP facilities located away from the work site. Organizations using an EAP have found it economically and socially cost effective.

Freidberg, E. and W. E. Johnston. Change in Feeling Satisfaction Among Alcoholics Reduced by Their Employers to Seek Treatment. Journal of Occupational Medicine 21(8): 1979, 549-552.

A study of 488 alcoholics who were referred by their employers for treatment is reported. Data were collected on various aspects of the subjects' feelings of job satisfaction at four stages: when they entered treatment, and three, six, and twelve months after they had returned to work. At admission, the highest scores were recorded in response to questions relating to satisfaction with productivity rather than to enjoyment of work environment or of coworkers, indicating the lowest jobs satisfaction. These scores, however, showed the greatest change over time. Improvement in job satisfaction over the follow-up year was directly related to positive change in drinking behavior.

Friedberg, E. and W. Johnston. Outcome with Alcoholics Seeking Treatment Voluntarily or After Confrontation by Their Employer. Journal of Occupational Medicine 22(2): February 1980, 83-86.

This study compares the treatment results of 58 alcoholics who voluntarily sought treatment with those of 370 alcoholics who only sought therapy after

threat of dismissal from their jobs. The latter are called "mandatory clients." The two groups of clients were distinguishable in that voluntary clients experienced greater problems in a wide range of psychosocial areas, whereas mandatory clients had a poorer work record. After treatment, however, there were few observable differences in terms of psychosocial behavior, work performance, and drinking behavior. The authors conclude that coercion is a useful tool in inducing alcoholics to seek treatment.

Gam, J., W. I. Sauser, K. L. Evans and C. V. Lair. The Evaluation of an Employee Assistance Program. Journal of Employment Counseling. Vol.20, No. 3 (September 1983): 99-106.

Employee assistance programs (EAP) are set up to help employees plagued by mental illness recover from their problems, which in turn helps the employer who set up the program. Yet very few evaluative studies of the EAPs have been done. One such program set up by a corporation which had, since its inception in 1977, aided two hundred and forty employees and family members. To evaluate the effectiveness of the EAP, participants and therapists were contacted and questioned. The results indicated that the program had, or the most part, been effective in treating individuals, in remaining humanity oriented, and in increasing the productivity of the troubled individuals who sought treatment.

Gibson, M., Jr. Measuring the Success of Treatment Modules. Health and Safety, April 1980.

This is a brief paper describing three industrial EAPs: (1) Burlington Northern Railroad, (2) Rockwell International, and (3) an investor-owned utility company. Outlined is the relationship of each of these programs to the Alcoholism Recovery Unit of St. Luke's Hospital in Denver, Colorado. The three EAPs are then evaluated in light of the following four criteria for successful programs: a viable industrial empire, an effective treatment program, third-party health insurance, and an active, long-term follow-up program.

Gomez-Mejia Luis R. and David B. Balkin. Classifying Work-Related and Personal Problems of Troubled Employees. Personnel Administrator, Vol.25, No.11 (November 1980): 27-32.

In recent years, industry has increasingly recognized the need to provide assistance for employees who have unresolved personal or work-related problems. A number of firms have established employee assistance programs (EAPs) to help employees deal with their problems. EAPs are justified on the basis of the potential improvements that can be made in the quality of life of employees when their personal problems are solved. This usually results in improved productivity, lower turnover and absenteeism, and better communications. Research was conducted to investigate the nature of work-related and personal problems of EAP users. The sample included 14,000 cases in a large organization with a well-established EAP. There were 9 factors identified that were related to employee problems. These included such elements as health, chemical dependency, financial counseling, and intimate relationships. The incidence of these factors was determined by sex, ethnic group, age, and job family in order to help counselors be sensitive to problem constellations.

Heyman, M. Referral to Alcoholism Programs in Industry: Coercion, Confrontation and Choice. Journal of Studies on Alcohol 37(7): 1976, 900-907.

This study measures the impact on work performance of three alternative models for referring employees to industrial alcoholism rehabilitation programs. Specifically, referrals by coercion, confrontation, and choice (voluntary) were related to subsequent improvement in work-related tasks. Analysis of interview data indicates that employees who were highly coerced into entering the EAF, because their decreased job performance, tended to experience greater work improvement than those entering treatment for other reasons. However, the author points out that the "triggering incident" may be more important to look at than the source of referral.

Hollmann R. W. Employee Assistance Programmes in the United States. Employee Relations, Vol. 4, No. 3 (1982): 6-10.

Employee assistance programs are discussed as they occur in firms in the United States. The characteristics of the planned systematic programs designed to provide professional assistance to employees experiencing emotional or personal problems, or problems with drugs or alcohol are presented. An evaluation of some of the programs is also provided.

LeRoux, Margaret. Small Firms Can Benefit from EAPs. Business Insurance, Vol.18, No.50 (December 10, 1984): 20-22.

Although it is impractical for small businesses to form their own employee assistance program (EAP) to help employees suffering from alcohol, drug, or other problems, small firms throughout the US are establishing consortiums to purchase EAP services from providers at reasonable rates. The programs can actually save an employer money because employee assistance can reduce workers compensation claims and time lost due to absenteeism. Since 1981, Dakota Bank has been part of a consortium of Fargo, North Dakota, employers called the Employee Assistance Plan. During the first 2 years, 30 of the bank's 135 employees used the services. Outboard Marine Corp. (Lincoln, Nebraska) estimates the company saved more than $40,000 in workers compensation costs last year through the combination of an EAP and a safety program. The firm's success ratio with employees working with EAP was an estimated 98%. An advantage of using an outside EAP is the assurance of confidentiality for the employee. The chairman of an Alexandria, Virginia, coalition gets reports on how many employees used the EAP, but has no access to their names.

Levine, Hermine Zagat. Employee Assistance Programs. Personnel, Vol.62, No.4 (April 1985): 14-19.

A survey of human resource managers reveals that 59% of the 66 respondents have formal employee assistance programs (EAP) with goals that include increasing employee morale and productivity and retaining skilled employees. Of the respondents, 13 have in-house programs with professional staffs. Most of the EAPs refer employees to outside assistance organizations, such as rehabilitation clinics and social agencies. Training programs teach supervisors how to decide if an employee needs help. Coworkers may also encourage individuals to seek counseling, but the ultimate decision belongs to

the person having the problem. Confidentiality is ensured by such means as keeping records locked up and limiting access to them. The 3 most prevalent employee problems reported are: 1. substance abuse, 2. marital difficulties, and 3. financial problems. The costs of many EAPs are covered by medical insurance. A majority of respondents believe their EAPs are successful, though some cited management resistance as one obstacle.

MacDonald, Dougald. Counseling Programs for Worker Problems Save Companies Money. New England Business, Vol.7, No.4 (March 4, 1985): 27.

A 1982 Department of Health and Human Services study found that less than 15% of the workforce has access to employee assistance programs (EAP). EAPs, originally developed in the 1940s to treat alcoholism, were later expanded in the 1960s to include drug abuse problems. EAP managers, having since recognized that only about half of employee problems are related to substance abuse, have developed EAPs to deal with other issues, such as marital difficulties, financial and legal troubles, retirement, and family sickness. Today, the majority of EAPs are supplied by outside providers such as private for profit firms contracted on an annual per capita basis. Costs range from $10 to $60 per employee per year. Bruce Davidson, Digital Equipment Corp.'s corporate manager for EAP, says his firm chose 28 separate EAP providers for its 50,000 employees through competitive bids and proposals. At General Motors Corp., a study of the first 5 years of its EAP showed that lost time dropped by 40% and accident and disciplinary problems were down 50% companywide.

Madonia, Joseph F. Managerial Responses to Alcohol and Drug Abuse Among Employees. Personnel Administrator, Vol.29, No.6 (June 1984): 134-139.

To assess how company response to alcohol and drug abuse in the workforce is related to company size, a survey was undertaken of companies in the Los Angeles, California, area. The 73 respondents were grouped in 3 size ranges, ranging from those with fewer than 1,000 employees to those with more than 10,000. In general, the smaller companies reported fewer problems with substance abuse, often because the smaller firms are less well equipped to deal with the problems and so are less willing to report on them. The smaller companies have fewer in-house programs for substance abusers, and only 45% of the total sample have company-sponsored employee assistance programs. As size increases, company response to problems becomes more systematic. In all companies, however, the supervisors play a vital role in reporting problems and providing the first intervention. Smaller companies should be encouraged to do more for troubled employees, while larger firms should try to provide for supervisory training in identification and counseling.

Mannello, T., and F. Seaman. Prevalence, Costs, and Handling of Drinking Problems on Seven Railroads. University Research Corporation (prepared for the U.S. Department of Transportation), December 1979.

This in-depth study of the alcohol abuse problem in the railroad industry reports that, in 1978, employee assistance programs successfully rehabilitated some 75% of the clients whom they served. Of all the problem drinkers in the industry, however, less than 5% were rehabilitated.

Three measures of program effectiveness are discussed: the basic success rate, penetration rate, and rehabilitation rate. The report concludes that,

in the final analysis, company disciplinary and program efforts do not adequately control the job-related effects of alcohol abuse in these seven railroads that were studied.

Matthews, C. Effects of Treatment Outcome on Job Performance. The Human Ecology Institute, 7334 Chapel Hill Road, Raleigh, NC 27606. Report #FR 17-76, January 1976.

This paper investigates the assumption made by industrial EAPs that treatment or alcoholic employees will result in improved work performance and is thus beneficial to both employee and employer. The methodology employed is a comprehensive review of the relevant literature. Two specific research objectives were: (1) identification of existing alcoholism treatment modalities, and (2) assessment of the impact of these modalities on the work performance of employed problem drinkers. Three broadly defined treatments were studied: in-patient, out-patient and combined (in-patient followed by out-patient). The effects on work performance of these three treatment types are reported. Duration of treatment and demographic characteristics of the treated sample are also measured in relation to treatment outcome. Although results suggest differences in improved work performance for the three treatment groups, some of the differences may be due to observed variability in the demographic makeup of the groups. In general, though, all three treatment approaches were associated with overall improved job efficiency. A list of fifty-eight references is provided.

Myers, Donald W. Measuring Cost Effectiveness of EAPs. Risk Management, Vol.31, No.11 (November 1984): 56-61.

Employee assistance programs (EAP) are implemented by employers to alleviate employee problems relating to such stresses as: 1. alcohol or drug abuse, 2. mental illness, 3. compulsive gambling, 4. marital discord, and 5. financial difficulties. Various EAP cost-effectiveness studies have been undertaken, but none adhered to fundamental social science research methodology. Of those claiming savings of up to $8 for each $1 invested in an EAP, none presented adequate documentation of how research was conducted or what variables were considered. The lack of accurate cost/benefit data has meant that some employers have scaled down EAPs or replaced full-service in-house programs with group programs or even "hotline" referral services. Empirical evidence supporting the benefits of EAPs is essential if the EAP concept is to survive.

Norris, Eileen. Alcohol: Companies Are Learning Ways to Help Workers Beat the Bottle. Business Insurance, Vol.15, No.46 (November 16, 1981): 1, 53-54.

Some 600 US companies, aware of what alcohol and drug-addicted workers cost both the company and themselves, are offering in-house or contracted employee wellness programs. A study of those who participated in Kennecott Copper Corp.'s Insight program, found a 52% improvement in attendance, a 75% decrease in non-industrial health and accident insurance, and a 55% reduction in hospital, medical, and surgical costs. Illinois Bell Telephone Co.'s health evaluation program attempts to identify and treat employees' emotional and physical problems before productivity is affected. Such programs indicate that alcoholism and drug abuse are being recognized and treated, although only

a fraction of the estimated 500,000 US employers with 100 or more workers provide employee assistance programs. State legislation is beginning to help by mandating that insurance companies cannot write a health policy without including benefits for alcoholism and drug abuse, or similar provisions.

Occupational Alcoholism Programs--Wave of the Future. Personnel 56 (July/August 1979): 43-45.

A three-day labor-management conference sponsored by the National Council on Alcoholism (NCA) is summarized. Advocating occupational programs as an important way to deal with the problem of alcoholism, the NCA presents the results of a survey it recently undertook. addition to prevalence rates, data are presented concerning program results. One major company, for example, reported a 50% decrease in lost hours, a 30% drop in sickness and accident benefits paid, 56% fewer leaves of absence, 63% fewer disciplinary actions, and an 82% decrease in job related accidents.

Schlenger, W., and B. Hayward. Assessing the Impact of Occupational Programs. The Human Ecology Institute, 7334 Chapel Hill Road, Raleigh, NC 27606. October 31, 1975.

This paper examines two dimensions along which we may assess the impact of EAPs: (1) assessment of cost and cost savings associated with occupational programs, and (2) assessment of the impact of occupational programs from the perspective of the community as a whole. Various methodologies for conducting the assessment are presented and the merits of each are discussed.

The authors conclude that, while some progress has been made in developing occupational programs and assessing their impact, there are two specific needs for the future: (a) more accurate estimation methodologies, and (b) a broader context for impact assessment.

Schramm C. Measuring the Return on Program Costs: Evaluation of a Multi-Employer Alcoholism Treatment Program. American Journal of Public Health 67 (1977): 50-52.

In 1972, one of the first comprehensive alcoholism programs (referral and treatment) designed to serve multiple employers and unions was established in Baltimore. The project, known as the Employee Health Program (EHP), is involved in basic research concerning the behavior of alcoholic employees and EAP cost/benefit analysis. A return on investment model was developed. This brief paper illustrates how cost savings resulting from an industrial alcoholism program can be conservatively estimated by using hourly wages as a direct proxy for the value of production not lost by problem drinking among workers.

Sherwood, G. C., and C. H. Aharan. Constructive Coercion: A Comparison of Treatment Results with Voluntary Versus Employee Referred Alcoholics. Paper presented at the Twenty-fifth International Institute on the Prevention and Treatment of Alcoholism, Tours, France, 1979.

A follow-up study to examine the functioning of 132 alcoholics during the year after they had received treatment in a residential program was undertaken. A comparison was made of employer-referred and voluntary participants in the program. Results indicate that coercive techniques

(employee referrals) were more effective in inducing noteworthy alcoholics to change behavior.

Smith, G. Study of Effectiveness of Railroad Alcohol Programs: Evaluation of the Process and Outcomes of Railroad Alcohol Programs. University Research Corporation (for Department of Transportation), Contract No. TSC/640-0237/WB.

This is a report on one segment of a larger project carried out for the Department of Transportation by University Research Corporation. The entire project is divided into four segments, all relating to the evaluation of the process and outcomes of railroad alcohol programs: (1) definitions, (2) prevalence, (3) costs, and (4) evaluation.

Sonnenstuhl, William J. and Paul M. Roman. A Comment on Medicalization in the Workplace/Further Support for Medicalization in the Workplace. Journal of Applied Behavioral Science, Vol.18, No.1 (1982): 123-127.

Roman's (1980) study of medicalization in the workplace hypothesized that the existence of employee assistance programs (EAPs) would lead supervisors to choose medical solutions to an employee's job performance problems. Sonnenstuhl comments on the study, citing statistics on EAPs which do not support this hypothesis: 1. Most EAPs are programs on paper and not in practice, 2. Where EAP exist, they are not properly funded and staffed, 3. Most referrals to EAPs are made by employees, rather than by their supervisors. Roman responds that medicalization in the workplace is a meaningful social trend. The fact that many programs are in operation, and that they are funded and staffed at all is evidence for this. It is erroneous to compare self-referral and supervisory referral statistics.

Spicer, J., P. Barnett, and D. Klienen. Outcomes of Employer Referral for Treatment. NCALI Promotional Literature, 1979, 21 pp.

The outcomes of year after treatment of persons referred to the Hazelden Foundation for treatment of alcoholism and/or chemical dependency problems by their employers in 1974, 1975, and 1976 are summarized. Characteristics and backgrounds are described for 283 clients. It is reported that those persons referred by employers are successful in maintaining a drug-free, satisfying, and occupationally stable life one year after treatment.

Survey Results Announced of Employee Alcoholism Programs. Occupational Health Nursing 23, (August 1975): 48-49.

This is a brief report of a survey conducted for the Corporate Headquarters Alcoholism Project by Greenleigh Associates, Inc. These are the preliminary results of a survey of large Corporations with headquarters in New York City.

Various trends are noted: (1) companies with alcoholism programs tend to have them throughout their full corporate structure; (2) Most treatment resources are outside the company; (3) Most companies with alcohol programs indicate that they have a written policy statement about alcoholism; (4) Programs are typically administered through the medical or personnel departments of the companies; and (5) Companies with programs are likely to have insurance coverage for the treatment of alcoholism.

Terry, A. F. Employee Assistance Programs in Australian Industry. Work & People (Australia), Vol.10, No.3 (1984): 9-15.

A study was conducted of the employee assistance programs (EAP) or occupational drug and alcohol programs (ODAP) of 6 Australian organizations to determine their effectiveness in recognizing and dealing with alcohol - and drug-dependence problems. The programs had been in force an average of 3 years, and each program had a specific policy statement on disciplinary approaches toward employees with problems. Each program followed guidelines approved by the 1981 ODAP 11 conference regarding: 1. union/management commitment, 2. assessment, referral, rehabilitation, and follow-up activities, 3. training, 4. education, and 5. evaluation. Questionnaires were completed by a sample of employees. Results indicate that supervisors have a need for the EAP processes and are willing to use them. The processes are clear, easy to follow, and suit their needs. Most employees and supervisors prefer using resources located outside the parameters of the formal program. That preference may indicate mistrust and cynicism in the Australian workforce.

Trice, H. M., J. M. Beyer, and R. E. Hunt. Evaluating Implementation of a Job-Based Alcoholism Policy. Journal of Studies on Alcohol 39 (1978): 448-65.

This study assesses the implementation of the U.S. Civil Service Commission's alcoholism policy for civilian employees. The following aspects of policy implementation are evaluated: formal policy statements, local adaptation, diffusion of policy provisions, resources to execute policy provisions, agreement and support of supervisors, influence of labor unions, and extent of actual and expected use of the policy.

Results indicate that, although an alcoholism policy was in existence at the workplaces studied, several defects were observed in its implementation. These defects are discussed.

Wagner, William G. Assisting Employees with Personal Problems. Personnel Administrator, Vol.27, No.11 (November 1982): 59-64.

Employee assistance programs (EAPs) help employees with personal problems and as a result, improve productivity and reduce costs. The City of Phoenix has been operating an EAP, Project Concern, since 1974. It has a 50% success ratio and has returned about 565 of its participants to full productivity. It is estimated that Project Concern offers in-depth, personal counseling. It is not predominantly a referral service. Although requiring a broader counselor expertise over a wide range of areas, such as family, marriage, health, finance, alcohol and drug abuse, preretirement, and career, the program provides a sense of security. The employee is not given a quick diagnosis and then referred to an outside community source. The in-house counseling of Project Concern allows follow-up counseling sessions which are more easily controlled and provides a greater show of employer concern.

White, Kenneth W. "Wellness" Can Save Lives - and Dollars. National Underwriter (Property/Casualty), Vol.85, No.36 (September 4, 1981): 14-15, 50.

In his 1981 study on health risk factors and their control, Charles A. Berry proposes that "wellness" programs ultimately achieve savings for employers significantly in excess of program costs. Berry believes wellness programs are effective for any size employer. Such programs include: 1. smoking cessation, 2. control of hypertension, 3. stress management, and 4. control of alcohol/drug abuse. The steps to a positive health promotion program include: 1. evaluating company resources and capabilities, 2. compiling information on employee needs, and 3. continual monitoring and evaluation of program results. Although few smaller companies provide wellness programs, there are distinct advantages to on-site programs, such as employee convenience and employee confidence in the company-sponsored program. Some large companies which sponsor wellness programs already have saved money, e.g., a $2.2 million annual savings reported by the US Postal Service.

V. UNION INVOLVEMENT

Alcoholism in Arbitration. Labor-Management Alcoholism Journal 9(4) (1980): 154-57.

The outcome is presented of grievance and arbitration proceedings resulting from an employee being fired for driving a company vehicle during working hours while intoxicated--an offense for which he was arrested and to which he pleaded guilty.

Beyer, J. M., H. M. Trice, and R. E. Hunt. The Impact of Federal Sector Unions on Supervisors' Use of Personnel Policies. Industrial and Labor Relations Review 33(2): January 1980, 212-29.

This study which investigates the role that unions play in management-initiated alcoholism policies. Interview data were collected from supervisors in seventy-one federal installations and from national and local union officials. Results suggest that the presence of a union is related to a more frequent use of the official alcoholism policy. Furthermore, a supervisor's awareness of a union's position on the policies is also related to greater utilization of the policy. The authors then discuss plausible reasons for the various compromises that occur in the use of each policy.

Course for Union Officers in Occupational Substance Abuse and Advanced Union Peer Counselor's Course. Central Labor Rehabilitation Council of New York, Inc., 1980, 31 pp.

Two courses dealing with occupational substance abuse for union officers are presented. The first course provides leadership people in the trade union movement with informatton about substance abuse and programs that have attempted to deal with it in the context of trade union philosophy. The second is an advanced course in union peer counseling.

Goodfellow, Matthew. Insurance Unionization Inevitable? National Underwriter (Property/Casualty), Vol.85, No.11 (March 13, 1981): 29-31.

Unfortunately, most executives do not have the patience or time to listen to his or her employees. By listening to employees, employers can forestall union organizers. Under the law, organizers can promise anything, and if their promises do not work out, it is the employer's fault. The only weapon against this tactic is to listen to the employees and train your supervisors. We found that a successful supervisory training course must have at least 4 elements: 1. The supervisory training must be planned to achieve certain measurable objectives, 2. The training must be "adjusted" to the type of employees that supervisors oversee, 3. The training must consider the working environment of the office or department, 4. The training must be of a particular kind. Research indicates that employee dissatisfaction does not seek outlet along union lines, but discontent is channeled in that direction by organizers who know how to take advantage of it. The first step toward union avoidance among white and blue collar employees is the recognition of discontent. To listen to employees and understand them takes a great amount of time, effort, and skill.

Humphrey, C. E. Arbitration and Alcoholism. Paper delivered at the Third Biennial Canadian Conference on Occupational Alcoholism and Drug Abuse, Ottawa, Canada, September 1979, 26 pp.

Some of the basic concepts that arbitrators have developed in dealing with employee alcohol-related problems are addressed. Two major categories of the problem are differentiated: (1) employees with alcohol or drug-related problems, and (2) employees who engage in alcohol-related misconduct. The author believes that the employee who engages in what is truly an isolated incident of alcohol-related misconduct is, and should be, subjected to discipline in the same way as an employee involved in any other type of industrial misconduct. Case studies of employees with alcohol-related problems are also presented.

O'Keeffe, J. P., and M. O'Sullivan. Developing Alcoholism Services for Retired Workers and Their Families. Paper presented at the Twenty-fifth International Institute on the Prevention and Treatment of Alcoholism, Tours, France, June 1979.

The United Auto Workers (UAW) is extensively involved in a joint union-management approach to alcoholism and drug abuse as they affect the work performance of actively employed persons. The UAW is also developing alcoholism service programs for its retired membership and the public community. Retirement trends and alcoholic patterns are examined to emphasize the need for such programs.

Schramm, C. Development of Comprehensive Language on Alcoholism in Collective Bargaining Agreements. Journal of Studies on Alcohol 38(7): 1977, 1405-27.

This paper reports on a project that explored the processes by which language on alcoholism is incorporated into labor-management contracts. The discussion is divided into three sections. The first surveys the language in selected major collective bargaining agreements. The second section reports on the state of language among the participants of a particular program (the Baltimore Employee Health Program--EHP), the operating arm of the project. Finally, in conclusions based on the review of nationwide trends and on the experiences of EHP employers and unions, the third section identifies four stages in the process of developing comprehensive contract language on alcoholism in industry, with emphasis on the role of EHP in encouraging and facilitating this process.

Data from the study indicate that provisions for disciplining and treating alcoholic employees vary widely.

Trice, H. M. Evaluation of Consultants and Coordinators. Labor-Management Alcoholism Journal 7 (May 1977): 29-34.

As part of a larger study on the effectiveness of internal coordinators and external consultants of occupational alcoholism programs, the influence of union involvement was assessed. Two conclusions were drawn. First, union involvement was found to be far more effective than even the most enthusiastic efforts by internal coordinators in achieving policy implementation. Second, line supervisors who ware aware of the union's position on the alcoholism policy used the program twice as much as unaware supervisors.

Trice, H. M. A Summary of Recent Studies Done by the Program on Alcoholism and Occupational Health, School of Industrial and Labor Relations, Cornell University, Ithaca, NY. Report prepared for Donald Godwin, Chief, Occupations Branch, NIAAA, HEW, Rockville, MD, December 26, 1977, for use in the book Alcohol and Health.

This is a summary report of recent research undertaken by the program on Alcoholism and Occupational Health at Cornell University's School of Industrial and Labor Relations. Significant is the conclusion drawn concerning the impact of unions on program implementation: The overall influence of a union seems to be as effective in policy implementation as the actions of management. Three factors were specifically found to increase supervisors' use of the alcoholism policy: (1) their awareness of the union's policy position, (2) awareness of the policy's adversary power, and (3) perception of the policy's influence among employees.

Trice, H. M. Job-Based Alcohol and Drug Abuse Programs: Recent Program Developments and Research. Dupont, R. and Goldstein, A., eds., and J. O'Donnell, Handbook on Drug Abuse. Washington: Government Printing Office, 1979.

This review of recent data on alcohol and drug abuse programs reports a trend toward a more cooperative atmosphere between management and unions. One study, for example, showed that unions in the federal government play a prominent role in the policy implementation process. Furthermore, both employees and unions seem increasingly willing to develop collective bargaining language on alcoholism. Some differences in beliefs concerning the drug problem however, are also reported between management and unions.

Trice, H., Hunt, R., and J. Beyer. Alcoholism Programs in Unionized Work Settings: Problems and Prospects in Union-Management Cooperation. Journal of Drug Issues 7(2): Spring 1977, 103-15.

This paper explores the feasibility of developing joint union-management alcoholism programs for employees. The authors conclude that, while both sides generally agree on the goals of such programs, a number of problems exist with respect to their actual operation. First, in programs that use constructive confrontation strategies, the union's shop steward is in a particularly difficult position since he must side with management in opposing his fellow union members. Second, disciplinary measures concerning alcohol abuse are generally not evenly distributed throughout the organizational structure, since a disproportionately large number of low skill level employees are disciplined. Third, although a joint union-management effort is optimal, union involvement is often diminished or even neglected. Finally, the trend toward "broadbrush" programs is resisted by many unions as being an extension of management's domain into the area of mental health (an area of traditional union suspicion). Collective bargaining and grievance procedures are suggested as possible remedial strategies to bring the two sides together.

United Steel Workers of America. Alcoholism: Programs with Promise: An Action Guide to Rehabilitation Programs for Occupational Alcoholism. Pamphlet #224; Education Department, Five Gateway Center, Pittsburgh, PA 15222.

This guide to establishing a joint labor-management alcoholism program is put out by the United Steel Workers of America. The publication is based on the premise that the most effective approach to the problem of alcoholism rehabilitation is a joint, cooperative effort by union and company. A planned, step-by-step program of help and support is advocated and outlined. The following topics are also covered: an overview of rehabilitation programs, informal approaches, joint union-company programs, and the optimal function and substance of such a joint policy statement. A self-inventory for existent occupational alcoholism programs is included, along with discussion guides to assist in program development and change.