

# A DYNAMIC EMPLOYEE ASSISTANCE PROGRAM

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Written policies dealing with chemical dependency are very boring. Not so!

Health Panels dealing with alcohol and drug problems must overwhelm their members with drudgery and pain. Wrong!

The Policies can be alive and the Panels exciting — even fun.

I know what I am talking about. I have been working in this field for 20 years. Does this mean I am an expert? I hope not. “Expert” is too static a word to describe anyone I know in Employee Assistance work. Here is the way I like to think of it. My colleagues and I have made about as many mistakes as possible. Every mistake has given birth to a better idea, method, or principle in dealing with these issues. We have become very proficient.

You can have the full benefit of these mistakes without the need of repeating them. I promise you sound and effective techniques for dealing with what, just a few years ago, was the most baffling of problems. The general principles of Employee Assistance Programs and numerous examples of written policy statements are available today. Let me give you two sources that will answer many of your questions and lead you to more resources. The EAP Solution, Current Trends and Future Issues, edited by Jerry Spicer and published by Hazelden<sup>1</sup> is exactly what it says it is. Its appendix of recommended resources is invaluable: listing written materials, professional publications, training opportunities, sample forms, and professional associations.

The National Catholic Council on Alcoholism and Related Drug Problems<sup>2</sup> maintains a library of materials used by Church and religious groups. Hazelden and the NCCA are friendly people. Call them. When I began just two decades ago there were only three Religious Orders and Dioceses in the United States with written policies and working health panels. Through the pioneering work of Father Mark Mindrup, OFM Conv. and the NCCA most of these groups now have consistent policies and means of promoting the health and wellness of our Priests, Brothers, and Sisters. My personal work with Mark, the NCCA, and the newly formed Interfaith Network on Chemical Dependency has given me the privilege of helping many addicted Clergy and Religious.

What follows comes from formal and on the job training. Forty-two different religious groups have consulted with me in the development of their written policies and procedures. Conducting workshops and training for a number of them and founding and serving on the Health Panels of the Diocese of Phoenix, Arizona and the Franciscan Province of Santa Barbara, California are experiences I would not want to have missed. While the basic principles of Employee Assistance are simple, their application leaves room for variety in style. It is this maddeningly elusive and wondrously intangible area of “style” I wish to address. If it were not for style (tone, flavor, accent, emphasis, personality, perhaps even finesse, skill, subtlety) every priest would have only one sermon, each poet one poem. In short, employee assistance can be more than work. It is an art.

The following categories of:

Health Panel (Franciscan Province of Santa Barbara, California),

I. Strengths

II. Weaknesses

III. Areas of Special Concern

IV. Our Reputation

Myths about Health Panels and Policies

Be Vigilant About . . .

The Bright Horizon

give you my appreciation of this art.

## Health Panel

(Franciscan Province of Santa Barbara, California)

### I. Strengths

\*MIXED GROUPS. The Health Panel includes members of our Province, laity, a woman, a non-Franciscan priest, old, and young, recovering chemically dependents and others.

The Non-Franciscans keep us honest in areas of “family blindness” and unconscious favoritism. The woman provides a strong and gentle viewpoint far different from the rest. The young man (Al-Anon) bridges the ever-present generation gap and is most effective helping with the early intervention.

\*USE OF RECOVERING MEMBERS OF THE PROVINCE. These are not on the health Panel but are enlisted to help in a variety of ways: sharing recovery experience, supporting peers, trouble shooting, becoming advocates of the whole recovery process.

\*MEET EVERY TWO MONTHS (never more than a three month lapse). Although the case load grows smaller and smaller we devote time to internal housekeeping and professional training.

\*CASE MANAGEMENT. Each case is assigned to a panel member to be responsible for keeping information current. This “Contact person” from the panel makes his role known to the client and acts as liaison, advocate, advisor.

\*AFTERCARE. We actively follow each person for a minimum of one year (extended when needed). This was an early failing, losing track of people after treatment presuming they were doing fine on their own. Active participation of the case manager and client in aftercare planning is done with the treatment center staff or professionals working with our people.

\*SERVE ON OTHER HEALTH PANELS. Members serving on Health Panels of other organizations report a synergistic effect in terms of energy and new ideas.

\*OBSERVATION BY OUTSIDERS. Occasional guests attend our meetings, add new ideas and leave carrying the message of the effectiveness of our methods. Confidentiality is taken seriously and has presented no problems.

\*THE PROVINCIAL ATTENDS OUR MEETINGS. The presence of the CEO flies in the face of present theory, but in our case has proven surprisingly effective. It has been the quickest educational method of bringing him up to speed on the state of the art. He has always backed our decisions (even when unpopular with people not having all the confidential information known to the Panel), and expedites communication.

\*12 STEP RECOVERY REPRESENTATION. We now have panel members active in AA, Al-Anon, ACA, OA and perhaps other recovery programs.

\*TWO BY TWO. We never intervene with a person or deliver an unpopular message alone. In these stressful and emotionally charged situations by involving two Health Panel members at least two people have the same version of what happened. A single person is easily conned or manipulated.

\*RECORDS ARE DESTROYED. Minutes of meetings and personal case histories are destroyed as soon as possible. If a person is doing well in recovery following the aftercare period, paperwork which might be damaging to his reputation or violate his privacy is done away with.

\*EACH CASE IS DIFFERENT. Conscious effort is made to avoid labels or stereotypes. Treatment recommendations are tailored to the individual.

\*CLIENT ATTENDANCE AT MEETINGS. Clients are often asked to meet with the whole board following treatment or aftercare. Their ideas as to how best serve others is a special resource.

\*STRICT CONFIDENTIALITY. This creates credibility and provides respect and safety for the client. Confidentiality is essential to the program and cannot be stressed enough. Respect for the whole program depends on this more than any other factor.

\*SELF-EVALUATION. We review our decisions and their consequences in an ongoing process. What can we do better next time?

### II. Weaknesses

\*RUSHED MEETINGS. Airline schedules and lengthy discussions occasionally cheat some agenda items.

\*THE COMMUNITY AFTERWARDS. We have failed to involve in education or recovery many members of the communities that our men live with. We often send men home to “sick families.”

\*LEADERSHIP RECOVERY. I am working with my fourth Provincial and third Bishop of Phoenix. To my knowledge none of them have become involved in recovery. They all qualify. These are wonderful, loving, and bright men. One has gone on to become the Minister General (head of the Franciscan Order in Rome) and another has become Archbishop of Miami, Florida. Failure to attract them to co-dependency recovery or Al-Anon saddens many of us.

In all honesty and due respect I must say they have to a man picked up many of the recovery principles and internalized some by association with recovering persons and panel members. This is still a second-hand recovery without benefit of support group or group conscience.

\*ADULT CHILDREN ISSUES. The difficulty here is the newness of these issues and lack of clarity in knowing how to incorporate them into our work. This is an area of divergent opinions on our panel.

\*TIME AND ENERGY LIMITATIONS. All members have one or more full-time jobs. Perhaps the old prejudice against conference calls will break down soon. Granted they are not as good as a face-to-face meeting but are cost effective and easily arranged.

### III. Areas of Special Concern

\*TREATMENT. There is a great deal of discussion as we struggle with the changing kinds of treatment, its cost, effectiveness, and quality. Cooperation with the treatment center staff with the health panel varies and is constantly changing.

\*AL-ANON & ADULT CHILDREN. A variety of views and values around these issues.

\*PAPER WORK. The ongoing tension between sufficient, accurate information and the need to protect privacy.

\*PROBLEMS OTHER THAN CHEMICAL DEPENDENCY. Some EAP programs have a broad brush approach dealing with all behavioral problems. Our panel at this point in its evolution has stayed with chemical dependency. Persons with more than one major presenting problem need special care. Our stance is "treat the Chemical Dependency first."

\*ATTEMPTS TO STAY CURRENT. The state of the art in EAP work is ever-changing and fast paced.

### IV. Our Reputation

\* "MOST EFFECTIVE PROVINCIAL COMMITTEE." This is a frequent accolade. It is true in large measure to our strict confidentiality, quick response, and advocacy for our clients. We are also willing to change policies and procedures to be more effective.

Father Terry Richey, member of the Archdiocese of Los Angeles and a member of our panel, has remarked that ours is the "most effective panel of its kind." High praise from a man of his background and expertise.

\*USE OF TIME AND LOVE. "You people spend more time and love on your clients than anyone I know." Another nice compliment! — from a professional EAP observer.

\*IT IS ENJOYABLE. This came as a great surprise to many of us. We look forward to meetings. The level of confidence in our work has risen above the old depression and fear we began with. In short with a strong policy, top management backing, and good people this work is FUN. Yes, FUN.

\*GROUP CONSCIENCE. When the fact that we enjoyed our work was pointed out to us, it caught us off guard. A happy surprise! The second most amazing discovery about our group was that we often operate on the principle of "group conscience." This is more than mere consensus. Group conscience includes our Higher Power and is well known to 12-step people. This "group conscience" admittedly produces better decisions than any individual solutions.

### Myths About Health Panels and Policies

\*INTERVENTION IS SIMPLE. No two interventions are the same. They take preparation, special skill, and training.

\*THE CLIENT'S FAMILY AND FRIENDS WILL BE HELPFUL. They are shy and ashamed to help, often covering up for the person and enabling his destructive behavior. They, too, suffer from denial and delusion, in fact manifest many of the same symptoms as the chemically dependent person.

\*THIS WORK LEADS TO BURN OUT. Not if the other members of the EAP team do their job and help each other avoid taking personal responsibility for clients recovery.

\*ALL EAP METHODS ARE WELL KNOWN. Effective methods continue to be discovered. Dialogue with other EAP people and organizations creates new solutions and short cuts.

\*EAP IS BASICALLY CRISIS INTERVENTION. Your program may start this way. As your credibility grows and more people recover, clients receive help earlier. Eventually you will deal with “volunteers” or self-referrals.

### **Be Vigilant About . . .**

\*HONORARY MEMBERSHIP. Health Panels have no room for token or honorary members. A similar problem is administration trying to appoint members new or unstable in their own recovery as a “means to their own recovery.” Panel members should serve because of expertise in recovery dynamics.

\*A BROAD BRUSH APPROACH. Dealing with all behavioral problems is for the most mature of EAP programs. Begin with alcohol and drugs establishing expertise and credibility.

\*AN EXCLUSIVE MEDICAL OR PSYCHOLOGICAL APPROACH. Psychiatry has a history of failure in this area equalled only by the clergy. Popular belief says psychological therapy and medication alone will be effective. The opposite is true. This thinking not only is counterproductive but kills people.

\*PROGRAM DILUTION. Without constant renewal and activity of the EAP program and personnel the illusion will be created that “We have a program (a written policy somewhere) and have solved that problem.” Maintain authority in your program through good public relations and qualified personnel.

\*COST CONTAINMENT. This is a legitimate area of concern but cheapest is often expensive in the long run. Insurance companies are not our best friends. Perhaps not friends at all. The best program for each individual in the long run is the most cost efficient. Repairing a Fiat with Ford parts saves money but does not fix cars.

### **The Bright Horizon**

Until now we know only a little. But this “little” has saved lives and improved the quality of those lives immensely. It is a well known fact that people in quality recovery make better than average employees and eventually express genuine gratitude for the EAP program. These “successes” become your best promoters and allies.

My experience with the Franciscans and the Diocese of Phoenix may be unusual because of the full support of Bishops and Provincials but serves as a model for successful programming. At one time the clergy talk in Phoenix was “If you want to get ahead in this Diocese, become a recovering alcoholic. They get all the good parishes.”

As our programs broaden to include lay employees, ours will truly be healing communities. Effective Health Panels not only promote health for the individual but become models of health for your whole organization.

The insights now being gained from studying the various areas of abuse (sexual, physical, emotional, and spiritual) and Adult Children of Alcoholics recovery programs feed new issues back into the existing body of working knowledge. Recovery short-cuts and effective techniques continue to be discovered. There is no reason to believe that this field will cease to be dynamic. This is exciting because the recovery methods deal with “practical spirituality.” The spill-over to the broader church is revolutionary.

Building on the sound principles of confidentiality and accessibility coupled with a willingness to self-evaluate and admit mistakes builds credibility, enthusiasm, and pride. Join us won't you?

Join us if you like being near the healing mysteries of life and enjoy dealing with real gut issues. You too can get in on the fun.

### **Annotated Bibliography**

#### **Books**

Abbott, Walter, S.J., gen. editor. The Documents of Vatican II. Piscataway, NJ: New Century Publishers, 1966.  
The Decree on Priestly Formation is an important foundation as far as principles are concerned in

relationship to the topic. Paragraphs 2, 4, 6, 11 are key paragraphs in regards to vocation and one's response of right intention and full freedom.

Ackerman, Robert J., editor. *Growing in the Shadow — Children of Alcoholics*. Pompano Beach, FL: Health Communications, Inc., 1986.

Twenty-one leading national authorities on children of alcoholics have been effectively brought together in this book. They bring personal experience, professional maturity and objectivity to speak on various areas. The essays synopsise previous writings of these authors. The first section on family and the last section on adult children of alcoholics are most helpful.

\_\_\_\_\_. *Let Go and Grow — Recovery for Adult Children*. Pompano Beach, FL: Health Communications, Inc., 1986.

This is a book primarily for adult children of alcoholics. It deals with the journey of recovery in the process of letting go of the past and negative influences whereby one can then grow. The goal for ACoAs is to achieve positive emotional intimacy with others. The book was helpful in looking at a process of recovery and the practical steps to be taken.

Apthorp, Stephen P. *Alcohol and Substance Abuse — A Clergy Handbook*. Wilton, CT: Morehouse-Barlow Co., Inc., 1985.

A helpful book for ministers. The author sees the role of minister as one of interventions and referral, not as authoritative expert in chemical dependency. This is a practical 'how-to' book for clergy. Chapter Nine on "Theological Perspectives, Spiritual Foundations" offers some principles for establishing a redemptive community where people's attitudes and beliefs can change.

Black, Claudia, Ph.D., MSW. *It Will Never Happen to Me!* Denver: M.A.C. Printing and Publications Division, 1981.

The book is again offered for the sake of children of alcoholics. It offers guidelines that can give the ACoA understanding and hope for recovery. The author is one of the pioneers in the area and her research and insights offer a good perspective of what goes on in the life of a child of an alcoholic from childhood through adulthood. This book is basic to one's reading in the area.

Bowden, Julie and Gravitz, Herbert. *Genesis — Spirituality in Recovery from Childhood Traumas*. Pompano Beach, FL: Health Communications, Inc. 1988.

A book for all children of trauma (the children of dysfunctional families). A follow-up book to *Guide to Recovery*. It deals with the healing of the soul because childhood trauma affects one's spiritual as well as physical and emotional life. It is a worthwhile book for anyone, especially priests and seminarians and others in recovery.

Cermak, Timmen L., MD. *A Primer on Adult Children of Alcoholics*. Pompano Beach, FL: Health Communications, Inc., 1985.

Cermak's purpose is to provide ACoAs with information about themselves so as to stimulate and nurture them. Of all the resources, it is the most basic. What is of interest here is the author's suggesting that growing up in an alcoholic family leaves people suffering from a variant of Post Traumatic Stress Disorder (PTSD) which is linked to difficulties some Viet Nam veterans have had in readjusting to civilian life.

Conroy, Pat. *Great Santini*. Boston: Houghton-Mifflin, 1976.

A novel about a family where the father/husband is a successful military man who is also alcoholic. In reading this book one can see the power of the disease of alcoholism on a family. A powerful and moving book especially in light of the information we have today on dysfunctional families and children of alcoholics.

Kupke, Raymond J. *Living Stones*. Diocese of Paterson, 1987.

National Conference of Catholic Bishops (USA). The Program of Priestly Formation. Washington, DC: USCC, 1982.

Picking up from the Decree on Priestly Formation, the PPF in Paragraphs 23, 50, 94, 267, 272 and 274 are of special importance to this topic.

Wegscheider-Cruse, Sharon. Choicemaking for Co-dependents, Adult Children and Spirituality Seekers. Pompano Beach, FL: Health Communications, Inc., 1985.

A book concerning recovery for the co-dependent and dependent person. What is especially helpful in this book are the areas that deal with the professional co-dependent, e.g. a clergy person who is co-dependent but fails to recognize addiction and co-dependency as primary illnesses that require specialized care.

Woititz, Janet Geringer, Ed.D. Adult Children of Alcoholics. Hollywood, FL: Health Communications, Inc., 1983.

This book is written for and about ACoAs, especially as regards the poor self-image and ways to help change the image.

\_\_\_\_\_. Home Away From Home — The Art of Self-Sabotage. Pompano Beach, FL: Health Communications, Inc., 1987.

The issues of an ACoA in the workplace; e.g. workaholism, burnout, developing healthy working patterns, are identified and suggestions are offered in dealing with the issues. The author reveals the strengths and weaknesses, the value and vulnerability of the ACoA in the workplace. This book is especially helpful concerning clergy in the workplace and the message which Scripture and the Church, once integrated within the person, can reinforce negative attitudes and unhealthy lifestyles.

Wood, Barbara L. Children of Alcoholism — The Struggle for Self and Intimacy in Adult Life. New York: New York University Press, 1987.

A book more for clinicians than for everyday readers. However, Chapters 1 and 2 give insight into the ACoA as patient in therapy. Chapter 7 offers insights into when the family hero (a family role in a dysfunctional family) turns professional. This role and the person who plays it are often found in ministerial positions. The chapter points to the harm such a person can do in counseling someone.

## Periodicals

Anonymous, "Coming Home: The Experience of an Adult Child of an Alcoholic." Sisters Today, Vol. 56, No. 6, February 1987, pp. 352-355.

A personal experience of a religious woman: her story and appeal for understanding from those who are not ACoAs.

Bartz, Richard, OFM, "Policy of St. Mary of the Lake Seminary — Mundelein, Illinois."

The philosophy of developing a policy and seminary procedure concerning chemical dependency is offered here. This is most probably the only one of its kind in the country as far as being a formal policy.

Dowling, Rose Mary, SSM, "Journey of an Adult child." Sisters Today, Vol. 56, No. 8, April 1985, pp. 482-485.

Another story of awareness and self-knowledge and an entrance into a journey of truth and healing.

McAndrew, Michael, CSsR, "Alcoholism, The Family and Youth." The Blue Book (National Clergy Council on Alcoholism and Related Drug Problems), Vol. 36, June 1984.

An address to a convention of NCCA members dealing with issues of ACoAs and a personal story. The article focuses on alcoholism as a family disease and a call to a ministry for family members.

NCCB Priestly Life and Ministry Committee, "Ministering to the Alcoholic Priest." Origins, December 8, 1977,

pp. 397-398.

An important report setting forth principles of rehabilitation for alcoholic priests. One of a few official statements concerning alcoholism and the priesthood.

NJCC, "Called to Live in Freedom — Statement on Substance Abuse by the Catholic Bishops of New Jersey" (draft). September 10, 1987.

This deals with the problem of chemical abuse in today's society. It addresses the fact that family members are involved in the suffering of this abuse. It calls on members of the Church to address the realities of abuse today. It also recognizes that priests and religious are under stress and that services should be made available to those who are in need of it.

Ogden, Edward, OSFS, "The dynamics of Alcoholic Families — A Message to Youth Ministers." Youth Ministry Resource Network, Paper #7. A service of Center for Youth Ministry Development, Naugatuck, CT.

A paper dealing with the factors and dynamics of an alcoholic home and the effect on children. It is taken from the current published material. It was of no use to the topic but can be useful for pastoral ministers working with youth.

Perrin, Thomas, "I am an Adult who Grew up in Alcoholic Family." Rutherford, NJ: Thomas W. Perrin, Inc., 1983.

A flyer describing one man's personal journey and twenty characteristics describing himself. These characteristics have been picked up by other authors in describing ACoAs.

Flora, John F., Rev. Dr., "ACoA Clergy" (letter). *Changes*, Vol. 3, No. 1, January/February 1988, pp. 11 and 78.

A letter to the periodical speaking of how the dynamics of the alcoholic family he was raised in continued in new relationships in job placements. In the letter, the priest encourages exploring the topics of ACoA clergy and the parish as an alcoholic system.

Gallup, George, "Alcohol: Use and Abuse in America, Gallup Report #265." October 1987.

A series of highly informative questions and responses based on personal and telephone surveys is contained here. Of special interest are the questions and responses related to alcohol and related problems in family situations.

Gravitz, Herbert L. and Bowden, Julie D., "Therapeutic Issues of Adult Children of Alcoholics." *Alcohol Health and Research World*. Summer 1984, pp. 25-30.

The article articulates and elaborates upon the clinical issues faced by adult children of alcoholics. This article forms the basis for the book by the same authors dealing with recovery for ACoAs.

Kellog, Terry, CCDP and Friel, John, Ph.D., "ACoAs meet EAPS — The Missing Link in corporate Wellness Programs." *Focus*, Vol. 10, No. 3, May/June 1987, pp. 22-23, 29, 35.

An article that deals with why some employees involved in employee assistance programs do not recover. The authors point to the fact that the issues surrounding ACoAs and dysfunctional families are not usually addressed in EAPs. The article takes a look at the program they developed at a Minnesota company.

Loussaert, July, "Alcoholism in the Priesthood and Parish." *Alcoholism and Addiction*, Vol. 7, No. 6, July/August 1987, p. 46.

A call to church leaders to identify alcohol problems of the clergy and laypeople and pursue appropriate programs that can provide intervention, help and treatment to those in need.

Sammon, Sean, FMS, Ph.D., "Understanding the Children of Alcoholics." *Human Development*, Vol. 8, No. 3, Fall 1987, pp. 28-35.

What is covered here is information that can be found in many other sources already named. What is invaluable are the descriptions of the usual family roles that are played out in an alcoholic

family and how vocations invite these roles into priesthood and religious life.

\_\_\_\_\_. "Adult Children from Alcoholic Homes Have Problems Too." To be published in edited form in Human Development

Sammon examines the difficulties faced by ACoAs, especially priests and men and women religious. Sammon sees these settings where ACoAs can live out debilitating patterns of behavior learned during the formative years in the family. The author also looks at the process of recovery for the ACoA.

Shinnick, Carole, SSND, "Co-dependency: The Hidden Illness." Sisters Today, Vol. 59, No. 5, January 1988, pp. 288-291.

An article where the author is impressed that religious life may be an attractive situation that attracts ACoAs. She believes that many interpersonal difficulties are rooted in co-dependency issues. She also sees that by not addressing these issues, 'problem people' seem to worsen rather than get better. An interesting and prophetic article is found here.

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2 NCCA, 1200 Varnum Street, NE: Washington, D.C. 20017-2796, (202) 832-3811.

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