U.S. Department of Energy
Office of Health, Safety and Security

Task Force Report

Enhancement of Management Systems Supporting Employee Assistance Programs

February 2007

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MEMORANDUM FOR ALL DOE FEDERAL AND CONTRACTOR EMPLOYEES

FROM: SAMUEL W. BODMAN

SUBJECT: Promoting Health and Wellness at the Department of Energy

The health and wellness of all of the Department of Energy's Federal and contractor employees are of great importance to me and our entire management team. Promoting health and wellness is a core value by which every organization in the Department must conduct its work.

As you are aware, the Department recently experienced several onsite suicides. As a result of these tragedies, I formed a task force to investigate how our work force and workplace could better support the health and well-being of our colleagues.

The report of the task force that follows is an important guide to improving our lives at work. It describes 15 initiatives that I believe begin to address some of our most fundamental employee health and wellness issues. I want you to know that implementing these initiatives is my personal commitment to each and every member of this Department.

I am sure that you join me in recognizing the importance of employees' health and wellness to our personal and professional lives. I urge you to review this report as we work together to make the Department of Energy a better, safer, and more productive place to work.

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TABLE OF CONTENTS

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ACRONYMS

CFR	Code of Federal Regulations
DOE	U.S. Department of Energy
DuPont	E. I. du Pont de Nemours and Company
EAP	Employee Assistance Program
EAS	Employee Assistance Service
HR	Office of Human Capital Management
HSS	Office of Health, Safety and Security
NGC	Northrop Grumman Corporation
NSA	National Security Agency

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EXECUTIVE SUMMARY

Following a workplace suicide on October 17, 2006, the Secretary of Energy asked the Office of Health, Safety and Security to assemble the Task Force for Enhancement of Management Systems Supporting Employee Assistance (Task Force) to investigate workplace suicides over the past several years, with the goal of identifying opportunities to improve employee assistance programs (EAPs) and supporting management systems. The U.S. Department of Energy (DOE) has documented approximately 24 similar events in the past 10 years, with 3 events occurring at the workplace in the past 18 months. While the data appears to indicate that the rates are within Federal workplace norms, the absence of data regarding these suicides, or other offsite suicides, makes comparisons difficult. Demographically, the Department has an aging, mostly male workforce and is at some increased risk of work-related stress, workplace violence, or tragically, workplace suicide.

These unfortunate events make all of us in the Department aware of our collective responsibility to keep the workforce and workplace safe and free from violence. To improve early detection and intervention for employees and their families, a comprehensive approach is required to promote "wellness" and "resiliency" among the organization as a whole. The actions that are needed should not be seen as a short-term effort to address the recent incidents, but rather as a continuing commitment to enhance the wellness of the Department over the long term.

This report documents the activities, analyses, conclusions, and recommendations of the Task Force, which conducted its activities from October 24 to December 14, 2006. The Task Force's activities were conducted in two phases. The first phase focused on collecting and analyzing data on the existing management systems and on the EAPs and their implementation. This phase included gathering data at DOE Headquarters, from the DOE corporate databases, at sites where events have occurred, and from a sampling of other site programs.

In addition, the Task Force conducted research on EAPs and best practices at industries and other government agencies that have missions similar to the Department's missions. This phase included corporate site visits for face-to-face discussions, validation of findings, and additional insights into policies, programs, and best practices. The second phase of the Task Force's activities included further review and analysis by a panel of external experts in the areas of EAPs and suicide (crisis) prevention and response to help identify additional opportunities for improvement and recommendations.

The Task Force found that EAPs are being provided for Federal and contractor employees and their families as required by the Department. A number of employees and their families have used these services with positive results. Most of these success stories are not visible to the organization, as trust and privacy are key components for employee participation. A few individuals have become strong leaders and advocates who openly model their success for their organizations. Others express reluctance to use the programs due to concerns about privacy and the lack of clarity regarding personnel security reporting requirements. The safety, security, occupational health, and human resources programs and line management all seek the same end goal of workforce reliability. However, the lack of clear boundaries for reporting treatment and the potential security implications create employee apprehension and reluctance to use the EAPs.

The Department's EAPs and related occupational medical services do not cohesively address workforce wellness and resiliency. The Task Force found that the evaluation and transition methodologies are inconsistent for returning an employee to duty after an absence for mental, physical, or substance issues. A patchwork of programs exists to meet the multitude of expectations. In many cases, programs that have been managed internally in the past are now being outsourced to private providers. For many of these programs, the key integrating role of the site occupational medical program is being lost.

The Task Force also found a general lack of feedback, program assessments, monitoring, and oversight of EAP implementation effectiveness, including resource allocations. While programs must have the flexibility to meet the needs of the locally-served workforce, the wellness programs/ EAPs that were reviewed varied in the quality and delivery of services—highlighting the need to clarify program expectations and ensure accountability for effective implementation. The industry best practices identified by the Task Force can serve as a guide. Clear requirements and guidance and targeted management training are needed to better define the EAPs, improve employee engagement, and promote corporate health, safety, and security values. The Task Force found that DOE lacks training on the existence of, need for, and use of the EAPs. The corporate site visits validated the concept that training, particularly by the EAP staff, is an excellent means of outreach to employees and management.

The Task Force recommends some short-term actions that may be implemented to improve intervention services for employees in crisis and provides some additional recommendations that will require a long-term commitment to enhance a culture of wellness and caring in the Department. Suicide prevention requires that risk factors be identified and reduced. Because the three recent suicides were on site, a psychological autopsy (i.e., a systematic review of the specific details of the employee suicides) is recommended. After an employee's absence for treatment, clear return-to-duty processes, which are on par with occupational medical practices, are recommended to help mitigate the potential loss during this high-risk time.

Increased employee access to EAP/wellness services, which improves early identification of and intervention in problems, is possible through clarification of the requirements and responsibilities related to personnel security. The psychological well-being of the workforce has a direct correlation to maintaining national security. Endorsement of EAPs by the Chief Health, Safety and Security Officer and clarification of the treatment disclosure

and security implications are needed. The Task Force recommends issuing Departmental "Leadership Messages" that routinely communicate a culture of caring that respects, accepts, and encourages employees and their families to seek help and address problems early. To demonstrate and sustain this culture of caring and wellness, the Task Force recommends that a Wellness Advisory Board be established. The Wellness Advisory Board can improve communications, wellness, and EAP performance as a whole. Corporate direction is needed to help define employee perceptions and needs; establish comprehensive training expectations; invigorate the role of the occupational medical program; establish parity in addressing physical and emotional issues; establish management feedback systems; and revise the safety, health, security, and human resources policies to include workforce wellness/resiliency criteria and industry best practices for EAPs.

The most robust EAP cannot prevent all suicides. Suicide is a symptom, and workplace issues are often not at the core of the problem, but they can be a contributor or even a catalyst. Risk factors, such as the aging workforce and the pressures of balancing work and personal life demands, must be recognized and managed throughout the Department. Workforce reliability and health are only created and maintained when leadership clearly expresses them as core values and demonstrates a commitment to the well-being of the employees.

Summary of Recommendations

The Department should consider a comprehensive set of near-term actions to mitigate the risk for potential suicides, take leadership actions that promote and continuously improve a culture of wellness and caring, take steps to break down the barriers and perceptions that limit employees' use of assistance, and provide specific enhancements in the expectations for program services and management. To achieve these goals, the Task Force recommends the following:

Directly Addressing Suicides

1. Focus effort on identifying and reducing the risk factors for DOE suicides. Because the three recent DOE suicides were on site, a psychological autopsy should be conducted.

2. Establish clear return-to-duty procedures that mitigate potential losses during this high-risk time by instituting a triage process.

Leadership Values on Employee Wellness

3. Send a leadership message that communicates the concept of a caring culture that respects, accepts, and encourages employees to seek help and address problems early. Several vehicles can be used to communicate the message; for example, a Secretarial letter and a video message from DOE leadership (including the Secretary). These communications must be ongoing.

4. Have the Chief Health, Safety and Security Officer formally endorse EAPs and include an overview of the treatment disclosure requirements and the associated security implications. (See items 8 and 9 below.)

EAP, Wellness, and Work-Life Program Implementation

5. Invigorate the occupational medical programs by revising the safety, health, and human resources policies to include workforce wellness/resiliency criteria.

6. Ensure parity in how physical and mental conditions are addressed by the occupational medical services with respect to the fitness-for-duty and return-to-work processes.

7. Revise the Federal and contractor requirements for EAPs to embrace industry best practices, including improved means and flexibility of access to the EAPs, and define the full EAP functions to support crisis management and continuity of operations.

8. Require separation of fitness-for-duty evaluations from counseling services.

9. Require DOE in-house and contractor EAP providers to establish mechanisms for communication between the occupational medicine and security programs that transcend the various outsourcing operational models and, moreover, maintain an understanding of the DOE work environment and security requirements.

10. Create confidentiality agreements for employees seeking help. Use these agreements to clarify the EAP and security interface.

11. Conduct training for employees and management to encourage wellness and EAP use.

Continuing Improvements in Workforce Wellness and Reliability

12. Establish a Wellness Advisory Board that includes experts and line managers, and set quarterly meetings for the board to address workforce wellness/resiliency and reliability.

13. Establish performance measures to address/measure the workforce "status of health."

14. Actively promote the EAPs, the concept of work-life balance, and the use of wellness services.

15. Have senior leadership sign a Declaration of Wellness/Resiliency and Workforce Reliability Goals.

Follow-up

16. Within six months, establish a Wellness Advisory Board to consider and develop a plan to address the Task Force's recommendations.

17. Within one year, evaluate the progress in meeting the Wellness Advisory Board's charter and implementation actions.

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1.0 BACKGROUND, SCOPE, AND APPROACH

1.1 Background

Following a suicide at the Lawrence Berkeley National Laboratory on October 17, 2006, the Secretary of Energy asked the Office of Health, Safety and Security (HSS) to assemble the Task Force for Enhancement of Management Systems Supporting Employee Assistance (Task Force) to investigate suicides over the past several years to determine whether the Department can improve its efforts to provide a healthy workplace for all U.S. Department of Energy (DOE) Federal and contractor employees. The Department has documented 24 similar events in the past 10 years, with 3 events occurring in the workplace in the past 18 months. A review of Bureau of Labor Statistics data on nationwide workplace suicides shows that between 1992 and 2001, an average of 217 suicides occurred per year.[1] Men made up 94 percent of the workplace suicides, and these fatalities were most likely to be managers and workers in professional occupations. The relative risk for workplace suicides was highest for male workers aged 55 and older. Demographically, the Department has an aging, mostly male workforce.

DOE workplace suicide analysis is difficult because of inconsistent reporting of suicides in DOE's tracking systems and multiple contributory factors. The independent panel of external experts (Expert Panel) brought in to advise the Task Force noted the difficulty in identifying a matched sample of individuals for comparison to DOE. Without such a sample, it is impossible to determine whether DOE's experience over the past 18 months represents a change in the suicide rate over the previous decade. In the absence of basic epidemiological data (e.g., workforce demographics and demographics of suicide completers), DOE cannot make an

accurate assessment of deficits relative to national norms or organizational expectations. Questions regarding whether the recent suicides within the DOE workforce represent an increase in a specific subgroup of the workforce cannot be answered without more explicit investigation of the epidemiology of suicide events within DOE.

The Expert Panel also noted that employee assistance programs (EAPs) can have the most effective, proactive prevention program and still only be able to work with the individual employee who is made known to the program through self-referral or management referral. Just as with safety and security issues, awareness by the entire workforce is necessary for successful suicide intervention and prevention. Managers and coworkers would see the signs long before EAP counselors would. Even then, not all suicides will be prevented because the signs may not be present at work. Nevertheless, the Department is determined to learn from these unfortunate events, act on those lessons to the extent possible, and do what it can to prevent suicides of DOE Federal and contractor employees.

1.2 Scope and Approach

The Task Force's scope of activities was established in the memorandum dated October 24, 2006, from the Chief Health, Safety and Security Officer to the Director, Office of Corporate Safety Programs. This memorandum is provided in Appendix A. The members of management, the Task Force, the Expert Panel, advisors, and support staff are identified in Appendix B.

The Task Force structured its review and analysis around the existing EAPs. These programs provide the primary interface between the Department and employees and their families when issues come to light through self-referral or at the recommendation of supervisors or managers. EAPs do not stand alone. They work through the continuous interface of many support programs, including safety, occupational health, security, and human resources. In addition, EAPs are managed within the broader context of employee-centered wellness programs

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[1] *An Analysis of Workplace Suicides, 1992-2001*, Stephen M. Pegula, Bureau of Labor Statistics

(often called work-life programs) that combine a suite of services for physical and emotional resiliency.

The Task Force was chartered to review and assess the DOE workplace suicides; to evaluate DOE's management systems and EAPs to determine whether they are implemented and maintained to provide prevention, early detection, intervention, and effective crisis response; and to develop recommendations to improve the EAPs and enhance DOE's capabilities to promote workplace wellness. The Task Force's activities were conducted in two phases. The first phase included researching industry EAPs and best practices, and collecting and analyzing data on the existing health and safety management systems and the DOE EAPs and their implementation. These reviews included defense manufacturers and petrochemical companies.

The Task Force members made site visits to the National Security Agency (NSA), Northrop Grumman Corporation (NGC), and E. I. du Pont de Nemours and Company (DuPont) for face-to-face discussions to gain additional insight into policies, programs, and best practices. The Task Force's data collection and analysis included developing and implementing plans to gather and analyze data at DOE Headquarters, from the DOE corporate databases, and at sites where events have occurred, which include the Argonne National Laboratory, the Lawrence Berkeley National Laboratory, and the Oak Ridge National Laboratory. In addition, Task Force members visited Sandia National Laboratories (New Mexico), the Sandia Site Office, the National Nuclear Security Administration Service Center, and the Office of Secure Transportation to gather information on those sites' EAPs. Task Force members also conducted telephone interviews with EAP personnel at other DOE sites. Appendix C contains the lines of inquiry from the Task Force Review Plan.

The second phase of the Task Force's activities included further review and analysis by a panel of external experts in the areas of EAPs and suicide prevention and response to help the Task Force identify any additional opportunities for improving the management systems that support EAPs. The Expert Panel reviewed the draft report and provided comments to support the data gathering and analysis activities and reinforce the Task Force's initial conclusions and recommendations.

2.0 INDUSTRY BEST PRACTICES

The development, implementation, and maintenance of comprehensive employee assistance and crisis management programs are a critical element of overall worker performance and safety management programs in the private sector and among many Federal agencies. A recent analysis of DOE and industry practices recognizes that a clear management commitment to provide employees and their families with programs that enhance their well-being and support their personal commitments is a primary element of successful EAPs.

The parity of mental and physical health coverage within health plans seems to be a prominent trend in recent years. Work-life balance programs are endorsed and integrated into overall company policies and programs, the conduct of business, and such company communication vehicles as newsletters and special announcements. Both internal and external resources are made available to employees. In the corporate summaries listed below, DuPont, Exxon Mobil Corporation, Lockheed Martin Corporation, the NSA, and NGC clearly communicate the value of comprehensive health programs that support a healthy balance between work and personal commitments to ensure an effective, efficient workforce.

- **DuPont** states, "It is our intention to create an environment where people can use all of their capabilities to support our business. Therefore, we encourage our employees to balance their work and personal responsibilities through work-life programs such as flexible work practices, the employee life resource program, etc."

- **Exxon Mobil Corporation** provides special life assistance resources that enable its employees to "get the most out of your work, family, and daily life."

- **Lockheed Martin Corporation**, in its commitment to an inclusive work environment, encourages a work-life balance to accommodate employees' professional and personal needs. Lockheed Martin Corporation "recognizes the needs and importance of each individual" by providing policies and programs for employees and their families that focus on a work-life balance. The Family Support Centers provide links to news and information for home and family.

- **NSA** is committed to providing quality of life to its employees to include the Work & Life Network, which is a collection of programs and services designed to help both military and civilian workers manage, negotiate, and balance their work and personal life issues.

- **NGC** provides confidential, professional counseling services to help employees and their family members resolve personal issues and problems from work-related concerns, including problems with depression and anxiety, alcohol/drug abuse, personal growth, marital problems, and family problems.

The Task Force identified a set of characteristics of quality EAP services within these organizations. (See Figure 1.) The direct correlation between an investment in quality employee assistance and crisis management programs and the effectiveness and performance of the workforce has been validated by research. Researchers have identified the following areas as the elements used to evaluate the potential organizational contributors to worker health and performance:

- Work-life balance

- Work stress reduction and self-optimization skills

- The costs and dangers of workplace violence

- The impact of a quality work-life balance and relationships on employee morale, health, and productivity

- Development of human health capital (best management practices, organizational learning, values, norms, and rewards and incentives)

- The role of spirit, vitality, community, and social responsibility in corporate health.

Characteristics of Quality EAP Services

- A strong emphasis is placed on the individual's family/personal life and finding ways to support a work-life balance with available internal and external resources.

- There are many open lines of communication between employees and managers.

- A strong, in-person training component led by an EAP provider is present, as well as a management and leadership training component.

- A people-centered management style and interface with employees are both present.

- The stated desire of the company is to address stressors in order to keep skilled employees within the company performing well.

- The credibility and availability of the program resources are well established.

- Coverage of mental health is on par with physical health (mental health parity).

- There are guarantees of confidentiality, with the issues that require disclosure for security purposes clearly identified.

- There is a strong safety emphasis on and off the site, and a cohesive partnership exists between employees and management on safety.

Figure 1. Characteristics of Quality EAP Services

Figure 2. The Business Case for Investing in Employee-Related Programs

The companies interviewed by the Task Force identify the factors listed in Figure 2 as their reasons for investing in these employee-related programs.

In looking at industry best practices, the Task Force determined that the EAP is an important input to managers in developing a picture of the health and well-being of a critical component within the work environment, its workers. In a medical survey, 21 percent of depressed and despondent employees admitted to being involved in safety accidents. Thus, the EAP and associated feedback and improvement processes are vital to developing this understanding of the work environment. Ensuring the health, safety, and reliability of the workforce is an investment in maintaining safety and security, attracting and retaining personnel, reducing medical costs, improving productivity, and enhancing the corporate reputation.

A people-centered workforce forms the basis for a successful human capital management program that can increase worker proficiency and productivity and decrease labor costs. Demonstrating a corporate responsibility for workforce health sets the stage for a healthy, productive workforce.

3.0 EXTERNAL SITE VISITS

In addition to the research that the Task Force conducted regarding industry EAPs and best

practices, the Task Force made corporate site visits for face-to-face discussions, validation of findings, and additional insights into EAP policies, programs, and best practices. The sites visited were selected based on their similarity to DOE in types of work, hazards and risks, and workforce makeup; they also represent solutions that fit DOE's missions. Like DOE, these entities perform hazardous activities, engage in national security initiatives, need a highly skilled workforce, and must address an aging demographic. They also struggle with the lack of new scientists and engineers making their way into the workplace. Moreover, several of the entities have comparable work conditions, including industrial and high-technology facilities.

While this section speaks to some of industry's "best practices," the Task Force found that these practices are actually the accepted standard, and the current progressive, supportive nature of the workplace is a practical approach for ensuring corporate performance. This section discusses what the Task Force learned and how DOE can be on par with companies that are in the same line of work as the Department.

National Security Agency

On November 8, 2006, Task Force members met with personnel from the NSA Employee Assistance Service (EAS) program and Security to discuss

their methods for ensuring workforce reliability and overcoming some of the real and perceived barriers to employees seeking help when working in a highly secure environment. A key lesson that the NSA has learned as a part of the Intelligence Community is that the mental well-being of the workforce has a direct correlation to maintaining national security and addressing risk factors that can lead to espionage.

The NSA has a unique, internal EAS program that offers a fully functioning, self-contained clinic for employees. While the clinic serves the headquarters location, it is aligned with the satellite locations for consultations and discussions related to clinical supervision. The EAS program allows for some flexibility and judgment with regard to the frequency and length of treatment in order to accommodate both the employee's and the employer's needs in ensuring the employee's fitness/capability for performing his/her duties.

The NSA's mental health providers have clearances that enable them to discuss, in an appropriate setting, the pertinent details of an employee's work environment that may be contributing to the employee's current difficulties. These mental health practitioners are also trained in identifying and reporting those things that may require intervention by Security. Each employee signs a confidentiality agreement prior to treatment so that both parties are clear as to the handling of personal data and clearly understand what will and will not be disclosed.

There is a great deal of trust between the NSA EAS program personnel and Security personnel. Moreover, each party is fully aware of the requirements and responsibilities of the other, and they have built a relationship over the years that keeps both parties focused on creating a safe and secure work environment and protecting national security.

EAS program personnel conduct considerable workplace training, which also serves as an excellent means of outreach to the employees. Because of the training, many users report a greater level of comfort with the EAS program personnel and, therefore, are more willing to use the program. The EAS program is careful to use terms with positive connotations to encourage employees to utilize some of the programs. For example, instead of talking about stress management, the program talks about "energy management," with a focus on helping employees use their energies constructively. In essence, this effort is about handling work-life demands and stresses.

A mark of success for the EAS program is its collaboration with the occupational medicine program, the safety program, Security, Human Resources, and the organization's leadership. The NSA has an EAS Advisory Board composed of one senior manager from every directorate. This board helps the EAS program improve service to the NSA community and keeps NSA leadership informed of the human needs within the organization and the EAS program's progress in serving the workforce. The NSA EAS program was fully accredited recently and hopes to serve as a positive benchmark for other Federal agencies.

The EAS Program Manager gave the Task Force some advice on improving DOE's wellness and health-related programs:

- Experienced providers are key for employees in specialty environments, such as highly secure areas.

- The EAS program providers must understand security practices and standards.

- The Chief of Security must buy into the program.

- Confidentiality is key for successful employee utilization and cooperation.

- The EAS program functions best when aligned with the occupational medicine program.

Northrop Grumman Corporation

On November 8, 2006, Task Force members also met with NGC EAP representatives. The NGC EAP uses a combination of internal and external providers. The NGC EAP has a parallel role with

the occupational medicine program; both programs are managed under Human Resources. The EAP benefits are viewed as an effective tool in keeping employees fit for duty and productive, and they provide a good resource to help management in addressing employee needs or difficulties. The NGC, like many large companies in the private sector, is self-insured and looks to keep the workforce fit as a means of reducing healthcare costs. Since workforce health and reliability are clearly seen as necessary for ensuring a safe workplace, the NGC's EAP also has close ties with its Safety Department.

The NGC EAP places a very strong emphasis on serving family members and clearly states its desire for early identification of family and marital issues, as well as substance abuse and depression. If family members have confidence in the EAP, it can be a good source for help in identifying employee issues long before work-related problems surface. The NGC's EAP offers eight free counseling sessions per person per year. Services beyond the EAP are covered through the mental health benefits within the company's health insurance plan. Underlying the NGC's EAP is a strong emphasis on confidentiality, and like the NSA, the NGC is clear about the conditions of confidentiality and the reporting requirements.

Much like the NSA, the NGC EAP has a strong working relationship with the Security Department. The EAP is a team member in the NGC's well-established crisis management program, which is coordinated by the Director of Security. Workplace violence, workplace suicide, etc., are handled through this program. A Crisis Response Plan that addresses both localized events, such as suicide, and catastrophic crises is an integral part of the NGC Emergency Plan.

The NGC EAP has an active training component for managers and employees. Every effort is made to make employees and managers aware of the services, help them feel comfortable in seeking help, and ensure easy access for utilization of the program. The NGC encourages early identification of issues

and routinely garners the support of corporate management.

E. I. du Pont de Nemours and Company (DuPont)

On November 30, 2006, the Task Force members met with DuPont EAP representatives and learned that many industry EAPs grew out of treatment needs for substance abuse. DuPont started addressing alcohol abuse as early as 1942 through onsite Alcoholics Anonymous meetings. With this longstanding view of supporting the workforce and looking at how personnel influence worksite and workforce safety, DuPont has developed a very progressive, global EAP. DuPont noted that while some employees will commit suicide, the occurrence of onsite suicide is not only rare but often carries within it a message to the employer.

Organizationally, the DuPont EAP resides with the occupational medicine program under Human Resources. The Global EAP Manager oversees the EAP at the satellite locations and international sites, and he also provides direct counseling to DuPont's top executives. DuPont also has a strong occupational medicine program, with approximately 1 full-time provider for every 1,500 employees in its United States locations. There is close coordination between the EAP and the occupational medicine program, allowing DuPont a clear view of the physical and mental health of the workforce.

The Chief of Security in the Wilmington office, a former Federal Bureau of Investigation and Central Intelligence Agency employee, has an open and progressive view of the EAP. There is a good working relationship between the Security Department and the EAP, as well as a strong degree of trust that encourages EAP personnel to bring to Security's attention anything that might require their action.

The EAP personnel are separate from the personnel responsible for assessing and screening employees for fitness for duty, but the EAP personnel understand the situations that would require a fitness-for-duty assessment. Fitness for duty is determined

by medical personnel, and unless an employee is declared unfit, Security is not involved. Use of the EAP at DuPont seems to be devoid of the stigma that is often associated with someone seeking help. This attitude appears to result from DuPont's clearly communicated philosophy that an employee and manager will not suffer retribution for coming forth, but they may experience more difficulties if they fail to come forward. The DuPont EAP, much like NGC EAP, places a premium on treating employees' family members, as it realizes that working with the family can help identify problems long before they become onsite work issues. Managers actively engage the EAP process, and Security fosters this attitude.

DuPont has two compelling reasons for developing a comprehensive EAP. First, the EAP is seen as a direct tie to achieving workplace safety, and second, DuPont values its employees and strives for low turnover. Chemical manufacturing is potentially dangerous and hazardous; thus, it is critical to have and retain experienced, well-trained employees. Safety and people are DuPont's main drivers. DuPont keeps a record of onsite and offsite events for all employees as part of its safety statistics. In addition, safety performance is part of the compensation evaluation package for all managers, which is in keeping with DuPont's Six Sigma philosophy.

DuPont found that aggressive use of the EAP initially reduced healthcare costs by 22 percent, and today the EAP continues to keep medical costs level in an environment where healthcare costs are generally rising. DuPont is self-insured, and reduced medical costs are an EAP incentive, as are a secure workplace and workforce.

The EAP Global Manager is given a tremendous amount of latitude in marketing the EAP's corporate value, actively training personnel on the EAP, providing workplace programs, and ensuring the EAP's interface with the DuPont work-life initiatives. The DuPont EAP personnel stay engaged with employees in order to build and maintain trust and to continually remind employees and

managers of the resources available to them. DuPont has demonstrated that a well-functioning EAP requires top management support, a good working relationship between the occupational medicine and security programs (as well as Human Resources), and a robust set of work-life initiatives.

Summary of Lessons Learned from the Corporate Site Visits

The issues of workforce reliability, violence prevention (including suicide), and the delivery of programs to address workers' mental and physical health needs present a complex balance between security (whose job it is to screen out risks and threats), safety (whose job it is to protect the facility, the workers, and the public), and the mental and physical health programs (which are intended to protect the individual and, in doing so, protect the workforce as a whole). For example, in the complex balance between security and the EAP, the individual must come forward for assistance (or be sent forward through the management chain), and workers may hesitate to seek help for fear of the impacts, or perceived impacts, on their security clearance status, fitness-for-duty rating, or other aspects that may negatively reflect on their work performance.

While the security and safety programs do much to screen out risks, EAPs are only successful when they can attract the employees. Corporate policies must be clear about the conditions of confidentiality and reporting requirements. Close coordination and trust between the EAP, the occupational medicine program, and the security program are essential. Finally, training is a key element, both for EAP providers and as a means of outreach to employees and managers.

4.0 DOE EMPLOYEE ASSISTANCE PROGRAMS – FEDERAL AND CONTRACTOR

4.1 DOE Program Expectations

The expectations for implementing EAPs within DOE are established through an interwoven set of

laws, regulations, policies, directives, and guidance. Holistically, the EAP services are part of a broader set of employee health services that should promote a "culture of caring." There are many ways to administer employee health service programs to achieve this culture. Areas of coverage often include administration, physical fitness programs, and EAPs. This suite of services is usually referred to as a wellness program. The Task Force focused its efforts on the EAP with an understanding of its role within the broader health services context.

As structured in DOE, an EAP relies on a teaming approach to provide employee assistance and help ensure a safe and reliable workforce. Partnering occurs across functions, including occupational medicine, human resources, safety, and security.

The EAP expectations for Federal employees and contractor employees are defined in different ways, based on different laws and expectations. Each program has evolved into different approaches at Headquarters and field operations across the Department. Contract provisions for government-owned, contractor-operated sites also introduce variability in approach and delivery of services. Corporations working for DOE often have umbrella policies and requirements addressing employee services and labor relations across a number of operating units. The Task Force identified some of these approaches during its Headquarters and field reviews.

Federal Employees

The Office of Personnel Management's guidance for Federal employee health services supports the establishment of EAPs. Specifically, the guidance states that because most working Americans spend at least 30 percent of their time at work, the workplace is a logical place for employees to receive preventive health services. President Bush's HealthierUS Initiative recognizes the role of worksites, specifically Federal worksites, in improving the health of the nation. In its report to the President, the HealthierUS Working Group states that because Federal agencies have approximately

1.7 million employees, they have both an obligation and an enormous opportunity to offer programs and support mechanisms to improve the health of their workforce. In addition, the Department of Health and Human Services' *Healthy People 2010* (health objectives for the nation) calls for more worksites to offer comprehensive health promotion programs to their employees.

Under Title 5, Code of Federal Regulations (CFR), Part 792, Federal agencies must provide EAPs to assist employees with drug and alcohol abuse prevention, treatment, and rehabilitation. Under Title 5, United States Code, Part 7901, agencies may establish, within the appropriation limits available, health service programs to promote the physical and mental fitness of employees.

Within the DOE directives system, DOE Order 341.1, *Federal Employee Health Services*, establishes the requirements and responsibilities for occupational medical, employee assistance, and worker compensation programs for Federal employees. DOE Guide 341.1-2, *Guide on Federal Employee Assistance Programs*, provides the preferred approach to implementing EAPs. The DOE directives provide supplemental information for fulfilling the requirements contained in DOE rules and directives and in applicable regulatory standards. The DOE directives are also used to identify government and non-government standards and methods that DOE finds acceptable for implementing the Department's requirements (see DOE Order 341.1, Attachment 3).

Contractor Employees

DOE Order 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees*, establishes the expectations and framework for contractor worker protection programs. Specifically, the DOE order requires contractors to establish medical programs that include employee counseling and promote employee health. The physician responsible for delivery of medical services is required to review and approve the medical aspects of contractor-sponsored or

-supported employee assistance and substance abuse rehabilitation programs and to approve and coordinate all contractor-sponsored or -supported wellness programs. In addition, DOE Order 350.1, *Contractor Human Resources Management Programs*, establishes specific requirements for contractor EAPs.

The new DOE rule, 10 CFR 851, *Worker Safety and Health Program*, codifies the elements of DOE Order 440.1A and establishes the framework for worker safety and health programs that will reduce or prevent occupational injuries, illnesses, and accidental losses by requiring contractors to provide their employees with safe and healthful workplaces. Specifically, Appendix A, Section 8, "Occupational Medical," contains the expectations for management of the contractor's EAP, and it requires the occupational medicine service provider to review and approve all services offered to employees, including contractor-sponsored or -supported EAPs. As noted during the comment process for 10 CFR 851, DOE has taken this stance because the occupational medical provider has overall responsibility for ensuring that employees are offered appropriate, comprehensive services. The final rule builds on existing contract practices and processes to achieve safe and healthful workplaces. The rule is intended to complement DOE Order 440.1A and the integrated safety management approach.

4.2   Interfaces Between Access Authorization (Security Clearance) and Employee Assistance Programs

In response to Executive Order 12968, dated August 4, 1995, which directed establishment of a Federal personnel security program for those considered for initial or continued access to classified information, DOE issued its implementing rule in 10 CFR Part 710, *General Criteria and Procedures for Determining Eligibility for Access to Classified Material or Special Nuclear Material*. The pertinent section of Executive Order 12968 states that "no negative inference concerning the standards in this section may be raised solely on the

basis of mental health counseling," but it stipulates that such counseling may justify further inquiry and that "mental health may be considered where it directly relates" to the standards of the adjudicative guidelines implementing the Executive Order. These adjudicative guidelines are incorporated in 10 CFR 710 as Appendix B to Subpart A. DOE Order 470.4, *Safeguards and Security Program*, and DOE Manual 470.4-5, *Personnel Security*, provide further clarification of the safeguards and security requirements. DOE Manual 470.4-5 requires all holders of DOE access authorizations to self-report to personnel security any hospitalization for a mental illness, treatment for drug abuse, or treatment for alcohol abuse. Because EAPs commonly provide treatment in these areas, the requirements should be clarified to resolve the expectations of personnel security and the EAPs. In addition, all individuals who are investigated or reinvestigated for access authorizations are required to complete Office of Management and Budget Form SF-86, "Questionnaire for National Security Positions," which requests information regarding "consultation with a mental health professional" in question 21 of Part 2. Questions 24 and 25 ask about drug activity and use of alcohol. Truthful answers to these questions require self-reporting the types of conditions that may be treated by EAPs.

The DOE personnel security review process is designed to determine whether granting or continuing an access authorization will endanger the common defense and security of the nation and whether it is consistent with national security interests. It is not the intent of the DOE directives, or the Department in general, to discourage an individual from seeking appropriate treatment. Seeking such treatment is actually looked upon favorably in the adjudication process, but there are circumstances in which a condition or treatment may impair an individual's judgment or reliability. These circumstances must be considered when granting or continuing access authorization or making other human reliability program determinations. The EAP can also assist in returning employees to work as a condition of fitness for duty/corrective action. DOE orders and manuals direct safeguards and

security personnel to err on the side of protecting national security. Many individuals have used EAP services without negatively affecting their access authorizations. However, as discussed below, some individuals interviewed by the Task Force were concerned that use of the EAP services would jeopardize their security clearances.

4.3 Program Implementation

The following sections describe the EAPs and their services reviewed by the Task Force, including an analysis of the current management systems and related supporting information provided by the Expert Panel.

4.3.1 Delivery of Services

EAP services for DOE Federal and contractor employees are provided through a variety of different mechanisms that are structured to furnish short-term counseling, referral, and follow-up services to employees who may have personal and/or job-related difficulties. At each site visited by the Task Force, the DOE managers readily recognized the requirement to provide EAP services. However, the Task Force noted a number of shortcomings in the management and implementation of the programs, as discussed in Section 4.3.2. While Federal programs primarily follow a human resources model that views the EAP as an employee resource, the contractor EAP services more often combine a safety/fitness-for-duty application with a human resources benefit component. Both programs include family counseling, referral, and community resource lists as part of the standard suite of services.

The EAP services at DOE Headquarters are managed by the Office of Human Capital Management (HR). A certified EAP Specialist has developed a counseling and referral program with locations at the Forrestal and Germantown facilities. HR supports the DOE Employee Work-Life Center, which provides a host of wellness and human resources activities that include the EAP. The Employee Work-Life Center serves as a centralized resource for Federal employee health and wellness programs;

benefits; family-friendly programs; and career planning, transition, and development.

Federal employees in field locations generally obtain EAP services from locally-contracted service providers that are located either in the Federal facility or in the nearby community. One unique Federal program provides the combined services of an occupational health nurse who is also certified by the state to provide EAP counseling at the Federal worksite.

Human resources personnel generally follow the Office of Personnel Management's guidelines and DOE Order 341.1, *Federal Employee Health Services*, when establishing the scope of work to select an EAP service provider. EAP contracts usually provide for some form of management training and employee awareness through workshops, seminars, web sites, brochures, and posters. These services are in addition to the standard counseling and referral services lasting from five to eight sessions before other, long-term benefits can be initiated. Statistics are usually provided on a quarterly basis to the DOE Contracting Officer's Representative for review. Increasingly, Federal Occupational Health Services are being integrated into Federal occupational health programs throughout the DOE complex; however, their services have not been consistently integrated into the EAP process.

Contractor EAPs consist of a combination of internal and external/contracted service providers. The safety, human resources, and security requirements contain specific language that outlines a variety of responsibilities and includes the services of an EAP provider. Managers can request a formal fitness-for-duty evaluation, which may include an integrated evaluation from medical and psychological professionals and human resources personnel. Usually, the internal contractor medical staff conducts the initial medical and psychological evaluations. In most cases, the contractor medical program has a psychologist on staff to provide both human reliability and EAP services.

The human resources department may also have a contractual arrangement with an external EAP provider. This benefit can be used for evaluation and referral of typical family or personal problems that are best accomplished within the framework of a community setting. Employees and managers are encouraged to take advantage of these family-oriented services to resolve difficulties that are not related to work.

Increasingly, DOE contractors are establishing policies regarding workplace violence and setting up crisis management committees and teams to anticipate and respond to potential crisis situations. These committees, which include employee concerns managers, security personnel, psychological professionals, and human resources specialists, may recommend EAP intervention if a situation warrants that type of response. Interventions such as anger management, grief counseling, and stress index calculations are all being utilized to address concerns in the workplace. Crisis counseling for coworkers after a significant incident, such as a worker fatality, has been reported to be a valuable resource.

However, the Task Force identified concerns associated with current EAP processes in both the DOE Federal and contractor programs. The internal and contracted EAP providers collect a variety of statistics, but the data is seldom used to direct the services provided. In cases where external and internal programs exist together, the information collected is seldom shared.

The EAPs are seldom evaluated for effectiveness, and most programs do not have any quality improvement processes, such as opportunities for participants to evaluate the services provided. Feedback and improvement activities, including regular interface with key program officials, are generally absent.

Managers and employees seem to gain only minimal awareness of the EAP services from the information provided during orientation and in some training. Persistent questions include how to help fellow employees seek evaluation and treatment if unusual symptoms or behaviors develop in the workplace. In addition, since there is no standardized approach to returning an employee to duty after an absence for mental, physical, or substance issues, the evaluation and transition methodologies for returning to duty are inconsistent. This is a concern because one of the recent suicides occurred soon after the employee returned to work.

Finally, at all of the sites visited, interviewees expressed concern about the potential negative impact of seeking counseling on an individual's clearance and/or career. Most interviewees stated that more information concerning the requirements for reporting behavioral problems to security officials and maintaining confidentiality would be helpful in promoting better use of the EAPs.

4.3.2 Management Systems Evaluation

The Task Force approached this evaluation by looking at the management systems and best practices in place to implement EAPs in both the Department and industry to identify opportunities to improve DOE's management systems. Both DOE and industry expect EAPs to be managed in accordance with principles consistent with other programs where humans are a vital link, such as safety and security programs. These principles include management ownership of the program, assessment of the program to ensure that it meets expectations, definition of the program policies and objectives, communication mechanisms to ensure that the policies and program objectives are understood and accepted, and training of managers and staff.

During the corporate site visits, the Task Force members noted that the companies managed their EAPs using various industry best practices. The Task Force identified six common reasons that drive the need for an EAP: (1) safety, (2) security, (3) attracting and retaining personnel, (4) reducing medical costs and corporate liability, (5) improving productivity, and (6) corporate reputation. These incentives drive many corporations to institute programs that are beyond the minimum requirements of the law.

In addition, the Task Force found that workforce assessments conducted by private industry; by Federal, state, and local government agencies; and by mental health organizations, universities, etc., showed that employee health and reliability are a primary focus of concern and relate directly to worker performance and the success of any organization. The workforce assessments included the following elements:

- Determining the impact of health issues on workers' performance

- Comparing the impact of different health issues on workers' performance

- Identifying areas of opportunity for health interventions

- Assessing the potential productivity gains from alternative health improvement strategies

- Determining the business case and the human reliability case for investing in employee health

- Providing a safe and secure workplace.

Within DOE, several of these additional incentives do not appear to resonate. Whether in DOE or industry, EAP elements need to be organized, documented, planned, implemented, continually assessed, and improved to promote a culture of caring. For EAPs, a key concept to apply is a behavior-based safety systems concept where the human element is a vital link in preventing accidents and lost productivity. The Expert Panel noted that leadership plays a key role in creating a culture of caring for employees. To attain this culture, the Department must understand and accept that it will require integration of preventive mental health programs in a step-by-step manner that will take years to fully implement and will require the involvement of, and investment from, all stakeholders, including contract employees, union representatives, and supervisors.

As a result of its evaluation, the Task Force identified five areas for improvement in the DOE EAPs, which are discussed in detail below.

Line Management Commitment

(1) *Line management commitment and the interfaces with various stakeholders are informal and not structured.*

The Task Force observed a common theme at most sites of sporadic, informal, ad hoc communication between organizations such as human resources, the medical program, the security program, the EAP, and line managers. The Task Force determined that utilizing crisis management teams that include representatives from each of these organizations and holding periodic meetings to discuss EAP services, utilization rates, workplace issues, and indicator trends could be used to gain the acceptance of all stakeholders.

Line managers at most sites have not made positive policy statements about utilization of the EAP to promote a healthy work environment. At most of the sites that were visited, the Task Force generally found that line management's proactive commitment to and expectations for the EAP, including monitoring performance and incorporating feedback into discussions among line managers, were insufficient. DOE and contractors need to take more opportunities to discuss the EAP with the same emphasis as other safety issues and to monitor and manage it as a top-down, integrated safety management-based process. EAP providers should integrate their feedback to bring together information that relates to the workplace in a way that helps managers pinpoint areas needing attention and promotes a more supportive work environment. There is normally a direct correlation between the utilization rate and how well employees and supervisors know (see/talk with) their EAP provider.

Finally, since occupational health clinics can be a major source of referrals for EAPs, the Task Force recommends that sites strengthen the onsite relationship between the medical programs and the EAPs, including developing

a directory with medical contact names and numbers and a directory of the Federal EAPs. The EAPs are dependent on successful collaboration with the occupational medicine, safety, security, and human resources programs and the organization's leadership. The historic role of the site medical director as an integrating function has been diminished in many of the external provider relationships. Outsourced relationships must be managed to ensure an understanding of the site dynamics and coordination with the occupational medicine program.

Feedback and Improvement: Understanding the Work Environment

(2) *EAP performance indicators and feedback mechanisms are not used in a manner that can be analyzed and communicated to senior management.*

During reviews at both Headquarters and field sites, the Task Force found inadequate systems within DOE to rigorously capture and analyze data and report outcomes from the analyses to managers to facilitate their decisions on the status of the EAPs and any improvements that may be needed. The Expert Panel emphasized that performance measures must be identified prior to the initiation of any new programs if EAP utility is to be evaluated over time. Also, while tragic, suicide is such a rare event that other benchmarks are needed to evaluate preventive mental health program efficacy and organizational commitment. These benchmarks must be uncoupled from individual identifiers and may include rates of employee depression, rates of substance abuse, and ratings from employees on whether and how well the organization cares for their families. These and other benchmarks provide a way of measuring the culture of caring within the organization and can be tracked over time to gain a sense of the program's success.

Most sites collect and report EAP utilization rates and categories. However, these indicators need to be standardized among EAP providers, be more widely communicated, and become part of the regular discussions at senior-level meetings to increase management's focus on EAP services and to enable a broad look across the Department's EAP providers. Further, existing and new EAP indicators need to be prepared, evaluated, and trended for relevance to what is occurring within the work environment, similar to the manner in which traditional safety statistics are utilized. One example is the manner in which the Sandia National Laboratories EAP provider utilizes a Stress Map™ tool to identify potential safety-related concerns. These EAP indicators should become topics of discussion at safety meetings, become the basis of managed actions to recognize workplace issues, and create an opportunity to resolve negative trends in the work environment.

(3) *Self-assessment and oversight processes for the EAP are lacking.*

The Task Force did not find examples of formal self-assessments, feedback and improvement activities, or lessons-learned processes related to the EAPs at most of the DOE sites that were visited. These processes are not only required, but also are vital to improve the overall DOE program. The self-assessment should determine whether EAP implementation conforms to established DOE requirements and/or the defined expectations. Each DOE organization should have a schedule and a set of criteria for reviewing and evaluating the performance of the DOE and contractor EAPs. DOE elements should incorporate criteria from DOE Guide 341.1-2, *Guide on Federal Employee Assistance Programs*, and industry best practices in developing their self-assessment programs.

In addition, as noted in item 2 above, a standardized set of performance indicators and measurements should be developed from all DOE and contractors EAPs and periodically

presented to and evaluated by DOE senior management. Further, line managers should encourage the use of and act on the results from EAP survey instruments to gauge the acceptance, perceptions, and feedback of employees and managers on the EAP, especially those of new employees who may not be fully assimilated into the work environment.

Formality of Operations: Application of Standards, Guidelines, and Best Practices

(4) *Overall program direction, emphasis, and additional guidelines are needed.*

The Task Force determined that sufficient DOE directives exist to implement the program. However, more specific language should be added to DOE Order 341.1, *Federal Employee Health Services*, and its Guide, as well as the guidelines for 10 CFR 851. This needs to be done to communicate the program scope, suite of services, feedback and improvement expectations, use of performance indicators, self-assessment requirements and criteria to be applied, and the expectations for delivery of services on DOE's part. The DOE expectations and performance indicators should be focused on a broad work-life center concept that is based on current Office of Personnel Management guidelines and consensus standards, and they should incorporate the industry best practices discussed in this report as much as practicable. For example, DOE should consider emphasizing and providing guidance on the industry best practice of promoting the EAP as a means to attract and retain personnel, reduce medical costs, improve productivity, and reduce liability. Further, DOE and its contractors should be encouraged to seek professional accreditation for their EAPs.

DOE sites need to have a documented EAP, clear implementing procedures/plans, an established feedback and improvement process, and a set of EAP self-evaluation criteria. For example, the Task Force found positive examples of an EAP

and workplace violence prevention program document at the Chicago Office/Argonne National Laboratory. Additional emphasis needs to be placed at the DOE field manager level to ensure development of suicide prevention and intervention documents, plans, procedures, and guidance.

Employee Involvement and Training: Promoting Awareness/Acceptance and Reducing Barriers to Utilization of EAPs

(5) *The EAPs could be better marketed and communicated, with additional focus on changing negative perceptions and removing barriers. In addition, the training programs for managers and employees need more emphasis.*

The Task Force observed that while sites have EAPs in place, the suite of services (as well as the utilization and marketing of the programs) and the employees' awareness levels are inconsistent. The Expert Panel recommended that management training on the value of EAPs address behavior risk management so that managers learn to identify "risk behaviors" and encourage employees to seek help. In addition, more emphasis is needed in tailoring the services provided to the site-specific work environment and the needs of the managers and workers.

All EAP providers should be knowledgeable of DOE's priorities for security issues and creating an environment of privacy. Promoting an environment that does not stigmatize those who seek mental health assistance requires a balance between respect for privacy and respect for the safety and security needs that preclude confidentiality. In the areas of EAP awareness and acceptance, a common theme of employees was that confidentiality and trust are paramount when making a decision to use the program. Most interviewees expressed concern about how utilizing EAP services might affect their employment, their security clearance, or their standing with their supervisors or coworkers. DOE management needs to put more effort

into reducing the barriers to utilization of EAPs, allaying the negative perceptions, and addressing the issues between the EAP, human resources, and personnel security. Both the EAP and personnel security need to clarify and clearly communicate to employees the distinctions between and reporting requirements for utilization of EAP services, notification of personnel security, and completion of waivers for processing security clearances.

Regarding acceptance and utilization of EAP services, most employee interviewees said they felt uncomfortable about approaching another employee regarding a behavioral or emotional issue, although many of them would be more willing to approach a coworker who is also a friend. Most managers stated that they felt comfortable approaching an employee regarding the EAP if there was a performance problem, and if approached by an employee, they were comfortable referring the employee to the EAP or other related services. In general, managers understood the expectation for confidentiality. Managers and employees both expressed an interest in having more training on the EAP, including how to approach other employees or other managers about behavioral problems.

The employees who were interviewed noted that face-to-face interaction with the EAP via in-person interactions with the EAP staff outside a clinical session (such as meetings, discussion groups, training, or other forums) would be helpful. Interviewees also noted that additional training that includes information on how to approach coworkers would be helpful, particularly if quick reference guides (such as pocket cards summarizing key information) were provided.

The Expert Panel agreed that expansion and marketing of well-resourced EAPs may ultimately promote a culture of caring within the Department. However, the Expert Panel cautioned that successful EAPs require input from the workforce they serve and buy-in and investment from the stakeholders.

5.0 CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations in this report are managerial controls and measures that the Task Force has determined are necessary to improve the EAPs and their utilization. The recommendations will serve as the basis for action plans to improve and promote DOE Federal and contractor EAPs. These recommendations are offered to address efforts to mitigate the potential for suicides, break down the barriers for employees to seek assistance, improve employee assistance services, and offer leadership strategies to continuously reinforce and improve a culture of caring.

Conclusions

The recent suicides are tragic incidents that warrant DOE's attention to prevent, to the extent possible, future fatalities of this nature. Although the data appears to indicate that the rates are within Federal workplace norms, the Task Force concludes that elements of the existing employee wellness programs, specifically implementation of the EAPs, could be enhanced. Demographically, the Department has an aging, mostly male workforce and is at some increased risk of work-related stress, workplace violence, or tragically, workplace suicide.

The Expert Panel noted that questions regarding whether the recent suicides within the DOE workforce represent an increase in a specific subgroup of the workforce cannot be answered without more explicit investigation of the epidemiology of suicide events within DOE. Because the three recent DOE suicides were on site, a psychological autopsy (i.e., a systematic review of the specific details of the employee suicides) should be conducted to help identify and reduce the risk factors.

In addition, the Task Force found inconsistencies in the evaluation and transition methodologies for

returning an employee to duty after an absence for mental, physical, or substance issues. The processes for returning an employee to duty must be clearly defined because this is a period of particular risk. One of the recent suicides occurred soon after the employee returned to work.

A renewed, visible management commitment is needed to provide employees and their families with programs that will reduce stress, enhance well-being, and support their work and personal commitments. The Task Force determined that workforce reliability and health are created and maintained only when the corporate leadership expresses these concepts as core values. DOE senior management needs to cohesively address workforce wellness, including sending a leadership message with a positive policy statement about using EAPs to promote a healthy work environment. In addition to a Secretarial message on the value of wellness programs, an endorsement by the Chief Health, Safety and Security Officer that includes an overview of the treatment disclosure requirements and associated security implications would help alleviate some of the apprehension about seeking treatment.

With regard to the treatment provided, the EAP/wellness programs across the Department vary in quality and delivery, and the Task Force identified a need for DOE to set clear expectations for such services. The industry best practices identified by the Task Force can serve as a guide. Revised directives, clear guidance, and targeted management training are needed to better define the EAPs, improve employee engagement, and promote the corporate health, safety, and security values of providing these services.

The success of an EAP is dependent on collaboration with the occupational medicine, safety, security, and human resources programs and the organization's leadership. In particular, the Task Force found that the occupational medicine programs and EAPs need to be better linked to improve services and to separate fitness-for-duty evaluations from counseling

services. It will require increased support from DOE to ensure that coverage of mental health is on par with physical health.

The psychological well-being of the workforce has a direct correlation to maintaining national security. DOE seeks workforce reliability, yet the poorly understood boundaries for reporting treatment and the perceived security implications create apprehension. At all of the sites visited by the Task Force, the perception of the potential negative impact of seeking counseling on an individual's clearance and/or career was expressed. More information, including clarification of the requirements for reporting behavioral problems to security officials and use of clear confidentiality agreements, would be helpful in promoting utilization of the EAPs, which are dependent on trust and confidentiality.

The Task Force found that DOE lacks training on the existence of, need for, and use of the EAPs, yet the corporate site visits validated the concept that training is an excellent means of outreach to employees and management.

The Task Force also identified a lack of performance monitoring and self-assessment of the efficacy of the wellness programs/EAPs. A standardized set of performance indicators and measurements should be developed from all DOE and contractors' EAPs and periodically presented to and evaluated by DOE senior management and a Wellness Advisory Board. At some sites, the contracted EAP providers collect a variety of statistics, but the data is seldom used to redirect the services provided, and in cases where external and internal programs exist together, the information collected is seldom shared. More disciplined self-assessment and feedback and improvement processes are needed to monitor and redirect the services. In addition, DOE should continue to support internal and external programs that seek accreditation, recognizing that achieving national standards adds value to the existing programs and services.

Recommendations

The Department should consider a comprehensive set of near-term actions to mitigate the risk for potential suicides, take leadership actions that promote and continuously improve a culture of wellness and caring, take steps to break down the barriers and perceptions that limit employees' use of assistance, and provide specific enhancements in the expectations for program services and management. To achieve these goals, the Task Force recommends the following:

Directly Addressing Suicides

1. Focus effort on identifying and reducing the risk factors for DOE suicides. Because the three recent DOE suicides were on site, a psychological autopsy should be conducted.

2. Establish clear return-to-duty procedures that mitigate potential losses during this high-risk time by instituting a triage process.

Leadership Values on Employee Wellness

3. Send a leadership message that communicates the concept of a caring culture that respects, accepts, and encourages employees to seek help and address problems early. Several vehicles can be used to communicate the message; for example, a Secretarial letter and a video message from DOE leadership (including the Secretary). These communications must be ongoing.

4. Have the Chief Health, Safety and Security Officer formally endorse EAPs and include an overview of the treatment disclosure requirements and the associated security implications. (See items 8 and 9 below.)

EAP, Wellness, and Work-Life Program Implementation

5. Invigorate the occupational medical programs by revising the safety, health, and human resources policies to include workforce wellness/resiliency criteria.

6. Ensure parity in how physical and mental conditions are addressed by the occupational medical services with respect to the fitness-for-duty and return-to-work processes.

7. Revise the Federal and contractor requirements for EAPs to embrace industry best practices, including improved means and flexibility of access to the EAPs, and define the full EAP functions to support crisis management and continuity of operations.

8. Require separation of fitness-for-duty evaluations from employee and family counseling services.

9. Require DOE in-house and contractor EAP providers to establish mechanisms for communication between the occupational medicine and security programs that transcend the various outsourcing operational models and, moreover, maintain an understanding of the DOE work environment and security disclosure requirements.

10. Create confidentiality agreements for employees seeking help. Use these agreements to clarify the EAP and security interface.

11. Conduct training for employees and management to encourage wellness and EAP use.

Continuing Improvements in Workforce Wellness and Reliability

12. Establish a Wellness Advisory Board to include experts and line managers, and set quarterly meetings for the board to address workforce wellness/resiliency and reliability.

13. Establish performance measures to address/ measure the workforce "status of health."

14. Actively promote the EAPs, the concept of work-life balance, and the use of wellness services.

15. Have senior leadership sign a Declaration of Wellness/Resiliency and Workforce Reliability Goals.

Follow-up

16. Within six months, establish a Wellness Advisory Board to consider and develop a plan to address the Task Force's recommendations.

17. Within one year, evaluate the progress in meeting the Wellness Advisory Board's charter and implementation actions.

APPENDIX A – APPOINTMENT MEMORANDUM

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Department of Energy
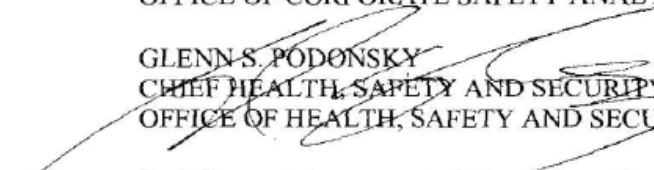Washington, DC 20585

October 24, 2006

MEMORANDUM FOR CHARLES B. LEWIS
                              DIRECTOR
                              OFFICE OF CORPORATE SAFETY PROGRAMS
                              OFFICE OF CORPORATE SAFETY ANALYSIS

FROM: GLENN S. PODONSKY
                          CHIEF HEALTH, SAFETY AND SECURITY OFFICER
                          OFFICE OF HEALTH, SAFETY AND SECURITY

SUBJECT: Task Force: Enhancement of Management Systems Supporting
                          Employee Assistance

An employee of the University of California at the Lawrence Berkeley National
Laboratory apparently fell to his death on October 17, 2006. The investigation by local
authorities as to the cause of this tragic event is still on-going at this time. The
Department has experienced 24 similar events in the past 10 years and three in the past
18 months. These unfortunate events make us painfully aware of our collective
responsibilities to ensure that our management systems and employee assistance
programs are maintained and implemented to provide for early detection, prevention,
intervention, and effective crisis response.

Secretary Bodman, Deputy Secretary Sell, and the Under Secretaries have expressed
their personal concern for the mental and physical safety and security of their personnel.
The Department is determined to learn from these unfortunate events, act on those
lessons, and to the extent possible, prevent future losses of this nature.

In an effort to explore the root cause of these events, we are appointing you as Team
Leader for a Task Force to review and assess the incidents which have occurred in the
past five years and the role of the Department's prevention programs. The purpose of
the review is to identify opportunities for improving existing Department of Energy
management systems and enhance our capabilities. To that end, this review will be a
collaborative effort between the Office of Health, Safety and Security; the Office of
Human Capital Management; and each of the Under Secretaries. In addition, a panel of
external experts in employee assistance programs, crisis prevention, and incident
response will be established to provide recommendations to the Department.

The review will be conducted in two phases. First, the focus will be on existing
management systems, programs, and their implementation. This will include interfaces
between the Employee Assistance and Human Resources Programs; both at

2

Headquarters and at a sample of sites where events have occurred. Interim results from this phase will be completed by November 15, 2006. The second phase will include further analysis by the panel of external experts. A final report with recommendations for consideration will be provided to the Deputy Secretary by November 30, 2006.

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APPENDIX B – MEMBERS OF MANAGEMENT, QUALITY REVIEW BOARD, TASK FORCE, ADVISORS, EXPERT PANEL, AND SUPPORT STAFF

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APPENDIX C – TASK FORCE LINES OF INQUIRY AND INITIAL DOCUMENT REQUESTS FOR ONSITE DATA COLLECTION

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Lines of Inquiry and Initial Document Requests for Onsite Data Collection

1. **Lines of Inquiry**

   Site Occupational Medical Director

   Q: As required by DOE Order 440.1A, please describe your site EAP, including:

   - Staffing, qualifications, budget, program plan, and requirements.
   - Types of services provided (e.g., 800 number, on-site provider, or off-site provider).
   - Current status of the program, including general trends concerning participation from employees. Has there been either an increase or decrease in use of services?
   - Results of any recent self-assessments. Has any feedback information been provided concerning the EAP? Are any corrective actions or initiatives in process?
   - If the EAP is "off site," how is communication established, including obtaining feedback from external providers? Does the site communicate to the external provider? Do you use EAP statistics to analyze or modify the services or programs?
   - Is funding a factor in providing assistance to all who need it? Is funding increasing or decreasing for employee assistance initiatives?
   - How are EAP services communicated to the employee population (e.g., training, orientations, workshops, etc.)?
   - How are managers trained to identify and/or manage fitness-for-duty cases or behavior referrals?
   - Is the reluctance from certain elements of the employee population to seek assistance addressed in the communication plan (i.e., loss of clearance, stigma of being weak, men don't need assistance, etc.)?
   - Do you have any insights or suggestions concerning this Task Force and the need to ensure employees seek assistance in their time of need?
   - Do you have any interface with the DOE federal EAP?
   - Do you have a crisis intervention plan? Do you have a crisis intervention team?

   Clinical Psychologist, Counselors, or External Providers

   Q: Please describe your current EAP plan, including mission, staffing, facilities, and protocols.

   Q: Could you discuss how the current EAP process addresses the need for employees to seek assistance in times of increased stress and difficulty, such as severe family problems, work-related problems, and unwillingness to seek help. How do you see your EAP addressing these issues?

   Q: Do you encourage management and coworkers to identify and refer individuals for potential intervention? If so, what mechanisms are used to facilitate this?

   Q: Have EAPs effectively communicated the services provided by the program? Have EAPs effectively reached out to the employees that find it difficult to take advantage of the services?

Q: What are the barriers that prevent employees from seeking help from site or external EAP providers?

Q: How can we (DOE and EAP providers) improve the services that we already provide to employees, including some way to identify employees at risk?

Q: Are detailed statistics kept for the EAP, and is analysis of the statistics factored into how EAP services are provided?

Human Resources Personnel

Q: Can you describe your interface with the site EAP?

Q: Are you aware of any work-associated trends, concerns, or problems that would cause extreme stress in the employee population, including:

- Reduction-in-force actions.

- Manager/employee incidents.

- Bargaining unit concerns.

- Human reliability concerns (fear that seeking help will affect clearance).

And, is there a plan to address these stressors?

Q: Do you consider the current EAP effective and able to address the concerns of employees, managers, and peers?

Q: Is the EAP included in the site orientation materials? Does the EAP effectively communicate its services, and does it strive to diminish the barriers to seeking help from the EAP?

Q: Is there a mechanism for employees and supervisors to report concerns about the well-being of a fellow employee? Does the human resources department get involved in this process?

Q: Can you provide any insight into the Task Force's mission to ensure that the EAP is as effective as it can be to assist employees in stressful situations?

Q: Would you recommend any changes to the current EAP? If so, what improvements are needed?

Managers or Supervisors

Q: Do you feel that you understand the scope and intent of services provided by the site EAP?

Q: Do you feel that you have been adequately trained to identify behavioral or fitness-for-duty concerns related to EAP services? If not, why not?

Q: Do you have any concerns about the EAP services as provided by the site, and do you have any suggestions on how it can be improved to identify employees in potential crisis situations?

Employees

Q: What is your understanding of the EAP and the services it provides?

Q: Were you provided with information or training concerning EAP services and, specifically, how you could help fellow employees?

Q: Do you trust the confidentiality of the EAP process, and do you feel seeking EAP services could jeopardize your employment?

Q: Do you have any suggestions for ways to improve the EAP?

For Coworkers of the Decedent

Q: Were you provided with an incident briefing and opportunities to provide information concerning the incident?

Q: Do you have any suggestions on how to improve the EAP process to better identify employees in need of help?

2. **Initial Document Requests**

Provide examples, if possible, of the following types of documents:

- The site medical/EAP manual, chapter, documentation, guidelines, and provider's contract for EAP services
- DOE program execution guidance, local DOE order, and/or other directives for provision of EAP services, including a suicide prevention and response plan
- Any site internal standard operating procedures or guidelines regarding the scope and provision of the EAP and suicide and workplace violence prevention programs
- Any DOE Headquarters, local oversight, or site self-assessment reports and corrective actions relating to any internal reviews of the site medical program/EAP
- A copy of any site investigation report, security incident report, and police report relating to the incident
- Site organization chart and key personnel involved in the EAP and interfaces from other organizations with the EAP, human resources, and security
- Any EAP information disseminated to employees
- List of EAP outreach activities
- Documents showing EAP utilization rates over the past three years for site employees, including a breakdown of utilization rates by type of assistance sought (e.g., marital and family, legal, financial, and substance abuse)

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