Between 3:10 – 3:25

Using your Smart Phone, please go to the website:

Go to www.menti.com and use the code 66 85 27
The Role of the EAPs in Substance Use Disorder Intervention, Relapse Prevention, and Wellness:
From the Hero Generation to Millennials and Beyond

A Roundtable Discussion

IAEAPE 2016 National Conference

www.fsap.emory.edu
(404) 727-WELL
FSAP ... finding solutions to life’s challenges.
Objectives

- Increase knowledge of the history and current trends in addressing substance abuse within EAP settings.

- Increase awareness of specific challenges in addressing substance abuse in EAP higher education and healthcare settings.
Increase knowledge of opportunities to comprehensively and creatively address substance abuse within EAPs at various levels of intervention, including responding to impairment/assessment/referral, relapse prevention, wellness, and risk reduction.
Part I

A Snapshot of the Evolution of Substance Use Interventions & Treatment in EAPs
Poll Question #1

Go to www.menti.com and use the code 66 85 27

How long have you been in the EAP field? (0-5 yrs, 6-10, 11-20, 21-30, 30+)
Polling Result #1

How many years have you been in the EAP field?

- 0-5 years: 31%
- 6-10 years: 12%
- 11-20 years: 38%
- 21-30 years: 15%
- 30+ years: 4%
Employee Assistance Programs: Evolution in 3 phases

I: Early Forms: Occupational Alcohol(ism) Programs
   1930 – 1970 (started with non-professional “peer” counselors)

II: Broadening Scope: Emergence of the EAP With a Self-Defined Core Technology
   1970 – 1985

III: In Search of the Whole Person and the Emergence of Managed Care: Employee Enhanced and Integrated Programs
   1985 - present (1986: Certification of Individual Practitioners - CEAP)
Discussion Question #1

How have you seen the EAP role in addressing AOD & SUD intervention evolve over your career?
Part II

Challenges with EAP Interventions for SUD in Faculty & Staff within Higher Education and Healthcare Settings
AOD Use & Work

“The impact of drug and alcohol use and abuse in the workplace remains a major social concern (Frone, 2013).”

Federal, State & Local Influences on SUD

- Drug-Free Workplace Act of 1988
- FMLA of 1993
- Legal Changes Re: State Drug Laws
- Medical / Nursing Board
- Physician’s Health Program (PHP)
- Zero Tolerance Policy
Polling Question #2

Go to www.menti.com and use the code 66 85 27

Identify a word or short phrase best describes your most honest feeling(s) about intervening with SUD at your institution on a “macro” level.

* Note: Your response cannot and/or will not be traced back to you. 😊
What word or phrase best describes your most honest feelings about intervening with SUD at your institution?

- Resistance
- Complicated
- Time consuming
- Challenging
- Good
- Compassionate
- Noble effort
- Good choice
- Invested
- Much needed
- Win win
- Organized
- Case management
- Better
- Empowered
- Helpful
- Needed
- Overwhelmed
- Proactive
- Detection
- Complex
- Depends on dept
- Dissatisfied
- Frustrated
- Nonexistent
- Suppressed
- Ugh
- Too few employees
- Breaking through denial
- Aggressive
- Uncertain
- Lots of work
- Breaking through resistance
- Feel underutilized
- Lack of support
- Noble effort
- Extraordinary effort
- Invaluable
Discussion Question #2

What have been your biggest challenges with delivery of SUD primary intervention services on a “macro” organizational level to the Higher Education and/or Healthcare community?

Where have you had the most headway?
Part III

SUD Relapse & Primary Prevention & Wellness
Emory FSAP Role in Relapse Prevention*

* For those monitored by PHP/Provider

- 1:1 Monthly Check-In Sessions
- Coordination with PHP / Tx Provider
- Aftercare Plan (in conjunction w/ above)
- Past: Professional Recovery Peer support
Emory FSAP Role in Relapse Prevention*

* For those unmonitored by PHP/Provider

- 1:1 Monthly Check-In Sessions
- Aftercare Plan (sometimes including coordination w/EH for AOD Screens)
- Past: Monthly Aftercare Group, Quarterly Educational Series
Emory FSAP Role in Primary SUD Prevention & Wellness

- Policy & Resource Email from VP, FSAP & SH
- Collegiate Alcohol Awareness & Codep.
- Alcohol Screening (online self-assess)
- Biennial Review Com.
- AOD Free Workplace Training & Workshops
- Resident Wellness
- “Take 5” Video (dev)
- Use of Harm Reduction App. & Tabling
“The impact of newer techniques, from primary prevention to evidence-based screening and brief intervention to relapse prevention, also justifies continued study (Ames & Bennett, 2011).”

SUD Prevention Approaches

- Stress Management & Health Ed & Promotion (w/ Nutrition, Fitness, SUD Ed)
  - “Coping With Work and Family Stress” (Snow @ Yale, ) – “SAMSHA Model Program”
  - “Power Tools” (Cook et al, 2004)
  - “WorkScreen” (Richmond et al., 2000)
  - Individual counseling v. Health ed (Heirich & Sieck)
SUD Prevention Approaches

- Social Health Promotion
  - Uses team building, stress mgt, workplace climate & policy learning to reduce risk & build workgroup – “Team Awareness Training” (Bennett & Lehman, 2001)
  - “Team Resilience” program adapted for young adults in food services (Broome and Bennett 2011)
Brief Interventions

“FRAMES” (Millner & Rollnick, 1991)

Strategic Brief Intervention and Referral to Treatment (SBIRT) (Babor et al. 2007)

Web-Based (Doumas & Hannah, 2008); US DOD (PATROL intervention);

www.moderation.org; www.moderatedrinking.com; www.CheckYourDrinking.net
Work-Environment


- Study applied to U.S. Airforce Personnel
✓ Integrated Ed > Specific

✓ Brief Int. > Ed. Pgm.

✓ Web-Based = In-Person

✓ Social & Env. + Ed > Ed

✓ Increased program length = Improved outcome

✓ Combination
  ✓ Primary Prevention Education – Pre-contemplation to Contemplation
  ✓ Plus Brief Intervention – Contemplation to Action
Proposed SUD Prevention Framework

Source: Ames, G. M., & Bennett, J. B. (2011)
Discussion Question #3

How much programming has been geared towards emphasizing prevention and wellness related to SA/SUD and what factors led to that degree of focus?
Part IV

The Future

Next Big Thing
“Historically, EAPs were developed to address these [AOD] issues (Roman & Blum, 1998), but the effectiveness of the original EAP core technologies in the contemporary workplace needs review (Frey et al., 2013).”

Figure 1. The “Space” of EAP Services

Source: Attridge, M., & Burke, J. (2011)
Table 1. Seven Core Employee Assistance Services and Percentage of Providers Reporting Client Use, Professional Importance, and Increasing Business Value (adapted from Attridge & Burke, 2011)

EAP Focus: Past & Present

1. Counseling
   - 17%
2. Consultation
   - 17%
3. Critical Incident
   - 44%
4. Wellness/W-F Integration
   - 60%
5. Case Management
   - 37%
6. Return to Work
   - 10%
7. Technology
   - 68%

Discussion Question #4

What creative, technology-based, and/or combination / integrated approaches are you using to deliver AOD education or services? What obstacles do you foresee? Opportunities?
References


SAMSHA. Substance Abuse Issue Briefs for Employers. https://store.samhsa.gov/shin/content/SMA08-4350/SMA08-4350.pdf