

Survey Pinpoints Effects of Alcoholism on Americans

A recent Gallup survey revealed that some 25 percent of all American households have been affected by alcohol-related problems. This is the highest incidence of problem drinking indicated in a Gallup survey since 1950.

Survey results also showed that 41 percent of Americans have suffered physical, psychological or social harm as a result of someone else's drinking. One person in six indicated they had suffered due to their own drinking.

Actual drinking habits have not changed greatly in recent years—two out of three Americans still use alcoholic beverages. However, between 1984 and 1986 there was an 11 percent rise in the number of people seeking counseling for a drinking problem. ■

Managing Health Care Costs: A Proposed Alternative to Insurance

The first of two installments.

by Lee Wenzel

The marketplace for mental health services does not seem to work effectively either for buyers or for sellers. The structures and systems of the marketplace should efficiently link the right customers and the right providers, and [should] provide incentives for quality and appropriate services. Unlearning is more critical than learning if we are to understand the marketplace, what does not work, and what will work better. While developing a sane system is essential to meeting the needs of mental health professionals and their clients/patients, this first requires a rather objective look at insurance as a management tool.

Is Mental Health "Insurable"?

There are many risks which cannot be appropriately insured. For example, one cannot insure happiness or [insure] against the need for a paid winter vacation. The greatest financial risk to a newborn in this country is the divorce of his or her parents, yet this is not an insurable risk. Insurance is not applicable for those things over

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Employer-Supported Child Care

This is the second in a two-part series of articles about child care.

by Gary J. Kinley, Ed.D.

In a recent *U.S. News and World Report* article, child care was referred to as the employee benefit of the 1990s. Indeed, the fact that nearly 77 percent of the United States labor force is made up of people who are parents, coupled with the fact that more than 50 percent of women with children work outside the home, leaves little doubt that the issue of child care is on the minds of employees and employers alike.

More and more employers are focusing attention on developing ways to help workers overcome the obstacles to finding and utilizing child care services. This interest on the part of employers is rightly placed: Numerous studies have shown that employees who have quality child care arrangements for their children have better

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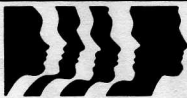


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Report Targets Children of Alcoholics in the Workplace

by Neil Scott

One of the leading national organizations dealing with children of alcoholics (COAs) is the Children of Alcoholics Foundation [in New York City], which has generated considerable interest in the business world with its recent report on Children of Alcoholics on the Job.

The latest report, written by Migs Woodside, who is founder and executive director of the Foundation, focuses on children of alcoholics on the job. It was prepared for corporations and employee assistance programs (EAPs), offering suggestions and guidelines for reducing health-care costs.

EAPs are seeing a growing number of troubled employees who are COA [and] who are experiencing difficulty with their job performance. Many of the coping and survival skills that COAs developed early in life are unacceptable in the workplace. They often suffer from feelings of dissatisfaction, disappointment, failure and depression.

According to the Foundation report, New England Telephone reported that 31 percent of its EAP general counseling cases in 1985 were children of alcoholics, and 50 percent of those attending company rehab programs were also COAs. In addition, a recent survey conducted for the Children of Alcoholics Foundation by Personal Performance Consultants of 500 randomly selected records of 54 client companies across the United States found that COAs who contacted EAPs were more likely than other employees seeking help to have low self-esteem, to be overly responsible and inflexible, to have an excessive need for approval and to often feel depressed.

Children of Alcoholics on the Job was produced with support from MONY Financial Services, which made the report available for use by health-care and human-resource professionals through the Children of Alcoholics Foundation.

The report is only one of many projects that the Children of Alcoholics Foundation is involved in, all of which are successfully underwritten. Their publications include a directory of national resources for children of

alcoholics, a report on research needs, a review of the literature, and a report on the conference on prevention research.

The Foundation, which just celebrated its fifth anniversary, was actually an outgrowth of a special report prepared by Migs Woodside for Joseph A. Califano, Jr., who at the time was a special counselor on alcoholism and drug abuse to Governor Hugh L. Carey of New York. The initial report, which was reinforced by the nation's only Governor's Conference on Children of Alcoholics, led to the creation of the Children of Alcoholics Foundation.

Recently, the Foundation has embarked on a print-media campaign designed to draw national attention to children of alcoholics by encouraging people to call 1-800-ALCOHOL to learn more about children of alcoholics and to find out what resources are available. The ads will run in magazines and in newspapers around the country.

As a national non-profit organization, perhaps the Children of Alcoholics Foundation's most important work is in the area of research. In 1988 the Foundation will play a key role in a new research project that will scientifically study children of alcoholics at six different research sites, including the University of Southern California, Washington University in St. Louis, and the University of Indiana.

Located in donated office space on the 31st floor of New York's Pan Am building, the Children of Alcoholics Foundation is a valuable resource for health-care professionals.

The author, Neil Scott, is editor of Alcoholism & Addiction Magazine.

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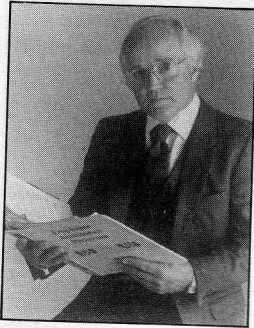
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publisher's comments



*Kendall E. Van Blarcom,
publisher*

We read a great deal these days about the pros and cons, the rights and wrongs of testing job applicants and employees for drugs and for AIDS. There's another form of testing that is talked about much less but that brings up the same controversial issue of an individual's right to privacy versus an employer's security and co-workers' safety. It's called honesty testing, and it's as much a psychological violation of a worker's rights as AIDS testing is a physical violation.

Written honesty tests, commonly called "paper and pencil" tests have replaced polygraph tests in the workplace, but their intent is the same. (Several states now prohibit pre-employment polygraph examinations.) Designed to ascertain a job applicant's attitude about theft, to predict an employee's honesty and to elicit admissions of theft and other criminal activity, honesty testing ignores the basic premise that in America people are innocent until proven guilty.

Furthermore, results of honesty tests are not always clear indicators of a person's honesty. For instance, individuals who are wise to the way such tests are scored or who are able to identify disguised test questions may fake their answers. Many people will give answers they believe to be socially acceptable, rather than jeopardize their chance for a job or harm their reputation by providing an honest, but potentially damaging, answer.

Honesty testing can backfire. Some employees, when tested, will assume they are considered suspect. With their trustworthiness questioned and their self-esteem hence damaged, the self-fulfilling prophecy often takes hold: Previously honest employees turn bitter and decide they may as well steal, since they're considered thieves anyway.

More often, honesty testing effects the workforce in more covert ways—undermining morale and sabotaging company loyalty on the part of employees. When workers begin to feel their employer is like Big Brother in George Orwell's famous novel *1984*, it can have grave effects on their productivity and on company profits.

It's true that honesty testing may be necessary in very specific job areas, for instance, where security and classified information are involved, just as drug testing is unavoidable in jobs where an employee's poor performance can harm other human beings. However, neither type of test should be used across the board. Nor should

AIDS testing be conducted in the workplace: Educating the work force on how to take reasonable precautions against contracting AIDS is much more critical than testing workers for the disease.

When honesty tests must be conducted, the results should be used only as added information about the job candidate or the employee and should not be used alone or as the decisive factor in a hiring or a firing situation.

A better way to ensure that employees are honest is to make sure the screening measures used in the hiring process include a reflective interview, an in-depth background check and a thorough reference check. Developing a strong anti-theft policy and an understanding of why employees steal can also cut losses dramatically—especially if there is an Employee Assistance Program (EAP) in place to help employees deal with the feelings and the circumstances behind their urge to steal!

Kendall E. Van Blarcom

Publisher

readers' forum

Dear Editor:

I would like to commend the staff and the publisher of the *E.A.P./Link* for providing a valuable resource of information—for both professionals in the field and for interested individuals in the work force. I am impressed with the balance struck between practical application and general information.

Of particular interest to me was Gary Kinley's article "Child Care Choices," which appeared in the January 1988 issue. So often the obvious and logical procedure is forgotten when one is faced with a decision so highly charged emotionally. Dr. Kinley's suggestions are intelligent, sensitive and practical.

I look forward to future issues of the *E.A.P./Link*.

K. Keys
Santa Rosa, California

This space is reserved for your feedback. Use this "letters to the editor" column as your forum for EAP-related thoughts and ideas. Voice your opinions. Put forth your theories. Share your concerns.

Letters should be a maximum of 250 words and should be typed double-spaced. Be sure to include the date along with your name, business affiliation, address and telephone number.

Space limitations prevent the publication of all letters received, and submission to "Reader's Forum" are subject to editing. Letters printed will appear with author's name; anonymous letters will not be considered for publication. Opinions expressed in this column will not necessarily reflect the views of the publisher. ■



Employee Assistance Programs Are Good for Business

by Janet Herring-Sherman

When a firm begins contemplating the implementation of an Employee Assistance Program (EAP), the first concern is inevitably what the cost of providing such a service will be. In view of the fact that the productivity and creativity of employees with substance abuse or other personal problems is lowered and their employers' profits thus decreased, the more appropriate question is actually, "How can a firm afford **not** to have an EAP?" America has millions of employees troubled by alcoholism, drug abuse, marital, financial and legal problems—problems that ultimately cost American businesses more than \$100 billion a year.

Increased absenteeism and tardiness on the part of troubled employees are among the more obvious costs to employers. In fact, it has been estimated that between a quarter and two-thirds of workplace absences are due to emotional and stress-related disorders.

The National Health Survey indicates that the average employee works at less than full capacity nearly five percent of a 50-week work year. Alcohol abuse is reported to have cost employers \$50.6 billion and drug abuse \$25.7 billion in lost productivity in 1982; moreover, smoking is listed as the cause for an estimated 81 million work days lost each year, at a cost of \$36.6 billion to business.

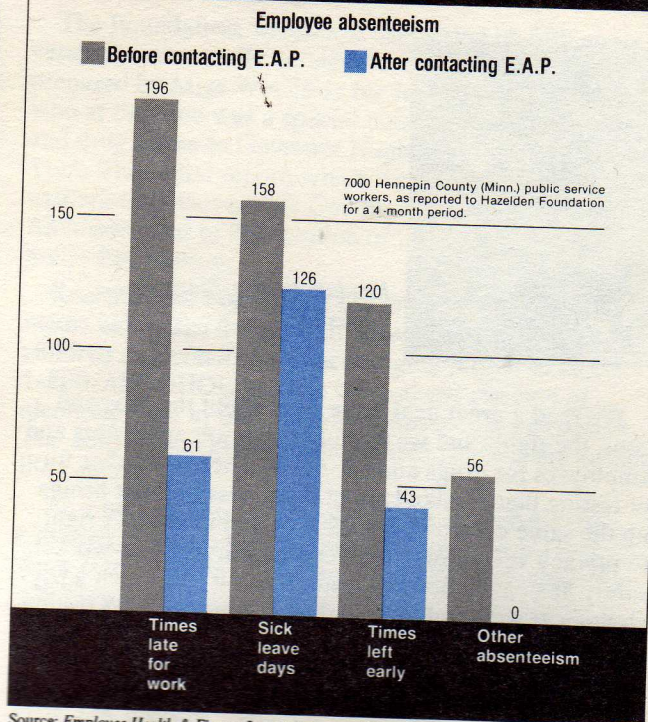
It's also been proven that 80 to 90 percent of industrial accidents are caused by employees with personal problems—employees who aren't paying attention while operating equipment, because they're worrying about an alcoholic spouse or how to get out of debt; employees under the influence of alcohol or drugs who have an accident while driving a company vehicle.

Troubled employees also make greater use of medical benefits, thus escalating their employer's health insurance costs. Kaiser-Permanente reports that individuals who receive short-term counseling often reduce their visits for medical care by 75 percent. An American Telephone and Telegraph (AT&T) survey of more than 800 employees shows visits to the company medical center to be 46 percent less after employees receive counseling.

Harder to measure in quantitative terms is the very real effect that a troubled employee has on his or her co-workers' attitude and morale. Since employees with psychological, emotional or substance abuse problems frequently make mistakes and produce less, co-workers often end up with increased work loads. The co-workers may in turn fall prey to the stress of the increased work and become troubled employees themselves. One troubled employee in the workplace can have a domino effect on an entire staff.

Even more staggering is the cost of employee theft to business each year: Losses due to employee pilferage, embezzlement and cargo theft total between \$11 billion and \$23 billion a year, according to the National Institute of Justice. A *Security Digest* report estimates that 40 percent of all employees are at some time involved in the theft of products, time or services.

E.A.P. IMPROVES JOB PERFORMANCE



Source: *Employee Health & Fitness*, June 1982, page 87

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Employee theft is often disguised: as padded overtime records; as false travel expenses; as charges for services not provided or for goods not delivered; or by under-ringing cash sales on the cash register and pocketing the difference. Extensive use of the phone for personal calls during work hours, extra-long coffee breaks or lunch hours, and pretended medical appointments all qualify as ways in which employees steal time from employers.

Usually, but not always, employees steal because they need the money. However, seemingly loyal employees often commit crimes against employers they see as faceless, heartless bureaucracies—employers who have overlooked an employee for a promotion or who have given an employee additional work but no raise in pay.

Employees will also steal from employers in order to support their lifestyle. Sometimes this happens during a recession or a salary freeze, but more and more, stealing from employers is the means for employees to financially support their drug or alcohol addiction.

When the services of an EAP—designed to prevent substance abuse and emotional problems from escalating to a crisis stage—are available, addicted and disgruntled employees alike have a place to air their feelings and to receive the guidance that can help them react to their situation in a more positive manner.

Since the cost of training employees is high, retaining employees is increasingly important to a company's profit margin. Rehabilitating troubled employees can be far more cost-effective than terminating them and starting over with new employees: The American Management Association (AMA) estimates \$3,000 to be the cost of training a new clerical employee and \$20,000 to \$40,000 to be the cost of training an executive. The cost

of rehabilitation, depending on the illness or the problem, is generally much less.

Each day, more employers learn that providing employees with an EAP is not only the humanitarian and morally right thing to do, but makes good business sense, as well. According to the National Institute on Alcohol Abuse and Alcoholism, employee counseling programs each year save employers \$130 to \$3,100 per employee in treatment costs.

EAPs also will play an increasingly significant role in attracting and retaining employees when they comparison shop potential employers. Hence, as the next decade approaches, EAPs will become an even more central economic issue for employers and for employees.

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"Employer-Assisted Child Care" continued from page 1



One way employers can help employees with child care needs is to adopt a personnel policy that allows employees the option of using their sick leave in order to stay home and care for children who are ill.

work attendance records, higher productivity and greater job longevity than employees who do not have reliable child care for their children.

Hence, the bottom line is that sound child care is good for business, because it curtails disruption within the work force. (A comprehensive discussion of the benefits related to employer-sponsored child care can be found in the book *Child Care and Corporate Productivity: Resolving Family/Work Conflicts* by Dr. John Fernandez.)

Employers who choose to assist their work force with child care matters often believe opening a child care center is the only way to accomplish this. However,

there are several other—often less costly—options that an employer can use to help employees find satisfactory solutions to the child care dilemma.

For instance, an employer might sponsor parenting seminars that address topics such as: choosing appropriate care for your child; managing the stress of being a full-time worker and a parent; and disciplining children. Ideally such seminars are held at the job site during work hours, perhaps at lunch time.

Employers can also modify personnel policies, so that working parents have the option to use their sick leave to care for ill children. Many parents do this anyway, calling in sick themselves in order to stay home and care for a sick child. But having this option spelled out can improve employees' productivity, because they are apt to waste less time feeling guilty about having lied about being sick.

Instituting flex time, which allows employees to work hours other than the traditional 9 a.m. to 8 p.m., is yet another way employers can assist employees with child care needs. For example, given the flex-time option, an employee with a school-age child may opt to work from 7 a.m. to 3 p.m. in order to be home with his or her child after school, thus eliminating the problem of finding adequate after-school child care. Similarly, job sharing allows two employees to share one full-time position equally.

Many employers make child care resource and referral services available to their employees. Such services maintain up-to-date information on local child care services and also help educate parents on how to choose quality child care.

Dependent care assistance plans (DCAPs) are another mechanism used by employers to support their employees' child care needs. Qualified DCAPs permit employers to offer child care as a tax-free benefit to employees. Additionally, employers can assist employees by helping them to take advantage of applicable child care tax credits.

Some employers choose to pay all or part of their employees' child care costs. Such a system can be administered in-house or by an independent child care organization. Other employers purchase "slots" in family day care homes or in child care centers and reserve those slots for use by their employees. Still other businesses choose to operate an on-site child care facility for their employees.

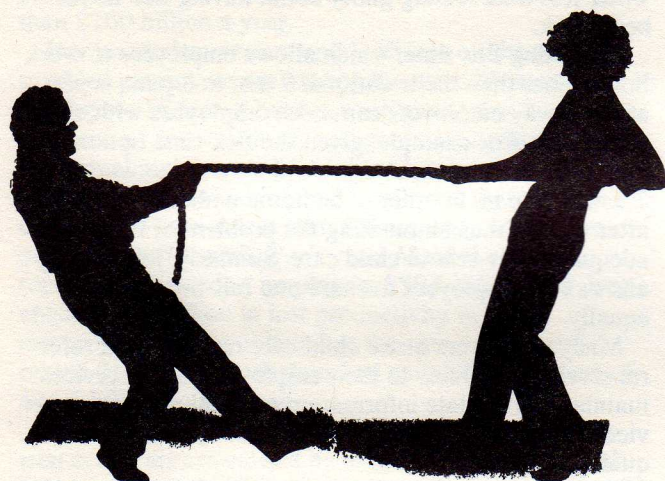
Regardless of the option or combination of options an employer elects to use, the critical element is that the employer is providing the kind of support working parents need and appreciate. Moreover, when an employer displays this kind of understanding toward its employees, the company loyalty felt by employees is greatly enhanced—and that is of great benefit to the employer. The many reasons for employer-assisted child care are quite simply summed up in the adage, "One good turn deserves another."

The author, Gary J. Kinley, Ed.D., is the executive director of the Community Child Care Council of Sonoma County, which is based in Santa Rosa, California. He is the parent of a three-year-old who is enrolled in child care. ■



which the insured is presumed to have some control; [hence,] many life insurance policies exclude suicide, and fire insurance policies exclude arson by the insured. For something to be insurable, it needs to be a definable catastrophic event over which one has no control . . . [and for which there] is an objective way to determine the amount of a claim. . . . Mental health, like many other risks, does not fit these criteria very neatly.

Ask any expert, such as a psychologist, if he or she is mentally healthy. The answer is not likely to be a "yes" or a "no," but rather a description filled with qualifiers. While a psychologist can elaborately assess and describe



Knowledgeable case managers and EAP personnel can help prevent the use of mental health care services from evolving into a tug-of-war between employers concerned with using low-cost providers (simply to contain costs) and employees who need expert—not adequate—mental health treatment.

mental health, it is usually difficult to unequivocally say that a person is mentally healthy. Should one even have to be mentally ill to qualify for insurance? While the concept of injury or illness is essential for the administration of insurance, people are not that easily classified as either healthy or ill. One certainly does not have to be mentally ill to benefit from psychological services, just as one does not have to be globally ignorant to benefit from education.

The need for mental health services is not uniformly definable as a result of specific catastrophic events. It is not the same as . . . filing an auto claim as a result of an accident. The meaning of precipitating events is different for different people, and the implications are very different, depending upon the context of that event for that individual. Many people appropriately seek psychological or other mental health services not because of some catastrophic event, but because of some combination of psychic pain and a positive effort toward growth. Can we insure against psychic pain? Insurance is appropriate only for definable, unwanted events. . . .

If mental health were directly insurable, claims would be paid for services for mentally ill people until they

became mentally healthy. There would need to be some objective consistency as to when people are mentally ill or mentally healthy. And, there would need to be some consensus that services are best invested in people who are mentally ill [in order] to make them mentally healthy. Most employers spend most of their training dollars on their more capable people. Similarly, outpatient mental health costs for employers increase with the socioeconomic and salary status of a particular work force. To take the extremes, should an employer spend \$500,000 for the psychiatric hospitalization of a chronic schizophrenic or [spend] \$1,000 in 500 families who could each dramatically benefit . . . as a result of outpatient services? Insurance may not be the most appropriate mechanism to . . . allocate resources equitably and with the greatest return to humanity . . . [and] to the employer as a purchaser.

Capitated Plans Are Still Insurance

Capitated plans are still insurance. The only difference is that the risk is assumed by a different party. Because fee-for-service plans have become suspect of facilitating unnecessary costs and services, capitated plans, such as HMOs [(health maintenance organizations)], have been proposed as an alternative. In both cases, the purchasing decisions and management of services is left primarily with the seller, [and] in both cases, the seller has financial incentives which may be in conflict with [the needs of] the buyer. In a capitated plan where the income is fixed, the profit increases as the amount of services are reduced. . . .

Whose Idea Was Insurance?

In the 1930s, medical providers had a cash flow problem, [because they were financially] dependent on non-profit organizations, . . . contributions and their customers' available cash. [Hence,] the insurance model was developed by organizations, such as the Blues, on the assumption that one could insure an appendix like one insures a car. With the appendix, professionals agree when it needs attention: Customers don't have it out just because it [the appendectomy] is paid for, and it is fairly easy to determine the appropriate amount for [such a medical] claim. [Since] psychiatry was a part of medicine, it was assumed that the same financial administrative mechanisms [that worked for physical health care] would be workable [for mental health care]. This does not appear to be the the case. Given the systems expertise of psychotherapists, it is unbelievable how little attention has been paid to the impact financial payment systems have on the availability of adequate funding for services, [on] the conceptual models used by providers, and [on] the relationships between professionals.

The financing and management of costs of psychotherapy may have more in common with education [and with the administration of educational services] than with medicine. . . . Imagine a fee-for-service professional development policy where employees could go to any licensed vendor for a seminar if the vendor and the employee agreed there was a need for the course. The bills would be sent to a national insurance office to be

paid by the employer. After seeing escalating costs, the vendor would offer a plan to provide the employer with all [employee] training services . . . for a fixed price. Whereas one year the employer may have had training costs of \$1 million, the next year a fixed cost of \$800,000 [might be] guaranteed [by the vendor]. [If] the vendor [then] provides \$600,000 worth of services, the employer and the vendor [together] pocket an extra \$200,000. The catch, of course, comes when [comparing] the amount of services [not] received, and the cost of *not* providing those services.

Selling Mental Health Services

The first principle of all effective selling is to take the buyer's perspective. Who is the buyer of mental health services? Obviously, the consumer is a buyer, but the payor is also a buyer. The employer is as much a buyer and a customer as the person sitting in the office. Psychologists have often looked at insurance companies as buyers, whereas quite often they are merely conduits for funds, not entirely unlike a bank is a conduit for funds in the check writing process. Another error has been to take a hostile-dependent attitude toward the employer or the government buyer. The payor is not seen as a customer with legitimate interests to be served in return for the money being spent but [is seen] as a combination rescuer-persecutor; [moreover,] the payor is seen as an intruder interfering in the intimacy and directness of the [psychologist-client] relationship—perhaps not unlike a chaperon on a date.

The logical first question of the employer is [what] the total cost [of mental health services will be,] not for given individuals, but for [the whole] work force. [This situation is similar to managing] the family grocery budget: What matters is the total monthly bill, not whether or not a particular item exceeded say a two-dollar price. In mental health, making sure that no employee family has claims over \$1,000 assures neither equity between employees nor prudent purchasing. The critical cost index needs to be the dollars [spent] per employee per year. Few employers or providers are currently aware that most HMOs are spending between \$20 and \$60 per employee per year for mental health, while fee-for-service plans often exceed \$300 per employee per year [for mental health coverage]. I would suggest that in most cases a budget of \$150 per employee per year in mental health and related referral and training components is a good investment. Price should be discussed in that language rather than in the language of benefit plans that leave the total cost an open liability.

Once the per-employee spending is determined, the next question is what should be purchased. What should the balance be between inpatient and outpatient costs? And between [services for] mental health and [for] chemical dependency? What are appropriate treatment costs per hour or per day? What proportion of a population should access [what kinds of] services? . . . What should the average duration of treatment be?

Both HMOs and comprehensive mental health centers

have demonstrated that mental health expenditures are very manageable. The answers to the above questions are not found in an actuarial analysis of claims information: The answers to these questions can be [arrived at] in the same manner as [in] any budget planning process. The author is very familiar with variations by different employee populations and has found that spending and services can be planned and managed in the direction of budget objectives. The [mental health care] budgets and utilization goals can be based on previous experience, the experience of similar groups, and the buyers' and case managers' values.

(to be continued in the March 1988 issue of the E.A.P./ Link)

The author, Lee Wenzel, formerly manager of employee assistance and human services for Honeywell Inc., is president of Managed Care Systems, headquartered in Eden Prairie, Minnesota.

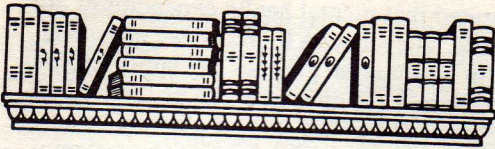
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worth noting

- Eating breakfast can improve concentration and improve the level of morning work productivity say nutrition experts. It also has been shown that eating a nutritious breakfast often helps people feel less irritable and less impatient.
- More supplies and equipment are stolen by employees from employers on Fridays and during the month of December than at other times.
- Moral obligation and competitive practice are the most important reasons employers provide their employees with mental health coverage, according to a Hewitt Associates survey.
- In Australia, drinking alcohol is considered sophisticated and is encouraged. Estimates indicate that each man, woman and child in Australia consumes the equivalent of three glasses of beer a day.
- In spite of high divorce rates, the duration of marriage has increased, as has the longevity of modern marriages. Three-fourths of first marriages are expected to last 20 years, and 50 percent are expected to last more than 30 years, with one in five couples celebrating their fiftieth wedding anniversary, according to the results of a five-year study by the American Psychiatric Association (APA) Task Force on Changing Family Patterns. ■



media review



Sacked! Why Good People Get Fired and How to Avoid It, authored by Richard Gould. © 1986. 202 pages. \$18.95.

Insightful and informative, this book covers a topic of concern to nearly every working person: being fired. There are many reasons besides poor performance that an individual may lose his or her job. (Studies have shown poor job performance is the reason for less than 20 percent of executive firings.) *Sacked* helps good people—people with adequate, even excellent, job performance—see why and when their jobs may be threatened. “How to” advice helps workers in risky situations learn how to be less at the mercy of their employers. Ways for managers to avoid the wasteful firing of good people are also outlined.

Sacked draws on material from the Executive Termination Survey, a survey of senior executives, and on interviews with senior human resource professionals. The author traces a series of events apt to lead to a termination and addresses the conflicts which result from a firing.

Sacked, published by John Wiley & Sons, New York, NY, is available in most libraries and bookstores.

Work and Family: A Changing Dynamic, a report prepared by the Bureau of National Affairs, Inc. (BNA). © 1986. 336 pages. \$40.

As two-paycheck families and single parents become the norm in today's workplace, conflicts between work and family are commanding serious attention.

Explored in this comprehensive report are approaches used by corporations, unions, governments and employees in balancing workplace demands with family needs. Topics include parental leave, child and dependent care and alternative work schedules.

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Readers are welcome to submit, for selected publication in the *E.A.P./Link*, their reviews of current books, articles, films and cassettes dealing with the human resource field. Submissions should contain the title, author, publisher or producer, copyright date, length and ordering information. Contributions to “**Media Review**” should be 300 to 500 words and be typed double-spaced.

calendar of events

February 1988

Feb. 18-20: **Second Annual Forum on AIDS and Chemical Dependency** in Phoenix, Arizona. Sponsored by the American Medical Society on Alcoholism and Other Drug Dependencies, Inc. For information contact: Conference Information, P.O. Box 81691, Atlanta, Ga. 30366. Phone (404) 458-3382.

March 1988

Mar. 4-5: **Treating the Addictions—Getting Off and Staying Off** in Boston, Massachusetts. Sponsored by Cambridge Hospital and Harvard Medical School. For information contact: Dr. Judy Reiner Platt, Cambridge Hospital, 1493 Cambridge St., Cambridge, Mass. 02139. Phone (617) 864-6165.

Mar. 6-9: **Southern Regional ALMACA Conference** in Nashville, Tennessee. For information contact: Jack Freckman, Conference Chairman, 3401 West End Ave., Suite 308, Nashville, Tenn. 37203. Phone (615) 292-4327.

Mar. 16-18: **Coming of Age: The Education and Training of the EAP Professional, Ninth Annual EAP Training Seminar** in Charlotte, North Carolina. Cosponsored by the Metrolina Chapter of ALMACA and by the University of North Carolina's College of Business Administration at Charlotte. For information contact: William Cook, Director, Metrolina Employee Assistance Programs, 100 Billingsley Rd., Charlotte, N.C. 28211. Phone (704) 376-7465.

Mar. 20-24: **Thirteenth EAP Institute—EAP Case Management: People, Places, and Costs** in Atlanta, Georgia. For information contact: Mercy McClelland, Education Extension Service, Georgia Institute of Technology, Atlanta, Ga. 30332. Phone (404) 894-3159.

April 1988

Apr. 15-16: **Work and Mental Health** in San Francisco, California. Sponsored by the Departments of Medicine and Psychiatry, University of California, San Francisco. For information contact: Postgraduate Programs, Department of Medicine, 505 Parnassus Ave., Box 0120, University of California, San Francisco, Calif. 94143-0120. Phone (415) 476-5208.

Apr. 22-24: **EAP Credentialing Workshop** in La Jolla, California. For information contact: Alcohol and Other Drug Studies, University of California, UCSD X-001, La Jolla, Calif. 92093. Phone (619) 534-3400.

Activities appearing in the *E.A.P./Link* “**Calendar of Events**” must relate to the human resources profession or to the professional growth of EAP personnel: This policy specifically excludes events hosted by or sponsored by practitioners for their clients. The deadline for contributions is the fifth of the month preceding publication.