

**Q. Many personal problems are very difficult to overcome. Addiction is one of them. How do EAPs help employees with this illness if a client only self-refers because of some trouble or symptom related to the addiction? People in total denial are going to pay attention only to an immediate fix, right?**



A. Symptoms of a problem, not “the problem” itself, lead people to seek help. This dynamic is practically universal in the helping process. Regarding addiction, self-referral to a doctor, counselor, or EAP is usually prompted by an adverse work-life incident (symptom). Misinformation and stigma feed denial, so “self-diagnosis” of addiction is often a slow discovery process. The path includes many small and larger crises before acceptance. This process can be accelerated, however, with accurate information and motivational counseling that overcome the addict’s misunderstanding of addiction. This misunderstanding may include a definition of addiction that doesn’t match his or her symptoms. This is where EAPs play a role. Most alcoholic drinkers in denial will have some definition of convenience, one that allows the individual to “compare out” of the diagnosis. If and when symptoms worsen, the definition may change. Still, as awareness grows, the likelihood of accepting treatment increases with a crisis.

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**Q. When an employee seeks help from the EAP, how is it different from counseling services offered in the community by a mental health clinic?**

A. When employees seek help for personal problems in the community, there is usually no input other than the employee’s view or understanding of his or her issues. The community clinician may complete an assessment or a psychosocial history to gain insight into the origin and to understand key aspects of the problem, but the employee’s account is the sole source of information. When an employee visits with the EAP first, an assessment helps steer the employee toward appropriate resources that match the identified issues. With the employee’s permission, this information is shared with the referral. This gives the clinician additional context about the nature of the problem and is aided by the EAP’s expertise and proximity to the workplace. As a result, the treatment resource counselor will establish a realistic treatment plan more likely to help the employee.

**Q. Please offer a few important tips, perhaps including a few of the most overlooked, supervisors should consider when reminding employee about their EAP benefit.**

A. When reminding an employee about the EAP, consider mentioning the following: 1) Assure employees of confidentiality. This is a key concern for most employees. 2) Remind the employee that the EAP is available to help with any concerns/issues they are interested in discussing. 3) Promise the employee that participation in an EAP has no bearing on job status, future promotional opportunities, or job security. Only performance-related matters can affect these things.