

# EMPLOYEE ASSISTANCE PROGRAM COORDINATOR (EAPC) GUIDEBOOK

4 March 2005



# TABLE OF CONTENTS

<b>FOREWORD.....</b>	<b>1</b>
<b>1. ROLE OF THE EMPLOYEE ASSISTANCE PROGRAM COORDINATOR.....</b>	<b>2</b>
<b>2. ELIGIBILITY.....</b>	<b>7</b>
<b>3. MARKETING.....</b>	<b>8</b>
<b>4. PREVENTIVE EDUCATION AND TRAINING.....</b>	<b>11</b>
<b>5. CONFIDENTIALITY AND ETHICS.....</b>	<b>15</b>
<b>6. REFERRALS.....</b>	<b>19</b>
<b>7. SCREENINGS.....</b>	<b>26</b>
<b>8. CRISIS INTERVENTION.....</b>	<b>28</b>
<b>9. RECORD KEEPING.....</b>	<b>31</b>
<b>10. FOLLOW-UP.....</b>	<b>33</b>
<b>11. PROGRAM EVALUATION.....</b>	<b>35</b>
<b>12. PERSONAL AND PROFESSIONAL MAINTENANCE.....</b>	<b>38</b>
<b>13. DRUG-FREE WORKPLACE.....</b>	<b>43</b>
<b>14. CIVILIAN BIOCHEMICAL TESTING.....</b>	<b>47</b>
<b>15. COMMON PITFALLS FOR EAPCs.....</b>	<b>52</b>
<b>APPENDIX A -- STANDARDS FOR EAP FILES.....</b>	<b>60</b>
<b>APPENDIX B -- FORMS FOR EAP FILES.....</b>	<b>64</b>
<b>APPENDIX C -- ACRONYMS.....</b>	<b>77</b>

## **FOREWORD**

---

The Employee Assistance Program (EAP) concept assists supervisors and managers in dealing with performance problems in the workforce by making referral to a professional who is trained to identify and provide intervention for a variety of problems. Problems addressed by the Employee Assistance Program Coordinator (EAPC) include alcohol and drug abuse, health-related problems, marital, emotional, behavioral, financial, or any other problem affecting employees.

**AR 600-85,  
para 1-17a**

**AR 600-85,  
para 14-8**

**AR 600-85,  
para 1-32**

**AR 600-85,  
para 14-1d**

The EAPC works under the supervision of the Alcohol and Drug Control Officer (ADCO). The EAP is an administrative program that provides screening, referral, short-term counseling, and follow-up services to employees and their families, consultation to management, and preventive education. Many EAPCs also provide screening, referral and follow-up for these problems to military family members and retired military personnel. It is important that these personnel receive the help they need in dealing with the effects of substance abuse and other personal problems.

Unions and management show positive attitudes toward programs that have the potential for enhancing employee well-being and organizational performance. Employers cannot afford to ignore problems that affect a large portion of the workforce. Management has a responsibility to provide a healthy and safe workplace for all employees, to ensure the best product or service achievable and to protect the organization against losses caused by alcohol and drug abuse or other personal problems.

**AR 600-85,  
para 14-14**

**42 CFR Part 2,  
Sub Part C**

**See ACSAP  
website for EAP  
directory**

There are many laws and regulations that impact the EAP. This book provides guidelines and standards for working within these laws and regulations. It is not all-inclusive. Because the Army Substance Abuse Program (ASAP) is so diverse, EAPCs are strongly encouraged to network with other EAPCs. Sharing the wealth of knowledge and experience within the Army system will ensure the continuing success of the program.

## CHAPTER ONE

---

### ROLE OF THE EMPLOYEE ASSISTANCE PROGRAM COORDINATOR

The roles assigned to EAPCs vary with different work sites, depending on the needs present. The installation, the site where services are provided, and individual needs determine these roles. The subsequent chapters of this guidebook cover in more detail many functions of the EAPC, while this chapter gives a general overview of EAPC roles.

**AR 600-85,  
para 14-8**

The functions of most EAPCs fall under five major categories—program management, education and training, consulting, marketing, and screening. There are also “unofficial” duties, such as being an ambassador of the ASAP and being a positive role model in the workplace and in the community.

**DA Pam 600-85,  
para 2-2c**

The EAPC is responsible for establishing and maintaining liaison with various agencies and organizations, third-party organizations, family-counseling agencies, alcohol and drug abuse treatment facilities, and law-enforcement agencies.

**DA Pam 600-85,  
para 1-5**

The EAPC also maintains liaison with Management-Employee Relations and/or Labor Relations Specialists. Often the EAPC and these specialists are confronted with the same personnel who have problems on the job. To better meet the needs of these personnel, it is imperative that the EAPC and these specialists have a good working relationship. Those who require services often will be members of the bargaining unit, represented by the local union(s). For this reason, a strong working relationship with the local union(s) is vitally important and lends much credibility to the program.

Frequently the EAPC must rely on outside referral resources in dealing with employee or family problems. Therefore, it is important that the EAPC understands services that are available in the local communities and the procedures for using these programs. In order to make referrals to agencies that are

**DA Pam 600-85,  
para 2-2c**

compatible with the client's needs and budgets, the EAPC must be knowledgeable of third-party costs associated with outside resources.

The EAP can also benefit from the EAPC's relationships with community-service agencies such as the medical activity, law-enforcement, and the Army Community Service. These agencies have information that can be very useful to the EAPC in determining the training and educational needs of both the civilian workforce and their families.

As a program manager, it is important for the EAPC to work with the ADCO in developing an executable budget for the EAP so as to have the necessary resources to insure that program goals are successfully met. The ADCO is ultimately responsible for the pecuniary assets of the garrison ASAP.

Reports prepared by the EAPC include local reports required by the ADCO or other local sources, the Installation Management Agency (IMA), and the Army Center for Substance Abuse Programs (ACSAP) or other higher headquarters.

**DA Pam 600-85,  
para 2-4**

Another responsibility of the EAPC is that of education and training, especially in the civilian workforce. EAPCs can use the education and training time as a marketing tool and can design the training to accommodate the desired audience—supervisors, employees, unions, health professionals, etc. Some of the classes presented by EAPCs should include briefings to new employees, general education on the effects of alcohol and drugs, prevention techniques, supervising employees with problems, stress management, workplace violence, and training for union personnel. EAPCs should coordinate with the Prevention Coordinator (PC) to provide training to supervisors, personnel in Testing Designated Positions (TDP), and those requiring testing under Department of Transportation (DOT) guidelines concerning issues involving drug/alcohol testing.

As a consultant to management, the EAPC is the ADCO's expert on issues involving substance abuse and a variety of other personal and behavioral problems that impact on the

productivity of the civilian workforce. The EAPC can inform the Garrison/Installation commander of the impact of adult living problems that negatively impact on job performance, the procedures for identifying employees and work areas experiencing problems, and the proven procedures for utilizing and making referrals to the EAP. As the ADCO's consultant, the EAPC may be tasked with the responsibility for drafting policy memos concerning EAP issues for the Commander's signature and for staffing policy with those in the command structure.

**DA Pam 600-85,  
para 2-3**

The EAPC also acts as a consultant to supervisors and managers on issues involving the EAP. Supervisors should know referral procedures, responsibilities in dealing with employees having personal or performance problems, and the local policies for dealing with such employees. The EAPC will also be called upon to provide information on treatment services available through the ASAP and through community resources.

The EAPC also acts as a coach for supervisors by informing them of available EAP services, consulting with managers about possible solutions for generic employee issues, and coordinating training that improves worksite functioning. The EAPC maintains a neutral status in dealing with employees and supervisors in the realm of disciplinary procedures, thus preventing issues of allegiance. The development of loyalties may limit success in the present and may contaminate future referrals or requests for assistance by one or both parties. The EAPC should not comment on disciplinary procedures, proposed punitive actions, and retention issues regarding any person eligible for EAP services. The EAPC's comments should be limited to client progress, participation, and attendance.

**AR 600-85,  
para 14-9**

**DA Pam 600-85,  
para 2-3**

It is the supervisor's role to contact the Civilian Personnel Advisory Center (CPAC) to discuss performance and/or conduct problems. The CPAC will advise supervisors on options, to include disciplinary measures and responsibilities. The referral of an employee to the EAP does not relieve

supervisors of their responsibilities for managing the employee. The EAPC must not allow managers to utilize the EAP as a disciplinary arm of management. Conversely, the EAPC should not act as a representative for an employee, against management.

**5 CFR 339.301**

Often EAPCs will receive inquiries concerning fitness-for-duty examinations. Although these issues will often eventually involve the EAP, they should be addressed through the CPAC. EAPCs may be required to coordinate with the CPAC and supervisors to see that employer and employee needs and requirements are met.

**DA Pam 600-85,  
para 2-5**

At many locations, the EAPC is responsible for coordinating screenings and referrals for substance abuse issues for military retirees and their family members, as well as for family members of active duty Soldiers and other military personnel. At some locations where Army Medical Department (AMEDD) services are unavailable, the EAPC may provide screening and referral services for other adult living problems for military retirees and family members, as well. Regardless of the status of the client, the EAPC must ensure that services are provided in accordance with the highest of ethical practices.

**AR 600-85,  
para 14-14**

**42 CFR Part 2**

The EAPC should have a thorough understanding of the ASAP and the local community so he or she can better direct services for those being referred to the EAP. Of particular importance is the need to know confidentiality regulations and guidelines in order to protect the confidentiality of those referred to the EAP for assistance. The EAPC should visit outside referral resources to determine their adherence to strict confidentiality guidelines before committing to the use of their services.

Since participation in the EAP is voluntary, marketing is a key element in the success of the program. Much of the marketing efforts of the EAPC will involve public relations with commanders, managers and supervisors, Management-Employee Relations and Labor Relations Specialists, unions, treatment programs, and a variety of other personnel and agencies. The EAPC should take advantage of opportunities to

meet with other interested parties to discuss the EAP and should use these opportunities to put the program in the public view.

**AR 600-85,  
para 14-8b**

Screening is a fundamental responsibility of the EAPC. AR 600-85 requires the EAPC to “provide screening, short-term counseling, and referral services for treatment or rehabilitation to employees who self-refer or those whom management refers.” Screening is covered more thoroughly in Chapter 7, *Screenings*.

It is important that the EAPC maintains the highest level of integrity and ethics in the performance of his or her duties. The EAP must be on the front line in helping to overcome the stigma of alcoholism and drug abuse as it pertains to the civilian portion of the ASAP. As a role model, the EAPC must present himself or herself with the highest level of professionalism.

The EAPC is often called upon to perform tasks in several areas. He or she will function as a manager, educator, intervention specialist, and consultant to command groups, professional groups, supervisors, managers, and other treatment personnel. To have an effective program the EAPC must be regarded highly by local agencies and organizations, as well as those members of the workforce.



## **CHAPTER TWO**

---

### **ELIGIBILITY**

The following civilian personnel are authorized services by the ASAP and at many installations these services are coordinated by the EAPC:

**AR 600-85,  
para 1-32**

**AR 600-85,  
para 14-2**

- U. S. citizen DOD civilian employees, to include both appropriated and non-appropriated fund employees
- Foreign national employees where Status of Forces Agreements or other treaty arrangements provide for medical services
- Retired military personnel
- Retired federal civilian employees
- Family members of eligible personnel
- Family members of active-duty personnel
- Members of the Army National Guard (ARNG) and U. S. Army Reserve (USAR) when not on active duty. These personnel are eligible on a space/ resource available basis.

**AR 600-85,  
para 1-32b**

**DODI 4000.19**

A memorandum of understanding (service agreement) should be established at the local level to service other DOD and non-DOD federal personnel. EAP services can be included in the Installation Support Agreement (ISA) with tenant activities. Services can be detailed in the ISA according to the needs of the customer. Your installation Resources Management Officer (RMO) is the proponent for these service agreements.

In some overseas areas, eligibility for services may vary. For those serving in overseas locations, questions should be addressed through the local ADCO.

## **CHAPTER THREE**

---

### **MARKETING**

Marketing is an integral part of strategic planning. It is not just advertising or creating artificial demand; but is also the promotion and dissemination of information about services; in order that consumers can make more informed decisions. Program visibility is critical to overall effectiveness. The EAP operates at its optimal level when it is fully integrated with other organizational activities.

The ability to cultivate working relationships is an essential skill for an effective EAPC. The credibility of the program, as well as that of the EAPC, will largely determine the extent to which services are utilized. It is not enough for people to know that the EAP exists; it must be trusted.

The EAPC should be dedicated to providing needed services. In order to know what these needs are, it will be necessary to assess the needs of the military community, especially the civilian workforce. Assessments should include the gathering of data that will indicate areas where the EAP can focus prevention and intervention efforts.

Each EAPC must determine which relationships are critical for the effectiveness of the program in his or her particular area. Becoming actively involved in the community should be a vital goal for every EAPC. The following list, though not all-encompassing, contains some of the recommended organizations and personnel with which EAPCs may coordinate:

- Employees
- Supervisors of civilian employees
- Command group
- Management-Employee Relations Specialists/ Labor Relations Specialists
- Labor attorneys

- Training and Development personnel
- Local unions
- Law enforcement agencies
- Public Affairs Office (PAO)
- Installation Prevention Team
- Medical treatment facility
- ASAP clinical staff
- Community and family support activities
- DOD schools
- Child-care facilities
- Committees established to promote programs and events
- Public Safety personnel
- Equal Employment Office (EEO)

EAPCs are part of the larger community. A network should be established with a variety of community organizations and resources. Participation in community education events, committees, and service activities increases the EAPC's knowledge of the community environment and enhances his or her reputation and credibility. The EAPC must become familiar with the types of services provided by various community resources so as to interrelate with these resources.

Resources that may provide community networks include:

- State alcoholism and drug abuse authorities
- State mental health authorities
- Councils on alcoholism and drug abuse
- Support groups such as Alcoholics Anonymous (AA), Cocaine Anonymous, Narcotics Anonymous (NA), Alanon/Alateen/Alatot, Codependents Anonymous, Adult Children of Alcoholics, Emotions Anonymous, Overeaters Anonymous, Gamblers Anonymous, etc.
- Hospital and clinic inpatient treatment facilities
- Schools
- Religious organizations
- Mental health associations
- Family counseling services

- Financial counseling services
- Private practitioners
- Other EAPCs, private-sector EAPs, and professional organizations
- Local interagency councils
- Community coalitions and partnerships

**AR 600-85,  
para 14-8h, i**

**DA Pam 600-85,  
para 2-1f**

Program visibility is critical to the overall effectiveness of the EAP. EAPCs will be called upon to use much creativity and a wide variety of techniques to make the program known and understood. Promotion of the program must not only provide information about the services that are offered, but also promote both a positive image and a positive reputation. Awareness of the program can be accomplished in a variety of ways such as printed materials, information articles, health fairs, public news media, panel discussions, electronic media, graphics displays, etc.

The EAPC should continually promote the program to ensure maximum usage by those who would benefit from its services. An overall strategy for program promotion should be developed and implemented, then periodically reassessed. This strategy should take into consideration all levels of the local ASAP.

Marketing may well be the key to success for the EAP because the program must be “sold”. Proper marketing techniques will give the program a positive image—one that will attract those who are in need of services. This positive image cannot be overemphasized and it will not happen by accident. Much of the marketing will be accomplished by satisfied customers who have had positive experiences with the program. EAPCs must use every opportunity available to market the program.

## CHAPTER FOUR

---

### PREVENTIVE EDUCATION AND TRAINING

*“Average teachers inform and explain.  
Good teachers demonstrate.  
Exceptional teachers inspire.  
Henry David Thoreau*

**AR 600-85,  
para 2-6**

Education and training are important issues from a management standpoint. Early identification of individuals with personal problems directly relates to cost savings. To this end it is necessary to provide preventive education and training to supervisors and managers concerning the early identification, intervention, and referral of those with personal problems, including alcohol and drug abuse. Supervisors should also be aware of all the services provided by the EAP so referral to the program can be made.

For EAPCs, one of the most important areas in which to focus education efforts is that of helping supervisors and managers to understand the need for identifying problems. Before supervisors and managers will become active in identifying problems, they first must see the importance of doing so. Often supervisors do not realize the high costs associated with inadequate performance. Educational classes for supervisors, managers, unions, Management-Employee Relations/ Labor Relations Specialists, and support agencies are good opportunities to emphasize this point. When supervisors realize that poor performance places a monetary burden on the organization, they understand that the EAP is a cost-savings tool.

Training in the early identification of problems should focus on performance, conduct, and attendance issues. Sometimes other factors will become relevant—abuse of sick or annual leave, attitudinal and behavioral problems, recalcitrance and poor appearance, and hygiene. Training should include the procedures for making a referral, referencing the organization’s policy as guidance. Supervisors must understand that it is not

acceptable for employees to drink on duty or report to work under the influence of alcoholic beverages and that this philosophy should be reflected in the agency's policy statements. Many organizations find it beneficial to educate supervisors on issues of enabling and denial so that they can deal more effectively with employees who have personal problems.

Supervisors also need to be trained in the proper techniques of intervening and making a referral. They should, however, be discouraged from trying to ascertain the nature of an employee's personal problem. The fact that the employee is not meeting performance standards is sufficient reason for the supervisor to make a referral. Supervisors also need to know what options they can offer an employee who has been identified and they should be familiar with last-chance and firm-choice agreements.

Another issue to be addressed with supervisors is that of reintegration of the employee into the workplace after being referred for treatment or extended periods of counseling away from the job. It is important that the supervisor understands that relapses and setbacks may occur in spite of everyone's best efforts. The EAPC should coordinate with the supervisor in developing a follow-up plan that includes periodic meetings to assess the employee's progress. The supervisor's assurance of the employee's attendance at counseling sessions will greatly increase the chances of success in treatment.

**AR 600-85,  
para 1-18; 2-6f**

Mandatory prevention education is required for civilian employees each year. Civilian employees, are required, by regulation, to receive at least three hours of substance abuse related prevention training per year. The EAPC should coordinate with the ASAP PC in order to ensure that prevention classes are conducted. Classes on substance abuse and other personal problems should be presented as a means of providing awareness of personal and performance problems and the costs associated with these problems. In addition, supervisors and managers should know the importance of maintaining a high level of morale in the workplace and how substance abuse and

other unaddressed personal problems can have a negative impact.

Stress in the workplace has become an issue of increased importance in recent years. Some physicians report that as many as 90 percent of their patients are suffering from stress-related illnesses. In addition to recognizing stress in the workplace, supervisors must know the effects of stress on job performance and how to reduce stress to a manageable level. Stress takes its toll on everyone in the workforce, not just supervisors and managers. Classes should be developed that encourage participation by everyone.

Occasionally EAPCs may be called upon to participate in campaigns (local, state, and national) for the prevention of drug and alcohol abuse, DWIs, etc. These campaigns often will be in support of other community action groups, such as Public Safety, mental health agencies, and fitness/wellness programs. In conducting campaigns and awareness programs, the EAPC should coordinate closely with the PC. EAPCs often are given the opportunity of providing education and training to local support agencies such as interagency councils, community coalitions and partnerships, treatment programs, and private practitioners. EAPCs should develop and maintain up-to-date Programs of Instruction (POI) and Lesson Plans (LP) for each class being presented. These POIs and LPs should be comprehensive enough to cover the subject in detail.

It is necessary that EAPCs develop a means of measuring and evaluating the effectiveness of their training and education efforts. This evaluation can be done through assessment instruments, pre- and post-tests, verbal feedback, and through monitoring results in the workforce.

Much can be done in the realm of preventive education and training that will not only prevent problems from occurring but will also increase the use of the program by those needing assistance. EAPCs should work closely with the PC and other educators in reaching those eligible for services. Creativity must be used where possible. There is no set method that will

work for everyone. It is important that the EAPC has the flexibility to do whatever is necessary to make the program successful.



## CHAPTER FIVE

---

### CONFIDENTIALITY AND ETHICS

*“Men of genius are admired.  
Men of wealth are envied.  
Men of power are feared.  
But only men of character are trusted.”*  
Anonymous

#### 42 CFR Part 2

#### AR 600-85, para 14-14, 14-15

Confidentiality is a critical component of the civilian program. The person seeking assistance must feel secure that the effort will not jeopardize job security for self or spouse. Under public law, once a client is interviewed for an alcohol or drug abuse problem, his or her right to confidentiality is protected. Before any information can be released concerning a client, he or she must sign a consent form specifying what information can be released and to whom. All disclosures concerning civilian clients require the written consent of the client except:

- to medical personnel outside the agency necessary to meet a bona fide medical emergency.
- to qualified personnel conducting scientific research, management or financial audits, or program evaluation.
- upon the order of a court of competent jurisdiction.
- reporting child, spouse, or elder abuse. See local Staff Judge Advocate (SJA) for state requirements).
- where threats are made toward another person.

#### Tarasoff v. Regents of University of California case in 1976 (17. Cal. 3d. 425 – July 1, 1976. S.F. No. 23042)

Occasionally a client may threaten harm to himself/ herself or to someone else. If this happens, the EAPC should assess the seriousness and immediacy of the threat to harm. If harm seems imminent, the EAPC must make every effort to notify the intended victim. If time permits, the EAPC should first contact the local SJA for guidance. EAPCs should have written standing operating procedures (SOP) in place outlining actions to be taken for dealing with a variety of situations to ensure that client confidentiality is protected if at all possible. All applicable federal and state laws, judicial rules and regulations,

and state mental health division policies and procedures shall apply to the release of information. Often state laws will take precedence over other guidelines concerning confidentiality issues.

For civilian personnel, disclosure of information to the EAP is voluntary. However, failure to disclose certain information may render the EAPC unable to discover the individual's problem(s). Any question a civilian client has concerning confidentiality should be directed to the EAPC, ADCO, or SJA. During the initial interview with the client, the EAPC should explain confidentiality concerns, as well as limits of confidentiality, and should request that the client sign the necessary consent forms.

All records maintained by the EAPC must be kept in the strictest confidence. Information contained therein is considered privileged and under the protection of federal and state laws. Employee case files are used as documentation of services rendered and as a source document for obtaining statistical data for management use. No record should be released except as permitted by the confidentiality regulations and applicable laws. Use DA Form 5017 (Civilian Employee Consent Form) and DA Form 5018-R (Release of ASAP Information) to document release of information authorizations.

The EAP demonstrates the Department of the Army's commitment to and concern for its civilians by providing high-quality assistance services. The program is guided by the following principles:

- All services should be of the highest quality and must be responsive to the needs of the client.
- All referral resources should be researched and evaluated to ensure quality, appropriateness, and economy.
- Before any personal problems are discussed, every recipient of services should be given a clear explanation of the services provided, including policy guidelines and the confidential nature of the services.

- Only necessary and relevant information should be collected.
- In providing services, EAPCs should strive to maintain the highest standards of behavior and to work effectively as part of a professional team. Clients value objectivity, neutrality, integrity, and professionalism.
- To ensure confidentiality, EAPCs and community agencies should work together in putting special emphasis on guarding client files against unauthorized access.
- EAPCs should place special emphasis on the following:
  - a. releasing information only with the written consent of the client
  - b. restricting inspection of case records to authorized personnel, namely those representing the Oversight Branch, ACSAP
  - c. protecting case records in locked files
  - d. consulting the SJA when unclear requests are made or when guidance is not fully understood

Generally the EAPC may not disclose any information identifying a client as an alcohol or drug abuser unless:

**42 CFR Part 2**

- the client consents in writing to the release.
- the disclosure is directed by court order.
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Program violation of federal laws and regulations concerning confidentiality may constitute a crime. Suspected violations may be reported to appropriate authorities, in accordance with applicable regulations. Federal laws and regulations do not protect any information about a crime, committed or threatened, by an employee while at the counseling program, or against any person who works for the program.

Confidentiality regulations do not prohibit a program from giving a client access to his or her own records, including the

opportunity to inspect and copy any records the program maintains about him or her. The program is not required to obtain a written consent or other authorization under these regulations in order to provide such access to the client. Some programs, however, do have local policies that require the client to submit a request in writing.

For the EAP to become and remain a successful program, it must have an untarnished reputation. The program must have a record of helping anyone who needs help and is eligible for services. The program must have a reputation of making appropriate referrals and upholding the confidentiality of the client. If the program gets a negative reputation, it will take much work and time to turn that around. The EAPC, himself or herself, must have a good reputation in the workforce. Without this reputation, the EAPC will face many unnecessary challenges. The EAPC must make every effort to maintain a program free of blemish.

### REFERRALS

An important task of the EAPC is guiding supervisors in the referral of individuals who are in the beginning stages of a problem, whether it is an alcohol/drug abuse or other personal problem. If such problems are allowed to continue unabated, they likely will result in deterioration of the potential client's health and performance. Referrals come to the EAPC from several sources but regardless of the source, early identification and treatment promote a better chance of success. Types of referrals most seen by the EAP include:

- self referrals
- management-initiated referrals
- union referrals
- investigation/apprehension referrals
- medical referrals
- family referrals
- referrals from other service agencies
- co-worker referrals

Self referrals are often easier to work with since the client is referring himself or herself and will more than likely not be resistant or hostile about participating in the program. Not all self referrals are necessarily true self referrals. Some are given the option of coming for treatment by management, court systems, and family members. Often these personnel will recommend the client visit the EAP without first consulting with the EAPC. Unless the referring source first contacts the EAPC, it is often difficult to distinguish between the true self referral and the one that is coerced. The true self referral is one in which the client seeks help on his or her own initiative.

The management-initiated referral is one in which the supervisor has encouraged the employee to get help or has given the employee an ultimatum of getting help or suffering the consequences of disciplinary action for continued poor job

performance. Employees have the right to refuse assistance through the EAP. However, refusal to participate could leave supervisors with few or no options, other than taking disciplinary action for continued poor job performance, conduct, and attendance.

The *last-chance agreement* is a tool used by some supervisors for the employee who has been identified with a problem, has been referred to the EAP, but has made poor progress toward the resolution of the problem. This agreement is between management and the employee and usually involves the employee agreeing to seek help for problems causing poor performance, in return for management's postponing disciplinary actions. The employee also agrees to waive any appeal rights in the event disciplinary action becomes necessary. Should the employee bring performance to an acceptable level, disciplinary action may be removed or held in abeyance. If the employee fails to improve performance to an acceptable level, he or she normally will be removed. The *firm-choice agreement* is another tool used by some supervisors whereby management gives the employee a firm choice between getting help with a personal problem or accepting disciplinary action for poor job performance. Any time firm-choice or last-chance agreements are being considered by the supervisor, the appropriate CPAC representative should be contacted since he or she is the expert in this field.

Supervisors should be educated that early identification of problem employees could prevent those employees from getting to the point where disciplinary action becomes necessary. Supervisors must be encouraged to contact the EAPC before referring an employee for a screening. If the supervisor contacts the EAPC prior to the referral, there is no confidentiality to breach and open communication between the EAPC and the supervisor will be enhanced. If the supervisor does not contact the EAPC prior to referral and the employee refuses to sign a consent statement, there can be no communication between the EAPC and the supervisor concerning the employee. The inability of the EAPC and the supervisor to communicate usually will lessen the chances of all

the pertinent issues being surfaced, thus reducing the chances of a successful intervention.

Unions often use the EAP legitimately to get employees the help that is needed for personal problems. In this case, cooperation with the union is encouraged but not to the extent of violating the employee's confidentiality or privacy. EAPCs must realize, however, that unions also refer to the EAP at times in order to have disciplinary action postponed or delayed. Unions normally have the trust of the employee and can be very effective in persuading a problem employee to seek help. It is extremely important to maintain the trust that exists between the employee, the union, and the EAP. Without this trust employees will be reluctant to refer themselves or encourage others to seek help.

Including a statement of support for the EAP in local union agreement(s) has proven beneficial. It is important that this statement of support be kept as general as possible. If specifics are addressed, renegotiation of the contract will be necessary to make desired changes.

Those seeking assistance often will present themselves for screening for education and/or treatment, as a result of being apprehended for DWI/DUI, public intoxication, and possession of illegal substances. The court system can be a strong ally of the EAP in forcing the person(s) into a program of treatment, if deemed necessary. Those enrolled as a result of court referrals normally will comply with these directives when other measures fail.

Medical referrals often will come from physicians within the military system, private practitioners, and preventive medicine/occupational health personnel. Many times, these referrals have been "assessed" and the problem is identified prior to the person presenting himself or herself to the EAP. Another means of receiving referrals from medical channels is through the Medical Review Officer (MRO) after he or she verifies a positive urine sample.

EAPCs often encounter situations in which family members will make referrals to the program. At times, the family will contact the EAPC for advice and guidance in dealing with someone with a problem. In some cases, this contact will lead to the EAPC assisting the family in setting up an intervention aimed at helping the person with a problem recognize the existence of that problem. It is important to encourage family members to remain interested and involved in the treatment process. Families can be the biggest support systems for those needing help and their involvement could be the difference between success and failure for the client.

EAPCs should develop good working relationships with other helping agencies in order to enhance the referral process to and from them. EAPCs should liaison with other agencies and organizations that can provide guidance and assistance in dealing with issues of special concern. Some of these organizations with which the EAPCs may consider coordinating include the SJA, CPAC, AMEDD, Military Police, Public Safety, local unions, etc.

Issues concerning referral of an employee suspected of being intoxicated on duty should be coordinated with appropriate agencies that will insure that both the employer and the employee receive equitable services. EAPCs are encouraged to partnership with other necessary organizations to draft local SOPs, regulations, and policies that will address this issue. Supervisors should be encouraged to contact SJA or CPAC for guidance so they can act immediately when there is reason to suspect that an employee is impaired while on duty. Supervisors should be careful about addressing issues where an employee is suspected of being under the influence of alcohol or other drugs on duty until they have made contact with SJA and CPAC.

In all referrals, regardless of the source, the employee must feel that he or she is getting the most appropriate services available.

EAPCs must be sensitive to the special needs of those being referred to other agencies. Many treatment programs or private



care providers have more success in particular areas of counseling than in others. It is of critical importance that those being referred are matched to practitioners or facilities that can best meet their needs. EAPCs must be aware of the services, quality of care, and fee structure of resources in the local areas. This information will best be gained by visiting the referral resource. Numerous questions should be asked of the treatment facility or care provider, including:

- What are the qualifications and credentials of those providing diagnosis and treatment?
- What drugs, including alcohol, does the referral resource specialize in treating?
- What is the treatment method/model and what specific treatment is provided? How liberal is the facility in the use of “medication”?
- Are self-help groups (AA, ALANON, NA, etc.) used in conjunction with treatment?
- To what extent is the program willing to work with employees, employers, and the EAP?
- What is the accreditation of the program?
- What is the fee structure and how can it be adjusted to accommodate special needs?
- Does the facility cater to special populations? If so, which?
- What is the length of treatment and how long is aftercare provided? If aftercare is provided, is it included in the quoted cost?
- Does the program work with insurance plans and TRICARE for payment?
- What are the confidentiality guidelines and are they strictly enforced?

Many insurance programs offered by the Federal Government pay only a minimal portion of treatment costs. Whenever possible, EAPCs should seek facilities that provide adequate treatment at a cost that is within the reach of the person seeking assistance and is covered by his or her insurance coverage. Since most of the government insurance plans pay a relatively

small amount of substance abuse treatment costs, a client could be burdened with a large bill after completing treatment.

If other organizations, including companies in the private sector, have used the facilities, it is a good idea to contact them for a reference. Those who have used the treatment facility can give verification of the reputation of the facility. Some questions to ask include:

- Are you satisfied with the services provided?
- Will you continue to use the resource?
- Does the facility work with the company in providing appropriate information back to the EAP?
- Is the client's confidentiality adequately guarded?

It is also advisable to talk with persons who have been referred to treatment to get their opinions of the facilities. Keep in mind that whether or not the person likes the facility does not necessarily reflect the quality of treatment. Those undergoing treatment often get offended because the facility does its job of forcing the patient to face reality—many times a painful experience. Often clients who do not like what they see in themselves transfer those feelings to the facility.

EAPCs often are called upon to make emergency interventions in the workplace. These interventions may involve substance abuse, depression, anger, and sometimes homicidal or suicidal threats. In such cases, immediate services should be made available and resources should be developed to meet the needs of the employee during such crises. Sources that have proven effective in meeting emergency needs are occupational health professionals, private psychiatrists or psychologists, and the clinical consultant to the ASAP. Further information concerning crisis intervention is provided in Chapter Eight, *Crisis Intervention*.

It is a good idea to have an SOP outlining the responsibilities of interfacing with the ASAP clinical staff, where available, including an explanation of the agency policies regarding the networking process. This procedure should improve

coordination between the EAP and the clinical program, thereby minimizing confusion and conflict. The EAP will receive referrals from numerous sources. It is important to understand how to work with these sources so that the needs of everyone, especially the client, will be met. The EAPC should also have an understanding of the programs in the local area and a policy/SOP outlining the relationship between the EAP and the civilian programs. Referral resources should be evaluated periodically to ensure that procedures are in place to receive referrals from the EAP. EAPCs will find that much of their time will be spent out of the office coordinating with other agencies.

## CHAPTER SEVEN

---

### SCREENINGS

When someone is referred to the EAP, an initial interview is conducted to determine what services are needed. Most professionals find it helpful to use structured interview forms, including questions about life history, previous treatment(s), drug history, self appraisal of performance impairment, and other issues. Careful record keeping at this stage can facilitate better service in the future, especially if the program will be involved in conducting follow-up assistance. In cases of overdoses, potential suicides or homicides, and major medical problems requiring immediate inpatient hospitalization, time often will not permit a thorough screening to be completed until the initial crisis has been alleviated.

Before the screening begins, it is essential to provide the potential enrollee with informed-consent information. The informed consent outlines the limits of confidentiality within the agency setting. In particular, it should be emphasized that crisis situations such as threats of potential homicides or suicides, illegal activities (planned criminal activities), child, spouse, or in some cases, elder abuse require immediate intervention and cannot always be kept confidential. When there is a question about what information must be divulged, the EAPC should contact the local SJA for guidance. It is also important to notify employees with security clearances that their participation in the program may be grounds for the suspension of their clearances. If the employee must have a security clearance to maintain the present job, it may be necessary for the supervisor to detail him or her to another position. If no other position exists to which the employee can be detailed, the supervisor may be forced to remove him or her from employment.

In the initial screening interview, an effort must be made to emphasize confidentiality procedures and to help the employee or family member understand the philosophy of treatment and

services provided by the program. It is especially important that the client feels that he or she has been treated fairly and with respect. Unless the first experience is positive, it is unlikely that a client will return for further services.

The initial screening identifies, documents, and evaluates the client's strengths, weaknesses, problems, and needs, and it lays the groundwork for a plan of action. Data collection is recommended in the following areas to assist in making further referral:

- the client's statement of the problem
- precipitating event(s)
- history regarding the problem
- emotional status
- relevant family history
- medical history and current medical status
- level of risk to self and others
- effect of problem on job performance
- corroborating data
- history of alcohol and/or drug use
- initial impressions
- recommendations

An accurate screening and an appropriate referral are necessary to increase the potential for an improved lifestyle for the client. These factors will also increase the probability of improved job performance and employee well-being.

The EAPC is not a clinician; rather, it is his or her responsibility to help identify problems, make a basic screening determination, provide short-term intervention counseling, and make a referral to the appropriate resource, if indicated. The EAPC must understand the laws and regulations governing the civilian program so that appropriate information can be collected and proper forms signed during the screening.

## CHAPTER EIGHT

---

### CRISIS INTERVENTION

*“A crisis is a shortcut to the future,  
not the end of the world.”*

Anonymous

The primary goal of crisis intervention is providing immediate emotional first aid. Crisis intervention is one of the most challenging responsibilities of the EAPC and it often will test his or her mettle. A detailed policy should be developed within your agency prior to a crisis arising. State laws, status of forces agreements (SOFA) in overseas areas, availability of agency medical treatment resources, and local community resources vary greatly from community to community. Therefore, development of a local policy is essential.

**Hoff, Lee Ann (1984),  
People in Crisis:  
Understanding and  
Helping, Addison  
Wesley Publishers.**

A crisis is a period of extreme emotional turmoil in response to a specific event/situation, or series of events. A crisis is a time-limited event, usually lasting no more than a few days to a few weeks. It may be something within the control of the person or something over which he or she has little or no control. Usually when one is experiencing a crisis, indicators may be apparent, such as:

- preoccupation by the individual
- experiencing guilt over the inability to resolve the problem(s)
- hostility toward others and the world in general
- experiencing distress—nervousness, stomach aches, inability to sleep, etc.
- changing established patterns of conduct—personal hygiene slips, disrupted routines
- apathy
- much aimless activity
- changing relationships with others—the person may become overly dependent or withdrawn
- behavior detrimental to the individual’s self interest

A major element of a crisis state is the person's perception of an event as so extremely threatening that it interferes with his or her normal coping patterns.

Although it is impossible to prepare an all-encompassing list of actions to be taken when confronted with a crisis, the following basic procedures should be included:

- Calm the client and assess the situation.
- Notify the ADCO, Medical Treatment Facility, and/or Clinical Director, and always follow your crisis intervention plan.
- Review the necessity for contacting local law enforcement agencies.
- Follow up with the client, supervisor, and/or the family members.

Listed below are some of the crises that the EAPC may encounter:

- Suicidal or homicidal issues
- Intoxication on the job
- Depression
- Traumatic events
- Disciplinary action related to job behavior
- Family crises

A crisis intervention plan is highly recommended to coordinate the available community resources. The crisis intervention plan formalizes interagency support responsibilities. The development of the crisis intervention plan requires coordination with a variety of agencies. In times of crisis, the networking of resources will be invaluable. It is important for the EAPC to know who within the military community has the authority and expertise to assess the client in crisis. Some resources for the EAP include:

- Department of Psychiatry/Behavioral Health
- Medical Review Officer
- Occupational Health Physician/Clinic
- Clinical Director
- ADCO
- Community Mental Health
- Social Work Services
- Army Community Services

Crisis interventions can be stressful and challenging experiences. The development of a predetermined plan will reduce the number of lessons learned “the hard way” and will increase the effectiveness of your program by increasing networking resources and improving quality of care provided to the client.



### RECORD KEEPING

As with any service-based program, an information system must be established that permits referrals to the appropriate community resources. It is important that a record-keeping system be developed that captures the information necessary to provide the highest level of care. Increasingly, record keeping systems are being computerized. The Drug and Alcohol Management Information System (DAMIS), an interactive, computer based program that maintains program data, facilitates the capturing of statistics needed to complete regular reports. Data on the number of contacts, source of referrals, case dispositions, and impact of interventions on employee absenteeism, sick leave, and disciplinary actions provide information useful for program evaluation. Information on the client's background, source of referral, and stated purpose of contact can be obtained during the initial interview. Other information on case disposition and job performance during and after contact should routinely be entered into the EAP File Notes Form or the EAP Longitudinal Tracking Form. See *Appendix B, Forms*.

The method of maintaining EAP case management records includes the use of a folder that contains a Privacy Act Statement, Limits of Confidentiality Form, Civilian Employee Consent Form (DA Form 5017-R), Release of Information Form (DA Form 5018-R), EAP Screening Record, EAP File Notes Form for documentation of notes regarding intervention plan and follow through, referral and follow-up tracking, and the Longitudinal Tracking Form to document protracted follow-up contacts. To facilitate record keeping, other forms may be developed by the local EAPC to augment the core documents. See Appendix, Sec II for core as well as optional forms.

All case records must be kept absolutely confidential and located in a secured place where only authorized personnel have access to them. Personnel with questions about authorized

access to client records are encouraged to check with the ADCO or SJA. When data concerning client demographics are used for evaluation purposes, it should be presented so that there will be no chance of linking identity of the client to specific information. The DA Form 3711-R is completed monthly by the ADCO. Information pertaining to number of screening visits, prevention, education and training efforts, and time management must be submitted to the ADCO by the EAPC for inclusion in the DA Form 3711-R.

Several forms are used to help the client understand his or her rights regarding the security of information. Initially, the Privacy Act Statement at the beginning of the EAP Screening Record is reviewed to ensure that the client understands the purpose of compiling a record keeping system. Next, it is important that the client sign the Limits of Confidentiality Form. Prior to releasing any information, the EAPC will ensure that the client signs a consent form. See *Appendix B, Forms*.

Clinical forms should not be maintained by the EAPC; that is the responsibility of the clinical program where referral for treatment is made. For future reference, the EAPC should document the screening, intervention, and referral process. Record keeping should be thorough enough for the EAPC to track progress. One of the most important tasks of the EAPC is ensuring that client information is kept confidential. To maintain confidentiality, the EAPC should work closely with the ASAP clinical staff or other referral resources to develop a policy/SOP, outlining and insuring confidentiality standards.

Client records should be opened upon initial interview, maintained until short-term follow-up is completed, and then closed. After closure, the Longitudinal Tracking Form will be used to record protracted follow-up contacts. Once records are closed, they must be maintained in the current files area for a period of two years, per Record Retention Number 600-85a2, AR 25-400-2 (The Army Records Information Management System). Should the client be re-enrolled in the EAP at any time during this two-year maintenance period, the case will be re-opened. See *Appendix A, Standards*, for directions.

**AR25-400-2**  
**eff 15 Dec 04**  
**(ARIMS)**

### FOLLOW-UP

The follow-up of a client referred for treatment is one of the most important phases of a recovery plan, not only for the employee, but for the employer as well. It allows the EAPC to monitor the progress of the employee and to ascertain whether the needs of both the employee and the employer are being met. Follow-up also allows the EAPC to determine if an appropriate referral was made and if adequate services are being provided by the treatment resource.

Even the most successful program experiences recidivism among its clients. Clients may experience problems that require periodic interventions. Long-term follow-up is often the rule rather than the exception. Follow-up is a tool that has important implications in the workplace in helping the client to maintain a productive lifestyle. Follow-up has important implications for both the EAP and the resources that accept referrals. Components of the follow-up program include:

- use of case management approaches to monitor and evaluate services the employee is receiving from a treatment program. For example, what types of counseling and group support does the program offer and how do these fit with the individual's situation. The EAP may act as liaison between the treatment resource and the workplace.
- appraisal of the work environment to which the worker returns after treatment. At present many employers are reevaluating the workplace in terms of reducing job stress and improving overall work conditions. EAPC's may need to assess levels of stress and consult with supervisors or top management to effect changes in the work environment.
- encourage development of follow-up support services (AA and other self-help group meetings) held on the installation, to facilitate access.

- review with the client organizational insurance coverage to help determine the most cost effective program, based upon the individual's needs and requirements. The EAPC may assist the client in matching treatment programs with treatment coverage to reduce out-of-pocket expenses on the part of the client.

The EAPC may be required to provide follow-up to both the client and the supervisor. This follow-up is necessary to track progress of those who have utilized the program and to ensure that both the employee and the employer have received the assistance needed.

## **CHAPTER ELEVEN**

---

### **PROGRAM EVALUATION**

Organizations, both public and private, expect their EAPs to contribute to cost savings by reducing health-care utilization and by improving work attendance and job performance. EAPCs will increasingly be expected to provide data on the numbers of referred employees, the costs incurred, types of service delivered, and cost effectiveness of maintaining the program. Program evaluation serves to:

- demonstrate to administration and staff what is working well and what areas need improvement.
- provide data to management and labor in order to elicit their cooperation and support.
- conduct ongoing reviews of the services provided.
- provide data to support program resources.
- provide input for conducting strategic planning

**AR 600-85,  
para 14-14**

**42 CFR Part 2**

Regardless of the method of program evaluation being used, extreme care must be taken to protect the confidentiality of those being served through the program. EAPCs should adhere strictly to the guidelines governing confidentiality when conducting any program assessment.

A plan for evaluating the effectiveness of the civilian program should be comprehensive. Measurable objectives of the program must be delineated. Two types of evaluations can be conducted—process and outcome.

Process evaluation looks at how the program is functioning. The basic question is, “Is the program operating as planned?” Questions to be asked include:

- What is the program utilization rate?
- What populations are utilizing the EAP?
- How effectively is the EAP penetrating the organization?
- How are clients referred?

- What types of problems are being presented?
- Where are clients being referred by the EAP?
- What follow-up services were provided?
- What resources are being used and how are they being utilized?

Outcome evaluation examines the effects or outcomes of a program. The basic question is: “Is the program effective?” To get the answer, some of the questions to ask include:

- Does the client actually make contact with the referral resource?
- Is the client satisfied with the referral resource?
- Is the client making progress in dealing with his or her problem?
- Is the client satisfied with the services provided?
- Are additional services necessary?

To get an accurate picture of the program, the outcome evaluation should look at benefits the program provides the Army. Some questions to ask regarding benefits of particular interest are:

- Is the EAP helping to contain personnel productivity costs?
- Are work attendance and job performance improving?

Suggested criteria for program evaluation include:

**AR 600-85,  
para 14-8a**

- **Policy statement**–There must be a clear, concise statement of the organization’s policies.
- **EAPC**–Those coordinating the programs must be trained professional(s) who are either Certified Employee Assistance Professionals (CEAP) or working toward CEAP certification.

**AR 600-85,  
para 14-8g**

- **Training and Education**–A comprehensive training and education program is necessary to improve program visibility to the workforce and to equip supervisors to carry out their roles.

**AR 600-85,  
para 14-8f**

- **Community Resources**–In order to make effective referrals, an accurate listing of community resources must be maintained and ongoing assessment of these resources conducted.

**AR 600-85,  
para 14-8e**

- **Program Interrelationships**–Functional interrelationships with other key personnel and agencies are necessary.
- **Program Results**–Data documenting process and outcome objectives should be kept.

It is important for the EAPC to know if the EAP is effective and if it is providing the necessary services to its clientele. One way of gaining this information is by assessing those segments of the workplace that have utilized the EAP services. Numerous assessment instruments and surveys can be used; often those developed locally work best.

As evaluation of the program and its services is made, the EAPC should examine the results closely and continuously make any necessary adjustments that will facilitate improved services.

## **CHAPTER TWELVE**

---

### **PERSONAL AND PROFESSIONAL MAINTENANCE**

Personal and professional development are crucial elements for the ongoing effectiveness of the EAPC. The EAPC's role is diverse and no single academic discipline provides the comprehensive training base required for successful implementation of the civilian program. Major duties demanded of the EAPC require skills in vastly divergent disciplines such as marketing, program administration, training, and direct client services (screening interviews, short-term intervention, and follow-up). Additional skills may be required in budgeting, office automation, conflict management, curriculum development, presentation skills, and leadership development. Some of the resources available to assist in career development are outlined in this chapter but it is important to recognize that the EAPC is the best judge of the skills needed to be effective in his or her specific community.

**AR 600-85,  
para 11-5 a**

Because EAPCs are required to be certified within four years of employment, it is important that training toward this end be completed. Once certified, EAPCs will be required to maintain their certification through the accumulation of professional development hours (PDH). Detailed information on specific requirements for certification/recertification through the Employee Assistance Professionals Association (EAPA) can be found at the EAPA website—[www.eap-association.org](http://www.eap-association.org).

The training and development activity found at many installations can help direct the EAPC to training opportunities available through the Office of Personnel Management (OPM). OPM provides training courses at the following regional training centers:

- **Atlanta Regional Training Center**

U. S. Office of Personnel Management



75 Spring Street, SW, Suite 940  
Atlanta, GA 30303-3109

- **Dallas Regional Training Center**

U. S. Office of Personnel Management  
1100 Commerce Street, Room 4F25  
Dallas, TX 75242-9968

- **San Francisco Regional Training Center**

U. S. Office of Personnel Management  
120 Howard Street, 2<sup>nd</sup> Floor  
San Francisco, CA 95105

- **Washington Area Training Center**

U. S. Office of Personnel Management  
P. O. Box 7230  
Washington, D. C. 20044-7230

- **Philadelphia Regional Training Center**

U. S. Office of Personnel Management  
600 Arch Street, Room 3406  
Philadelphia, PA 19106

- **Midwest Training Center**

U. S. Office of Personnel Management  
2230 S. Dearborn Street, 30<sup>th</sup> Floor  
Chicago, IL 60604-1687

OPM offers many different training courses that can help the EAPC become fluent in a wide variety of subjects. These courses range from one to five days and include but are not limited to:

- Adverse Actions and Unacceptable Performance Actions

- Analyzing Training Needs
- Anatomy and Prevention of Disputes
- Basic Employee Relations
- Budget Presentation and Justification
- Building Productive Labor-Management Relations
- Communications and Counseling
- Drug Free Workplace: A Workshop for Supervisors and Managers
- Effective Briefing Techniques
- Handling Employee Leave Problems
- Instructor Training
- Introduction to Training and Development
- Labor Relations for Supervisors and Managers
- Managing Conflict
- Pre-Supervisory Workshop
- Program Evaluation Techniques
- Public Presentation Skills
- Public Speaking
- Reviewing Performance with Employees
- Supervising Difficult and Problem Employees
- What Every Supervisor Needs to Know About Discipline
- What Managers Should Know About Federal Budgeting
- Workshop on Unfair Labor Practices

In addition, OPM offers National Independent Study Center Self-Study Courses. These correspondence courses may be more convenient since they are self-paced and require no travel time. A catalog listing self-study courses can be obtained by contacting:

National Independent Study Center  
 U. S. Office of Personnel Management  
 P. O. Box 25167  
 Denver, CO 80225  
 FTS (303) 236-4100

Some of the courses that EAPCs may find valuable include:

- Controlling a Unit Budget
- Managing Problem Employees: A Performance Improvement Process
- Basic Labor Relations
- Solving Performance and Conduct Problems

Local universities and professional organizations are good sources of additional training. These resources are significantly different from installation to installation. Persistence may be required to adequately research your local community for the resources available but the result is usually well worth the time spent. Uncovering these courses can be a time-consuming process but the opportunities to network within the local community make the effort worthwhile.

Other training opportunities can be found through Army courses such as Leadership Education and Development (LEAD), Organizational Leadership for Executives (OLE), and Professional Management for Executives (PME). These courses can be beneficial to EAPs in familiarizing them with courses being taught to supervisors and managers and can also prepare them to better deal with employee issues. Opportunities exist for interested personnel such as EAPCs to become facilitators for some of these courses, especially LEAD.

Organizations such as EAPA also provide EAPCs with opportunities to network with community resources. Membership in these organizations provides the opportunity to attend regular chapter group meetings, giving the EAPC a means of updating skills and knowledge. The EAPA can be contacted at the following address and phone number:

Employee Assistance Professionals Association  
2101 Wilson Blvd., Suite 500  
Arlington, VA 22201-3062  
(703) 387-1000

Career development is an ongoing challenge for all EAPCs. A diverse field such as the one in which the EAPC operates requires an ongoing, intensified effort on the part of the EAPC in order to remain current with the latest trends.

## **CHAPTER THIRTEEN**

---

### **DRUG-FREE WORKPLACE**

Our greatest national asset is our workforce. Our present prosperity and future prospects depend on our people. Workers have always needed protection from hazards that arise in the course of earning a living. In recent years a new threat to the well being of workers has infiltrated workplaces - a significant increase in the use of drugs.

Former President Reagan sought to turn the tide of illegal drug use by issuing Executive Order 12564 with its subsequent PL 100-71. This Executive Order of 1986 set forth the policy of the United States government to eliminate unlawful drug use from the federal workplace. For the first time in our nation's history, the use of illegal drugs by federal employees, whether on or off the job, was prohibited.

Because substance abuse tends to be a hidden problem, programs and policies must involve every worker. It is well to remember that the war is against drugs, not against people. The EAPC plays a vital role in the ASAP's implementation of the provisions of the Drug Free Workplace Act by developing a well-rounded, humane program consisting of:

- a comprehensive written policy
- supervisory training
- employee education
- screening, referral, short-term counseling, and follow-up services for civilians
- drug testing to identify and deter illegal drug use

Appropriate policy statements must be signed by higher-level command showing support for the civilian program. The EAPC should develop the policy letter addressing such issues as manufacture, distribution, possession, or use of controlled substances in the workplace. It is important for the workforce to know that these actions are prohibited and the consequence

for such behavior is appropriate disciplinary action, including possible termination. The policy statement should make it clear that the EAPC has initial ASAP contact with all employees who are found to abuse alcohol or use illegal drugs. It may be necessary for the EAPC to work with appropriate representative(s) from the CPAC in dealing with cases where substance abuse is a precipitating factor.

The EAPC coordinates training and education that must be completed by supervisors in order to comply with requirements of the Drug Free Workplace Act. This training includes:

- drug/alcohol awareness and signs and symptoms of drug use
- methods of identifying and dealing with suspected users of unlawful drugs
- supervisory responsibility to report any known trafficking, possession, or use of unlawful drugs
- intervention techniques and referral procedures
- explanation of the EAP
- information on the drug testing program
- relationship of the EAP to disciplinary actions
- general principles of rehabilitation, including techniques for supervisors to assist employees returning to the worksite following treatment

EAPCs at different sites assist in identifying training and education needed in their communities and the resources available to provide these needs. Further information on education and training is included in this guidebook in Chapter Four, *Preventive Education and Training*.

Some of the issues of concern to the general employee population and their families are:

- Government policy on the drug-free workplace
- health effects of alcohol or drug use/misuse
- effects of drugs on the community

- symptoms of drug abuse and recognition of signs of abuse
- avoiding involvement with drugs
- information on help available through the EAP and other programs
- penalties for violating the requirements of the Drug Free Workplace Act

The determination that an employee has used illegal drugs may be made on the basis of direct observation, a criminal conviction, verified positive results of the agency's drug testing program, or the employee's own admission and other appropriate methods.

**AR 600-85,  
para 14-20**

Applicant and random testing is mandated for employees in testing designated positions (TDP). Accident/unsafe practice testing can be conducted in an examination authorized by the Army. Reasonable suspicion and voluntary testing also may be authorized. Urine testing can be ordered for any employee in any position where there is reasonable suspicion of on-duty drug use or on-duty impairment. Further information about drug testing of civilian employees can be found in Chapter Fourteen, *Civilian Urine Testing*.

**AR 600-85,  
para 14-18**

Upon a first finding of illegal drug use, agencies are required to:

- remove the employee from sensitive position.
- Refer the employee to the EAP for screening and referral for assessment, treatment and/or education.
- Initiate disciplinary action.

Upon a second finding of illegal use or refusal to enter rehabilitation through the EAP after the first finding of illegal drug use, initiation of action to remove the employee from federal service must be completed. Other causes for disciplinary action include:

- the employee's refusal to take a required test
- the employee's tampering with a urine sample

- the employee's failure to report to the collection site without an appropriate deferral

The Drug Free Workplace Act was designed to incorporate measures that would eventually lead to a workplace free of illegal drugs. The Act requires supervisory training, employee education, and the establishment of methods to identify illegal drug use in the workplace. The Act also outlines actions that can be taken if illegal drug use is detected in the workplace. EAPCs should become thoroughly familiar with this Act.



## **CHAPTER FOURTEEN**

---

### **CIVILIAN BIOCHEMICAL TESTING**

Because the use of illegal drugs is not compatible with standards set by Department of the Army, civilian employees are subject to drug testing. Circumstances that precipitate drug testing are:

**AR 600-85,  
para 14-20**

**AR 600-85,  
para 14-18, a,c**

**AR 600-85,  
chapter 14,  
section IV**

- certain sensitive-duty positions designated as testing designated positions (TDP)
- applicants for TDP positions
- reasonable suspicion
- post-accident
- follow-up
- voluntary

Urine testing has, over the years, proven to be a strong deterrent to the use of illegal drugs. Testing of civilian employees has the following objectives:

- to assist in determining fitness for, appointment to, or retention in a critical/sensitive job
- to identify drug abusers and notify them of the availability of appropriate counseling, referral, rehabilitation services, or other medical treatment
- to assist in maintaining national security and the internal security of the Army by identifying those whose drug abuse could cause disruption in operations, destruction of property, threats to safety for themselves or others, or the potential for unwarranted disclosure of classified information through drug-related blackmail

TDPs are positions designated by Department of Defense as those that are subject to drug testing. Employees in TDPs are usually selected for random testing through computerized random selection. In addition to those who are already employed in testing-designated positions, applicants for these positions are to be tested prior to being hired.

**AR 600-85,  
para 14-18 a**

**DA Pam 600-85,  
para 3-2 a**

Reasonable suspicion testing applies when there is reason to believe that any employee is under the influence of a controlled substance while on duty. Those employed in testing designated positions may be required to submit to urine testing for incidents occurring either on or off duty. The supervisor can, after consultation with CPAC and legal professionals, direct that the employee report for urine testing. Employees directed for reasonable suspicion testing may be observed while giving a urine sample, however, it is suggested that the collector obtain documentation authorizing observation. Reasonable suspicion testing may be based upon various factors, including the following:

- observable phenomena, such as direct observation of drug use and/or the physical symptoms of being under the influence of a drug
- a pattern of abnormal conduct or erratic behavior
- arrests or conviction of a drug-related offense as specified elsewhere in this guidebook and applicable regulations
- information provided either by reliable and credible sources or information independently corroborated
- newly discovered evidence that the employee has tampered with a previous drug test

District Court (AFGE v. Wilson, Aug. 1992) held that reasonable suspicion testing of TDPs using on-duty or off-duty evidence of drug use is permissible. All other reasonable suspicion testing (non-TDPs) must be based on reasonable suspicion of on-duty-related impairment supported by:

- evidence of specific personal observations concerning the employee's job performance, conduct or attendance.
- hearsay information received from an unidentified source(s) supported by corroborative evidence from a manager or supervisor.

**DA Pam  
600-85,  
para 3-2b**

The same court allowed post-accident or safety mishap testing for employees whose “actions or inactions, in the commander’s judgment, may have been factors in the mishap sequence.” The court required the language to be specific enough that testing is performed on only the employee who caused the accident or safety mishap. EAPCs should contact their local SJA for more specific guidance as issues arise.

Those enrolled in treatment are eligible for urine testing if determined necessary by clinical personnel. Many treatment programs require ongoing urine testing, known as treatment testing, as a condition of program participation. The Army Drug Free Workplace Testing Program does not provide treatment testing. Treatment testing can be required and provided only by the treatment program where the employee is receiving treatment.

Follow-up testing is testing required following treatment and is usually for a specified time, normally up to one year. Follow-up testing is required for TDPs.

**AR 600-85,  
para 3-2**

Employees can volunteer for testing. When these employees volunteer for testing, they are subject to the same actions as others in the random pool.

Incumbent employees in positions newly designated as TDPs must be notified that they are subject to urine testing. At least 30 days before the initial urine test, each incumbent employee in a TDP must be informed in writing of the following:

- the reason for the urine test
- the consequences of a positive result or refusal to cooperate, including adverse action
- the opportunity to submit supplemental medical documentation to support the legitimate use of a specific drug
- the availability of drug counseling and referral services, including the name and phone number of the EAPC

- the requirement for execution of DA Form 5019-R– Condition of Employment for Certain Civilian Employee Positions for TDP positions and DA Form 7412 for those in DOT testing positions. It is the responsibility of the CPAC to administer forms concerning those employed in positions requiring TDP and DOT testing.

Upon notification of a lab positive result, the MRO will contact the employee to determine whether or not the drug positive is the result of illegal drug use. The employee will be given the opportunity to provide documentation to support medical justification for using the specific drug. Upon verification of illegal drug use by the MRO, he or she will contact the ADCO or the designated management official (DMO) of the positive result. The ADCO or DMO will notify the employee's supervisor and the EAPC. The supervisor will contact the EAPC to schedule an appointment for the employee to be offered screening, referral, rehabilitation/treatment and follow-up services. The employee will be asked to sign a consent form (DA Form 5017-R) for release of information to the supervisor. This consent covers the release of information pertaining to the employee's compliance with the treatment plan agreed upon and the employee's progress during and at the end of treatment. The EAPC should make an assessment of the problem(s), review with the employee his or her health insurance coverage, and refer the employee to the ASAP clinical services or an appropriate assessment/treatment resource in the community. The EAPC should provide remedial education if recommended by the treatment resource. The EAPC should monitor the employee's treatment and keep the supervisor advised as to the progress being made. The EAPC should also conduct periodic follow-up sessions with the employee and the supervisor and offer support and further assistance as needed. Once cleared by the treatment facility/practitioner for return to TDP duties, the EAPC will convene a session with the supervisor and the employee confirming agreement to a return to the TDP position. If the supervisor/manager approves return to the TDP position, the employee will submit to an immediate follow-up urine test. If a negative result is received, the employee will be authorized return to the position. At many places the EAPC

randomly coordinates scheduling of the employee for follow-up testing, while at other places the ADCO assumes responsibility for this requirement. Follow up testing may last up to a year.

Upon reaching a finding that an employee uses illegal drugs, supervisors will refer the employee to the EAP and give the employee an opportunity to undertake rehabilitation. Referrals to the EAP are for the purpose of identifying the problem, referring the employee to the appropriate evaluation/treatment resource in the community, and following up with the employee during rehabilitation and recovery.

**DA Pam 600-85,  
para 3-2f(4)c**

If individuals in TDPs seek assistance through the EAP, the EAPC may remove them from the random testing pool for up to 60 days, if approved by the supervisor/manager and CPAC.

Under no circumstances will urine samples of civilians be prescreened. Further, it is a conflict of interest for EAPCs to be involved in the random urine selection and collection process for civilian employees.

**DA Pam 600-85  
para 4-1a**

A special category of TDPs have been identified under Department of Transportation rules. This category provides for testing of individuals who are required to have commercial drivers' licenses (CDL) and who drive vehicles conforming to the requirements of the Commercial Motor Vehicle Safety Act of 1986.

Urine testing in the Army is continually evolving with changes in TDPs and with the development of new testing and collection procedures. New ways of testing will continue to be developed and implemented. It is important that the EAPC stay attuned to new trends in the urine testing field.

## **CHAPTER FIFTEEN**

---

### **COMMON PITFALLS FOR EAPCs**

- **Not coordinating with MER, CPAC, SJA**

Problem: There is often a lack of communication between the EAPC, CPAC, SJA, etc.

Helpful Hint: Establish a working relationship with these agencies to address a variety of problems that will arise. Many problems that arise involve administrative or legal issues that only these agencies are equipped to handle.

- **Allowing supervisors to use the EAP as a disciplinary tool (Example: supervisor states, “I would like for the EAP to send me a letter of progress on Mr. Lewis so I can use it to support taking disciplinary action.”)**

Problem: Many supervisors will contact the EAP in order to get documentation to discipline employees

Helpful Hint: When supervisors make requests that might relate to disciplinary action, they should be referred to the CPAC who will give them further guidance. The EAPC should not allow the EAP to be used in supporting employee discipline. However, the EAPC may report to the supervisor the employee’s attendance and participation with proper consent from the employee.

- **Allowing supervisors to use EAP to manage employee performance. (Example: supervisor states, “Mr. Smith is not performing up to standards. I would like for you to bring his performance up to standards.”)**

Problem: Often supervisors will try to get the EAP to provide supervision and motivation for employees that the supervisor should be providing.

Helpful Hint: EAP should reiterate to supervisors that supervision of their employees is the supervisor’s responsibility. (Example: EAP states, “Mr. Jones, the EAP can provide you with assistance by working with the employee in resolving personal issues but the employee’s performance is your responsibility to address.”)

- **Allowing employees to use the EAP to manipulate the supervisor or the system**

Problem: Employees will often attempt to use the EAP to prevent the supervisor from taking disciplinary action or to attempt to avoid doing tasks they wish to avoid. (Example: employee says to EAPC, “I would like for you to call my supervisor and tell him that I need the next three days off work.”)

Helpful Hint: EAPCs should not enable employees by taking responsibility for the employee. Employees should be referred back to the supervisor since this is a supervisory matter.

- **Breaching confidentiality**

Problem: Often EAPCs are requested to release information concerning clients without proper consent from the client. Sometimes these requests come from supervisors, CPAC, union, SJA, investigative agencies, family members or co-workers.

Helpful Hint: EAPCs should never release client information without proper written consent of the client. There are provisions made for information to be released by authority if a court order. In these cases the EAPC should consult with SJA for guidance.

- **Not making proper assessment of referral resources**

Problem: EAPCs sometimes make referral to treatment resources in the community they have not visited and approved as a referral resource. EAPCs have an obligation to the client to insure that the referral resources used provide treatment and provide client confidentiality in a manner consistent with established professional standards of care.

Helpful Hint: EAPCs should visit all referral resources to establish communication channels to review credentials and certifications and to examine philosophy of treatment in order to verify that they meet Army standards.

- **Appearing to be on side of management or employee**

Problem: There is often a perception in the workplace that the EAP only supports management. Conversely, some managers perceive that

the EAP represents only the employee.

Helpful Hint: EAPCs should develop local SOPs, policies, and regulations to reflect that the program is concerned with performance issues. It should be clear from these guidelines that the EAP does not side with either management or the employee but that it is neutral in dealing with performance issues. If management attempts to involve the EAPC in fitness-for-duty examinations, the EAPC should steer clear of this process. Otherwise, the EAP will be perceived as an arm of management that participates in the disciplinary process.

- **Failure to develop a crisis response plan**

Problem: Many EAPs lack coordination with other agencies to provide a plan for crisis response.

Helpful Hint: EAPC should establish and coordinate a crisis intervention plan with other agencies that may have a part in responding to emergency situations. Some of the agencies will include ASAP, safety office, AMEDD, SJA, PMO, occupational health, CPAC, chaplains. Coordinate with other agencies, as required.

- **Not informing the ADCO of EAP activities**

Problem: There have been occasions where EAPCs failed to inform the ADCO of program activities and plans, thereby reducing ADCO support for the EAP.

Helpful Hint: It is critical that the EAPC keep the ADCO informed on all activities being coordinated through the EAP. EAPCs should not take upon themselves the responsibility for developing policies and regulatory instruments without coordinating the planning and approval with the ADCO.

- **Not maintaining ongoing EAP visibility–lack of marketing**

Problem: EAPs rely heavily on being highly visible but but frequently have a low level of visibility and support.

Helpful Hint: EAPC should take every opportunity to publicize the program at all levels. Coordination with various activities and command groups will often go a long way in making the program



visible throughout all levels. It is critical that target populations have knowledge of the existence of the EAP.

- **Allowing the EAP to become a treatment agency**

Problem: EAPC can get drawn into providing long-term counseling instead of providing screening, short-term intervention and referral.

Helpful Hint: EAPCs may provide short-term intervention counseling and referral for a variety of problems. However, it is critically important for the EAPC to recognize when it is time for the client to be referred for services. The standard for the ASAP EAP short-term intervention/ counseling is 1 to 4 sessions. If substance abuse is involved or other mental health problems, referral should be accomplished, without short-term counseling. After referral, the EAPC should provide an adequate level of follow-up services.

- **Enabling clients to continue negative behaviors**

Problem: If not careful EAPCs can become a part of an employee's problem by inadvertently becoming an enabler to the client's problems. If not careful the EAPC can reinforce codependent behavior instead of confront it. In some instances the EAPC can find him/herself working harder on the client's problem than the client him/herself.

Helpful Hint: The EAPC should focus on the resolution of the client's personal problem even if it means confrontation. The EAPC should be careful to address issues that might be causing the client problems. The EAPC has a responsibility of surfacing self-defeating behaviors on the part of the client even if it is uncomfortable for both the EAPC and the client.

- **Keeping too much/little records**

Problem: Some EAPs attempt to keep detailed records that closely resemble clinical case files while others keep no or very minimal records.

Helpful Hint: EAPs should have records that are substantial enough to identify the problem necessitating referral and disposal of the case. EAP record are administrative, not clinical in nature. EAPCs can be

and often are called to testify in court cases where clients are involved. In some cases, these records can be brought before the court with a court order. Records especially, client case notes, should consist of specific documentation of what services were provided. However, records that are too specific can result in a disservice to the client. See the Appendix for documentation standards and basic and optional forms.

- **Failure to do self care**

Problem: EAPs often get so involved in taking care of the client population that they neglect taking care of themselves.

Helpful Hint: One of the most important things an EAP can do is to take care of himself or herself mentally, emotionally, and physically. Planning and scheduling leave to ensure that these needs are taken care of is extremely important. After all, the EAPCs will not be of any value to others if they have not taken care of themselves. The EAPC should constantly make a personal assessment, looking for signs of burnout, depression, or other symptoms that indicate a problem. EAPs should solicit the ADCO's support in making sure that appropriate time is allotted to the EAPC for self care. The EAPC should be able to use the ADCO as a "sounding board" when it comes to dealing with difficult cases. This helps prevent the EAPC from suffering burnout and allows better communication with the ADCO.

- **Not practicing good ethics**

Problem: EAPCs may participate in practices that are not ethical. Sometimes this is intentional and sometimes it is from oversight. Examples of unethical practices include but are not limited to: borrowing and lending money from/to clients, inappropriate and/or sexual relationships with clients, fraternizing with clients, accepting/giving gifts/payments from/to clients, etc.

Helpful Hint: The EAPC must be constantly aware of the dangers of practicing questionable standards of ethics. Realizing that there are supervisors, managers, clients, and organizations that will use the EAP for their own advantage, the EAPC must be ever vigilant of these practices. Not only can the EAPC become entangled in legal issues but the credibility of the program can be compromised.

- **Failure to practice good communication among ASAP staff**

Problem: Many of the Army Substance Abuse Programs do not fully communicate among themselves. When this happens there is usually missed opportunities or lack of ability to coordinate plans for provision of services.

Helpful Hint: Communication is the critical link that holds all the functional areas together. Open communication should be encouraged by all the ASAP staff. Numerous means of communication are available including regular staff meetings and planning sessions. Another means of keeping up with information updates is the ACSAP website.

- **Failure to be an advocate for the EAP**

Problem: Unless someone advocates for the EAP, there is always a possibility that visibility and funding will be less than desirable. The EAPC should be willing to be that advocate. A program that is underfunded may not have the resources necessary to provide adequate services.

Helpful Hint: In order to provide services to the customers and to meet the mission requirements, the EAPC should take every opportunity to become involved in program planning, budgeting, and training. Being an advocate for the EAP may involve attending budget meetings to justify the needs of the program. Therefore, the EAP should be able to compile necessary data to support program requirements.

- **Failing to maintain educational requirements, resulting in loss of EAP certification**

Problem: DA regulations require that EAPCs be certified within four years of employment. Once certified, EAPCs must keep up with the educational requirements necessary to maintain certification credentials.

Helpful Hint: Numerous opportunities exist for EAPCs to keep updated with new information and to receive professional development hours necessary to maintain certification. Each year ACSAP sponsors training that will enable EAPCs to earn hours toward these

certification requirements. Other opportunities are available through state and local agencies and private conferences. EAPCs seeking professional development hours should contact the Employee Assistance Professionals Association (EAPA) if there is a concern about receiving training credit. EAPCs should budget for a minimum of 20 professional development hours per year.

- **Failure to maintain awareness of political climate**

Problem: The political climate at a given time can largely affect the emphasis placed on the EAP. Unless the EAPC maintains an awareness of the changing political climate, it is likely that the program will fall behind and will suffer in its ability to meet the needs of its customers and/or mission.

Helpful Hint: EAPCs should stay abreast of not only the changing culture in the field of employee assistance, but the changing political aspects concerning the program, as well. Changing political climates can affect several areas including funding, emphasis on programs, studies such as A-76, etc. The better the EAPC maintains awareness of the climate, the more prepared he/she will be prepared to plan for the program.

- **Partaking in addictions (alcohol, drugs, gambling, sex, internet, pornography, etc.)**

Problem: No one is immune to adult living problems. Those in the “helping” professions can become vulnerable to these dilemmas. Those individuals predisposed to addictive behaviors are at more risk than others.

Helpful Hint: EAPCs must be constantly on guard to insure that their behavior is in keeping with proper ethics and established standards. It is difficult to effectively help clients deal with their problems if the EAPC has difficulty dealing with his/her own problems.

- **Conflict of interest**

Problem: EAPCs are in a position to potentially get involved in situations that would show real or perceived conflict of interest. Such

areas as taking gifts from referral resources, moonlighting for referral agencies, practicing nepotism, purchasing professional materials from the EAPCs relatives or friends. There are numerous ways EAPCs can get entangled in conflict of interest but every effort must be made not only to avoid the act, but the very perception of wrongdoing, as well.

Helpful Hint: EAPCs should be aware of what constitutes conflict of interest so that they can avoid its entanglement. Army regulations, as well as information from EAPA, can provide a wealth of information concerning this issue.

- **Failure to brief limits of confidentiality**

Problem: Often EAPCs do not inform clients of the limits of confidentiality. Unless clients understand that not everything said is confidential, they may be under the assumption that they can talk about anything without recourse. They must be made aware that such issues as child abuse, elder abuse, or threats of harm to self or others may be subject to state laws requiring their release.

Helpful Hint: The EAPC should make a point of informing every client of these limits. See *Appendix B, Forms*.

## **APPENDIX A**

---

### **STANDARDS FOR EAP FILES**

Use the following guidelines for formatting and maintaining EAP client files:

#### **Format**

1. Use letter-size plain manila folders for client files.
2. Use the EAP File Notes Form or plain paper, lined or unlined, to document client contacts, legibly hand-written or in typeface. Computer generated file notes may be used, in the format of the File Notes Form. The various forms located at Appendix B will be downloaded and printed or copied.
3. All notes and forms will be prepared in the original only and placed in the EAP file.
4. In accordance with ARIMS, effective 15 Dec 04, RN 600-85a2, EAP files will be maintained in the Current Files Area for two years after file closure. They will then be destroyed.
5. Place the following documents on the left side of the folder, from top to bottom:
  - Administrative tracking documents (summary of contacts and TDP follow-up tests)
  - Consultation requests to and from area care providers
  - Any lab data (urine test results, lab results from area care providers)
  - Referral forms (to the EAP and from the EAP, most recent on top)
  - Memos, consent forms, condition of employment for TDPs (Drug-Free Workplace and DOT), etc., most recent on top
6. Place the following documents on the right side of folder, from top to bottom:
  - EAP File notes (most recent on top)
  - EAP Screening Record
  - Limits of Confidentiality Form

7. Place any insurance and treatment cost compilation notes in a plain white envelope (flap up), secured to the left inside folder. Destroy when no longer needed.
8. Expunge unnecessary papers, etc., such as memory “tickler” lists, notes, blank forms, etc.
9. Data from a client’s previous referral(s) may be maintained in the client’s current EAP file. Separate previous and current data on both sides of the file by using the File Closure Form or a sheet of paper with the entry “previous referral, and date(s)” written across the paper. The previous data should be on the bottom and current data on top.
10. Files will be secured in a locked area, with access limited to the EAPC and a designated other staff member, to ensure that records are retrievable during prolonged EAPC absence.

### **EAP File Notes**

1. Entries are to be legible, in a narrative format, and without use of abbreviations, unless widely known. Complete sentences are unnecessary; however, the meaning of the entries should be very clear if read by another party, e.g., by another EAPC or ACSAP personnel during assistance inspections. Keep in mind that documentation may be interpreted by a third party if the file is subpoenaed.
2. Each entry is to be dated and signed by the EAPC (full payroll signature). The signature should be above a printed signature block, with “EAPC” or “CEAP”, designated, as appropriate. (Recommend the use of a printed name stamp.)
3. Permit only the EAPC to make file note entries. (If another staff member, during the absence of the EAPC, provides administrative assistance to a client, a personal note documenting the assistance should be provided to the EAPC, who has the responsibility for recording it in the file. The original note may be maintained on the left side of the EAP file.)
4. All forms included in the EAP file are to be fully completed, including date and appropriate signature(s). If the screening document is not completed because the client failed to return, so state when closing the file. If the employee asked about the program, decided not to seek assistance, and consequently did not

define his/her problem, a file note entry will be made so indicating that situation. Because all employees are covered by confidentiality statutes from the moment they walk through the door, EAP files will be prepared on all employees who seek assistance, regardless of the type of referral.

5. The EAP offers education to organizations, and individual screening, referral, and EAP short-term intervention counseling services, in which guidance, advice, mediation, and education are provided to civilian employees towards resolution of non-clinical, transient problems and issues. Therefore, file notes will be administrative in nature. (Clinical terms will not be used.) If clients manifest clinical signs or symptoms, including a current history of substance abuse, they will be referred to health care providers certified and licensed to assess and provide care.
6. The standard for short-term intervention will be between 1 to 4 sessions. Exceptions must be fully documented. EAP files will be closed when the intervention is completed or the client does not return. Annotate the reason for file closure in the EAP File Notes and use the File Closure Form to indicate that the file is closed. If the employee returns much later with the same or another problem, he/she will be treated as a separate referral. The EAP file will be maintained in accordance with the procedures outlined in item 7, below.
7. When reopening a file: Annotate the date file is reopened and the presenting problem. If data has changed from the original EAP Screening Record, complete a new one. Complete new releases of information and review with the client the limits of confidentiality and the Privacy Act and so annotate in EAP File Notes. Place current forms and documentation above the File Closure Form (denoting the previous referral data) on each side of the file.
8. Documentation “dos” and “don’ts”:
  - When referring to the client, use the client’s name or “client” or “employee” and when referring to the EAPC (self), use one of the following terms: “EAPC,” “I,” “the undersigned. ”
  - As part of the screening process, clearly state the purpose of the referral and the circumstances surrounding the presenting problem (who, what, where, and how).
  - During the screening process, ascertain the current use of alcohol and/or other drugs and address the findings in the file notes, e.g., “no abuse of alcohol evident” or “denies current abuse of alcohol and other drugs.”



- Ensure that all clients identified with potential alcohol and other drug problems are referred to an appropriate substance abuse facility for evaluation. If the employee refuses the referral, inform the client that the ability to assist with any other issues may be diminished until the employee follows through with the recommended referral. Subsequent sessions will continue to address the issue of the alcohol and drug referral.
- Clearly document the purpose and justification for any referrals made by the EAPC to other resources.
- Ensure that documentation reflects the focus of the short-term intervention, i.e., the purpose of the intervention and the employee's progress in achieving it.
- Eliminate excessive documentation. For example, do not delineate details regarding employee conflicts (the 'who said what to whom'). Emphasize the process to be used in helping the employee identify options and make choices to resolve the conflict.
- Any reference to a client's aftercare treatment plan will clearly identify that it is the plan developed by the treatment facility providing the service.
- Provide follow-up to previous file note entries. Address unresolved issues. For example, if the EAPC indicates in one entry the intent to contact the supervisor, then the next entry should deal with that issue.
- Client monitoring after file closure may be accomplished by using the Longitudinal Tracking Form. Client monitoring may be necessary after file closure to track continuing problem resolution.

**APPENDIX B**

---

**FORMS FOR EAP FILES**

(All forms will be prepared in the original only and filed in EAP file)

<b><u>Form</u></b>	<b><u>Page</u></b>
<b>EMPLOYEE ASSISTANCE PROGRAM SCREENING RECORD.....</b>	<b>65</b>
<b>EAP FILE NOTES FORM .....</b>	<b>68</b>
<b>FILE CLOSURE FORM.....</b>	<b>69</b>
<b>EAP LONGITUDINAL TRACKING FORM .....</b>	<b>70</b>
<b>TESTING DESIGNATED POSITION FOLLOW-UP TESTS .....</b>	<b>71</b>
<b>REFERRAL OF CIVILIAN EMPLOYEE TO THE EMPLOYEE ASSISTANCE PROGRAM (EAP).....</b>	<b>72</b>
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP) SERVICES AGREEMENT - CLIENT .....</b>	<b>73</b>
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP) SERVICES AGREEMENT - SUPERVISOR .....</b>	<b>74</b>
<b>AGREEMENT IN SUPPORT OF RETURN TO TDP STATUS .....</b>	<b>75</b>
<b>LIMITS OF CONFIDENTIALITY .....</b>	<b>76</b>

\*\*\*\*\*

**Forms Available Through Jetform Formflow or Similar Versions**

**DA Form 5017, Consent Form to Release to Supervisors**

**DA Form 5019, Condition of Employment for Drug-Free Workplace TDPs**

**DA Form 7412, Condition of Employment for DOT Testing**

## EMPLOYEE ASSISTANCE PROGRAM SCREENING RECORD

**DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a) – AUTHORITY:** Title 10, USC 3012 and 42 USC 290dd-2. **PRINCIPLE PURPOSE:** To maintain client file for subsequent follow-up or referrals. **ROUTINE USES:** Record necessary to provide a reference of personnel referred for evaluation or counseling. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary. If personal data is not provided, services will continue with information available.

### IDENTIFICATION DATA

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SSN: \_\_\_\_\_

STATUS:  Civilian Employee     Military Retiree     Family Member of Military Retiree  
 Family Member of Civilian Employee     Family Member of Active Duty

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

DUTY STATION/OFFICE SYMBOL: \_\_\_\_\_ JOB: \_\_\_\_\_

JOB SERIES: \_\_\_\_\_ YEARS IN JOB: \_\_\_\_\_ YEARS FED. SVC: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF REFERRAL: \_\_\_\_\_ REASON: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

MEDICARE     CHAMPUS     VETERAN     DISABILITY

YEARS MILITARY SERVICE: \_\_\_\_\_ BRANCH: \_\_\_\_\_ GRADE: \_\_\_\_\_

EDUCATION LEVEL IN YEARS: \_\_\_\_\_ IF DEGREE, WHAT FIELD: \_\_\_\_\_

### FAMILY HISTORY

MARITAL STATUS: \_\_\_\_\_ IF MARRIED, HOW LONG: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

UNIT IF SPOUSE IS ACTIVE DUTY: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### CHILDREN

<u>NAME</u>	<u>AGE</u>	<u>SEX</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



<b>NAME OF CLIENT</b>	<b>SSN:</b>
-----------------------	-------------

---

---

---

---

---

---

---

---

**RECOMMENDATIONS/DISPOSITION**

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of EAPC)



**FILE CLOSURE FORM**

**NAME OF CLIENT:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**FILE**

**CLOSED**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**(Signature of EAPC)**





**TESTING DESIGNATED POSITION FOLLOW-UP TESTS**

**CLIENT INFORMATION**

Name of employee: \_\_\_\_\_

Agency/organization: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Date employee entered program: \_\_\_\_\_

Program meeting agreed return to TDP: \_\_\_\_\_

Start of 12-month follow-up: \_\_\_\_\_

**TRACKING OF TEST DATES & RESULTS**

**Date of test**

**Result/Return date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exit Program Meeting Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(OPTIONAL)**

**REFERRAL OF CIVILIAN EMPLOYEE TO THE EMPLOYEE ASSISTANCE PROGRAM (EAP)  
(AR 600-85)**

**NOTE:** Prepare this form in the original only and file in the EAP client case file. Reproduction and/or distribution of this form is not authorized.

TO: 1: _____ 2: EAP	FROM: (Name and Position)	DATE
---------------------------	---------------------------	------

**PART A – TO THE EMPLOYEE**

1. I AM REFERRING YOU FOR EVALUATION AND/OR COUNSELING TO THE EAP BECAUSE OF:

A.  DUTY PERFORMANCE      C.  ON THE JOB CONDUCT      E.  REQUEST OF EMPLOYEE  
B.  ATTENDANCE      D.  POSSIBLE HEALTH PROBLEMS      F.  OTHER (SPECIFY)

\_\_\_\_\_

\_\_\_\_\_

2. THIS REFERRAL IS BEING MADE BY:

A.  SUPERVISOR      C.  OCCUPATIONAL HEALTH/MEDICAL      E.  OTHER (Specify)  
B.  CPAC      D.  UNION      \_\_\_\_\_

3. AN APPOINTMENT HAS BEEN MADE FOR YOU TO MEET THE EAP COORDINATOR (during duty hours) IN BUILDING \_\_\_\_\_ AT (date & time) \_\_\_\_\_. DISCUSSION WITH THE EAP IS CONFIDENTIAL AND PARTICIPATION IN THE PROGRAM IS VOLUNTARY. REFERRAL TO THE EAP IS A BENEFIT OF YOUR FEDERAL EMPLOYMENT.

**PART B – FOR THE EAP**

4. THE SPECIFIC REASON(S) FOR THIS REFERRAL ARE: (attach copies of all relevant supporting documents (counseling record, leave history, etc.)

\_\_\_\_\_

5. IF THE SUPERVISOR IS MAKING THIS REFERRAL, COMPLETE ALL THE APPLICABLE ITEMS:

A. DUTY PERFORMANCE     EXCELLENT     GOOD     FAIR     UNSATISFACTORY  
B. LEAVE BALANCE:     HOURS ANNUAL     HOURS SICK  
C. HISTORY OF UNPROGRAMMED LEAVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. OTHER COMMENTS / PROBLEMS WITH EMPLOYEE: (use attachment/s if necessary)

\_\_\_\_\_

NAME, TITLE, GRADE, AND POSITION OF REFERRER (please print)	DATE
---	------

SIGNATURE OF REFERRER	TELEPHONE
-----------------------	-----------

**(OPTIONAL)**

**EMPLOYEE ASSISTANCE PROGRAM (EAP) SERVICES AGREEMENT**

**CLIENT STATEMENT OF UNDERSTANDING**

I, the undersigned client/employee, have had each of the following initialed items explained to me by the Employee Assistance Program Coordinator (EAPC) or a member of the EAP staff. I have discussed each item and have indicated by my initials and signature that I understand each item.

- Cost incurred in medical evaluations not directed by Army management (in writing) and performed by physicians in the civilian community will be my responsibility.
  
- I agree to pay all costs incurred as result of my referral to inpatient/outpatient counseling for myself or my family.
  
- I understand that I will be granted leave when applicable to obtain treatment and rehabilitation in accordance with existing civilian personnel regulations. If absent from duty for any reason during enrollment the appropriate leave will be requested through my supervisor.
  
- I am aware of program confidentiality and have completed the appropriate release of information (DA Form 5017). The only time any information will be released to anyone else without my written consent is when the EAPC or the treatment staff has determined that my behavior constitutes a threat of harm to myself or someone else or by proper order of the court system.
  
- I understand that the role of the EAP is to:
  - 1. conduct screenings
  - 2. provide short term-intervention counseling and/or referral to resource agencies/programs
  - 3. provide follow-up services
  - 4. conduct training concerning a variety of adult living problems
  - 5. liaison with care providers, union(s), Civilian Personnel Advisory Center (CPAC), Equal Employment Office (EEO), and Staff Judge Advocate (SJA), medical personnel
  
- I have been advised of Army Substance Abuse Program (ASAP) procedures and policies.
  
- I understand that I may be required to attend training and/or treatment as part of my personalized program.
  
- I understand that if I decide to withdraw from the EAP/ASAP prior to completion of a prescribed rehabilitation plan, the EAP will notify the referring supervisor if a consent statement has been signed.
  
- I have read and signed the Employee Assistance Program Services Contract

**LIMITS OF CONFIDENTIALITY**

All information you disclose to the EAP staff is considered confidential and will not be released without a consent form signed by you. However, under certain circumstances the law requires that confidential information be disclosed. The EAP is required to release confidential information when:

- evidence of abuse of spouse, elderly or handicapped persons
- evidence of physical or sexual abuse and/or neglect of a child
- statement of intent to harm others
- suicidal statements

I have read, understand, and agree to the stipulations of this contract with the EAP.

Signature	Date
Witness Signature	Date

**(OPTIONAL)**

**EMPLOYEE ASSISTANCE PROGRAM (EAP) SERVICES AGREEMENT**

**SUPERVISOR STATEMENT OF UNDERSTANDING**

I, the undersigned, have had each of the following items explained to me by the Employee Assistance Program (EAP). I have discussed each item and have indicated by my initials and signature that I understand each item and will comply.

\_\_\_\_\_ I am aware of client confidentiality through the EAP. I understand that information disclosed to me is from records where confidentiality is protected by federal law. Federal law (Title 42, Code of Federal Regulations, Part 2) prohibits me from making further disclosure to other sources without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

\_\_\_\_\_ I am responsible for support of both the EAP and the employee through careful and consistent attention to the evaluation of the employee's job performance, conduct, and attendance.

\_\_\_\_\_ I will establish an evaluation system with the EAP to identify deteriorating job performance.

\_\_\_\_\_ I will not attempt to diagnose the employee's problem.

\_\_\_\_\_ I will grant leave to the employee to obtain treatment and rehabilitation in accordance with existing civilian personnel regulations.

\_\_\_\_\_ I understand that the role of the EAP is to:

1. conduct screenings
2. provide referral to resource agencies/programs
3. provide follow-up services
4. conduct training concerning a variety of adult living disorders
5. liaison with care providers, union(s), Civilian Personnel Advisory Center (CPAC), Equal Employment Office (EEO), and Staff Judge Advocate (SJA)

Other comments or considerations

Supervisor's Name *(please print)*

Date

Signature of Supervisor

Telephone

**(OPTIONAL)**

**AGREEMENT IN SUPPORT OF RETURN TO TDP STATUS**

**EMPLOYEE'S UNDERSTANDING**

I, \_\_\_\_\_, (*name of employee*) understand:

To successfully complete the Employee Assistance Program (EAP) portion of a return-to-Testing-Designated-Position (TDP) status I must complete and be successful in the following actions:

1. Outpatient/inpatient treatment placement.
2. Attendance at all counseling/treatment sessions with no absences unless cleared by the EAP prior to the absence or for a bona-fide emergency, which must be coordinated with the EAP.
3. A signed release of information to the following personnel/agencies, as appropriate:
  - a. My supervisor
  - b. Civilian Personal Advisory Center (CPAC) generalist
  - c. Local union
  - d. Treatment facility
  - e. ASAP treatment program
  - f. Other: (*specify*) \_\_\_\_\_

I acknowledge that the release of information and the ramifications of such have been explained to me and that I understand all stipulations.

4. Abstinence from all mood-altering substances, including alcohol, not prescribed by competent medical authority

I understand that I am subject to urine/breath testing. I may be exempt from TDP testing for 60 days by request of the EAP. This request must be coordinated with the CPAC and the servicing clinician. I understand that my supervisor must agree to this provision.

Start date: \_\_\_\_\_

Resume testing date: \_\_\_\_\_

Upon successful completion of rehabilitation I must provide a follow-up urine test that returns a negative result. Once placed back on TDP status I will be required to submit to random urine testing for a period of one year, apart from any regular random testing attendant to my TDP status. Any positive test results will be considered grounds for declaring my performance in the program unsuccessful and will result in removal from my TDP and potential removal from the Federal service.

Employee's Name ( <i>please print</i> )	Date
Employee's Signature	Telephone

**SUPERVISOR'S UNDERSTANDING**

The above requirements concerning my employee have been explained to me and I understand and agree to support these requirements. I further understand that my support is necessary in order for the employee to successfully complete treatment/rehabilitation. I agree to insure that the employee is given adequate time for treatment/rehabilitation and that the employee is made available for required urine/breath testing.

Supervisor's Name ( <i>please print</i> )	Date
Supervisor's Signature	Telephone

**EMPLOYEE ASSISTANCE PROGRAM COORDINATOR**

I have explained to the employee and supervisor named above the requirements for successful return to TDP status. I agree to monitor the employee's progress in treatment/rehabilitation as part of the requirements for return to TDP status.

Employee Assistance Program Coordinator's Signature	Date
---	------

## LIMITS OF CONFIDENTIALITY

For use of this form, see AR 600-85, the proponent agency is DCS, G1

1. Employee Assistance Program Coordinators (EAPC) in the Employee Assistance Program do the most they can to ensure your confidentiality. There are, however, certain circumstances when disclosure of information to third parties must occur. All releases of information concerning civilian clients are governed by Part 2, Chapter 1, Title 42, Code of Federal Regulations. Some of the more commonly required examples are as follows:

- a. If the EAPC or counselor believes you might harm yourself or someone else.
- b. If the EAPC or counselor suspects that you or someone in your family has been involved in child abuse/neglect or spouse abuse.
- c. If you are involved in legal actions or proceedings your records and your EAPC or counselor may be subject to subpoena.
- d. If you are involved in, or have been involved in, any illegal activities.
- e. Qualified persons involved with quality assurance activities, EAP supervision and approved research projects may be permitted to access your records.
- f. If you fall under the nuclear or chemical security programs then further information may be required to be given to your supervisor.

2. It is the intent of all EAP personnel to safeguard your confidentiality to the utmost extent afforded by law and Army Regulation. If you have any questions about the above information please discuss them with your EAPC BEFORE proceeding with the interview.

3. **STATEMENT OF UNDERTANDING:** I have read the above and understand that information about me will be safeguarded within the limits of confidentiality outlined above and as contained in the Privacy Act Statement.

Client Signature

Date

4. **EAPC'S STATEMENT:** I have inquired to ensure that the client understands the above description of the limits of confidentiality.

EAPC's Signature

Date

5. CLIENT IDENTIFICATION (*Client's Name – Last, First, Middle*):

## **APPENDIX C**

---

### **ACRONYMS**

**AA**, Alcoholics Anonymous  
**ACSAP**, Army Center for Substance Abuse Programs  
**ADCO**, Alcohol and Drug Control Officer  
**AFGE**, Allied Federation of Government Employees  
**ALANON**, Alcoholics Anonymous for Family Members  
**ASAP**, Army Substance Abuse Program  
**AMEDD**, Army Medical Department  
**ARIMS**, Army Records Information Management System  
**ARNG**, Army National Guard  
**ARNGUS**, Army National Guard of the United States  
**CDL**, Commercial Drivers' License  
**CEAP**, Certified Employee Assistance Professional  
**CPAC**, Civilian Personnel Advisory Center  
**DAMIS**, Drug and Alcohol Management Information System  
**DOD**, Department of Defense  
**DOT**, Department of Transportation  
**DUI**, Driving Under the Influence  
**DWI**, Driving While Intoxicated  
**EAP**, Employee Assistance Program  
**EAPA**, Employee Assistance Professionals Association  
**EAPC**, Employee Assistance Program Coordinator  
**EEO**, Equal Employment Office  
**IMA**, Installation Management Agency  
**ISA**, Installation Support Agreement  
**LP**, Lesson Plan  
**MRO**, Medical Review Officer  
**NA**, Narcotics Anonymous  
**OPM**, Office of Personnel Management  
**PAO**, Public Affairs Office  
**PC**, Prevention Coordinator  
**PDH**, Professional Development Hours  
**POI**, Program of Instruction  
**RMO**, Resource Management Office  
**SJA**, Staff Judge Advocate  
**SOFA**, Status of Forces Agreement  
**SOP**, Standing Operating Procedure  
**TDP**, Testing Designated Position  
**USAR**, United States Army Reserve