A New Model: Locating the Employee Assistance Program (EAP) Within Pastoral Care

Gary L. Patton • Karen Simmons

The concepts of chaplaincy and Employee Assistance Programs (EAP) are not commonly linked. This became evident through a word search using “chaplain” and “EAP” which gave the response “no records found.” Despite this fact, combining the two at St. Mary’s Medical Center did not seem to be a novel idea at first. Yet, the interest of both employees and other organizations has indicated that this arrangement is both noteworthy and unusual. Today, in addition to being a unique organizational structure that created special interest, it has proven to be a meaningful and compatible partnership between pastoral care and counseling.

At St. Mary’s, EAP is located within the Department of Pastoral Care and the EAP coordinator reports directly to the director of pastoral care. This was not a cost-saving measure or a merger of job descriptions. Both programs are still distinct. However, administration wanted the employees to understand that this new structure was intentional. In order to accomplish this, the preparation required careful thought and implementation. This article addresses the reasons and methods by which St. Mary’s chose to make this organizational change.

Glossary of terms

In order to enhance the understanding of the structure of both Pastoral Care and EAP at St. Mary’s, it is important to offer both definitions and the context in which these terms are used.

Chaplain: A person who is ordained by an ecclesiastical group and certified to provide spiritual and emotional care to people.

This article explains how St. Mary’s Medical Center in Huntington, West Virginia, enhanced and expanded its Employee Assistance Program (EAP) by bringing it under the management of the Department of Pastoral Care. The outcome of this paradigm shift not only resulted in benefits for EAP, but the chaplaincy program has grown and realized an increased visibility in the organization as well. While employee assistance and pastoral care are quite different, the experience of St. Mary’s demonstrates the compatibility of these two programs when aligned in a creative manner. This article shares the practical steps that have produced a comprehensive program of spiritual care and counseling.

Gary L. Patton, PhD, BCC, is the director of the Department of Spiritual Care, Counseling, and Mission at St. Mary’s Medical Center, Huntington, WV. A licensed professional counselor and national board certified counselor, he is endorsed by the Church of God, Anderson, IN. Karen Simmons, LICSW, CEAP, serves as coordinator of the Employee Assistance Program at St. Mary’s. She holds a master’s degree in social work and is certified by the ACSW. Correspondence may be directed to Gary.Patton@st-marys.org
EAP: In general, an EAP can be described as a counseling and referral program that is, "focused on employees' mental and physical health and deals with personal problems that might, even indirectly, affect job performance."

Counseling: Both historic and contemporary definitions help to explain the context of counseling in St. Mary's EAP. "The term 'counseling' also has been applied to a wide range of activities designed to aid individuals in solving their problems. Most simply defined, counseling is a learning process in which individuals learn about themselves, their interpersonal relationships, and behaviors that advance their personal development." Counseling in St. Mary's EAP also is consistent with the following explanation given by the American Counseling Association and the National Board of Certified Counselors: "the application of mental health, psychological, or human development principles, through cognitive, affective, behavioral, or systemic intervention strategies, that address wellness, personal growth, or career development, as well as pathology."

Pastoral Counseling: "Pastoral counseling is the utilization, by a minister, of a one-to-one or small group relationship to help people handle their problems of living more adequately and grow toward fulfilling their potentialities."

Spirituality: "It has been said that spirituality is the courage to look within and to trust. What is seen and trusted appears to be a deep sense of belonging, of wholeness, of connectedness, and of openness to the infinite."

Pastoral care at St. Mary's Medical Center

St. Mary's is located in Huntington, West Virginia. It is a not-for-profit Roman Catholic hospital founded by the Pallotine Missionary Sisters eighty years ago. The medical center is licensed for 440 beds and offers a full range of services. St. Mary's is also a Level II Trauma Center and is affiliated with the Joan C. Edwards School of Medicine at Marshall University for purposes of research and medical education. The faculty of the medical school has privileges at the medical center. St. Mary's has 2,175 employees. Additionally, the medical center has a School of Nursing and a School of Radiologic Technology. These two schools have a combined enrollment of 130 students.

St. Mary's has had an organized Department of Pastoral Care for twenty-eight years. The department employs 7.55 full time equivalents (FTE). The actual work force of the department consists of a director, an office manager, three full-time chaplains, two part-time chaplains, a part-time eucharistic minister, and three per diem chaplains. All of the chaplains employed on regular status are board certified.

The department also has twenty-four area clergypersons who serve on a stipend arrangement of fifty dollars per night to provide in residence continual coverage from 10 p.m. until 7 a.m. Pastoral care is available twenty-four hours every day of the year.

In the organizational structure of the medical center, pastoral care reports directly to the vice president of mission integration. In autumn 2003, the medical center underwent a survey by the Commission for Accreditation of Pastoral Services and was fully accredited. The survey team took note of the close link between the spiritual and counseling aspects of the organization.

Pastoral care has an affiliation with the Counseling Program in the College of Education and Human Services at Marshall University as a site for undergraduate and graduate students to do internships for the completion of their degree programs. The intent of the internships is not necessarily to train interns in classical pastoral counseling as such. However, acceptance into the internship is contingent on one of two intentions of prospective interns. First, students may have some experience in addressing spirituality as a part of their counseling model and wish to further explore or expand this knowledge base. Second, students may not have any prior knowledge or experience related to spiritual issues in their counseling work or training but desire to learn about this dimension of humanity.

While the students may or may not be interested in pursuing a career in terms of chaplaincy or pastoral counseling, the internship is designed to complement the traditional counseling training of Marshall University while providing a context to explore and better understand spiritual issues with clients and patients. This is consistent with the awareness in many dimensions of mental health care that spirituality has an important role in the holistic care of people. From a psychological perspective, Abraham Maslow refers to the critical dimension of some type of spiritual care: "the human being needs a framework of values, a philosophy of life, a religion or religion surrogate to live by and understand by in about the same sense that he needs sunlight, calcium or love."
As the pastoral care department is guided by its spiritual care of patients and staff, it is compatible to include both the work of EAP and interns learning to do counseling. Eugene W. Kelly comments that, “the prevalence of spiritual and religious beliefs among the general population, the preference of so many individuals for counselors who value spirituality, and the connection of spirituality and religion to many critical life issues certainly suggest that the spirituality/religious dimension is pertinent to counseling in secular settings.” Members of the department also serve on the medical center’s ethics committee, palliative care team, and the institutional review board (IRB).

**Employee assistance programs**

EAPs vary widely in terms of their scope of work, credentialing of staff, organizational reporting, and whether they are fee based, benefit based, or both. The following list provides the examples of how EAP services can be organized and structured:

1. Program may be assessment and referral based or therapy based.

2. Services are charged to insurance providers, provided free for a specific number of sessions before fees are charged, or provided as a complete benefit of employment.

3. Providers include professionals who are registered nurses, social workers, psychologists, counselors.

4. Services usually report to human resources, senior administration, psychiatry/behavioral health, risk management, wellness departments.

Certification is now required or highly recommended by some agencies for referrals. This requires a graduate degree in a mental health field, two thousand hours of employee assistance work, continuing education, supervision, and successful completion of a national exam. Provision is made for individuals who do not hold a mental health degree through increased hours of work experience and continuing education.

**EAP at St. Mary’s**

The EAP at St. Mary’s was established in 1991. For several years the program was in the Department of Psychiatry and the coordinator of the program reported to the manager of psychiatry. The program was successful and grew to include not only employees and students of St. Mary’s, but also nine additional agencies and organizations. These external organizations pay an annual rate per capita for enrollment in the EAP of St. Mary’s. For this fee, they are entitled to access the services of the EAP as often as needed.

Presently, the EAP is staffed by a full-time coordinator and one counselor, who works on a per diem basis. (check this with author) The director of pastoral care is a licensed professional counselor and also assists in seeing clients. For continuity of care, the following provisions give access to EAP. Messages may be left on the EAP coordinator’s voice mail, which is regularly checked. The outgoing message includes a pager number that is staffed 24/7. During week days, the office coordinator of the Department of Pastoral Care also accepts phone messages for the EAP coordinator.

Employees of St. Mary’s have access to EAP as an employee benefit. Care is free of charge regardless of the number of sessions needed. The program also is available to immediate family members, defined as spouse, children, parents, and grandchildren. This generous definition is appreciated by St. Mary’s staff.

At St. Mary’s, the EAP is therapy based with referrals to other professionals as specific needs arise. Counselors have the authority to determine the number of sessions needed for each particular case. In addition, the EAP coordinator, the director of pastoral care, and some of the chaplains are trained to provide critical incident stress management (CISM) services both for employees of St. Mary’s and the contracted agencies. The debriefing and defusing events held during times of traumatic events, accidents, and sudden death have been used frequently. These services provide a nonthreatening way for EAP services to be introduced to employees who also might need individual care whether related to the critical incident or other personal issues.

St. Mary’s implemented new procedures to comply with the Health Insurance Portability and Accountability Act (HIPAA) in early 2003. The Department of Pastoral Care and the EAP both wrote and instituted policies to meet HIPAA requirements. These policies, while not identical, are consistent in the roles of both chaplains and counselors and include the reporting structure of the EAP coordinator to the director of pastoral care. Clients seen through the counseling program are provided with a privacy statement and a consent for
treatment form. Files on each client are secured in a locked file cabinet in a locked office.

Referrals to the EAP either may be mandated by hospital managers or received as employee self-referral. Mandatory referrals are usually made for concerns about use of substances where such use is compromising or impairing job performance, attitude on the job, or where there are issues of tardiness/absences related to work.

If an employee is seen for counseling by mandatory referral, then the manager is notified of the compliance or lack of compliance on the part of the employee. Clients are informed that information about their attendance at the counseling sessions and general level of compliance will be provided to their managers. Specific concerns and issues in the context of the counseling sessions are considered confidential and are not released to anyone.

Often a manager will suggest to an employee that they voluntarily be seen in the counseling program due to concerns related to their work or personal life. Ongoing education within the organization relative to pastoral care and EAP stress the availability to staff and encourage contact. Within the culture of the medical center, a suggestion by managers to employees to contact pastoral care/EAP is understood to be an act of compassion rather than a directive.

Pastoral care and EAP personnel participate in the monthly orientation program for new employees and also produce articles for organizational publications. Due to the recognition of spiritual care and counseling services within the medical center, employees know of these programs and services and often self-refer. Primary care is given for marriage and family concerns, grief and bereavement, mood disorders, substance abuse, suicidal ideation, crisis intervention, or combinations of these.

Referral relationships with area psychologists and psychiatrists have been established to serve patient needs that are outside St. Mary's scope of care. While EAP no longer reports to the Department of Behavioral Health (formerly Department of Psychiatry), a working relationship continues, e.g., EAP uses behavioral health's intake and assessment staff in times of psychiatric emergencies with clients who may need hospitalization.

As the chaplains have a collegial working relationship with the EAP coordinator, they understand the program well. As they make rounds throughout the hospital, they often have conversations with employees who are troubled. While they are fully empowered to attend to the spiritual and emotional needs of the medical center staff, they also have the resource of recommending the EAP program to those whom they encounter. Through their day-to-day contact with EAP, they are able to provide a first-hand perspective to employees about the program and the care they can expect to receive. Likewise, the EAP coordinator often refers clients with spiritual concerns to chaplains for more specific care in this area.

Combining pastoral care and EAP

Though EAP was successful while under the auspices of psychiatry, the idea began to emerge that there might be a better arrangement for both. There were several considerations that prompted the affiliation of pastoral care and EAP. First, the EAP office was physically located about forty feet from the door of the locked psychiatry unit. Thus, it would not be unusual for EAP clients to wonder if that might be the next step if they did not respond well to outpatient counseling.

Second, the primary focus of psychiatry was on a population of patients with high acuity requiring inpatient admission. While the staff was supportive of and interested in the program of employee counseling, it was not their specialty.

Third, at one point the EAP at St. Mary's essentially was a referral practice. Employees in need were assessed by the EAP coordinator and then referred to the most appropriate source for the type of treatment needed. Obviously, this resulted in people having to pay for care if it was not included in the range of services offered at St. Mary's. As some of the pastoral care staff had expertise in counseling, many employees were referred there. When a new EAP coordinator was hired who was licensed to provide counseling, employees were more often cared for within the scope of the EAP office.

Several realizations prompted the organizational change. EAP needed to be sited to provide for greater client privacy. It needed to be located within a department that could encourage and facilitate the growth that EAP had the potential to experience and where services could be provided directly, without referral. An initial suggestion was to make EAP a free-standing entity reporting directly to senior management so as many critical employee issues came within the focus of the newly emerging EAP style. Some viewed EAP as a part of human resources since it is an employee benefit and the work of counseling employees
often is related to organizational policies. After careful consideration, senior management decided that the EAP, in its most basic form, is a statement of the corporate mission of St. Mary's. In order to convey the aspect of mission—the belief that such care was essential in this organization—it was decided that the EAP should be institutionally related to pastoral care.

The EAP office was physically relocated to the wing which housed the Department of Pastoral Care, and the director of pastoral care officially was given oversight of the program. An announcement was made to the hospital at large to inform every employee of this new structure.

These actions expressed the intention of the medical center with respect to deeply held beliefs about EAP. First, the medical center is committed to providing counseling services to the employees as a benefit of their employment. Second, the role of EAP is clearly identified with the mission of St. Mary's. Third, while EAP is not synonymous with spiritual care, the association between pastoral care and EAP embodies the conviction that spirituality is honored and upheld as an indispensable aspect of all mental health care in this organization.

The administration of St. Mary's is convinced that EAP, while not a truly revenue producing activity, is a financially prudent one. By assisting employees as they work through personal problems, St. Mary's believes that they will remain more focused on their work and have improved attitudes. A 1986 study of five thousand employees who were parents of children under the age of eighteen revealed that 77 percent of the women and 73 percent of the men deal with family problems during their work day. The results would likely be higher today, given the stress that modern workers face in the delicate balance between their work and home lives. Thus, St. Mary's views the cost of EAP as an investment in the staff and medical center rather than merely an expense.

The administration of St. Mary's understands that the cost of caring for employees who might be terminated unless problems can be corrected is far less than the cost of recruiting and replacement. EAP is a way of providing care that is consistent with St Mary's mission, financially helpful to its employees, and financially beneficial to the institution.

The employees of the medical center received the announcement of the move of EAP from psychiatry to pastoral care extremely well. Both referrals by managers and self-referrals have continued to increase since this new arrangement was established.

**Another new design**

St. Mary's recently decided to place the patient advocate program under the direction of the Department of Pastoral Care. The recent accreditation process also provided insight into the possibility of this department becoming involved in the development of other innovative programs related to education in the community and preventative health care programs with churches. With the growth of services provided through pastoral care, it is time to consider a new organizational structure that preserves the identity of its primary emphasis of spiritual care yet allows room for other programs that are compatible with our work and focus. In addition, the Department of Pastoral Care is being renamed the Department of Spiritual Care, Counseling, & Mission. The department will continue to report to the vice president of mission integration. The inclusion of the EAP under the management of the Department of Pastoral Care was the first step in the process of growth that has led to this new structure and strategy for future growth.

While pastoral care and the EAP are not the same, there is sufficient similarity in focus and goals that the two programs can function extremely well together. At St Mary's each has actually enhanced the success of the other.

**References**