

## **FEDERAL GUIDE TO FREQUENTLY USED EAP TERMS PENULTIMATE DRAFT 6/26/06**

**Accessibility** – Those provisions as stipulated by the Americans with Disabilities Act of 1990, providing disabled consumers physical and communications access to services. In addition, it also relates to “the opportunity of consumers to obtain services based on the location of service, hours of operation, and affordable fees.”<sup>1</sup>

**Accreditation** – The formal evaluation of an organization against generally accepted criteria or standards. A professional society, non-governmental organization or a governmental agency may conduct accreditation activities.<sup>2</sup> Currently, there is no Federal, state or local requirement for an EAP to obtain accreditation in order to provide services.

**Affiliates** – “An individual or group of professional mental health practitioners,” *or other service oriented entities* “who, through a contractual relationship with the prime Contractor, provide EAP services to Federal employees.”<sup>3</sup> This arrangement occurs when the prime contractor, in an attempt to satisfy the elements of a Federal EAP contract, hires subcontractors to perform some or all of the requirements of the contract, as part of an external or blended EAP model.

**Agency Population** – Those Federal employees who are full-time, part-time, wage grade, term, and other directly compensated employees, receiving a W-2 for tax purposes, who are not contractors. This count is usually the number used in tabulating the agency’s EAP utilization rate. (Also see Covered Lives)

**Assessment** – An ongoing process or evaluation in which professional expertise and skills are exercised to collect and analyze data, which in cooperation with the client, results in identifying, defining and prioritizing the client’s physical, mental, and social issues, problems or challenges. An assessment provides for an accurate diagnosis of the client and the basis for a treatment or problem solving plan.<sup>4</sup>

**Assessed Primary Problem** – That issue or problem determined by the EAP counselor to be the core issue (such as a mental health concern, work/family issue, and/or medical manifestations) that once addressed should result in the resolution or mitigation of the symptoms and/or problems of the client.

**Assessed Secondary Problem** – Additional issues that directly impact the primary problem and are often a consequence of the primary problem.

**Assessed Tertiary Problem** – Additional problems or issues that may need to be addressed, and which may be related to or be independent of the primary or secondary problem.

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<sup>1</sup> COA Glossary, 7<sup>th</sup> Edition/Version 1.1

<sup>2</sup> IBID

<sup>3</sup> FOH Definitions, as modified by the subcommittee.

<sup>4</sup> COA Glossary, 7<sup>th</sup> Edition/Version 1.1 and subcommittee language

**Assessment and Referral EAP** – An EAP that offers services *limited* to providing assessment and information and referral to its respective clients. Sessions are limited to conducting the assessment and providing that information to the client including a treatment/problem solving plan.

**Back-to-Work Conference** – A conference usually arranged by the EAP counselor with the prior consent of the employee/client, to meet with the client’s supervisor, EAP counselor, union representative and other appropriate management and treatment personnel as may be pertinent to the situation, to facilitate the employee’s successful return to work. Such a conference is scheduled following an extended hospitalization or other long term medical treatment. The conference agenda usually considers the employee’s ongoing treatment and aftercare needs in coordination with the agency’s expectation of the employee’s performance, conduct and attendance.<sup>5</sup>

**Biopsychosocial Assessment** - An assessment based on a model of health and illness that links the nervous system, the immune system, behavioral styles, cognitive processing, and environmental factors.<sup>6</sup> The assessment is performed by a well trained and licensed mental health professional and is a precursor to any diagnosis, short or long term mental health counseling or referral.

**Blended EAP Model** – See EAP Model

**Brief/Short-term Counseling/Treatment** – The length of time services are provided by the EAP counselor to the employee/client. Short-term may mean anywhere from 1 to 6 sessions. The basis for the number of sessions is often determined by the philosophy of the agency and/or financial consideration. When counseling is required beyond the agency’s stated number, it is expected that the EAP counselor ensures that the employee is referred out and the linkage to the new counselor is made.

**Capitation Rate** – A per employee dollar amount per year, paid by a federal agency to an external EAP provider for EAP services, under the terms of a contract. In exchange for the payment, the EAP vendor usually provides all contracted services regardless of the level of use (utilization) by agency’s employees and covered family members.<sup>7</sup> Thus, if only one employee received services the entire year, the contractor would receive 100% of the agreed to payment. If hundreds of employees were to receive services, the contractor must provide the services at the agreed to price without any additional consideration.<sup>8</sup>

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<sup>5</sup> Sub-committee language and EAPA Glossary of Employee Assistance Terminology, 1994, page 4.

<sup>6</sup> APA definition of Psychosocial Model

<sup>7</sup> EAPA Glossary of Employee Assistance Terminology, 1994, page 4, and subcommittee modification.

<sup>8</sup> Federal EAPs based on a capitated rate usually favor the contractor since utilization fails to overwhelm their projected cost/profit margins. Fee-for-service EAP contracts tend to be more favorable to the government since charges are based on each hour of services actually delivered. The capitated contract tries to minimize expenses, and the fee-for-service contract encourages services. Either way, the capitated rate and fee-for-service contracts can place the needs of the client and sponsoring (host) Federal agency at odds with the financial interests of the EAP contractor’s best interest and need to be closely monitored.

**Capitated Risk** – The assumption of responsibility by a clinician or an organization for providing specific services to clients under a pre-established reimbursement agreement,<sup>9</sup> and where the contractor assumes the financial risk should the EAP services delivered exceed the contractor’s cost projections.

**Case** – Represents a discrete unit of contact as defined by the sponsoring federal EAP (host agency). A case may be defined by agency policy and/or within the parameters of an EAP contract. Thus, an agency can have a *counseling (clinical) case*, a management/supervisor consultation case, an *assessment and referral only case*, or *information & referral only case*. When determining utilization, the reporting EAP should distinguish and elaborate what type of cases they are reporting and report each as an individual incident rate (i.e.: Counseling cases = 6%, I&R only = 4%, etc.)

**Case, Opened** – A formal documented client relationship between an EAP counselor and employee or covered family member, in which a written or electronic record is established after contact has been made between the counselor and the client. As an example, an EAP can report having so many opened “counseling cases,” “I&R cases,” or “assessment and referral cases.”

**Case Management** – The coordinating, monitoring and discharge planning of overall services, by the EAP counselor for the EAP client and federal agency, to ensure that treatment gains are realized and that the employee makes the most benefit of the resources at hand. This is usually a standard component of the EAP vendor’s service and may or may not be provided at an additional charge, when provided by a contractor.

**Chemical Dependency** – Physiological and psychological dependence on a chemical, such as alcohol, tobacco, barbiturate, or narcotic, which results in a number of physical and emotional symptoms such as increased tolerance and withdrawal symptoms when the chemical is removed.<sup>10</sup>

**Client** – Individuals or groups that are eligible to receive EAP services, as defined by agency policy or contract requirements. A client might include the employee, the employee’s spouse, employee’s dependent children, the employee’s family, the employee’s parents, significant others, retirees, the sponsoring agency, or offices/groups within the agency.

**Client Record** – A written and authenticated compilation of information that describes and documents the assessment and present, prospective, and past services to the consumer.<sup>11</sup> The content of the record may be defined by the federal agency or by the EAP contractor. The format and content of a client record is usually based on accepted practice standards germane to the EAP model in service.

**Client Satisfaction Survey** – An anonymous and confidential measurement solicited from the EAP client, by the EAP contractor or sponsoring Federal agency, which reflects client satisfaction with EAP services received. A federal agency may design their own survey

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<sup>9</sup> COA Glossary, 7<sup>th</sup> Edition\Version 1.1, page 2

<sup>10</sup> IBID, page 3 and committee modification.

<sup>11</sup> IBID, page 4.

instrument or have the contracted EAP design one as part of their contract requirements, with or without the federal agency's input. Such measurements should be routinely taken by an acceptable and easily administered means. Whenever possible the survey instrument should allow for easy tabulation and review. Client satisfaction assessments may include but are not limited to such items as timeliness of initial contact, timeliness of service delivered, follow-through, effectiveness in resolving client's issues, confidentiality, accessibility, and conformity with the agency's culture.

**Clinical** – of or pertaining to examination, assessment, and direct counseling/treatment, as opposed to experimental or laboratory study.<sup>12</sup>

**Clinical Personnel/Staff** – Those persons the federal agency has designated to provide assessment and counseling services through their EAP. Such personnel are usually licensed mental health practitioners or otherwise qualified and trained professionals who provide the treatment/counseling services.

**Clinical Services** – those services offered by an EAP counselor in which an assessment and counseling are provided.

**Counseling Services** – Specialized services and therapeutic interventions provided by both licensed and non-licensed professionals (as permitted by the sponsoring Federal agency) with the purpose of identifying and mitigating/ resolving client personal, professional, financial health/mental health/addiction problems or challenges.<sup>13</sup>

**Counselor, EAP** – Is a specially trained individual, usually licensed in the field of mental health and addictions, who operates in an occupational setting and whose clients may be both management and employees in general.

**Covered Lives** – The total universe of persons who are eligible for EAP services as defined by the sponsoring (host) agency. A Federal agency might define covered lives as employees and their family members, while another agency may only offer services to employees only.

**Crisis Intervention** - A brief type of therapy/counseling, offered to persons involved in a highly emotional or traumatic event, to prevent long term psychological harm, with the intention of restoring the client(s) to at least their pre-crisis level of functioning, and referring to long term treatment resources as may be warranted.

**Critical Incident** – An event, usually sudden, unexpected and potentially life-threatening, “in which a person experiences a trauma, i.e., feels overwhelmed by a sense of personal vulnerability and/or lack of control. Examples of a critical incident are a natural disaster, serious workplace accident, a hostage situation or violence in the workplace.”<sup>14</sup>

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<sup>12</sup> COA, 7<sup>th</sup> edition\Version 1.1, page 3, modified by including the word “counseling.”

<sup>13</sup> COA, 7<sup>th</sup> edition\Version 1.1, page 4, and subcommittee language.

<sup>14</sup> EAPA Glossary, 1994, page 7, and committee language

**Critical Incident Stress Debriefing (CISD)** - A structured group or individual intervention, that encourages the expression of thoughts and feelings about the incident, followed by identification and normalization of symptoms, familiarization with the process of recovery, and referral to appropriate services. The EAP (in cooperation with the host agency), usually schedules a CISD at the worksite with a group of employees directly impacted by a critical incident as soon as possible following the traumatic event.<sup>15 16</sup>

**Critical Incident Stress Management** - Constellation of services or activities that may be used by an organization to respond to and manage a critical incident (core concept was developed by the ICISF). Services and activities include, but are not limited to, “inoculations”, defusings, debriefings, outreach to the workforce, psycho-educational activities related to trauma, anniversary responses, etc.<sup>17</sup>

**Diagnosis** - The process by which a social, physical, emotional, or mental problem and its underlying causes are identified, by the treating physician, counselor, etc. The process involves collection and analysis of relevant information,<sup>18</sup> and should be performed by a qualified licensed professional.

**Drug Abuse** – An individual’s excessive use of substances (either legal or illegal) that are consumed in amounts hazardous to the health or safety of the person and/or community.

**Drug Addiction** - A state of physiological dependence that results from the abuse of chemical substances. In the absence of the substance, an individual experiences symptoms of withdrawal.<sup>19</sup> (See also Chemical Dependency)

**Drug Free Workplace** – Those laws, regulations and policies emanating from Executive Order (EO) 12564 of September 15, 1986, and subsequently the Drug-Free Workplace, Act of 1988, that ordered Federal employees to refrain from using illegal drugs, whether on or off duty. It mandates that the head of each Executive agency shall develop a plan for achieving the objective of a drug-free workplace by establishing a program to test for the use of illegal drugs by employees in sensitive positions; offers training to managers and employees; and to establish EAPs that emphasize high level direction, education, counseling, referral to rehabilitation, and coordination with available community resources.<sup>20</sup>

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<sup>15</sup> IBID, with “in cooperation with the host agency” added.

<sup>16</sup> A CISD is a concept coined by Jeffrey T. Mitchell, Ph.D.,<sup>16</sup> and has become an integral part of the International Critical Incident Stress Foundation (ICISF), and was originally meant to be applied among public safety, disaster response, and military and emergency service personnel by a skilled intervention team. The ICISF contends that a CISD can also be used with virtually any population, including children, when employed by a skilled intervener. Some researchers contend that “scientific studies have resulted in numerous calls for caution and restraint in the use of CISD.”<sup>16</sup>

<sup>17</sup> FOH Definitions

<sup>18</sup> COA, 7<sup>th</sup> Edition/Version 1.1, page 5, (modified with the additional phrase “by the treating physician, counselor, etc.”)

<sup>19</sup> COA

<sup>20</sup> Executive Order 12564 and committee language.

**Duty to Warn** – The requirement of an EAP counselor to warn individuals about a client’s intention to harm them in some way as may be defined by state law, court precedent, accepted clinical practice and clinical evaluation. “The responsibility of a counselor or therapist to breach confidentiality if a client or other identifiable person is in clear or imminent danger. In situations where there is clear evidence of danger to the client or other persons, the counselor must determine the degree of seriousness of the threat and notify the person in danger and others who are in a position to protect that person from harm (Herlihy & Sheeley, 1988; Pate, 1992).”

**Employee Assistance Professional** - An individual who assists the work organization, its employees and their family members with personal and behavioral problems including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal concerns which may adversely affect employee job performance and productivity. The specific activities of an EA professional may include any of the services described under the definition for Employee Assistance Program (below). EA Professionals providing clinical services shall be licensed or certified in their state to provide these services.<sup>21</sup> In addition, there may be further credentials required by the host agency.

**Employee Assistance Program** - An EAP is a worksite-based program designed to assist in the identification and resolution of non-work related and work related productivity problems associated with employees impaired by personal concerns including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal concerns which may adversely affect employee job performance. The specific core activities of EAPs include (1) services for individuals (such as identification and resolution of job-performance issues related to an employee’s personal concerns, assessment, referral, follow-up); (2) services for managers and supervisors (such as assistance in referring employees to the EAP, supervisor training, and management consulting); (3) services for organizations (such as violence prevention/crisis management, group interventions, employees orientations); and (4) administrative services (such as the development of EAP policies and procedures, outreach, evaluation, referral resources development).

**Employee Assistance Program Administrator** – The agency staff person responsible for managing all EAP related policies, procedures and services. This may include acting as the contracting officer’s technical representative (COTR), supervising staff, providing counseling to employees and managers, and ensuring the quality of all services provided. The Administrator is usually a Federal employee entrusted to look out for the government’s best interest and may also act as the EAP Liaison.

**EAP Liaison** - Those individuals employed by the sponsoring Federal agency (host) who are responsible for ensuring that the EAP contract is administered in accordance with established policy and procedure.<sup>22</sup>

**EAP Model** – The method of delivering EAP services. While the types of services offered through the EAP may vary in breadth from agency to agency, they are typically delivered through one of 5 basic staffing models. These are:

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<sup>21</sup> Ibid, page 8-9

<sup>22</sup> FOH Definitions

1. **Internal** model where the EAP staff is comprised of federal employees and there are no contractors involved.
2. **External** model is where the sponsoring Federal agency has entered into a contract for an outside vendor to provide all EAP related services.
3. **Blended** model, where there are both federal and contract personnel involved in the delivery of EAP services. The federal employees usually have the role of monitoring the EAP contract services, billing and performance, while also providing counseling and other administrative services.<sup>23</sup>
4. **Consortium** model where a group of Federal agencies contracting with one agency or contractor to provide employee assistance services.
5. **Peer-Based Programs (or Peer Support Program)** – An in-house program, typically delivered through trained peer/coworker volunteers. Usually offers education, training, and referrals.<sup>24</sup>

**Employee** – See Agency Population

**Ethics** - Formal principles or values for evaluating practices that is right or wrong, good or bad. Most professional organizations have ethical codes of conduct that define general standards of appropriate professional conduct.<sup>25</sup>

**Ethical Standards** - A specific set of professional behaviors and values (code of ethics) the employee assistance professional must know and abide by, including confidentiality, accuracy, privacy, integrity. A non-licensed EAP professional or counselor should at a minimum abide by the EAPA Code of Ethics and EACC Code of Professional Conduct.

**Evaluation** - A qualitative or quantitative measure of EAP performance related to program goals. A **process** evaluation measures the activities associated with the daily operation of the program, such as number of employees seeking services, the waiting time between initial contact and help, and the number of consultation services resulting in supervisory referrals. An **outcome** evaluation measures the results of EAP activities, such as return on investment and supervisor rating of employee's performance after EAP intervention.<sup>26</sup>

**Fee for Services** - Payment to providers/contractors, by a Federal agency, only for those EAP services rendered. Usually based on an hourly fee for services actually performed such as counseling time, training hours performed or time spent providing I&R services.

**Fitness for Duty (FFD)** - An employer's determination of an employee's preparedness to work. Fitness for duty policy and procedures are often associated with the use of alcohol or illegal drugs, yet may also deal with an employee's general physical or mental readiness to perform in a particular position. FFD procedures may require medical and/or psychological evaluation of an

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<sup>23</sup> This allows for the full integration of the EAP into the federal agency, while insuring proper federal oversight and guaranteeing the confidentiality of all client records.

<sup>24</sup> This type of program requires considerable education and training for the EAP volunteers, thus a significant infrastructure and cost to operate properly, and does not usually offer licensed or certified counselors.

<sup>25</sup> COA, page 5

<sup>26</sup> EAPA page 9

employee, or drug testing of an employee exhibiting unusual or bizarre behavior. FFD procedures may be regulated by federal law.<sup>27 28</sup> Fitness-for-Duty determinations are to be distinguished from a counselor's "duty to warn."

**Follow-up** - One or more contacts with an EAP client to monitor progress and/or the impact of the EAP recommendations or referrals to treatment resources and to determine the need for additional services. Follow up may consist of telephone contact, in-person interviews, written satisfaction and progress surveys/questionnaires, and a review of job-performance and attendance records. Follow up is a monitoring process, not a therapeutic process such as aftercare.<sup>29</sup>

**Host Agency** – The Federal agency that provides the resources to establish and support EAP services.

**Information and Referral** – Data addressing specific subjects or community services a client has requested (i.e.: psychologist, elder care, child care, legal referrals, etc.) and that the EAP has researched and provided to the client.

**Intake** - The entry point at which *a potential EAP client's* eligibility is assessed against established criteria and a preliminary evaluation of the presenting problem occurs.<sup>30</sup> Usually the first appointment with the counselor is when the intake occurs.

**Last-Chance Agreement** – A signed agreement between an employee and the employing Federal agency, usually drafted by the employing agency's Employee Relations unit, that specifies the performance, conduct and attendance expectations of the employee over a defined reckoning period. The agreement may require EAP participation and other treatment requirements and certain reporting requirements to management to demonstrate adherence to the agreement. Any failure to meet all the requirements of the agreement on the part of the affected employee will result in the employee's termination. While such an agreement may mandate the employee to work with the agency's EAP, an employee cannot be forced to accept EAP services. In the event an employee signs a last-chance-agreement and later refuses to work with the EAP as the agreement requires, the Agency may separate the employee for non-compliance.

**Management Consults** - Expert advice given to leaders, supervisors, human resources, and/or union representatives regarding the management of potential and actual performance and conduct concerns. One example is coaching a supervisor on how to refer an employee to the EAP.

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<sup>27</sup> EAPA, page 10, with committee narrative added at the end.

<sup>28</sup> Federal EAPs must exercise extreme caution in becoming involved in determining an employee's fitness for duty, in order to avoid confidentiality, legal and other ethical entanglements, and should especially refrain from conducting a FFD on an employee who had previously been an EAP client. To further delineate FFD reporting, the EAP's Statement of Understanding should highlight any reporting requirements the Federal (host) agency has required in this regard and explain it to each employee/client before EAP services are rendered.

<sup>29</sup> Ibid

<sup>30</sup> COA page 7, with the additional words "*a potential EAP client's*" were added.



**Management Referral** – Referrals to the EAP that are initiated by an employee’s manager/supervisor because of performance or conduct concerns. Such referrals can be verbal (informal) or formal (in writing) and is not considered a disciplinary action.

**Mandatory Referral** – A referral by the supervisor to the EAP for an employee’s positive drug test or other events designated by the agency. While this referral to the EAP is mandatory, there is no authority or requirement to compel an employee to partake of EAP services which is voluntary.

**Non-Clinical Staff** – EAP staff who typically are not certified, licensed or authorized to provide assessments, diagnosis or counseling services. They provide other types of support to the EAP such as conducting triage, providing referral information to clients, and providing training.

**No Show** – A failed appointment, where the client failed to meet with the counselor as was previously agreed to. Usually in fee-for-service contracts, a “no show” may not be billed for by the counselor/vendor.

**Opened Case** – See Case

**Organizational Development** – A professional process or activity designed to assist an organization, agency or office, to move from one level of performance or mode of operation to another, in the shortest time possible.

**Outcome Goals** – Expected results related to EAP services.<sup>31</sup> Such goals might be a reduction in sick leave, improved organizational efficiency, etc.

**Outcome measures** – Standards by which outcome goals can be evaluated to determine if goal attainment has been met.

**Peer Support Personnel** – Federal employees that have volunteered to participate in an agency’s Peer Support Program. Peers are non-professionals who usually have a limited role in assisting their peers when there are traumatic events at work or other personal challenges.

**Per Employee Cost** – The total cost of operating an EAP divided by the number of persons eligible for services. Total costs would include salaries, benefits, travel, rent, and other operational costs including contract costs. This is a measure by which a Federal agency can evaluate its EAP costs relative to the market place. Current information on pricing norms can usually be found through EAP professional associations such as the Employee Assistance Professional Association.

**Presenting Problem** – The personal concern or issue as described by the EAP client prior to assessment by the EAP professional.<sup>32</sup>

**Primary Problem** - (See Assessed Primary Problem)

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<sup>31</sup> EAPA page 13.

<sup>32</sup> Ibid

**Program Audit and Evaluation** – That process conducted by experienced EAP counselors to review a Federal EAP to ensure that it is performing according to law, regulation, policy, procurement regulations and accepted standards of clinical practice. Such audits may be initiated by the EAP itself, by the Federal Agency’s internal audit system or by an external EAP vendor. Federal agency audits and evaluations must ensure at a minimum the confidentiality of client records and conform to 42 CFR Part 2.

**Quality Improvement** – That process that assures an EAP has the means to evaluate its performance and improve that performance in order to deliver a quality service or product. The quality improvement plan is defined by the sponsoring Federal agency, the requirements of an EAP contract, or as may be developed by the contractor and sponsoring Federal agency.

**Referral -**

1. Self-referral - voluntary and confidential use of the EAP by an employee who suspects that he/she has an alcohol, other drug, and emotional and/or other personal concern.
2. Formal or Informal referral - referral to the EAP by a supervisor or other management official of any employee who has deteriorating job performance, time, attendance and/or conduct problems either in writing (formal) or verbally (informal).
3. Other referral - referral to the EAP of an employee by a union official, MRO, health unit or through any means other than self- or a supervisory referral.<sup>33</sup>

**Release of Information** – A document signed and dated by a client, giving the EAP (counselor) permission to release specific information about the client, to a person outside the EAP. The release format should, at a minimum, reflect the provisions of 42 CFR part 2, subsection 2.31, *Form of written consent*.

**Return to Work Agreement** – An agreement between an employee, the employee’s supervisor, the EAP, treatment provider and other parties as may be appropriate, to establish a set of conditions for the employee’s return to work. It is usually issued following extended leave for treatment for substance abuse, physical or mental illness. The conditions found in the agreement are usually around duties, conduct, attendance and treatment scheduling. The agreement also states any consequences, if agreed upon conditions are violated and what action the supervisor may take.

**Risk Management** – A systematic process of evaluating and reducing potential risks that may befall personnel, consumers of service, an organization, or a facility. Risk management activities are directed toward reducing an organization’s legal and financial exposure, especially to lawsuits.<sup>34</sup>

**Session** – A meeting between an EAP counselor and client, usually lasting 45 to 50 minutes.

**Short-Term Counseling** – See Brief/Short-term Counseling/Treatment

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<sup>33</sup> FOH Definitions

<sup>34</sup> COA, page11

**Statement of Understanding** - A document that describes *the limits of confidentiality* and the services available through the EAP. It is given to the employee at the beginning of the first session and must be signed prior to the employee receiving counseling. The elements of the statement must contain those reflected in 42 CFR part 2, subsection 290.ee-3, the Health Insurance Portability and Accountability Act (if applicable to the agency), and other unique circumstances about the EAP that should be disclosed to the employee.

**Supervisory Referral** – See *Referral*

**System of Records Notice** – A requirement under the Privacy Act (5USC 552a) and OMB Circular A-130 that requires a Federal agency to alert the public that it has established a system of records about individuals. “The term “system of records” means any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.”<sup>35</sup> A notice published in the Federal Register, by a Federal agency with an EAP records system, announcing it has established and will retain EAP records. The notice must explain what records are retained, how long they are retained, who the records holder is, and how EAP clients may access their EAP records, among other things.

**Telephonic Counseling** – Counseling performed over the telephone either at the request of the EAP client, situational circumstances, or based on the EAP model offered by the sponsoring (host) Federal Agency.<sup>36</sup>

**Treatment** – The process through which a patient receives services designed to resolve mental health and/or substance abuse problems.<sup>37</sup> Treatment is the application of some form of intervention to mitigate or eliminate some identified ailment. Traditionally, in mental health it is in the form of medication or talk therapy (counseling). Treatment and counseling are interchangeable terms since mental health counseling also is designed to resolve mental health and/or substance abuse problems. (See also Counseling Services).

**Unit Cost** – A calculation of the price or value of a fixed amount or unit of service that takes into account the sum of all organizational expenditures involved in the provision of that service.<sup>38</sup>

**Utilization Rate** – The annual rate at which EAP services are being utilized by those eligible for services. There are separate utilization rates for each of the services offered by the EAP (such as assessments of individuals, family member use, training attendance). There are formulas for determining utilization rates in each of these areas. For example, in the first example (individual employee utilization), the formula would be “Number of employee cases that were opened in this reporting year divided by the number of employees who were eligible to participate in the EAP

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<sup>35</sup> The Privacy Act of 1974; 5 U.S.C. ss 552a, as amended

<sup>36</sup> Telephonic counseling allows for quick and timely services, but lacks human interaction and fails to assess body language which can affect clinical conclusions. When licensing is an issue it raises additional confusion when the client being served is out of state and the license held by the counselor is issued by a different state. This is more of an issue when the EAP client is not an employee (family member or significant other) and raises liability concerns for the Federal agency and other affected entities.

<sup>37</sup> EAPA Glossary, 1994, page 6

<sup>38</sup> COA, page 12.

during this reporting year x 100. These rates are typically compared against benchmarks in the EAP industry.