Employee Assistance Programs in the Public Transit Industry: Experience of Connecticut Transit and Some Concerns for the Future

DAVID A. LEE

Employee Assistance Programs (EAPs) provide a specific referral for employees whose deteriorating job performance warrants intervention, as well as a source of confidential, low-cost help for employees troubled by any type of personal or family problem. Widespread concern about controlling workplace substance abuse and the advent of drug testing of safety-sensitive employees have focused much recent attention on the role of EAPs. Alternative EAP models, the role of unions in planning EAP services, considerations in program design that impact cost, and selection criteria are discussed. Three particular concerns about the future roles of EAPs include the responsibility for determining employees’ fitness for duty, the appropriateness of rehabilitation counseling in all instances of employee misconduct or positive drug tests, and the integration of EAP’s with company disciplinary policies.

There is a man—a bus driver—whose job performance has worsened markedly in recent weeks. He used to have excellent attendance; now he’s been absent or tardy to the point that the company’s attendance policy would prescribe discipline. Several uncharacteristic complaints about his rude behavior have been received from passengers, and his supervisor notices how this usually cheerful individual has lately become sullen and withdrawn.

Another employee—let’s say a woman supervisor—is struggling with devastating problems in her personal life outside the office: an impending divorce, children in trouble at school, financial difficulties. So far, she has managed to keep her problems hidden from her coworkers. Each day, however, as they seem ever more overwhelming, these problems are becoming an almost constant distraction from her job.

And there is a third employee—an otherwise dependable, trouble-free individual—who just tested positive for alcohol or drugs in violation of your company’s written policy.

Employee Assistance Programs (EAPs) exist precisely for people such as these. In the first case, EAPs provide supervisors with a specific point of referral for employees whose job performance warrants intervention. Supervisors are trained to deal only with an employee’s actual job performance. When performance deteriorates, referral to the EAP may be combined with, or substituted for, normal progressive discipline.

The objective is to relieve supervisors from having to diagnose the complex and highly personal problems that may trouble employees on the job.

In the second case, the EAP provides a credible point of contact for employees or their family members seeking help on a confidential, low-cost basis. Clearly, the greatest strength of a successful EAP is the ability to help employees before problems in their lives translate into performance problems in the workplace.

Situations like the third case have recently given the greatest impetus to establishing EAPs in the safety-conscious public transit industry. The advent of federal regulations mandating a drug-free workplace and possible urinalysis testing of transit employees, national concern about substance abuse throughout society, universal adoption by public transit operators of strict (albeit varying) rules prohibiting drugs and alcohol, and other factors have focused particular attention on the role of EAPs in facilitating the rehabilitation of drug- or alcohol-dependent employees (1,2).

This paper will outline the development of EAPs in the public transit environment, on the basis of actual experience at Connecticut Transit. Various related issues, including the role of unions and specific considerations for management in developing an EAP, will also be examined. Finally, some specific concerns about future roles for EAPs will be discussed. Connecticut Transit is the principal operator of public bus service in the Hartford, New Haven, and Stamford urbanized areas under contract from the Connecticut Department of Transportation. The system, which employs more than 800 bus operators, mechanics, and office staff in its three divisions, operates nearly 300 buses in peak-hour service.

TYPES OF EAPs

UMTA’s recent implementation guidelines for anti-drug programs in mass transit define the EAP as “a program provided directly by an employer, or through a contracted service provider, to assist employees in dealing with drug or alcohol dependency or other personal problems” (3). However, this definition barely begins to describe the variety of available EAP models. There is no generic EAP.

At Connecticut Transit, the EAP has evolved considerably during the past 15 years from what was originally a self-help group of employees concerned with alcoholism recovery to a...
broad-brush program using the services of a professional outside contractor. Most employers customize the EAP to suit their particular workforce and the constraints of policy and budget. This paper covers broad-brush EAPs that can assist employees with any type of personal or family problem (including, but by no means limited to, substance abuse), as opposed to programs that serve only a particular type of problem, such as alcoholism recovery.

The broad-brush approach is especially important for two reasons. First, it encourages referrals based on job performance only, and not a supervisor's unprofessional diagnosis of underlying causes. Second, it recognizes that personal problems can be manifold and that an individual's principal presenting problem may actually reflect other factors. (For example, it has been quite common for individuals to access the EAP for marital problems that are actually due to a spouse's alcohol or drug abuse.) Problems that are typically presented to the EAP, in addition to substance abuse, include marital and relationship problems, difficulties with children or aged relatives, financial and legal worries, emotional difficulties, compulsive gambling, disabling phobias, eating and weight disorders, and other personal and family crises.

An EAP can be implemented in-house or with an outside provider. In-house programs can be highly formalized, with full-time staff employed by the company, or informal, with interested employees simply acting as facilitators to direct coworkers to counseling and treatment resources within the community. Formal in-house programs are usually suitable only for the largest organizations, given the cost to employ staff, although they can be highly effective. Informal programs are effective only to the extent that individuals with problems are willing to confide in a fellow employee.

EAPs with an outside provider can range from using United Way agencies to service particular types of problems, to the formally contracted assessment and referral type of program implemented at Connecticut Transit. Another common arrangement is to use a preferred provider. In these cases, an outside counseling firm or treatment center assists a company's employees on a reduced fee-for-service basis, using the EAP as a client finder and, in turn, providing management with a professional referral for troubled employees.

**REASONS FOR EAPs**

Drug testing of transit workers and other initiatives to curb workplace substance abuse have undoubtedly spurred operators nationwide to implement or expand EAPs. Although they ultimately stepped back from requiring EAPs, even the 1988 UMTA regulations on drug testing (2) recognized that "... many organizations have found EAPs to be cost-effective elements of successful anti-drug programs."

The most obvious reason to have EAPs is simply that the cost of helping people solve personal and family problems is less than the cost those same problems, left untreated, extract from employers because of a poorer job performance. A widely accepted rule of thumb is that untreated problems in an average workforce cost the employer 2 to 3 percent of the total payroll just in terms of nonproductive time. According to one recent study, troubled employees are 16 times more likely to be absent from work, 2 times as likely to leave work early, 3 times as likely to arrive late, use one-third more sick leave and insurance benefits, have 4 times as many accidents, and file 5 times as many claims for worker's compensation than workers generally (4).

Moreover, the EAP plays a critical role in preventing employees' problems from becoming major crises in the workplace. Once a serious accident has occurred or an employee has reached the discharge step in an absenteeism policy, it is simply too late to find out that the underlying cause was a personal problem that could have been treated earlier. Again, in an average workforce, the generally accepted rule of thumb is that 1 out of every 10 employees has a personal or family problem serious enough to affect job performance. Similarly, a recent survey revealed that 88 percent of the chief executive officers of major U.S. corporations view drug abuse in society as a significant problem, and nearly one in four surveyed answered that drug abuse is a very significant problem within their companies (5,6).

Whether individuals are directed to the EAP by their supervisors or come voluntarily, EAPs can provide early intervention in resolving problems that, over time, can become increasingly debilitating. In this context, the broad-brush EAP approach is especially important. Except for the obvious and unique effect of chemical impairment on performance, all types of personal problems are manifested in similar ways on the job, such as absenteeism, distractions causing accidents and errors, and personality changes affecting relationships and attitudes. Obviously, substance abuse in the workplace involves special concerns about law violations, regulatory compliance, and the employer's public image. On the other hand, an inattentive employee is no more prone to causing accidents because he or she is wondering where to score drugs than if the distraction is because of worry about a marital crisis.

Having an EAP also helps to make credible a company's disciplinary policies—to employees, to the union, and to an arbitrator. Even when an employee is terminated for unsatisfactory performance, excessive absenteeism, or accidents on the job, arbitrators are loath to uphold the discharge if the root cause is a personal problem that might be remedied by counseling and treatment. This concern is magnified in states where alcoholism and drug addiction are considered handicaps, giving added protection under antidiscrimination statutes to employees who might otherwise be discharged for misconduct. Having an EAP available ensures that individuals whose personal problems result in poor performance are performing poorly in spite of the employer's best efforts to offer help. Often, company policies specifically provide referral to the EAP as one option (or even as a formal step) in a process of progressive discipline.

At Connecticut Transit, the EAP is an integral element of policies regarding drugs and alcohol and off-duty arrest on drug- or alcohol-related charges. Although certain types of misconduct are considered automatic grounds for discharge (e.g., operating a revenue vehicle when alcohol intoxication is above the legal limit or selling an illegal drug on company premises), other circumstances can result in referral to the EAP in lieu of (or in addition to) normal discipline. The strong commitment to provide a low-cost, confidential source of help for employees' problems clearly has helped to make these necessary policies credible to employees and their union representatives.

According to a 1987 report by the American Public Transit Association (APTA) Task Force on Drug and Alcohol Abuse,
EAPs are widely, but not yet universally, used by public transit operators. Although pioneer EAPs have existed for transit systems for more than a quarter-century, and although EAPs in some form were used by up to two-thirds of the respondents to an APTA survey, the Task Force nevertheless concluded (7, 8) that “even today many transit properties do not have [EAPs] to deal with troubled employees.” Reporting the results of a survey among Fortune 1,000 companies nationwide, Bradley Googins of Boston University (5) concluded:

In most corporations with an EAP, there are still pockets of untrained supervisors, uninformed employees, and uncovered sites. Many EAPs exist on paper only. Others have barely scratched the surface of the alcohol and drug problem and are still on the periphery of the organization.

THE EXPERIENCE OF CONNECTICUT TRANSIT

Since the program began in 1987, nearly 200 individuals have used Connecticut Transit’s EAP services. This annualized utilization rate of approximately 7.5 percent demonstrates that the program has been well received by employees and their family members. Normally, a utilization rate of 5 percent for an EAP is considered good.

Over time, the percentage of self-referrals has increased significantly to the point that company referrals due to job performance problems represent only about one-third of all EAP contacts. This is probably the best indicator that the program has been communicated effectively to employees as a genuinely credible, caring, and confidential source of help for problems outside the workplace.

Although substance abuse has historically been the most common problem of employees accessing the EAP, it represents the primary problem in less than half of all cases. Marital, family, and other relationship problems account for the next largest number of EAP contacts. These data confirm that the program has been successfully developed as a broad-brush resource for addressing any type of personal or family problem, and at least one recent study confirms the experience of Connecticut Transit as typical of many EAPs nationally (9).

About one-fourth of the cases were effectively resolved by the EAP without need for additional referral. A lesser number of cases were presented to the EAP in crisis, resulting in immediate referral for inpatient treatment. Over the past 3 years, nearly three-quarters of the cases closed indicated improvement or resolution of the problems originally presented.

ISSUES TO CONSIDER IN PLANNING AN EAP

The current EAP at Connecticut Transit evolved over several years. In effect, the success of the originally informal, no-cost approach demonstrated the need for a more formal, broadened, and enhanced program. In most communities, a variety of firms now offer EAP services. To select the program best suited to the needs of a particular workforce, several specific considerations should be weighed carefully (10–12).

EAPs like that at Connecticut Transit are usually contracted on the basis of an annual cost per employee. Cost, in turn, is mainly a function of three important variables:

- Services offered,
- Training and other management services, and
- Onsite services.

Services Offered

The EAP at Connecticut Transit is an assessment and referral model under which three initial counseling and assessment sessions are provided free of charge as part of the EAP contract. As indicated, many individuals are able to resolve their problems during these sessions. (Some EAP models provide up to eight initial sessions.) Employees who require longer term counseling or inpatient treatment are referred to other providers in the community. Some EAPs will provide long-term counseling directly at reduced, preferred provider rates. Other firms prefer to limit their services to assessment and referral only and will not refer clients to themselves. In planning an EAP, the extent of actual counseling services to be offered and the number of free sessions to be provided under the basic EAP contract will have the greatest impact on cost.

One concern about preferred provider arrangements is the almost inevitable conflict of interest that may arise because of the EAP’s role as both referrer and referral. At Connecticut Transit, this problem has been avoided by using an assessment/referral EAP model. Significantly, however, the problem persists for some employees who have elected HMO coverage in lieu of conventional indemnity medical insurance. In many cases, HMOs are less willing to accept members’ referral for costly inpatient treatment for chemical dependency. Instead, HMOs are more likely to encourage the sometimes inappropriate outpatient counseling that can be provided more inexpensively by the HMO’s own staff.

Training and Other Management Services

Most EAPs emphasize supervisory training and employee orientation as integral elements of the program. An important consideration, therefore, is how much training will be provided and to whom. Supervisory training is usually focused on three areas: (a) familiarizing staff with the overall program, (b) increasing awareness of how employee problems affect job performance and overcoming enabling of undesirable behaviors, and (c) providing practical guidance on how to handle employee problems in the workplace and how to use the EAP as a management tool. Training is typically provided to all supervisory employees in 2- to 8-hr sessions with up to 25 participants. EAP providers can also conduct other types of specialized training workshops (e.g., stop smoking campaigns, employee wellness, and stress management seminars) at additional cost.

Finally, many EAP firms will assist in developing policies and procedures on a consulting basis with transit management. Many firms will also assist in publicizing EAP services to employees through methods such as brochures, posters, notices, paycheck stuffers, and orientation videos. These services may be highly desirable to employers who do not have formal drug and alcohol policies already in place.

Onsite Services

A third factor that greatly influences the cost of a contracted, broad-brush EAP is the extent of services to be provided at
the employer's worksite. At Connecticut Transit, having the EAP keep office hours on the premises did not prove to be cost-effective. However, EAP representatives do perform periodic walk-throughs at each of the divisions, attend union meetings, and meet from time to time with managers and supervisors.

Two other considerations in planning an EAP are who should be covered and how employees will pay for long-term counseling or treatment services. The Connecticut Transit EAP specifically covers all employees and members of their immediate families. Many personal problems that affect job performance are actually family problems. The employee whose spouse is alcoholic may suffer attendance problems and distractions on the job no less than the employee who is himself or herself alcoholic. Likewise, when an employee's job performance suffers due to marital discord or difficulties with children, counseling for the entire family may be recommended. The principal focus of Connecticut Transit's current-year EAP campaign is specifically designed to increase the involvement of employees' families through direct mailings to their homes. Again, in our experience, family and relationship problems (including problems with children and aged relatives, marital difficulties, and family stresses due to health, legal, or financial problems) affect the majority of individuals who contact the EAP.

In designing an EAP, it is also important to review existing medical insurance coverages to determine what the employee's responsibility will be to pay a deductible and a percentage of counseling costs after the initial no-cost assessment period. The full cost of inpatient treatments for alcoholism or drug addiction is usually covered on the same basis as hospitalization for any illness. However, counseling and outpatient services are less likely to be covered in full by indemnity insurance or HMO plans. At Connecticut Transit, it was especially important to have the EAP work directly with employees' health insurance and HMO representatives in determining coverage for follow-up counseling services to preserve confidentiality.

THE ROLE OF THE UNION

Every employer has a different organizational culture regarding the union's role in establishing an EAP. In some companies, the EAP is a formally negotiated fringe benefit for which the union takes credit with employees and expects to play some direct, continuing role. Elsewhere, the EAP is established as part of a negotiated policy on alcohol and drug abuse, and thus is less likely to emphasize broad-brush services.

In general, unions were historically suspicious of EAPs for three reasons:

1. Unions were rightfully concerned that the confidentiality of employees who access the EAP voluntarily be protected.
2. Unions were concerned that EAPs were really a first step towards more stringent drug and alcohol policies and possible random testing of employees, and
3. Unions saw EAPs as encouraging employees to bring their workplace and personal problems to someone other than the union itself.

On the other hand, union leaders increasingly acknowledge their own concerns about drug and alcohol abuse in an industry that is historically held by law to maintain the highest standards of public and employee safety. In many cases, the availability of EAP services makes possible the rehabilitation of a troubled employee before deteriorating job performance triggers discipline and the cost of prosecuting a grievance arbitration. Not surprisingly, the Amalgamated Transit Union's model agreement on drug testing specifically requires the establishment of EAP services for all employees.

At Connecticut Transit, the EAP has been effectively characterized as an employee-sponsored program that has the support of both the union and management. A company-wide EAP steering committee, with representatives from local EAP committees in each division, coordinates the overall program. This approach is strongly recommended to help make EAPs credible to employees and their union. In turn, it has been very beneficial to have an EAP in place at Connecticut Transit before strengthening the company's rules and procedures for controlling drug and alcohol abuse.

The EAP steering committee at Connecticut Transit has also proven to be highly effective in keeping the EAP separated from both the union and management. Committee members have clearly embraced their roles as representing the interests of those employees who benefit from EAP services while recognizing that the EAP necessarily exists within the context of company policies and procedures, state statutes, and federal regulations.

SELECTING AN EAP PROVIDER

National concern for controlling workplace substance abuse has accelerated the proliferation of prospective EAP providers. One firm has franchised over 40 centers in nine states. Many hospitals, HMOs, treatment centers, and group counseling practices have expanded to offer EAP-type services. In fact, EAPs are typically unregulated, and almost any firm can declare itself to be an EAP provider. One of the principal professional membership organizations for EAP practitioners, the Employee Assistance Society of North America, has only recently adopted draft standards for EAP accreditation, and even these voluntary standards will not become effective until mid-1990 (9,13,14).

Unfortunately, the marketplace has spawned a number of firms representing themselves to be EAP specialists who are actually more experienced in management consulting and the sale of training aids, with counseling services provided only on an incidental basis by subcontractors. Selecting an EAP firm thus requires great care. By involving employees (and, as necessary, the union) in the selection, both the process and the selected EAP contractor are made more credible.

On the basis of experience at Connecticut Transit, the following key issues should be considered in evaluating proposals from prospective EAP firms:

- Corporate references,
- Staff resumes,
- Referrals,
- Flexibility of training,
- Follow-up, and
- Emergency services.
Corporate References

Checking corporate references is by far the most important step, although it is also the easiest to overlook. Ask each prospective firm to submit the names and telephone numbers of people to contact for specific information about their work for other employers. Check all references, specially those for major corporations in your community. Instances occurred in Connecticut in which large employers were listed as clients when, in fact, they had worked with the EAP only on an incidental basis several years earlier. Ask specifically for a description of the EAP services provided, utilization statistics, the nature and extent of staff training provided under the EAP contract, cost, and other comments about the contractor's performance. EAP services are necessarily highly personalized. It is therefore essential to speak with references who have first-hand experience with the prospective EAP firm and also with the individual counselors and EAP contract manager that are being proposed for your company.

Staff Resumes

Just as important as the corporate references of an EAP are the individual qualifications of its staff who will serve your employees. Ask each prospective firm to submit curricula vitae for the staff who will actually be involved in counseling your employees, not just for the firm's principals. This is also a useful technique to identify firms that intend primarily to farm out clinical assessment and counseling to subcontractors. A sound general policy is to choose an EAP firm based on its clinicians, not its salesmen or its chief executive.

However, because many good firms do subcontract with individual practitioners, it is important to establish how counselors are selected and to review their credentials as part of the selection process. Note the counselors' professional affiliations and whether they have current clinical certifications. Also note the breadth of actual counseling experience in such areas as inpatient chemical dependency treatment, outpatient counseling, family therapy, and work with children and adolescents. Some practitioners bring a broad background of clinical experience to the EAP, whereas others may simply be attempting to supplement a private practice that specializes, for example, in marriage counseling.

Referrals

Ask prospective firms to list the treatment centers and other community resources to whom they normally refer patients with different types of problems. This is an especially important consideration if, as was the case at Connecticut Transit, an employer already has good working relationships with particular inpatient treatment centers. Also ask prospective firms how they would handle special referrals—for example, a non-English-speaking employee or an individual who has minimal financial resources to pay for outpatient counseling.

Flexibility of Training

How flexible is the EAP provider to customize supervisory training, employee orientation, and other programs within the cost of your basic EAP contract? To what extent will the firm tailor its programs to meet particular client needs? Some firms use essentially the same canned program for all employees and charge extra for adaptations. Others will work closely with each client to identify needs and prepare specialized training needs.

This concern also applies to the publicizing of EAP services and orientation of employees. At Connecticut Transit, it has been extremely helpful to have EAP representatives attend union meetings and make periodic walk-throughs at each of our facilities. EAP counselors have ridden buses and visited the maintenance shops to experience first hand the work environment of our employees.

Follow-Up

Once an employee has been referred for counseling or inpatient treatment, what follow-up is provided by the EAP firm? In many respects, aftercare monitoring is as important as the initial treatment. Thus, in selecting the provider for Connecticut Transit, the commitment to follow up within the overall contract was considered an important criterion.

Emergency Services

Most EAPs provide a 24-hr telephone number for employees and family members to call. However, at least during off-hours, this number is usually only an answering service that will forward messages to a counselor. An important consideration is how quickly the EAP can respond in an emergency, such as when an employee is in the supervisor's office and needs to be evaluated for treatment immediately. Although few EAPs will ever admit that their services might be unavailable in an emergency, it is important during the evaluation and selection process to be ensured of the firm's commitment to provide whatever help is needed at any hour of the day or night.

FUTURE ISSUES

As discussed, the advent of drug testing for safety-sensitive employees has been an impetus for transit systems to establish EAPs. At the same time, however, the evolving context in which transit systems expect EAPs to function has created tensions that challenge the basic relationships between EAPs, the employers who pay contract costs, and employees who use EAP services. Three concerns in particular warrant special attention.

Fitness for Duty Evaluations

In general, EAPs will neither perform, nor attempt to substitute for, functions that should properly be performed only by a medical doctor. In particular, these include collecting urine or blood samples for testing, determining whether an individual is or was physically impaired on the job, and, most sensitive of all, determining whether an individual is fit to return to duty following medical treatment.
In the case of employees who are specifically recommended for inpatient treatment and detoxification for alcohol or drug addiction, the treating physicians normally make the required determination of an employee’s fitness for duty. In many cases, however, the problems employees bring to the EAP are nonmedical. EAPs usually request (and, in the case of supervisory referral, employers usually require) employees to sign a waiver that allows the EAP to communicate specific information back to the employer, such as whether the employee completed a recommended treatment. Again, however, it tests the limits of an EAP’s legal and ethical bounds to expect its staff to state definitively that an employee is fit or not fit to work. Such a role also impinges on the critical three-way relationship between EAPs, employers, and employees. There is at least a potential conflict of interest if the pronouncement of an individual’s fitness or nonfitness for duty becomes a matter of contention between the parties (not to mention an issue of legal liability).

Once the medical review officer or other medical authority has made a fitness-for-duty determination, the EAP can play an important role in assisting employees’ reintegration to the workplace and monitoring follow-up services. The EAP may also be called upon to periodically reassess employees who have returned to work following treatment for substance abuse or other problems.

**Rehabilitating Employees**

Company drug and alcohol policies often provide referral to the EAP in lieu of (or in combination with) progressive discipline for misconduct that does not warrant immediate discharge. For example, under various circumstances, the policy at Connecticut Transit would allow management to refer to the EAP for evaluation and referral an employee who tested positive for a controlled substance. Certainly, unions have argued that all employees who test positive for drugs should be given at least one opportunity for rehabilitation through the EAP before their employment is terminated.

The notion that EAPs can perform a rehabilitative function in every instance of employee misconduct or substance abuse not only is doubtful, but potentially undermines both the purpose of the EAP and the normal disciplinary process of the employer. Indeed, the more often that referrals to the EAP are based on any criteria other than the employee’s overall job performance, the less likely it is that the EAP can perform an appropriate rehabilitative role.

The experience at Connecticut Transit and elsewhere indicates that the root causes of an employee’s measurable, deteriorating job performance can be substantially addressed, and often ameliorated, by intervention of the EAP. However, when EAP referral is triggered by a single act of misconduct (e.g., an employee caught smoking marijuana or drinking beer on a lunch break), or worse, where referral is triggered solely by the positive result of a random urinalysis test, rehabilitation through the EAP may not be appropriate.

Proponents of extending rehabilitation services in all cases argue that alcoholism and drug addiction are illnesses that warrant treatment, not discipline. Yet many people who use alcohol and drugs are not chemically dependent. As the screening process becomes more random and indiscriminate, the likelihood increases that employees who test positive will not be addicts or alcoholics, but simply irresponsible individuals. Just as EAP referral is not necessarily appropriate in every instance of employee misconduct, neither does the EAP necessarily have a rehabilitative role to play for every employee whose urine test is positive.

However, EAPs do play a vital role in assessing the nature of individuals’ underlying problems, the appropriateness of further counseling or treatment, and the individual’s receptivity to accept intervention. As such, referral to the EAP may still be warranted in every instance where employees’ urinalysis tests are positive, although the EAP’s assessment in individual cases may be that rehabilitative counseling and treatment are unwarranted.

**The EAP as Discipline**

The preceding sections of this paper have referred frequently to the use of EAPs in conjunction with progressive discipline. However, it is vital that referral to the EAP not be perceived either by employees or supervisors as a form of punishment (comparable, perhaps, to a student’s being sent to the principal’s office for misbehaving in school).

Rehabilitation through any EAP demands the employee’s full cooperation. Vigorous denial that a problem even exists is typical behavior of chemically dependent individuals, and most people are naturally reluctant to discuss personal affairs or admit that they cannot control personal problems. As such, gaining employees’ trust, overcoming denial, and confronting unpleasant realities constructively are primary objectives of an EAP counselor. This already delicate relationship is undermined to the extent that employees see their referral to the EAP as a form of punishment, rather than a caring and constructive alternative to conventional discipline. In many instances, this subtle distinction is conveyed by the supervisor’s manner and choice of words at the time of an employee’s referral—hence the strong emphasis on supervisory training that is integral to most EAPs.

Similarly, overly identifying the EAP with drug testing undermines its other broad-brush functions. At Connecticut Transit, special efforts have been made to clarify this role and to ensure that different individuals are involved in the general counseling and referral of troubled employees and the specific assessment of employees who fail a urinalysis drug test.

**CONCLUSIONS**

Although the widespread national concern over workplace substance abuse has accelerated the implementation of EAPs, special care must be exercised to ensure that local programs are effectively tailored to the individual needs of each employer and workforce. EAPs can play a vital role as part of company policies to prohibit alcohol and drugs from the workplace, but their limitations must also be recognized. EAPs should not supplant the role of a company physician to make individual determinations of fitness for duty; rehabilitation through the EAP is not necessarily appropriate in every instance of employee misconduct; and integrating EAPs with disciplinary policies risks the perception that referral to the EAP is a form of punishment.
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