



## April 2017 EA Industry Spotlight

### CGP Releases Annual Trends Report

Chestnut Global Partners (CGP), recently announced the publication of its annual trends report, which identifies the four leading developments shaping the EAP and wellness industries in 2017.

The report is based on utilization patterns among CGP's user base, and a survey of its customers to gain insights and perspectives on the coming year.

The four trends cited were:

- requests for EAP support due to anxiety are on the rise;
- top 3 industry needs: (1) increased utilization rates, (2) improved collaboration and coordination of care, and (3) the production of measurable outcomes that improve the perceived value of EAP by purchasers.
- procurement is increasingly involved in EAP purchasing decisions; and
- EAP ROI analyses are becoming more “CFO-friendly.”

“This year’s report revealed several fascinating insights into the way EAP is deployed, evaluated, purchased and utilized,” said Todd Donalson, CGP’s Director of Training and Consultation, and lead author of the report. “We trust that the trends we identified and analyzed give organizations fresh ideas on leveraging EAP to better meet the needs of their employees and customers.”

Read more here <http://chestnutglobalpartners.org/Portals/cgp/Publications/Trends-Report-April2017.pdf>

### Journal of Geriatric Psychiatry Publishes study on self-harm in caregivers of people with dementia

The Journal just published an article "*The occurrence and persistence of thoughts of suicide, self-harm and death in family caregivers of people with dementia: a longitudinal data analysis over 2 years.*" The research showed that family caregivers of people with dementia often report high levels of stress and depression, but little is known about those who contemplate suicide or self-harm. The study explored the thoughts of suicide, self-harm and death in dementia caregivers and investigated the characteristics that distinguish them from those without such thoughts. Read more here

<https://www.ncbi.nlm.nih.gov/pubmed/28379646>

## **ISW Eupora announces it changed its name to Pulso**

ISW Eupora introduced Pulso, "the new name for our trusted expertise." They also unveiled their new website: <https://pulso-europe.eu/en>.

## **APA, ASAM Host Congressional Meeting on Opioid Epidemic**

The American Psychiatric Association (APA) partnered with the American Society of Addiction Medicine (ASAM) to host a Congressional briefing addressing the current opioid epidemic, which claimed the lives of over 33,000 Americans in 2015.

The briefing gathered researchers, practitioners, and individuals whose lives have been affected by opioid abuse to give their personal and professional insights on the crisis.

The discussion focused on the importance of acknowledging opioid addiction as a medical problem, understanding treatment options, fighting negative perceptions about individuals with addiction, and increasing funding for effective treatment programs.

Read more here <https://www.thenationalcouncil.org/capitol-connector/2017/04/apa-asam-host-congressional-briefing-opioid-crisis/#.WPC8-vU-Yac.linkedin>

## **Large Health Insurer Eases Treatment Rules**

Aetna, one of the nation's largest insurance companies, is removing what had been a key obstacle for patients seeking medication to treat their opioid addiction. The change will apply to all its private insurance plans, an Aetna spokeswoman confirmed. Aetna is the third major health insurer to announce such a switch in recent months.

Specifically, Wisconsin Public Radio (NPR) reports that Aetna will stop requiring doctors to seek approval from the insurance company before they prescribe particular medications — such as Suboxone — that are used to ease withdrawal symptoms. The common insurance practice, called "prior authorization," has frustrated doctors because it sometimes results in delays of hours to days before a patient can get needed treatment.

The delay may sound like just a technicality — a brief pause before treatment. But addiction specialists claim this red tape has put people's ability to get well at risk. It gives them a window of time when they may change their minds or relapse if they start experiencing symptoms of withdrawal.

"If someone shows up in your office and says, 'I'm ready,' and you can make it happen right then and there — that's great," said Dr. Josiah Rich, a professor of medicine and epidemiology at Brown University. "If you say, 'Come back tomorrow, or Thursday, or next week,' there's a good chance they're not coming back," he said. "Those windows of opportunity present themselves. But they open and close."

Treatment specialists hope the policy changes will start making addiction meds more easily available. In New York, for example, the attorney general's office plans to follow up with other insurance carriers.

### **Mental Health: Reasonable Adjustments are Key**

Employers have a responsibility to promote workplace wellbeing and help prevent poor mental health, and it is in their interests to take workplace wellbeing seriously, because those that do, report having more engaged, productive and loyal employees, who are less likely to need time off sick.

Under the Equality Act of 2010, employers have a legal duty to provide reasonable adjustments for an employee who has a disability, which can include a mental health problem, if it has a substantial, adverse, and long term effect on normal day-to-day activities. These accommodations are typically small, inexpensive changes, such as providing more regular catch ups with managers, change of workspace, working hours, or breaks.

Read more here <http://hrnews.co.uk/making-reasonable-adjustments-employees-mental-health-problems/>

### **EA Professional Spotlight**

#### **Name and position**

Joseph Feleppa, MSW, LISW-CP, EAS-C. I am a clinical social worker in private practice in Greenville, South Carolina, and an EAP affiliate provider. Prior to this, I was the Director of Behavioral Health Services for a private, not-for-profit health system in upstate South Carolina.

#### **What do you like best about working in EAP?**

It affords me the opportunity to work with both companies and individual clients. I see the importance of a healthy and functional work force and the economic incentive for companies to retain an employee rather than terminate him or her and hire a new person.

I am able to intervene at a critical juncture to help the client better understand how to address the presenting issue. By offering an unbiased perspective in a confidential setting, many clients are willing to learn new ways to cope so they can maintain and improve their work situation.

#### **What was your first EAP job?**

I started in 1989, as the director of an inpatient substance use disorder treatment program. I was able to develop strong relationships with several EAP companies to provide services for their employees.

In 1995, I went into part-time private practice and was able to continue working with these same EAP companies to provide counseling for their employees in an outpatient setting.

In 2014, when EAPA established the Employee Assistance Specialist – Clinical (EAS-C) certificate, I saw it as a great way to formalize what I already had been doing for so many years.

### **What do you find is the most challenging part of your job?**

Probably the most challenging aspect is to continue to learn and stay current with the myriad of issues, policies and laws, which are pertinent to EAP. These seem to be ever changing and at times confusing, but this also helps to keep me engaged and relevant.

### **What inspires you?**

When a client that initially presented as unsure, ambivalent or unwilling to consider change, begins to recognize that with some effort, things can really be different. In the same vein, to be able to expose someone to the idea and benefits of counseling, for the first time, and to see that person gain hope and accept the possibility of change within.

Finally, when either the client or the company provides feedback that there has been a positive outcome – that's always inspirational!