VOLUME 11
NUMBER 2
MAR / APR
2000

FOCUS on
Federal Employee Health and Assistance Programs

OPM
United States Office of Personnel Management

OPM's Third Annual Conference on Fatherhood

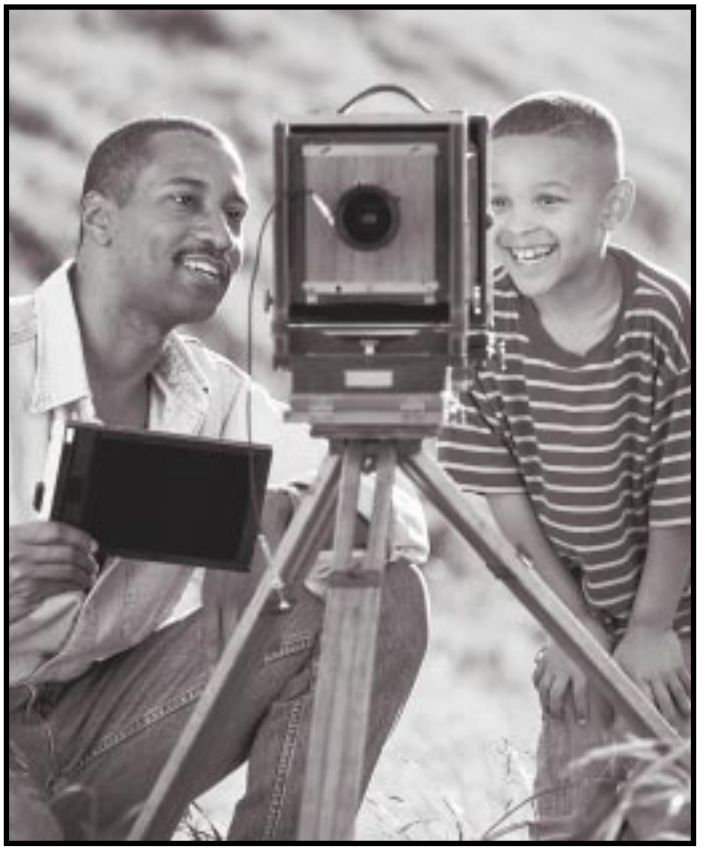
Multiple Initiatives Help Men to be Better Fathers

United Fatherhood: Making the Difference in Children's Development, a three-hour program, took place on March 29, 2000, at the Office of Personnel Management.

The first presentation, "Taking a United Step Towards Fatherhood," was given by Preston Garrison, Executive Director, National Practitioners Network for Fathers and Families (NPNFF). This not-for-profit, member-driven networking organization is committed to strengthening support for "fragile families" — low-income, never married parents and their children.

NPNFF is committed to enhancing the involvement of fathers by fostering communication, professional development, and education. NPNFF is also working to place fatherhood issues on the agendas of national organizations that have traditionally served women, children, and families, but may not have focused on father involvement.

This young and still developing field is not yet unified, commented Mr. Garrison. He described disagreement among the factions on many approaches to helping two-parent families form or stay together. Current antipoverty and child support enforcement policies, he believes, drive fathers away and don't encourage poor families to stay together. Mr. Garrison commended positive trends introduced by community-based fatherhood programs to promote team parenting models, emphasis on job readiness, and employability skills training.



"A system that considers the family unit (whatever it looks like) as a whole," he said, "can provide the kind of comprehensive and integrated array of services needed to provide secure climates in which children can thrive."

The next two presenters addressed research on fatherhood. Dr. Tamara Halle, a developmental psychologist at Child Trends, a nonprofit research organization dedicated to studying children and families through research, data collection and analyses, presented "What Does the Research Say About Father Involvement?"

Dr. Halle brought to light research that defined a father's "positive involvement" as more than physical presence and financial contribution. Some critical factors affecting father involvement were identified:

- socioeconomic status
- employment status and work schedule
- education
- geography and transportation

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• timing of parenthood
• quality of the relationship with the child's mother

"Children who live only with their mothers and have in frequent and inconsistent contact with their fathers face several risk factors," she said. "These children are more likely to live in a poor family. Children who have father absence as a factor are also more likely to experience drug abuse, teen pregnancy, school drop out, and for boys, incarceration."

"A child is better off in a two-parent household, but not necessarily if there is a lot of parental conflict. The research identifies three components of father involvement: ***accessibility*** - meaning he is present and available emotionally, frequently, and there is ease of access; ***engagement*** - they experience shared activities and there is caregiving and quality of interaction (leisure and bonding); and ***responsibility*** - the father takes care of the needs of the child and helps to organize the child's life, and take care of the needs of the child in terms of food, shelter, medical care, etc."

Father involvement influences the child positively in terms of improved cognitive development, improved social competence, and improved academic achievement and enjoyment of school (especially if the parent is involved with school activities throughout the school years).

The data indicates, according to Dr. Halle, that the kind of support that would be beneficial to fathers would include: helping men increase their earning capacity; looking for ways to strengthen existing families; helping nonresident fathers to be involved in ways other than just monetarily; and encouraging more research on fathers.

Dr. Vivian Gadsden presented, "Fatherhood Research: Findings, Issues, and Perspectives." She is the Director for the National Center on Fathers and Families and an Associate Professor in the Graduate School of Education at the University of Pennsylvania.

She shared from research seven conclusions about fatherhood:

- Fathers care even if that caring is not always shown in conventional ways.
- Father presence matters in terms of economic well-being, social support, and child development.
- Joblessness is a major impediment to family formation and father involvement.
- Child support enforcement, establishment of paternity, and public benefits provide disincentives and obstacles to father involvement.
- Young fathers and mothers need additional support/skills to share parenting.
- The transition from being a biological father to being a commit ted one is developmental.
- The behaviors of young parents are shaped by intergenerational influences.

Emotional bonding and demonstrations of emotional support, she emphasized, are very important. "Ethnic, racial, cultural, and socioeconomic background influences the meaning of fatherhood because these factors influence the man's own development and well-being, as it does for women."

Dr. Gadsden concluded, "Let's create a more representative research base. We need broader studies. We need to spend time in different types of families. We need to look beyond marriage, living arrangements, and support."

The last portion of the program, "Making a Difference in Children's Development" was presented by Joe Jones, Founder/President/CEO of Center for Fathers Families and Workforce Development in Baltimore, MD. He is also a community advisor of fatherhood issues to Vice President Al Gore and has served on President Clinton's Work Group on Welfare Reform.

His organization is active in recruiting and retaining low-income fathers through repeated outreach. "We recruit approximately 200 fathers a year. The average man we see is 24 years old, has a 9th grade education, 80% are unemployed and about one half have substance abuse and/or criminal justice issues," he said.

"There are more obstacles for many of the men in this subculture to be good fathers," Mr. Jones explained. "A lot of the policies on child support were formed on the basis of the middle class dad, the 'Deadbeat Dad.' Well, these policies don't consider the 'dead broke dad.' Our organization gives feedback to national organizations that could recognize this group and support them to be responsible parents."

"We've worked with men who have

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Legislation Allows Tuition Assistance for Child Care

Federal agencies can now implement programs to help their lower income employees with the costs of child care. On March 14, 2000, Office of Personnel Management issued final regulations for Public Law 106-58, Section 643, to implement legislation permitting Executive branch agencies to use appropriated funds to reduce child care costs for their lower income Federal employees.

The legislation was enacted on September 29, 1999. Congress directed OPM to write the regulations and provide Congress with a report of the results no later than September 1, 2000. The law expires on September 30, 2000. However, the President has included a request to extend the law in his budget request to Congress.

The following question-and-answer format can give readers a general idea about how this program can be implemented. For more detailed information, however, OPM encourages interested individuals to read the regulations and the recently issued **Guide for Implementing Child Care Legislation,** *which may be downloaded from the OPM web site (http://www.opm.gov/wrkfam).*

Are agencies required to provide tuition assistance?

Agency participation in the program is voluntary, and the extent of their participation would depend largely on budgetary considerations. Funds for this program must come from existing salary funds.

In general, who is eligible for tuition assistance under the program?

Employees who are parents (or legal guardians) of children through the age of 13 qualify for child care assistance (age 18 for disabled children as defined by the regulations). The definition of "lower income Federal employee" is determined by each agency.

How much tuition assistance is available for families?

Agencies will determine the amount of assistance for their employees depending on the eligibility model they choose.

OPM has provided five models for determining eligibility and subsidy amounts. The agencies are not *required* to use any of these models, and may develop their own eligibility criteria. The models simply provide different approaches to determining the eligibility levels.

Are payments limited to child care that is provided at on-site, Federal facilities?

No. Employees eligible who use center-based care or family child care homes. The providers must be licensed and/or regulated by the State and/or local authorities where the child care service is delivered.

What benefits does tuition assistance provide to the agencies?

By helping employees with their child care costs:

• agencies can improve recruitment and retention — they can recruit more skilled employees and they can retain valuable employees;

• agencies can save costly training expenses for new employees and save on lost productivity time to replace employees;

• agencies can save on recruitment costs;

• employees who previously could not afford licensed or regulated care should feel more comfortable with their new child care arrangements and, when parents feel secure about their child care arrangements, they have fewer distractions at work;

• agencies support good job performance and improved attendance;

• agencies that have on-site child care

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The Guide for Implementing Child Care Legislation

Federal agencies, Federal employees, child care providers, and child care governing boards can access useful information related to the child care legislation from OPM's Guide for Implementing Child Care Legislation. The Guide is available on the OPM web site (http://www.opm.gov/wrkfam). The Guide focuses on procedural matters related to the law and is intended to be used to supplement the final regulations, published on March 14, 2000,.

The Guide contains various models for tuition assistance as well as a comparison chart that can help agencies decide on a model that suits their needs.

The Guide addresses:

- How to market the tuition assistance program
- What is involved in the implementation and administration of the program
- Information needed for reporting results to OPM for the report to Congress
- How to determine "Lower Income Federal Employee"
- Deciding the amount of tuition assistance
- Tax implications
- Five Tuition Assistance Models and a Comparison Chart

Appendices include:

- Sample Marketing Flyer
- Sample Tuition Assistance Program Description
- Tuition Assistance Application Form (optional)
- Sample Tuition Assistance Award Letter for Parents
- Sample Tuition Assistance Agreement Between Employee and Agency or Organization that Administers Funds
- Child Care Provider Information Form - OPM Form 1644 (optional)
- OPM Reporting Form (mandatory)
- Sample Statement of Work for Contracting for Administrative Services

The Health Promotion and Disease Prevention Agenda for the Decade, Released by HHS

Healthy People 2010

Healthy People 2010 — the Nation's prevention agenda for this decade, was released by Department of Health and Human Services' (HHS) Secretary Donna E. Shalala and Surgeon General David Satcher on January 25, 2000, at the HHS-sponsored three-day conference, "Partnerships for Health in the New Millenium."

Healthy People 2010 identifies the most significant preventable threats to health and establishes national goals to reduce these threats. This is the third time HHS has developed 10-year objectives for the Nation.

Healthy People 2010 has 467 objectives grouped into 28 more specific "focus areas" *(see box)*. Each objective has a target for specific improvements to be achieved by 2010. The goals are broad-reaching and carry two major themes — 1) increasing the quality and years of healthy life, and 2) elimination of racial and ethnic disparities in health status.

For the first time, the Healthy People agenda unveiled "Leading Health Indicators." Leading Health Indicators comprise 10 well-defined "areas of health status" to help assess the overall health of the nation and communities. The 10 leading indicators cover: physical activity, overweight and obesity, tobacco use, substance abuse, mental health, injury and violence, environmental quality, immunization, responsible sexual behavior, and access to health care.

Surgeon General Dr. David Satcher said, "Our greatest opportunities for reducing health disparities are in empowering individuals to make informed health care decisions and in improving the skills, education and care necessary to improve health. The underlying premise of Healthy People 2010 is that the health of the individual is inseparable from the health of the larger community." States and communities are tailoring health objectives to needs specific to their area.

FOCUS AREAS OF HEALTHY PEOPLE 2010:

- Access to Quality Health Services
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Cancer
- Chronic Kidney Disease
- Diabetes
- Disability and Secondary Conditions
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Health Communication
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant, and Child Health
- Medical Product Safety
- Mental and Mental Disorders
- Nutrition and Overweight
- Occupational Safety and Health
- Oral Health
- Physical Activity and Fitness
- Public Health Infrastructure
- Respiratory Diseases
- Sexually Transmitted Diseases
- Substance Abuse
- Tobacco Use
- Vision and Hearing

FOCUS

on Federal Employee Health and Assistance Programs

is published six times a year by the U.S. Office of Personnel Management (OPM), Office of Workforce Relations.

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CONTRIBUTORS' COLUMN

The Contributor's Column is a new feature in FOCUS. Experts and representatives from various fields relevant to employee health and assistance may use this space to let readers know about initiatives and resources ,or to share a perspective. The column may or may not appear in every issue. Please contact the FOCUS editor if you'd like to contribute to this column.


Susan A. Coleman, LICSW

Susan A. Coleman, LICSW, is an Employee Assistance Professional who has worked in the Office of Personnel Management's Federal EAP in Boston for nearly ten years. She is a MSW graduate of Boston College and is also an adjunct professor there.

Job Stress: A Pervasive Issue of Federal Employees Today and How the EAP Can Help

I feel like saying, "Yes, Virginia, the EAP can help with job stress!" The Federal employee in the new millenium is facing a number of challenges: changes in mission, personnel turnover, increasing numbers of deadlines and new tasks, formations of new teams, new technology bombarding us with information at a very fast pace, and ongoing reorganizations.

As a counselor in the Federal community, I can assure you that most of us are holding up fairly well. We are experiencing varying levels of stress, but meeting most of our responsibilities most of the time. However, there appears to be a steady portion of us who are struggling, trying to meet all the demands we encounter and are still concerned that we are coming up short.

Our program, the Federal Employee Assistance Program, provides counseling, consultations and training services to over 30 Federal agencies in New England. We see individual employees for both work and home-related issues. Our training programs provide information on a variety of topics, including depression, violence, substance abuse, motivation, worry and stress.

Utilization statistics and antecdotal information from our individual and group interactions, reveal that the number one presenting problem for our employees is job stress. In fact, our annual reports reflect this consistently over the past five years.

With this in mind, I now ask a simple question at the beginning of my training sessions: "How many of you are doing the work of more than one employee, due to reductions in force, reorganizations, etc.?" There is a show of hands for 35% to 50% in most gatherings. In the past month, the individual employees I have interviewed present different types of job stress of as critical issues, which I will talk about here.

Some older employees are stressed because they feel disillusioned and frustrated by the stagnation of their careers. Some younger employees who previously worked for the private sector and hoped for stability in the Government are stressed when they learn that their jobs are not as secure as they had hoped they would be.

With both of these groups I explore ways to enhance work by asking for new projects or getting exposure to different work areas and to seize these opportunities assertively. I also help them to look at ways to have more satisfaction in their home lives through volunteer or family activities.

I encounter another group of employees stressed and frustrated by their inability to perform at the same level of quality they have for most of their career due to excessive workloads. These are exceptional employees, with excellent performance, cited by awards and recognition. They are carrying a great deal more responsibility but they still expect themselves to function at the same exceptional level.

These folks benefit from validation and self-appraisal of strengths and abilities. They also need to embrace a more realistic view of themselves and their capacity in this demanding work context. To encourage them to slow down, to set realistic limits about conflicting demands and then assert these limits, without injuring their self-esteem and pride is a delicate task.

As a counselor, the stressed individuals I am most concerned about are those with stressful situations at home and at work. I often note that their least stressful environment is in their car commuting between these two locations (and what kind of peace and quiet can they expect to find there!).

Employees struggling with their own depression or anxiety, who are primary caretakers for their children or elderly parents, who have a spouse or partner with a substance abuse problem, these are employees who have difficulty concentrating, getting work done, and accruing a healthy balance of leave.

An EAP's work with this kind of client involves supportive counseling and often a referral to a therapist or group. Another part of our work may involve advocacy with the manager to apprise them of certain difficulties that may be evident but managers or coworkers are not aware of the underlying cause.

I believe that most EAPs servicing Federal employees are encountering these situations and are in key positions to provide the kind of help that is needed. Our job is to educate the management and workforce about these problems and to help provide a response that is supportive and affirming of the agency's mission. It is a challenging job but if we've successfully intervened in just one employee's situation, it is well worth it. F

Surgeon General Releases

In December 1999, the U.S. Surgeon General's office released for the first time a report addressing mental health. The 500-page publication, *Mental Health: A Report of the Surgeon General*, is completed in the wake of what is being called "a scientific revolution" in the understanding of mental illness and their causes and treatments.

Two Federal agencies, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute on Mental Health (NIMH) worked together to develop the report under the guidance of the Surgeon General.

"Mental health is fundamental to a person's overall health, indispensable to personal well-being and instrumental to leading a balanced and productive life," said Dr. Satcher.

"My message to Americans is this: If you, or a loved one, are experiencing what you believe might be the symptoms of a mental disorder, do not hesitate to seek effective treatment now," he urged. "Insist on the kinds of services that this report makes clear can and should be available. While there is no single solution to any mental disorder, most people with mental disorders have treatment options — including medications and short-term psychotherapy, and community-based supportive services."

"My message to Americans is this:

The Report focuses on the connection between mental health and physical health, barriers to receiving mental health treatment, and specific mental health issues across the life span.

Key themes run through the report: Mental disorders are real health conditions. Mental disorders are disabling. Quality of life is tremendously improved when a mental disorder or mental health problem is diagnosed early and treated appropriately. Mental health should be part of the mainstream of health care delivery.

The Report also identifies significant barriers. A chief barrier is that while a range of effective, well-documented treatments exist for most mental disorders, nearly two-thirds of all people with diagnosable mental disorders do not seek treatment.

The Executive Summary of the Report states that, "Most often, reluctance to seek care is an unfortunate outcome of very real barriers. Foremost among these is the stigma that many in our society attach to mental illness and to people who have mental illness." The Surgeon General insists that stigma must be overcome because it reinforces destructive patterns of low self-esteem, isolation, and hopelessness.

Other significant barriers were identified. The report refers to "the complex and fragmented mental health system" which creates barriers to the full range of appropriate services. Individuals with the most complex needs and the fewest financial resources often find the system most difficult to use.

The Surgeon General's Report takes a life-span approach in considering mental health and mental illness, devoting chapters to trends among children, adults, and the elderly. Along the course of the life span, different stages of life are associated with vulnerability to distinct forms of mental and behavioral disorders but also with distinctive capacities for mental health. The report examines how gender, culture, and age influence the diagnosis, course, and treatment of mental illness.

The Report makes a distinction between mental health disorders and mental health *problems*. Mental health problems refers to signs and symptoms of insufficient intensity or duration to meet the criteria for a mental disorder.

Broad courses of action are recommended to improve the quality of mental health in the Nation, such as:

- continuing to build the science base;
- overcoming stigma;
- improving public awareness of effective treatment;

Definition of Mental Health

From the 1999 First White House Conference on Mental Health

"the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.

Definition of Mental Illness: the term that refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.

Report on Mental Health

- ensuring the supply of mental health services and providers;
- ensuring delivery of state-of-the-art treatments;
- tailoring treatment to age, gender, race, and culture;
- facilitating entry into treatment; and
- reducing financial barriers to treatment.

The Surgeon General's Report was released shortly after the first-ever White House Conference on Mental Health. Also on the horizon is achieving parity with insurance coverage for mental health and substance abuse problems *(see article this page)*. Why is mental health suddenly gaining more national attention? The Report identifies "defining trends" over the last 25 years that have expanded our knowledge about mental health:

- The extraordinary pace and productivity of scientific research on the brain and behavior (spawned by the 1990s being declared "the decade of the brain" by Congress);
- The introduction of a range of effective treatments for most mental disorders;
- The dramatic transformation of our society's approaches to the organization and financing of mental health care;
- The emergence of powerful consumer and family movements that now address, among other things, stigma and discrimination, and encouraging self-help and a giving focus to recovery.

Dr. Satcher urged Americans to call the toll-free number 1-877-9-MHEALTH or write to Mental Health, Pueblo, Colorado to receive the Executive Summary of the report, a resource directory, fact sheets, and a catalog of related materials. This is also available on the World Wide Web at http://www.surgeongeneral.gov. These materials may be purchased from the Superintendent of Documents at the Government Printing Office.

> If you, or a loved one, are experiencing what you believe might be the symptoms of a mental disorder, do not hesitate to seek effective treatment now,"

Achieving Parity in Substance Abuse and Mental Health Coverage in FEHB

Meeting Asks Federal EAP Representatives to Work with OPM

The Office of Personnel Management (OPM) has taken the lead in making mental health coverage more affordable and accessible for all Federal employees. On June 7, 1999, at the White House Conference on Mental Health, the President officially announced the Federal Government's intention to achieve parity for coverage of mental health and substance abuse treatment in the Federal Employees Health Benefits (FEHB) Program.

In the past few years, OPM working with benefit providers in the FEHB program have: eliminated lifetime and annual maximums for mental health care; moved away from contractual day and visit limitations and high out-of-pocket costs for mental health care; and covered medical visits and testing to monitor drug treatment for mental conditions as pharmaceutical disease management.

Prior to the change, OPM reviewed research by the National Advisory Mental Health Council, the National Alliance for Mentally Ill, and the Substance Abuse and Mental Health Service Administration. The research convinced them that mental health and substance abuse parity can be introduced, using appropriate care management, in a way that expands the range of benefits offered and holds costs to a minimum.

On April 4, 2000, OPM held a meeting for employee assistance pro-

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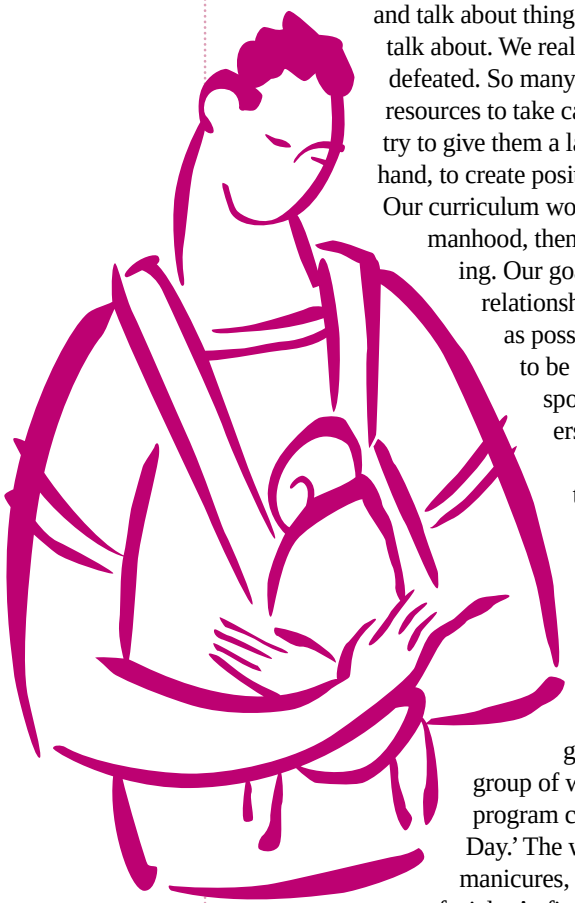
FATHERHOOD *(continued from page 2)*

now made significant changes in their lives. We try to give them a healthy start and get them to attend at least one support group prior to enrollment so they get a sense of what the program entails. Here, we get men together and talk about things they don't traditionally talk about. We realize that these men feel defeated. So many of them don't have the resources to take care of themselves. We try to give them a ladder, to give them a hand, to create positive outcomes for them. Our curriculum works first on positive manhood, then moves to male parenting. Our goal is to get the parent relationship established as early as possible. We also teach men to be better partners to their spouses or significant others."



"We do different things to teach them how to succeed. One of the things we do, in addition to getting them into education and job training, is to have programs on dressing for success and grooming, for example. A group of women helped us with a program called, 'King for the Day.' The women treated them to manicures, pedicures, hair cuts, and facials. At first the men were very resistant to the program, but after they tried it, they liked it so much, they now want to have it monthly."

Mr. Jones sees the fatherhood movement continuing and said, "We see a lot of changes in mens' lives. The men who are helped feel so much better about themselves, they then feel motivated to help other men." F

PARITY *(continued from page 7)*

gram (EAP) coordinators to facilitate the implementation of parity in insurance coverage for mental health and substance treatment. A chief objective of the meeting was to enhance communication among the three key players — OPM, the insurance providers, and the Employee Assistance Programs community.

Abby Block, Chief of OPM's Insurance Policy and Information Division, helped the EAP coordinators from Departments and Agencies to understand the magnitude and ground breaking nature of these upcoming changes. The way services are delivered and reimbursed is likely to change, but considering there are 285 plans participating in the FEHB, each plan is likely to approach it differently. OPM dictates outcomes and not the process of achieving parity within the plans. The plans' proposals are due to OPM at the end of May.

Basically these changes should result in more flexibility in treatment modalities and perhaps more contracting with community-based programs. The system "will open up. Better access at better cost," said Ms. Block, "The plans cannot create new limitations."

Ms. Block invited the EAP community to get involved in making the changes work, stressing that her office would welcome feedback from EAPs to identify both successes and glitches as this very complex program rolls out. She sees the need for good communication to understand referral requirements and to work within the service limitations on each plan.The EAP coordinators were enthusiastic about playing a constructive role in the initiative, and had a number of suggestions for enhancing communication and coordination.

OPM wants to know how to best reach the EAP and how to understand the networks and the requirements. OPM also sees the need to reach regional offices in isolated areas and smaller locales. OPM will use fax, mail, email, meetings and several other means to communicate this information. To add your name to the information list, contact Frank Cavanaugh of the OPM Employee Health Services Branch on (202) 606-1166. F

CHILD CARE LEGISLATION *(continued from page 3)*

centers with vacancies can use this authority to help them fill their own centers; and
• agencies can improve morale.

How should agencies proceed with this initiative?

There are several steps for setting up a program. The *Guide for Implementing Child Care Legislation* provides details about each step of the process.

How can Federal employees obtain a copy of the regulations and identify child care services that are licensed and/or regulated?

Information about identifying child care services is included in OPM's publication, *Child Care Resources Handbook*. The handbook is available on OPM's web site at http://www.opm.gov/wrkfam. Employees may request a copy from OPM via email at workandfamily@opm.gov or by writing to the following address:

U.S. Office of Personnel Management
Office of Work/Life Programs
1900 E. Street, NW, Room 7316
Washington, DC 20415-2000

Confidentiality Considerations for Mental Health Practitioners

by Robert Eufemia, Psychologist for the U.S. Government Printing Office's Employee and Organizational Assistance Branch

Editor's Note: *Confidentiality is a cornerstone of the Employee Assistance Program. Few situations are as complicated and stressful for the practitioner as "Tarasoff-type" actions. Named for a landmark California Supreme Court decision, these situations may, for legal or professional reasons, require the practitioner to break confidentiality in order to prevent harm to potential crime victims.*

At a recent meeting of OPM's EAP Roundtable on Workplace Violence, Dr. Robert Eufemia talked about these issues in the context of the Federal EAP. FOCUS asked him to write an article for Federal EAP practitioners throughout the country and for other professionals who support their work.

Background of Tarasoff

The landmark California Tarasoff decision presents significant considerations for mental health practitioners. Tarasoff was the 1974 court decision that set precedent in mandating that therapists/counselors have a "duty to warn" third parties about patient's threats to harm them. On appeal, the court voided the the initial ruling California and gave California practitioner a series of steps in carrying out a "duty to protect."

With this existing 1976 court decision, the practitioner may be required to take one or more steps, depending on the nature of the case. Thus, a practitioner could discharge his or her duty by such actions as providing additional treatment, involuntary commitment, or by notifying law enforcement personnel, etc. Though the Tarasoff decision affects only California, many other jurisdictions have adopted similar measures.

Key issues for Federal EAPs since the widely endorsed Tarasoff decision, mental health practitioners repeatedly confront issues concerning the duty to protect or warn. First, the practitioner may face a difficult judgment call in determining if another individual is "truly in danger." Often it is a matter of "believing" the client, assessing the comprehensiveness of the plan, and considering a wide range of other clinical issues.

It is sometimes difficult for the practitioner to know which laws or regulations or guidelines he or she is required to adhere to when this kind of situation arises. Since there is little,

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CA TARASOFF NOT RELEVANT IN TEXAS SUPREME COURT DECISION

In this case, Texas states clearly that the decision to disclose confidential information, or not, is in the hands of the mental health practitioner. A psychiatrist in Texas, Renu K. Thapar, M.D., first started treating a patient in 1985 after he was brought to a hospital emergency room. The psychiatrist's assessment included the following: Post-traumatic stress disorder, alcohol abuse, and paranoid and delusional beliefs. Although the patient was treated on an outpatient basis, he was committed to inpatient status at least six times.

The patient was admitted to the hospital in August 1988. The psychiatrist's notes from August 23, 1988, state that the patient "feels like killing" Henry Zezulka, his stepfather. Treatment records also state that the patient "has decided not to do it but that is how he feels."

After a therapeutic regime of hospitalization and treatment for seven days, the patient was discharged and within a month shot and killed Mr. Zezulka. Despite the specific threats made by the patient, the psychiatrist never warned any family member or law enforcement agency of the patient's homicidal threats against the victim. Also, no family member or law enforcement agency was warned of the patient's discharge from the hospital.

The Texas Supreme Court held that the psychiatrist owed no duty to the victim, a third party nonpatient, for "negligent diagnosis and treatment" based on precedent of similar cases. The alleged negligent diagnosis and treatment involved failing to involuntarily commit the patient, improperly releasing him and NOT monitoring him upon release.

Secondly, the court held the psychiatrist was not negligent for failing to warn a third party nonpatient or law enforcement agency of the patient's threats against the victim. The Texas Supreme Court's rationale is that the court has never recognized a Tarasoff type duty-to-warn third parties of a patient's threats. The Texas Legislature clearly has chosen not to fully adopt the Tarasoff rationale.

Texas law allows for exceptions to confidential communications to medical or law enforcement personnel when a professional determines a probability of imminent physical harm by a patient to him/herself or others. The term "allowing," however, is clearly permissible but not mandatory. Further, imposing a legal duty-to-warn third parties of patients' threats would conflict with the legislation enacted by the State.

(continued from page 9)

if any, *Federal* law to address this issue, the practitioner needs to know which laws or regulations to follow. The laws and regulations that apply to the practitioner may be in one or many places.

A complicating factor is that while many jurisdictions nationwide have adopted and endorsed Tarasoff's rationale, not all jurisdictions have, as depicted in the Texas Supreme Court decision summarized at the right. Some States specified certain conditions that must be met before violations of confidential communications occur. In some cases, mental health practitioners have been sued or have had their licenses/certifications challenged when they made decisions to warn a potential victim. Federal practitioners have more to consider. They are obligated to follow 42 CFR Part 2, *Confidentiality of Alcohol and Drug Abuse Patient Records*, which is quite restrictive.

"…the practitioner may face a difficult judgment call in determining if another individual is "truly in danger."

Steps to Take

Mental health practitioners working in Federal agencies should consider taking the following steps *in advance* of taking action on a Tarasoff issue:

- Ask your agency's General Counsel about applicable Federal laws, (e.g., Uniform Code of the Military) and obtain written advice/guidance about properly handling such situations;
- Know any applicable Federal rules and regulations, (i.e., 42 CFR, Part 2);
- Familiarize yourself with the local Tarasoff type laws in the jurisdiction in which you operate (search the State code, the General Counsel Law Library, the local library, or the Internet, or call the State Mental Health Department);
- Know your agency's regulations;
- Know your agency's internal operating procedures;
- Know the laws and ethics that govern your licensure or certification;
- Seek written advice or guidance from your professional association and/or licensing/certification board;
- Prepare a detailed informed consent form for new clients to sign that describes the exceptions to confidentiality before counseling starts. These exceptions must also be discussed verbally.

Considering these issues in advance can help to protect the welfare of patients and helps the practitioner to practice from a better liability position.

If situations do arise, you should seek consultations as soon as possible from your: general counsel's office, supervisor, licensing/certification boards, ethics committees, etc. Remember, also, to keep these office numbers available and updated along with state/local/federal emergency phone numbers. If you do have to take a Tarasoff type action, you will probably need to do it quickly. F

OPM Guide for Supervisors on Alcoholism

Alcoholism in the Workplace - A Handbook for Supervisors, a publication recently produced by the Office of Personnel Management (OPM) is now available for agencies to order through the OPM Rider.

This publication is designed to foster a better awareness in supervisors, managers, and human resources personnel of the issues surrounding alcoholism and alcohol abuse, especially as they relate to the Federal workplace.

Not intended to cover, in detail, all the various aspects of alcoholism and alcohol abuse, the booklet intends rather to give the reader enough information to understand and recognize these problems and know where to go to get assistance within their agencies.

The handbook is available through the Government Printing Office (GPO) "Rider" system that allows agencies to add their orders to an initial order created by OPM. To ride OPM's printing requisition, agencies must place their orders with their agency's internal Printing Officer. GPO's Superintendent of Documents will also stock the handbook.

If agencies or private organizations would like to order it, they can contact GPO on (202) 512-1800. The estimated cost is $1.50. For information about the publication itself, please contact Frank Cavanaugh on (202) 606-1166. F

25th Annual National Wellness Conference

"Pathways to Wellness: Experience the Journey"
July 15-21, 2000
University of Wisconsin
Stevens Point Campus, Stevens Point, WI

230+ presentations by over 140 presenters, featuring more than 60 nationally recognized leaders
19 preconference workshops
40+ hours of continuing education credit
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16 intensive workshops
showcase of over 30 Wellness Program Demonstrations
Daily fitness sessions, wellness activities, professional networking, and free evening entertainment
Two series of exhibits of health promotion and wellness products, services, and technologies

Conference Program Tracks:

Worksite	Campus
Community	Complementary medicine
Faith Community	Hospital
K-12 Schools	Managed Care
Personal Renewal	Technology

Visit www.nationalwellness.org/nwc/program.htm for specific track listings. You may also register on-line by selecting "Online Registration." Mail completed registration form and payment to: NWC Registration, National Wellness Institute, Inc., 1300 College Court, P.O. Box 827, Stevens Point, WI 54481-0827 or call (800) 243-8694.

"Like the individuality of fingerprints and snowflakes, there are as many pathways to wellness as there are human beings. Not only does every person have a path, but every person is at a different place on their path. As wellness and health promotion professionals, our tasks are twofold — facilitating individual growth and supporting cultural change."

International Telework Association and Council Telework Conference

New Orleans, LA
September 17-20, 2000
New Orleans Convention Center

To find out more about conference topics and activities or accommodations, visit the web site at www.telecommute.org or Lana4tac@aol.com.

FOCUS on Upcoming Events

May

Asthma and Allergy Awareness Month
Asthma and Allergy Foundation of America
1233 20th Street NW., Suite 402
Washington, DC 20036
(800) 7-ASTHMA
info@aafa.org
www.aafa.org

National Digestive Diseases Awareness Month
Digestive Digestive National Coalition
507 Capitol Court NE, Suite 200
Washington, DC 20002
(202) 554-7497

National Mental Health Month
National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
(800) 969-6642
www. nmha.org

National Trauma Awareness Month
American Trauma Society
8903 Presidential Parkway, Suite 512
Upper Marlboro, MD 20772-2656
(800) 556-7890
atstrauma@aol.com
www. amtrauma.org

Older Americans Month
Administration on Aging
200 Independence Avenue, SW
Washington, DC 20201
(202) 401-4541

June

National Safety Month
American Society of Safety Engineers
1800 East Oakton
Des Plaines, IL 60018-2187
(847) 699-2929

12-18

National Men's Health Week
14 East Minor Street
Emmaus, PA 18098
(610) 967-8620

June 28-July 5

National Prevention of Eye Injury Registry
Box 55565
Birmingham, AL 35255
(205) 933-0064

National Association Offers Recognition for Public Worksite Health Promotion Programs

The National Association for Public Worksite Health Promotion (NAPWHP) is soliciting nominations for its Exemplary Public Worksite Health Promotion Award. The award recognizes innovative worksite health promotion programs (including Federal programs) that have produced cost-savings and have encouraged a healthy lifestyle for public employees and their families. Awards will be presented to honor a comprehensive program and a single focus worksite project. Award winners will be recognized at the Association for Worksite Health Promotion (AWHP) Annual International Conference during the awards luncheon on Thursday, September 14, 2000 in Orlando, Florida. You must be a member of NAPWHP to apply. For a nomination package contact Kris Voelkel-Haugen by email at kris.voelkel-haugen@metc.state.mn.us or by phone at (651) 602-1347.

NAPWHP is a Special Interest Group of the Association for Worksite Health Promotion (AWHP), a not-for-profit network of worksite health promotion professionals. You can join NAPWHP be contacting AWHP Headquarters at 847-480-9574 or be visiting the web site at www.awhp.org.