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## Employee assistance programs and mental health counselors

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### Abstract

Employee Assistance Programs (EAPs) are services to help employees, and often their dependents, in finding assistance for substance abuse, mental, emotional, family, health, legal, or other personal problems (Balzer & Pargament, 1987; Masi, 1997; Spicer, 1987). For counselors who may not be familiar with EAPs, a brief history is presented. There are four models of EAPs and these are described along with the advantages and disadvantages of each model. Details of how to start an EAP are given coupled with facts about which population may utilize the EAP services. A report on the training, responsibilities, and tasks of EAP counselors is presented along with a description of future trends. The purpose of this paper is to assist mental health professionals who are considering the possibility of working as EAP counselors with knowledge of what is required to perform the job.

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EMPLOYEE ASSISTANCE PROGRAMS AND  
MENTAL HEALTH COUNSELORS

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Paul H. Wehrman

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## Abstract

Employee Assistance Programs (EAPs) are services to help employees, and often their dependents, in finding assistance for substance abuse, mental, emotional, family, health, legal, or other personal problems (Balzer & Pargament, 1987; Masi, 1997; Spicer, 1987). For counselors who may not be familiar with EAPs, a brief history is presented. There are four models of EAPs and these are described along with the advantages and disadvantages of each model. Details of how to start an EAP are given coupled with facts about which population may utilize the EAP services. A report on the training, responsibilities, and tasks of EAP counselors is presented along with a description of future trends. The purpose of this paper is to assist mental health professionals who are considering the possibility of working as EAP counselors with knowledge of what is required to perform the job.

## Employee Assistance Programs and Mental Health Counselors

Employee Assistance Programs (EAPs) are services to help employees, and often their dependents, in finding assistance for substance abuse, mental, emotional, family, health, legal, or other personal problems (Balzer & Pargament, 1987; Masi, 1997; Spicer, 1987). Carson and Balkin (1992) stated that the primary purpose of EAPs is to improve the job performance of employees who are having personal problems. Some forms of EAPs have been in existence since the early 1900s. These programs are usually paid for by the employers and are one of the benefits provided to their employees.

Many articles have been written to describe what an EAP is and what it is meant to accomplish. While the EAP professional has a major role in these services, most of the literature has been written from the business view- point (Smith, Salts, & Smith, 1989). Very little of the literature explained what the education requirements and tasks of an EAP counselor were. Because of this counselors who want to explore working as an EAP counselor do not have information needed to make an informed decision.

For counselors who may not be familiar with EAPs, a brief history is presented. There are four models of EAPs and these are described along with the advantages and disadvantages of each model. Details of how to start an EAP are

given coupled with facts about which population may utilize the EAP services. A report on the training, responsibilities, and tasks of EAP counselors is presented along with a description of future trends. The purpose of this paper is to assist mental health professionals who are considering the possibility of working as EAP counselors with knowledge of what is required to perform the job.

### History of EAPs

EAPs started as an informal service provided by paraprofessionals for workers who were recovering from alcoholism (Spicer, 1987). The first EAPs that were company sponsored started in the 1920s. These programs were called personal counseling where the counselor would walk among the workers and engage in conversation to ask about any problems the employee may have (Highhouse, 1999). The counselors would be assigned an area so they could get to know the supervisors and employees better. A supervisor would give names of employees who have work problems for the counselor to talk to, but the counselor would talk to all the employees so it did not appear that some were being singled out.

EAPs were a response to the problem companies were having in recruiting and keeping employees, especially during World War II (Highhouse, 1999). The EAPs also helped with the transition of women into the work place. At a time when it was hard to find workers, the companies realized it was easier and more

cost effective to keep employees than to replace problem workers. During the 1940s corporations like Dupont, Consolidated Edison, and Eastman Kodak formed Occupational Alcoholism Programs (OAPs) to aid employees with alcohol problems (Gerstein & Bayer, 1991; Nugent, 1990; Spicer, 1987).

Nugent (1990) reported that in 1962 Kemper Insurance Group expanded its EAP to include problems other than alcohol. This new idea of focusing on an employee's personal problem was called the broad-brush approach. This allowed employees to talk about their marital problems, problems that their dependents were having, or to get information on other mental health concerns. Spicer (1987) mentioned proponents of this approach cited evidence that when employees were encouraged to talk about their problems, other than chemical dependency, that an underlying dependency could come out in the assessment process. By 1982 over one half of the companies in *Fortune* magazine's top 500 companies had EAPs (Nugent, 1990).

### Models of EAPs

Masi and Friedland (1988) described four basic models of EAPs. With the in-house or internal model, the company employs the entire counseling staff. The company sets the policy and procedures and directly supervises the involved therapists. In the beginning almost all EAPs were of the in-house model (Nugent, 1990).

The out-of-house or external model is where the company contracts with a provider to supply services. The company can define the policy and procedures in the contract or the provider can use its own policy and procedures. The provider can offer services at its own office, use space at the company, or both. This model is being used by the small to mid size companies as a way to provide an affordable service to their employees.

The third model that Masi and Friedland (1988) described was the consortium model. This is where several companies in the same geographical area form an agreement to offer EAP services. All the companies share in the expenses and can contract with one or more EAP providers. As with the external model, services can be offered at any of the company's offices, any of the provider's offices, or any combination there of.

The last model described is the affiliate model. In this model a national or regional provider will contract with local professionals to render the services. Companies having offices in different communities and/or states use this model.

#### Advantages and Disadvantages

Blair (1987) stated the major benefit of an internal EAP is that the counselors can become familiar with the internal working approach of the company. The counselors can function more effectively when they know the office politics. By being a part of the system an internal program can be in a

better position to bring about change in the system. Masi and Friedland (1988) suggested that management believes they can control the costs more effectively with the internal model.

According to Blair (1987), one disadvantage of an internal model was that employees may be concerned about confidentiality. One reason is the counselor also works for management and may be pressured into giving details about a client's problem. In addition, employees do not want to be seen going into an EAP office.

Masi and Friedland (1988) stated the advantages of an external model as having lower legal liability, better accountability, and ease of starting the program. The company does not have to hire or train a staff to do the counseling, so it is much faster to implement the external model. This model is especially convenient for the small to medium size companies (Blair, 1987). Furthermore, competition between EAP providers helps to keep the costs for employers down.

Some of the disadvantages of this model as discussed by Masi and Friedland (1988) and Blair (1987) are that the provider may not know the management style or the office politics to help make changes in the environment. The company does not have control over the quality of the counselor, but the competition between providers should help to insure professionalism. Many

times the provider only offers services off site which may make it harder for employees to get time off work to travel to the provider's office.

Masi and Friedland (1988) was the only source that discussed the consortium model. The primary advantage of this model is cost savings, but with the increase in competition among EAP providers, this advantage is lost. The disadvantage with this model is the difficulty of getting representatives of several companies to agree to a single contract. It is harder to make changes to the contract to meet the changing needs of an individual company.

The affiliate model allows companies to work with one provider to insure the same product is offered all their employees regardless of where they live or work (Masi & Friedland, 1988). On the local level this model acts like the external model. A counselor will often work in more than one model at the same time, but under different contracts. The major difference between models occurs at the management level, and the type of model chosen will be unnoticed by the employee. For the purpose of this paper the consortium and the affiliate models will be grouped with the external model.

### Establishing EAPs

Carson and Balkin (1992) stated the most effective approach for a company is to hire a mental health professional to serve as the EAP coordinator. This person should have knowledge of what services are available in the

community. This coordinator would also be responsible for monitoring the treatment plans of employees to help contain costs.

One of the first things that must be done is to determine what the product is and who the customers are (Hestness & Hyman, 1987). The question should not be what services can the EAP offer, but what services does the customer need. Balzer and Pargament (1987) declared the best way to answer this question was to do a needs assessment. The categories of information gathered can be broken down by type, frequency, relative importance of employee problems, current ways the problems are handled, and the barriers preventing use of community services. Many companies already know their employees have problems, but by not knowing what types of problems, the wrong EAP may be offered. Barriers to doing a needs assessment include the facts that companies may not want to spend the time nor money to conduct the assessment or they may not understand why one should be conducted in the first place. The bottom line is that a company can offer the services, but if the services do not meet the needs of the employees, the EAP will not be effective.

For EAPs to work they must have the support of top management (Masi & Friedland, 1988). This support includes having a designated administrator in charge of the program. The manager can help by promoting the program throughout the organization. This person can encourage first line supervisors to

refer employees early in the performance problem solving process, if it is needed (Carson & Balkin, 1992). The manager can also be responsible to make sure the supervisors have the needed training to understand the EAP procedures. The role of the supervisor should be to make referrals, not to make clinical diagnosis. The supervisor should encourage employees to use the EAP services.

Masi and Friedland (1988) indicated two more areas that need to be considered when starting up an EAP. One area is that of union support. Historically, unions have been suspicious of the companies' motive to offering employees counseling. Unions viewed this as a way to defuse union grievances (Highhouse, 1999). The unions were also worried that the company could use an EAP to get around the collective bargaining agreements. As unions became stronger worker grievances became the accepted and powerful way to solve their complaints. Therefore, union support should come in the planning stage, especially when writing the policy and procedures to help overcome this barrier. Another area discussed was adequate funding to provide all the services required. The amount of funding will be dependent on the model chosen. The company is responsible for all funding when using the internal model. With an external model the company must decide to contract on either a per employee per year fee or a fee for service agreement.

### Factors Impacting Usage of Services

Gam, Sauser, Evens, and Lair (as cited in Hall, Vacc, & Kissling, 1991) stated, “data related to the effectiveness of EAPs are virtually non-existent in the professional literature” (p. 63). This is disturbing given the fact that Hall et al. (1991) estimated that 20% of the work force could be labeled as troubled workers. These are workers whose personal issues created a barrier for their successful job performance. However, Gerstein and Bayer (1988) estimated the range of troubled workers at a lower rate of 10% to 18%.

Gerstein and Bayer (1988) and Hall et al. (1991) stated that the type of services EAPs offer and the number of EAP providers has risen significantly. It was estimated that between 2% and 7% of the working population actually uses EAP services. Jones (1987) reported that internal models using a broad-brush approach had the highest usage compared to the other models. Jones also stated that because there can be a big difference between EAP providers, it is hard to define the variables needed to do a scientific research.

Harlow (1998), Hall et al. (1991) and Gerstein and Bayer (1988) discussed several factors that contributed to employee usage. One major factor was knowledge or awareness of the EAP. The more the company or provider promoted the EAP, the more likely employees and their dependents would take advantage of the services. Providers could offer workshops to train supervisors

on the different services available. Informational brochures could be mailed to each employee to inform the dependents of the program.

Confidentiality was another dominating factor on employee usage. This was especially true in the case of a substance abuser who is working in a safety-sensitive position. Employees are concerned that if they seek EAP help, and are not successfully treated, they may lose their jobs. The research showed that this one negative perception might outweigh all other positive perceptions. While it is impossible to have complete confidentiality, the limits of confidentiality should be clearly stated in the policy and procedures and this should be made known to the employees.

Other factors (i.e. race, gender, income, or age) did not appear to have the strength to predict which employees will use EAPs. Knowledge of EAPs, previous positive experience with EAPs, confidentiality, and concern about their jobs were the strongest predictors of employee usage. These studies make it clear where the providers need to focus their resources to increase the chances employees will take advantage of EAP services.

#### Training and Preparation of EAP Counselors

EAP counselors offer a wide range of services. Therefore, they may need specialized training, depending on the terms of the contract. However, there are some requirements that are expected of all EAP counselors. An EAP counselor

should have at least a master's degree in the mental health field (Berridge, Cooper, & Highley-Marchington, 1997; Hosie, West, & Mackey, 1993; LeVine, 1987; Smith et al., 1989). Berridge et al. (1997) and Smith et al. (1989) also suggested that the person who develops EAPs and negotiates the contract should have a master's degree in Business Administration or experience in business. If this is not feasible, EAP counselors should focus on working for an EAP provider rather than starting up their own program.

The broad-brush approach is widely used in the industry. A counselor should have a wide range of knowledge to work with the large number of possible problems employee may have (Berridge et al., 1997; Hosie et al., 1993; LeVine, 1987; Smith et al., 1989). Those authors stated that substance abuse continues to remain the leading reason why employees use EAPs. EAP counselors should have some training and experience working with this population (Keohane & Newman, 1984).

EAP counseling is typically considered as short term, which means a six to eight session model (Masi, 1997). R. Larson (personal communication, February 14, 2002), the director of Cedar Valley EAP, and a certified EAP (CEAP) professional, stated that the trend in the industry is moving to a three session model. Therefore, a working knowledge of brief therapy is important (Berridge et al., 1997; Bruhnsen, 1999; LeVine, 1987; and Smith et al., 1989).

A possible preparation that is starting to be addressed in the literature is a special program or degree for EAP counselors (Berridge et al., 1997; Smith et al., 1989). Smith et al. (1989) voiced their concern that most accredited programs are already lengthy; adding course work in fact would mean additional expenses and time it would take to graduate. Therefore, it may be better to develop a new degree just for EAP professionals.

There are two main associations for EAP counselors, Employee Assistance Professionals Association (EAPA) and Employee Assistance Society of North America (EASNA) (Chartier, 1995). EASNA has already accredited twelve EAP programs and EAPA was exploring whether to start an accreditation program. EAPA offers credentialing requirements, workshops, conventions, and their own continuing education credits. However, many therapists also do EAP counseling. It requires extra expense and time to have more than one credential and many counselors do not believe it is necessary at this time according to R. Larson (personal communication, February 14, 2002).

#### Responsibilities and Tasks of EAP Counselors

The tasks of EAP counselors will be as varied as the services required by the contracts of the providers. The EAP counselors have to follow their code of ethics and should not perform any task that is outside the boundaries of their

competence. This paper will focus on the common functions as identified in the literature.

### Assessment

One of the main tasks is to diagnosis and assess the situation (Darick, 1999). A good assessment can take several hours over several sessions, some may take as long as four sessions. This is one reason EAP counselors do not like the three session model. Prior to assessment, Darick (1999) described many of the items that need to be covered in the first session. For example, clients are assisted in understanding their rights and responsibilities in counseling. Also clients are informed of how many sessions they are entitled to under their employer's contract and informed of the rules of confidentiality. If the counselor needs to report to the client's supervisor, a release of information needs to be signed. The counselor should explain what types of information will be reported. Often the letter will state that John Doe is being seen and is, or is not, cooperating with the counselor. If any other facts are needed the counselor should go over the details with the client.

Part of the assessment role is to determine if the problem can be adequately addressed within the number of sessions allowed. If not, the counselor would need to refer the employee. The counselor should know some agencies in the community that will honor what insurance in order to make an informed

referral. If there are two providers for substance abuse treatment and an insurance company will only contract with one, the employee should be informed of this fact. The same principle would be true in regards to other problems the employee may have. The counselor needs to have a good knowledge of the varied community services. R. Larson (personal communication, February 14, 2002) stated that a national affiliate EAP company is asking him if community services that charge no fee or a small fee, are available to the employee for use rather than referring the employee to a therapist. These services could include AA meetings, Salvation Army, church sponsored groups, or United Way agencies. In the State of Iowa a counselor should know who is the county Center Point Coordinator (CPC) and which provider has been awarded the county contract for mental health services. This way if a new employee is referred for EAP services and does not have insurance coverage, the counselor can refer to the CPC to determine if the employee is eligible for county help.

It has been reported earlier in this paper that many employees are referred to EAPs because of substance abuse. Therefore, another role would be to determine if an employee would need the special help of a substance abuse clinic.

#### Substance Abuse Evaluation and Interventions

A survey by the National Institute of Mental Health Epidemiological Catchments Area discovered a large number of comorbidities of mental health and

substance abuse disorders (Goff & Young, 1996). Thirty-seven percent of clients with an alcohol disorder also had a mental disorder. Of clients who have a drug disorder, other than alcohol, 53% also had a mental disorder. The survey showed that 29% of clients with a mental disorder also had a substance abuse disorder.

These figures show why it is important for an EAP counselor to thoroughly assess the client's situation prior to diagnosis. Darick (1999) suggested the EAP counselor should be knowledgeable of at least one assessment tool (i.e. MAST, SASSI, etc.) that can be used to help make this determination because substance abuse may be an underlying issue. Some EAP counselors may choose to conduct a substance abuse evaluation with most clients.

There are two types of substance abuse evaluations an EAP counselor may be trained to perform. One is a court ordered evaluation. At Cedar Valley EAP this evaluation included the client completing an appropriate SASSI and a face-to-face interview. Questions frequently asked included frequency, usage, past experience with substances, problems encountered while using substances, and family history. The client was asked to provide the name of a person who knew her or him and would be willing to discuss the drug usage of the client. A signed release form was obtained and a telephone interview with the person named was completed, asking the same questions as the ones asked the client. All the data

was compiled in a written report that was sent to the client's attorney, along with a recommendation for future treatment, if needed.

The other evaluation for substance abuse is a Department of Transportation evaluation. These evaluations are for safety-sensitive transportation workers (Mauk, 2001). This evaluation can only be administered by a substance abuse professional who must have specialized training and pass an exam to obtain certification. The new federal rules, effective August 1, 2001, cover almost 100 pages and substance abuse professionals have to read and be familiar with each rule. This places them in a good position to help employers to understand and follow the rules.

Zweben (2000) reported on using brief interventions to treat some substances abusers. Traditionally the treatment programs have been intensive, abstinence-oriented therapies that can last twenty-eight days or longer. These have been good programs for the drug and/or alcohol dependent clients. However, many clients have a less significant problem and do not want nor need the intensive therapy. EAP counselors can use brief therapy, lasting one to four sessions, to help a client to be motivated to changing behaviors. The process described was called motivational interviewing. This includes helping the clients "to recognize problem behavior, determine that change is in their best interest, develop a plan for change, and take action" (p. 16). Zweben described the five

stages of change and stated these stages are circular. It is normal for a client to make progress, fall back to an earlier stage, and then move forward again.

### Suicide Assessment and Prevention

It is important for EAP counselors, as it is for other counselors, to be able to recognize the warning signs for suicide (Bratcher & Quinnett, 1997; Monsour, 1996). Monsour (1996) reported some of the common warning signs are a change in sleep pattern or appetite and observable disheveled appearance. The majority of people who commit suicide have given nonverbal or verbal clues. The more warning signs a person has, the greater the risk for suicide. Bratcher and Quinnett (1997) stated some groups of people are at greater risk. These include those with depressive illness, multiple or severe stressors, social isolation, rejection by a significant other, a completed suicide by a loved one, alcoholism or drug abuse, and severe family dysfunction. Downsizing, sudden unemployment, and medical condition are other factors that lead to increased risks. The highest rate for suicide is with people with a psychiatric illness and comorbid substance abuse (this is another reason to evaluate for substance abuse).

Bratcher and Quinnett (1997) stated the best way to assess suicidal ideation is to ask. A counselor may say, "Some people in your situation sometimes wish they were dead. I'm wondering if you feel that way?" or "Are

you thinking of killing yourself?" (p.25). Asking about suicide does not make people start to think about it.

The goal in EAP crisis counseling is to reduce risk factors and increase positive factors (Bratcher & Quinnett, 1997). A good plan is to have the client agree to remain clean and sober. The client needs to remove the means of suicide, agree not to harm or kill oneself, and accept referral for treatment when needed.

Bratcher and Quinnett (1997) stated that early detection of suicidal ideation could help with dramatic savings of money besides the potential of saving lives. A study in Washington State showed that the costs in one large county for nonfatal suicide attempts were between \$2.1 and \$12.6 million dollars annually. This includes costs for treatment, medication, increased insurance premiums, and lost years of productivity. The authors provided facts from the American Association of Suicidology that showed one American died of suicide every seventeen minutes. Suicide was the ninth leading cause of death and for every completed suicide it is estimated there are twenty-five attempts.

### Grief Counseling

Grief in the workplace is the second most common problem affecting workplace performance (Naierman, 1996). Many employers are considerate at the time of death, but may be anxious or angry six months later when the employee shows declining productivity. An EAP counselor can be in a good position to

help companies to deal with the problems caused by grief. A referral can be made to local hospices for free community accessible bereavement programs. It can be helpful to acknowledge that workplace grief happens and be in a position to respond quickly and appropriately when it does. When doing presentations or printing brochures, grief counseling can be included in the services offered. A list of community resources that offer individual and group help can be given to employees. Training for supervisors on what they can and what they cannot do should also be offered.

### Critical Incident Stress Debriefing

Some EAP counselors can obtain specialized training to do Critical Incident Stress Debriefing (CISD). CISD is a procedure to help individuals and groups to deal with a traumatic event (McWhirter & Linzer, 1994). A traumatic event is one that is sudden, can be overwhelming, and often is dangerous. Some examples of when CISD can be offered are in cases of a bank holdup, a serious accident in the workplace, a plant closing, or a death or suicide of a co-worker. Several factors can affect the impact of workplace trauma on employees including degree of danger, intensity, duration of the danger, and the characteristics of each employee. CISD is used to prevent or reduce the symptoms of Post Traumatic Stress Disorder.

CISD is a form of structured psychological debriefing conducted in small groups (Mitchell & Everly, 1996). CISD is not a generic term, but refers to a specific protocol that was developed by Dr. Jeffery Mitchell, Clinical Associate Professor of Emergency Health Services at the University of Maryland. Other types of debriefing models exist, but the Mitchell Model is the standard and the one most used in the industry (R. Larson, personal communication, February 14, 2002). This debriefing is usually done by a team with a mental health professional as the leader between 24 and 72 hours after the incident. A major purpose of CISD is to minimize the negative consequences to the employees' health and to assist in the return to a pre-incident level of morale and productivity (McWhirter & Linzer, 1994). Usually, only the workers who have been directly affected are included in the debriefing. Unless a member of management was directly involved in the incident, they are not included in the group.

### Education and Training

Providing education and training workshops could be a role assigned to EAP counselors (Hosie et al., 1993; Masi & Friedland, 1988; and Smith et al., 1989). These workshops can be on any subject that the company has identified as a possible problem area for its employees. Substance abuse training, especially focusing on prevention and signs of abuse to look for, is often requested. Depression screening, parenting skills, marriage relationships, and communication

skills are some other topics that could be covered. Some EAPs offers financial and/or legal advise and help. In the case of a company downsizing, career planning can be offered. One should be very careful not to misrepresent his or her qualifications or practice outside one's scope of expertise.

### Follow-up

One important task that many EAP counselors should do is a follow-up (M. Colwell, personal communication, February 10, 2002). Any time a referral is made the counselor should, at the least, make a telephone call to verify that services have been received. Darick (1999) stated that an employee should be called to explore what improvement, if any, the employee has experienced and the need for further services.

An EAP counselor should understand that the company's primary goal when offering an EAP service is to improve the job performance of the employee (Keohane & Newman, 1984; Larson, personal communication, February 14, 2002). Many problems can be resolved in 1 to 3 sessions using the brief therapy approach. The clinician needs to focus on helping the employee to quickly return to productive work.

### Future Trends in EAPs

EAPs are always changing in order to be in a position to offer companies different services. Telephone contact has been used since the 1960s by EAP

counselors to conduct assessments, make referrals, consultations, counseling, case management, and follow-up services (Stephenson & Bingaman, 2001). Some EAPs are currently offering only telephone counseling with no face-to-face option. As more companies try to control costs, the use of telephones as the only option may increase. Stephenson and Bingaman (2001) cited several studies indicating that clients are satisfied when receiving telephone counseling, but the sample size was small and no control groups were used. This area needs more research to determine the advantages and the limitations of telephone counseling. Telephone counseling will never replace face-to-face counseling, but it is a tool that will continue to be used more often and in more situations.

Burns (1998) suggested that EAPs could move into an adult education setting. Non-traditional students can have personal problems at work or at home that might make it difficult for them to focus on their studying. EAPs can offer confidentiality for the student and avoid the dual relationship between student and professor. Burns stated that many of the same problems affecting adult workers affect adult students. Just as EAPs are helping companies retain their workers, the EAPs can help students to stay in school. EAPA was not aware of any student-focused programs, but many higher education settings offer EAPs for their faculty. EAPs have been effective in a number of settings; this could be another area to reach out to.

Group work is an area where EAPs can expand their resources and knowledge to help clients (Wise, 1998). There are many questions that need to be answered before a group should be planned or started (i.e. Who is the population to be served? Long or short term? What topics needed to be covered?). The best way to answer these questions is to conduct a community needs assessment. The EAP counselor needs to be familiar with all the community resources to avoid duplication of services and to be able to make referrals as needed.

Behavioral risk management is another area for EAPs (Atkins, 1997). Instead of focusing on the employee's problem, behavioral risk management focuses on workplace problems (Yandrick, 1999). Atkins (1997) defined it as "the systemic management of behavioral problems that negatively affect work organization" (p. 14). Havens (2000) stressed the word behavior as a concept that can be changed by the company, as opposed to thoughts or feelings that cannot be controlled by the organization. Companies can require that employees have behavior that is appropriate to the workplace and to getting work done effectively.

Atkins (1997) and Yandrick (1999) described a four-step process for behavioral risk management. The first step is to identify the risk by doing an audit of behaviors. The second step is to analyze the data. Developing a plan to address the risks would be the third step. The fourth step is to implement the plan. The plan needs to follow all federal and state laws (Murck & Harris, 2001). The EAP

counselor should be familiar with these laws, especially the American with Disabilities Act of 1990. It is appropriate to obtain legal consultation throughout the process.

EAP counselors act in the role of consultants to help with problem employees (Atkins, 1997; Havens, 2000; Yandrick, 1999). The employee may be part of the management team who needs help with his or her style of leading. There is a wide range of behaviors in the workplace. The EAP counselor can help to make sure the behavior does not interfere with getting the job done. In this way the EAP counselors become prevention specialists along with improving production. Havens (2000) stated companies have learned it is in their best interest to take care of valuable people. It is also important to have the right fit between an employee and the organization. The consultant needs to keep the role separate from the other EAP roles. If a manager starts to talk about a personal problem, the consultant needs to remind the manager to make an appointment to see the EAP counselor.

Many new ideas have already been started. A search of the Internet, using the words employee assistance program, gave a list of many companies that provide EAP services. A quick glance at several sites (i.e. [www.epotec.com](http://www.epotec.com), [www.eapconsultants.com](http://www.eapconsultants.com), and [www.mhnet.com](http://www.mhnet.com)) revealed a wide variety of services that were offered. The following is a list of some of these services:

counselors available twenty four hours a day/ seven days a week; telephone assessment, counseling, and referrals; on-line EAP; management consultation; organizational consultation; supervisory training; drug free workplace programs; legal assistance; financial assistance; and medical advice.

### Conclusion

The EAP counselor has many possible roles to fill. Some of the roles require specialized training and the counselor needs to decide if she or he is willing to fulfill that role. A person having a master's degree in Mental Health Counseling easily fills most of the roles. It would be helpful for the student to do extra readings on the theory of brief counseling. Completing an elective on substance abuse could give the future EAP counselors valuable information. Many therapists include EAP work as a part of their job performance.

*A big difference between psychotherapy and EAP counseling is that of the goal of counseling. In EAP, the goal is to help the employee return to productive work rather than to focus on eliminating the problem. A second difference is the amount of time a counselor can work with a client. With an average of 1 to 3 sessions, the EAP counselor needs to start working with the client quickly. This is where a strong working knowledge of solution focused brief therapy would be very useful. This is also the reason the counselor needs to have good assessment skills. If the employee were going to need more than three*

sessions or substance abuse treatment, it would be better to refer the employee early in the process.

The broad-brush approach demands that EAP counselors have a working knowledge of all the disorders. Networking is very important to know who is the best qualified to help the employee. Knowledge of community resources is also needed to aid the employee to find low or no cost alternatives to counseling.

EAPs are a growing and always changing concept. The person who wants to work as an EAP counselor has to be able to adapt to these changes. The literature described many qualifications the counselor should possess. The literature also made it clear that there are very few people who meet all the requirements, especially that of having a business background. It is important for the counselor to read EAP professional journals, and attend workshops and conferences to help keep up with all the specializations available.

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