

# THE MANY HATS OF AN EMPLOYEE ASSISTANCE PROGRAM (EAP) CONSULTANT

**Jennifer Shotlander, L.C.S.W., Consultant**

*As an Employee Assistance Program (EAP) consultant, the author plays an important role in supporting and maintaining a healthy and productive workforce. In the following narrative, the author reflects on her dual identity as a social worker and employee assistance professional. Social work and employee assistance share similar goals and standards of service - yet employee assistance has a unique workplace focus that is missing from social work, and social work provides treatment services not offered by employee assistance programs.*

I put on my first EAP hat in my second year of graduate school at the University of Maryland, Baltimore School of Social Work, when I studied clinical EAP. I was drawn to this field for several reasons. As an undergraduate psychology major I concentrated in both clinical psychology and industrial/organizational psychology; EAP allowed me to combine and utilize both fields of knowledge in the same position. I also found that EAP served a population that has always interested me: people that are generally well and need some guidance to stay on track. It also reaches clients that may otherwise fall through the cracks of our current social services and health insurance systems: the working poor. The many hats an EAP counselor wears (i.e. the diversity of the role) was probably the greatest draw to the field for me.

It is now Friday afternoon, and another week as an EAP counselor draws to a close. I wonder if what drew me to the EA field has manifested itself as reality. As I look back on my week, I see that I handled a lot of different matters; including thirteen client appointments ranging from first to sixth (final) sessions. Through my particular EAP, clients get up to six sessions of counseling used for assessment and referral and short term problem-solving and supportive counseling. This week I also had a staff meeting, crisis response team meeting, presented at a new employee orientation, presented a stress management training, provided a management consult, and attended an account management meeting. As

I wrap up, I will reflect on some of the highlights.

The week started with Mr. B, a client I'd seen for the third time. Mr. B sought counseling for stress management after his colleague retired, leaving a vacancy that the agency did not fill due to budget problems. He reported working longer hours (including working through lunch and on weekends), eliminating exercise time, and increased irritability and fatigue. He also stated his decision to seek counseling through the EAP came after a heated argument with his wife over division of household responsibilities. Our first two sessions included an assessment and goal setting period, from which Mr. B did not meet the DSM-IV criteria for mental health diagnosis. He identified a goal of learning better work life balance. Our ongoing plan was for short term solution-focused problem-solving, and skills building counseling through the EAP. During our third session I provided him support, we discussed his new concerns, reviewed progress on his homework assignment (which was to review literature on stress management and work life balance), taught him a new stress management skill, and continued to develop his individual stress management plan.

My most intense case of the week was on Tuesday with Mrs. W, a client that reported a previous diagnosis of bipolar disorder as well as a generalized anxiety disorder. She presented with symptoms of a depressive episode, and said that a pending divorce as well as work performance problems triggered her call to the EAP. My assessment also



revealed recent suicidal ideation, including a general plan. Given her previous diagnosis and suicidal ideation, Mrs. W needs longer term treatment than can be provided through the short-term model of an EAP. Therefore my goal with Mrs. W is to foster her motivation to accept referrals to a psychiatrist and therapist.

My first three sessions with Mrs. W were focused on helping to stabilize her, safety planning, and reducing her resistance to treatment. During these first three sessions Mrs. W denied active suicide ideation, specific planning, and previous attempts, and described the presence of numerous protective factors. She also had an extensive safety plan in place including support from family, friends, clergy, and emergency hotline phone numbers as a back-up.

Tuesday was my fourth appointment with Mrs. W. I began the session by asking her about progress on her homework assignment, which was to set up an appointment with both a psychiatrist and a therapist. She reported she set up an appointment for the following week with a therapist, but has not called the psychiatrist. She expressed anxiety about her upcoming therapy session. I helped her clarify her expectations and identify coping skills and support networks that she can utilize to reduce anxiety about the upcoming appointment. I used the remainder of the session to reassess for risk factors, collaborate with her to update her safety plan, and continue exploring her resistance to seeing a psychiatrist. We set up a follow-up appointment to ensure that she successfully connects with her therapist.

Another case that stands out to me is Ms. K, a client who is a single parent with financial problems. She reported that she had always lived paycheck to paycheck because she does not make a lot of money in her support role at the company. She also said she had not received child support for six months because her ex-husband lost his job. She was referred to the EAP by her union when she asked them for help getting a pay advance, and began to cry as she talked about her pending eviction. (Maintaining a collaborative relationship with union leaders is another important function for EAP consultants.)

Wednesday was my first session with Ms. K. I spent the majority of the first hour doing a thorough bio-psycho-social assessment. Ms. K asked for help preventing her eviction. As a social worker, I know it's important to start where the client is, so after the assessment, I shifted my focus to identifying resources that may help her. I began by helping her identify her own personal networks (family, friends, community organizations she is a member of, etc.). Next, we reviewed community systems. As an EAP Counselor, I am armed with an understanding of community resources, ranging from local social service agencies to non profit agencies. Finally, we explored possible workplace options; including personnel resources, retirement benefits, agency/company grants or loans, and so on. After exploring all the resources, I helped her prioritize and plan how to contact various groups.

Since Ms. K had limited time to follow through, I agreed to help her make the first few calls from my office before the end of our appointment. We also scheduled a follow-up appointment to provide additional supportive and problem-solving counseling if needed, as well as to reassess the needs for additional resources such as transitional housing.

My first two clients on Thursday morning did not show up and did not call to cancel their appointments - a frustration endured by most EAP counselors. I use the time to make follow-up calls to clients, as this is a key part of EAP work (Employee Assistance Professionals Association, 2009a). The first call I made was to Mr. S, a client I have seen twice in the past two weeks. Mr. S. came to the EAP to ask for strategies on how improve his concentration at work. He reported that he couldn't concentrate because he was anxious about losing his job since he was on probation for poor work performance. During our initial meeting, Mr. S. also stated that he had a diagnosis of major depression and a treatment plan involving him working with both a psychiatrist and therapist. Mr. S. allowed me to coordinate with his other treatment providers, and we identified goals for his EAP work to explore additional workplace resources for support (such as reasonable accommodations



program, mentoring program, etc.) and to explore strategies for improving concentration (such as changing work environment, teaching relaxation techniques to use at work to cope with anxiety, etc.).

At our last appointment, Mr. S. informed me that he had a review meeting with his supervisor and that he would call me afterwards. Since Mr. S had not called, I called to follow-up with him; he informed me that he was terminated from his position. As part of my termination with Mr. S., I provided telephonic supportive counseling to ensure that Mr. S. is still connected with his other treatment resources.

After hanging up, I took a few minutes myself to process this event. I always feel disappointed when one of my clients is terminated. There is a piece of me that wishes I could have done more and wishes that I had more power to change the situation. Sometimes I even question my own ability to make a difference and be helpful. This situation is one example of when things don't go as planned, and of my limited control over outcomes.

I ended my week with a new supervisory referral. A supervisor may refer an employee to the EAP when there are documented work performance problems. The role of the EAP is to do an assessment to determine if there are underlying personal problems creating work performance problems and then to help the employee resolve those underlying problems. The goal of the referral is to return the employee to full productivity, which saves the company, supervisor, and employee time, money, and additional stress. I prepared by reviewing my notes from talking with the supervisor. A supervisor—Ms. P—called the EAP after a supervisory orientation last week. Ms. P reported she was having a problem with one of her employees. She started by telling me that the employee is very good at his job and probably knows more about the job than anyone else in the entire department; the problem is with the employee's attendance. According to the supervisor, the employee has always used a lot of leave, but leave use had gotten more excessive in the past six months. The employee currently had no accrued sick leave, had forgotten to call their supervisor

twice in the last month when not coming to work, and in the past two months had been late or left early on most days when he has come to work. Ms. P stated that she'd attempted to talk with the employee about the attendance concerns, and reported that his behavior hadn't changed since that conversation took place. During my consultation with Ms. P, she said she had no other concerns related to performance or conduct for this employee. We also reviewed her documentation, and I coached her on how to refer the employee to the EAP on the basis of work performance problems (specifically his attendance). I also encouraged Ms. P to consult with Human Resources regarding company policy and procedure when there are attendance problems.

Earlier that day I had my first session with Mr. R, the employee referred by Ms. P. I started by reviewing privacy and confidentiality laws and educating him about the voluntary nature and scope of EAP services. Then we reviewed why he was referred to the EAP. This was at least the second time Mr. R was confronted about his work performance problems (the first was by the supervisor, Ms. P, when the referral to EAP was made). The goal of dual confrontation is to break through Mr. R's denial and help him see that a problem exists. Next, I let Mr. R guide the session and provide some background about what may be causing his attendance problem. This is a useful approach to start where the client is and also helps build rapport more quickly. Toward the end of the session, Mr. R revealed that he relapsed about one year ago. He acknowledged drinking 12 or more shots of liquor each night for the past three weeks, a backlog of bills, a family history of alcoholism, weight loss, decreased energy, loss of concentration, impaired memory, and depression. He said he had no memory of the days his boss said he failed to call out and reported shakiness and excessive sweating when he tried to stop drinking one month ago. Based on my assessment, Mr. R is contemplating change but is not ready to commit to the change process yet. Therefore, I started the counseling phase with some safety education about alcoholism and withdrawal.



We then began to identify the barriers to change and addressed any misconceptions. Mr. R's homework is to write a list about the costs and benefits of his drinking.

My week consisted of more than one on one counseling. For example, on Monday I presented at a new employee orientation. This is part of the core technology of EAP (Employee Assistance Professionals Association, 2009a). By educating employees about EAP services before there is a problem, the employee is more likely to use the EAP at the onset of a problem, before it becomes a crisis. An employee orientation can range from a few minutes to an hour. The orientation I did on Monday was 20 minutes; so I only covered the most important topics, including a description of the various EAP services (short-term supportive, problem-solving and assessment and referral counseling, financial consultations, legal consultations, training, etc.), an explanation of confidentiality and applicable laws, eligibility criteria, and contact information for setting up services.

A separate orientation is offered to supervisors and managers. This training expands on the employee orientation and reviews with supervisors how to use the EAP as a performance management tool. The main goal of the training is to teach supervisors to identify employee's who are having problems (using work performance indicators) and then encourage managers to refer those employees to the EAP. If managers can identify and refer employees who are having performance problems, the EAP can provide the employee with resources for identifying and resolving underlying personal problems that may cause those work performance problems. In the end this saves the employee, manager, and company time, frustration, and money.

On Tuesday, I conducted a health and wellness presentation on stress management. I have also given presentations on managing change, communication skills, balancing work and family life, anger management, conflict management, and time management, among others. Depending on the setting and audience, presentations can range from a few minutes up to several hours (possibly days). This presentation was one hour as part of a lunch-

and-learn series. To fit stress management into one hour, the presentation focused on teaching strategies and skills for managing work stress (including cognitive approaches involving changing one's perspectives, and physical approaches to reduce stress levels such as deep breathing, muscle relaxation, and exercise). I also provided a resource list (books and websites) for those who were interested in learning more about the biology and psychology of stress.

I was grateful that this presentation was such a success. The last presentation I conducted was titled "Dealing with Difficult People and Situations," and it was not as successful. The presentation was for a specific department and the supervisor had requested the workshop as part of a customer service training series. Despite my best efforts to do a thorough needs assessment and gather background information from the requesting supervisor, I had been misled and the workshop was not well received.

Throughout the presentation, it became apparent that the workshop was upper management's solution to reports of a difficult employee. I encountered resistance to the educational theory and workshop foundation, hostility to engaging in small group skills building exercises, and little to no participation in large group discussions. I did my best to change the layout of the workshop and focus on group assessment, but I could not gain the trust of the employees to be successful.

I followed-up the presentation with a frank discussion with the supervisor and recommend that they invest in an organizational development assessment. I also offered to provide referrals for such services as well. That workshop left me feeling drained, frustrated, angry, and questioning my own skill level. Tuesday's workshop did a lot to restore my self confidence.

Wednesday I had a conference call with the critical incident response team. This team consists of EAP consultants who volunteer to provide crisis response services. All team members have special training in critical incident response. The team has responded to industrial accidents, as part of hurricane and flood responses, workplace violence incidents,



and other traumas. The EAP's role is to support the company as well as their employees and families to cope with a crisis. To support the company, the EAP may provide consultation about the return to work process and educate management about normal emotional response and how to identify and refer troubled employees. To support the individual employees and their families, the EAP may provide one on one crisis intervention support, assessment and referral services, education about normal emotional responses, and healthy coping strategies. This was a quarterly meeting, and the purpose was to facilitate team building and provide training regarding recent research on response techniques.

Yesterday I got an unexpected call from a manager, Mr. D, who called to ask for help after being notified that one of his employees was killed in an automobile accident the previous evening. Managers often want quick answers, but I started the consult by gathering more information about the department (size, role in the company, history of grief, history of other internal problems, etc.), the employee who died (time at the company, job function, interaction with other employees, etc.), and details about the upcoming funeral services. The next step was to educate the Mr. D about normal reactions to loss, the possible impacts on the workplace, and his role as a supervisor. I also talked with Mr. D about his coping resources, and managing his own reactions. Next we talked about possible EAP assistance, including one on one counseling, additional management consultations, and grief groups that are educational and processing based. We also discussed the recommended timing of these services, and I helped him prepare to talk to his staff about this sensitive topic. Mr. D decided he would talk to his staff to determine their openness to a grief group. I had agreed to clear my calendar for next Tuesday morning (which is the day after the funeral service), if the service is requested.

Finally, I met with the EAP Coordinator at the company. We meet at least quarterly to review the EAP utilization report, discuss trends, and review anticipated changes or problems in the company. This is also an opportunity for program planning. For example,

the utilization reports showed a rise in requests for relationship counseling over the past 2 quarters and a decrease in the number of management consultations. I proposed a multi-faceted marketing and training initiative to address both trends. Neither trend can be successfully addressed through EAP training alone; collaboration with other company leaders, union leaders, and other departments is needed.

My meeting today and the proposed plan are all part of the account management function of an EAP consultant. Account management functions may include program evaluation and data analysis, organizational needs assessment, promotional material development, implementation of marketing campaigns, planning educational and wellness programs, developing key relationships in the company, assisting in company policy development related to EAP, and reviewing employee satisfaction with the program.

As I reflect on my week, I also reflect on my dual identity as a Social Worker and an Employee Assistance Professional. To be a successful EAP consultant, one must build skills and draw from multiple disciplines including social work, mental health, consulting, and business. There is both overlap and difference between EAP and social work. One area of overlap is "the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups" (National Association of Social Workers, 2009a). In an EAP setting a group includes individual work groups, departments, and the company at large. Another commonality is "the perspective of person-in-situation" (National Association of Social Workers, 2009a). An underlying focus of EAP work is to look at how the work environment is impacted and the reciprocal influence of work on the client and client on the workplace. EAP and social work also provide overlapping services including assessment, client-centered advocacy, consultation, and evaluation. A point of difference is that EAP includes a work focus that is often missing from traditional social work. Also, clinical social work services provide diagnosis and treatment not offered by EAP.



Furthermore, there are numerous overlapping standards set forth by NASW for Clinical Social Work Practice and set forth by EAPA for EAP Practice (Employee Assistance Professional Association, 2009b). Similarities include being familiar with and making appropriate community referrals, providing emergency access to clinical care, maintaining the privacy and confidentiality of clients, providing supervision of clinicians, requiring ongoing professional development, and requirements for record keeping.

Confidentiality is another common theme between social work and EAP, but poses a unique challenge in the EAP field. As an EAP consultant, I have dual clients at all times: the company and the employee or individual in front of me. Federal laws (such as HIPPA and 42CFR) protect the confidentiality rights of the individuals who seek counseling or consultation through the EAP. However, it is up to the EAP to position itself and to remain a neutral workplace resource. EAP consultants should not align themselves with the agency, management or the individual employee.

A good example of the dual client is the supervisory referral I mentioned earlier. As I work with both clients (supervisor and employee), I work hard to remain an objective and neutral third party. Additionally, the consult I had with the supervisor is confidential; that information cannot be shared with the employee client or others without the permission of the supervisor. The information I gather during the initial assessment session with the employee client is also confidential and cannot be shared with the supervisor who referred them (or others) without the client's permission. In order to follow-up with the supervisor about their work related concerns for the employee client, I may ask the client to grant permission for the EAP to follow-up with the supervisor. If permission is granted, then I may let the supervisor know that the employee is attending EAP sessions, is complying with EAP recommendations, workplace impacts, and discuss workplace changes that would further facilitate successful recovery. The client is not obligated to allow this and does not face disciplinary action if they choose not to grant permission. Furthermore, if permission

is granted, they client can specify exactly who the information goes to, over what period of time communication is allowed, and specifically what information is authorized for release.

In this narrative I've given an account on a week in the life of an EAP social worker. Although the week I've shared is atypical in that I don't normally wear that many hats in one week, I would say the week is probably more reflective of all the hats I wear in a month's time frame. However, there are occasional weeks in which all of my hats are worn. To answer my own question, I think what drew me to the EA field meets what is my reality.

I have also left out some of the more mundane tasks in my week, such as record keeping, case closing, staff meetings, clinical supervision, responding to telephone calls and answering questions about the EAP, among others. I've also shared a couple of the struggles that I have faced as an EAP counselor, but there are many more. Learning to keep my own nerves calm and be flexible to deal with crises that arise is one set of challenges. Examples of challenges left out of my story that are more routine for many EAP counselors include responding to workplace violence incidents, workplace recovery following hurricanes, mining accidents, and other traumas.

As with other types of counselors, I have to be on guard for counter transference. Any client can trigger unresolved issues for EA counselors. A few examples may include a relationship break-up, credit card debt, or problems with our own children or parents. An especially trying time for me has been helping grieving clients in the year after my father passed. I have had to learn to set boundaries, ask for help, and say no to referrals, which was a challenge for me.

Self preservation has been my greatest challenge. In trying to create the best EAP possible, I have found myself often overwhelmed with service requests and easily slipped into poor habits such as working late at the sacrifice of exercise, family, rest, and friends. I am lucky enough to have a strong support system that wasn't afraid to confront me and help me regain my perspective and



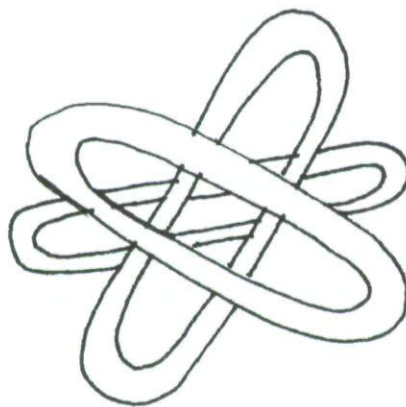
priorities. It is easy to know on an intellectual level that I must take care of myself if I want to continue to help others, but it is a much harder concept to put into practice. This is something that I focus on and work toward on a daily basis.

I've also shared some observations about the various roles I play and some of their implications for social work and EAP. This was an especially important section for me to include. I have often struggled with my own identity – do I identify myself as an EA Professional, or do I identify myself as a Social Worker? There were times in graduate school and throughout my career when comments by other social workers had me questioning if I was truly a social worker and times when other EA professionals had me questioning if I was using my social work training. Writing this article has helped me realize that I don't need to pick one or the other. I am both a social worker and an EA professional, and I see now that the professions are congruent in many ways.

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Jennifer Shotlander, LCSW, CEAP, is an Employee Assistance Consultant with Magellan Health Services on the Federal Occupational Health (FOH) contract. Comments regarding this article can be sent to: [jlshotlander@gmail.com](mailto:jlshotlander@gmail.com)



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