

EMPLOYEE ASSISTANCE PROGRAM



ANNUAL REPORT  
2013 - 2014

**SYSTEM-WIDE INTERVENTIONS**

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## SCOPE OF WORK

**PRIMARY, SECONDARY &  
TERTIARY PREVENTION**

The University of Missouri Employee Assistance Program (EAP) consists of an interdisciplinary array of interventions aimed at the work context, teams, employees, their families and retirees. Associated disciplines and specialties utilized during EAP interventions include occupational – public health, human factors, industrial/organizational psychology, economics, sociology, industrial engineering and a range of clinical fields. EAP services are available at each campus in the University of Missouri System and are characterized by a primary, secondary and tertiary preventive apparatus. EAP services and concomitant technologies address the ecological nature (e.g., physical, social, technological, financial and psychological) of work and life including the assortment of transactions in each domain. We are located at the crossroads of employees, the organization and the larger social environment with the intent of maximizing wellbeing and productivity.

Activities at the primary preventive domain for our EAP include an assessment of the work context and the ambient environment using a stress analysis questionnaire. This device appraises 13 job-specific, 7 interpersonal, 7 health-related and 6 personal or life stressors and their prevalence and intersections along numerous categorical domains such as UM System campus location, gender, work shift, job classification, employee age and level of education. Our assessment of these stressors and attendant efforts toward moderation of each factor approaches stress management from a single unit of analysis vantage-point. These data are collected at clinical intake and during large-scale organizational consulting interventions. All members of our system-wide institution are encouraged to complete the questionnaire. Subsequent analyses of the data provide key benchmarks for EAP interventions along organizational, group-level and individual domains. The instrument or stress analysis questionnaire is located at: <https://shib-idp.umsystem.edu/idp/Authn/UserPassword>

Several EAP organizational consulting initiatives fit within the sphere of primary prevention. For example, our consulting technologies used to administer organization – environment scans, conduct ergonomic analyses, complete customer satisfaction assessments or perform work analytic procedures frequently produce data for use in prevention planning. These organizational consulting tools help position the enterprise to succeed and moderate stressors, tension or conflict. The consulting technologies also serve as a catalyst to maximize the interface among various elements of the internal and external organizational environment.

Occupational health education and health promotion represents the essence of our secondary preventive pursuits. We systematically offer web-based and onsite life – to – work and occupational stress training programs devised to develop individual, team and institutional strategies to improve health knowledge, attitudes, skills and behavior. These programs are also in place to positively influence working conditions that influence employee wellbeing and productivity. Our secondary preventive activities represent a direct channel through which the overall institution can directly influence its health status. We utilize concepts, theories and techniques from the biological, environmental, psychological, physical, occupational, social and medical sciences to promote individual and institutional health through voluntary change.

Tertiary preventive pursuits sponsored by the University EAP include brief, solution – focused, cognitive – individual – process – oriented clinical interventions to employees, their families and retirees. These supports are provided at no-cost to stakeholders and include up to 5 sessions (on location or by telephone); more if necessary, of counseling for those who have encountered or are encountering a range of occupational or life stressors. These stressors may impair or hinder client functioning along a variety of domains including but not restricted to occupational, cognitive, physical, social, familial, health and financial. This service includes linkage with community resources if indicated. Our goal in providing this level of intervention is to assist in the recovery and rehabilitation processes of all stakeholders, to help them capitalize on their role contribution across a wide range of occupational and life domains and to moderate or eliminate stressors that may impede their wellbeing.

***STRESS MANAGEMENT – THE  
CORNERSTONE OF EAP INTERVENTIONS***

## SPONSORSHIP

Our EAP is supported by countless stakeholders. Support is provided in many forms such as work space, quality consultation, program promotion and funding. A summary, non-exhaustive list of EAP sponsors is as follows. We are very grateful for various forms of sponsorship and for the overall institutional commitment to our EAP.

- UM System
- Human Resource Services
- Faculty and Staff Benefits
- University of Missouri Health Care
- Work Injury Services
- Provost
- Healthy for Life
- Strategic Communications
- Chancellor's Diversity Initiative
- University of Missouri Police Department
- Student Affairs



## EAP SERVICE MODELS

Employee Assistance Programs (EAPs) vary in their management structure, service orientation and day-to-day operation. For example, EAPs are often characterized as internal, external or blended in their orientation. Additionally, EAP models are also branded as full service, integrated behavioral health, wrap-around, compliance and peer assistance programs. This kind of complexity necessitates careful consideration when deciding upon the best approach or EAP model to use for any organization.

Selection of an EAP service model is influenced by many tangible factors such as the level of integration and onsite interaction of the EAP in the workplace, the nature and intensity of clinical, counseling or case management interventions used to provide EAP support, the ability of the EAP to provide a timely, effective response to critical events such as behavioral crises and workplace violence and the capacity of the EAP to deliver successful organizational consulting interventions (e.g., work analysis, quality of work life, organizational effectiveness, training and development, performance management and selection and placement). Ongoing promotion of the EAP post implementation is vital to ensure sufficient anchoring of the program and to generate return on investment and wide-ranging value for the organization.

Each campus within the UM System is unique reflecting the need for a diverse EAP implementation strategy. Therefore, a range of EAP services have been designed for each campus. We have the capacity to effectively respond to various campus-specific employee and organizational demands through direct service provision and effective partnering with available resources. Three widely accepted paradigms will allow our EAP to measure or assess value; work performance value – includes cost savings from employee productivity including less time away from work after employees use the EAP; benefit cost value – includes cost savings from reduced claims costs in health care, disability and other employee benefits after high-risk individuals use the EAP and are referred to or co-managed by other programming; and organizational value – includes cost savings from safety and risk management, critical incident resolution as well as positive outcomes associated with management and organizational consultation. UM System EAP service models are located at the following links.

[Columbia](#)

[Kansas City](#)

[Rolla](#)

[St. Louis](#)

Some researchers assert the typical level of financial return on investment is \$3.00 or more for every \$1.00 invested in an EAP (EASNA, 2013). Other investigators conclude that every dollar invested in an EAP results in savings of \$5.00 to \$16.00 dollars for the employing organization (Chenier, E., 1998; *The workplace: A battleground for violence, Public Personnel Management*, 27 (3), 557-568). Additionally, a study by the Paul Revere Life Insurance Company (Intindola, B., 1991; *EAP's still foreign to many small businesses, National Underwriter*, 95, 21) reported a savings of \$4.23 in claims expenses for every \$1.00 of premium expenditure diverted into the EAP. Finally, EAPs tend to be less expensive than contracting individually for such services. Research has shown generally that organizations save anywhere from \$5.00 to \$15.00 for every \$1.00 spent on an EAP (Blum, T.C., and Roman, P.M. 1995; *Cost Effectiveness and Preventive Implications of Employee Assistance Programs, U.S. Department of Health and Human Services*).

## NUMBERS SERVED – CLINICAL CLIENTELE

The grids depicted below provide a brief summary of our clinical clientele for each campus.

### Columbia

Fiscal Year	Campus	Health Care	UM System	UM Extension	Totals
2006 - 2007	159 = 61.4%	78 = 30.1%	11 = 4.2%	12 = 4.3%	<b>260</b>
2007 - 2008	152 = 57.8%	92 = 35%	15 = 5.7%	4 = 1.5%	<b>263</b>
2008 - 2009	136 = 49.5%	125 = 45.5%	11 = 4.0%	3 = 1.1%	<b>275</b>
2009 - 2010	154 = 48.0%	151 = 47.0%	15 = 4.7%	1 = .3%	<b>321</b>
2010 - 2011	176 = 48.1%	164 = 44.8%	15 = 4.1%	11 = 3.0%	<b>366</b>
2011 - 2012	194 = 50.9%	159 = 41.7%	23 = 6.0%	5 = 1.3%	<b>381</b>
2012 - 2013	228 = 56.9%	145 = 36.2%	15 = 3.7%	13 = 3.2%	<b>401</b>
2013 - 2014	245 = 60.2 %	130 = 31.9%	13 = 3.2%	19 = 4.7%	<b>407</b>

**Note:** Each campus listed below has a history of successfully providing clinical interventions to employees prior to becoming part of the UM System EAP. The data listed below reflect campus numbers as part of their formal membership in the UM System EAP. We anticipate growth in these numbers during the next fiscal year. These data were collected June 15, 2014.

System Location	Year of Service Initiation	Number of Clinical Clientele	Month of Service Initiation
<b>UMKC</b> Saint Luke's LIFEWISE EAP	2014	28	April
<b>Missouri S &amp; T</b>	2014	11	January
<b>UMSL</b>	2014	13	January

## SERVICE UTILIZATION – CLINICAL

EAP administration monitors the utilization of clinical service in an effort to ensure sufficient program staffing, adequacy of interventions and to forecast for the future service needs of customers. The following graph contains data regarding the month, frequency and percentage of consumers who *initiated* clinical service in our EAP during fiscal year 2013 – 2014.

### Columbia

Month	Frequency	Percentage
January	32	7.9
February	32	7.9
March	35	8.6
April	29	7.1
May	32	7.9
June	27	6.6
July	65	16.0
August	31	7.6
September	32	7.9
October	32	7.9
November	32	7.9
December	28	6.9
<b>Totals</b>	<b>407</b>	<b>100.0</b>

The grid listed below summarizes the number of sessions, frequency and percentage of consumers receiving one to six clinical interventions during fiscal year 2013 – 2014. During this term, a total of **941** sessions were provided by our EAP. The average number of sessions or mean per consumer was ( $M = 2.37, SD = 1.53$ ). A long-term client is one who received 6 or more sessions.

During the previous fiscal year; 2012 – 2013, a total of **850** sessions were provided; ( $M = 2.11, SD = 1.51$ ).

Number of Sessions	Frequency	Percentage
One Session	158	38.8
Two Sessions	103	25.3
Three Sessions	63	15.5
Four Sessions	30	7.4
Five Sessions	25	6.1
Long-Term Client	28	6.9
<b>Totals</b>	<b>407</b>	<b>100.0</b>

**UMSL**

<b>Month</b>	<b>Frequency</b>	<b>Percentage</b>
March	4	30.8
April	3	23.1
May	5	38.5
June	1	7.7
<b>Totals</b>	<b>13</b>	<b>100.0</b>

During the four-month term of clinical utilization specified here for UMSL, a total of **28** sessions were provided by the EAP. The average number of sessions or mean per consumer was ( $M = 2.15, SD = 1.46$ ).

<b>Number of Sessions</b>	<b>Frequency</b>	<b>Percentage</b>
One Session	6	46.2
Two Sessions	3	23.1
Three Sessions	2	15.4
Four Sessions	0	0.0
Five Sessions	2	15.4
Long-Term Client	0	0.0
<b>Totals</b>	<b>13</b>	<b>100.0</b>

**Missouri S & T**

<b>Month</b>	<b>Frequency</b>	<b>Percentage</b>
January	3	27.3
February	2	18.2
April	1	9.1
June	5	45.5
<b>Totals</b>	<b>11</b>	<b>100.0</b>

During this term of clinical utilization for Missouri S & T, a total of **31** sessions were provided by the EAP. The average number of sessions or mean per consumer was ( $M = 2.81, SD = 2.18$ ).

<b>Number of Sessions</b>	<b>Frequency</b>	<b>Percentage</b>
One Session	5	45.5
Two Sessions	1	9.1
Three Sessions	2	18.2
Four Sessions	0	0.0
Five Sessions	0	0.0
Long-Term Client	3	27.3
<b>Totals</b>	<b>11</b>	<b>100.0</b>

## UMKC - Saint Luke's LIFEWISE EAP

Number of Sessions	Frequency	Percentage
One Session	23	82.0
Two Sessions	1	3.5
Three Sessions	0	0.0
Four Sessions	0	0.0
Five Sessions	0	0.0
Long-Term Client	1	3.5
Data Not Available	3	11.0
<b>Totals</b>	<b>28</b>	<b>100.0</b>

During this term of clinical utilization for UMKC, an approximate total of **34** sessions were provided by the EAP. The estimated average number of sessions or mean per consumer was ( $M = 1.21, SD = 0.95$ ). It is further estimated that approximately **9** consumers were served each month by the EAP during the three-month term; April through June.



## SOCIOTECHNICAL INTERVENTIONS

The University EAP applies sociotechnical systems principles to the work context in an effort to link and optimize social and technological aspects of our organization. Our work organization is a combined social – plus – technical system comprised of two autonomous yet related parts: a social dimension including employees who complete defined tasks, including the relationships among members of the workplace and a technical dimension consisting of the techniques utilized in task achievement including associated tools. The workplace is open in relation to its internal and external environment and produces two fundamental outcomes: products (goods and services) and psychological or emotional consequences such as employee engagement and customer satisfaction. We strive to deliver or provide access to information, services and other technologies that strengthen individuals, teams and the overall enterprise. The sociotechnical systems approach is a useful tool to enhance employee involvement and innovation at work. This methodology also serves to augment the lives of employees off-line; in their times away from the organization. Ultimately, our EAP intends to promote a synthesis of the social and technical characteristics of this organization that in turn is flexible and open in relation to the ambient environment. This particular EAP design feature is directed toward the objectives of employee wellbeing and organizational efficiency and effectiveness and is a channel to serve more employees electronically.

A range of information contributing to the sociotechnical whole is located on our website at the following links: <http://www.umssystem.edu/totalrewards/benefits/eap>

[http://www.umssystem.edu/totalrewards/benefits/eap\\_services](http://www.umssystem.edu/totalrewards/benefits/eap_services)

[http://www.umssystem.edu/totalrewards/benefits/eap\\_info\\_education](http://www.umssystem.edu/totalrewards/benefits/eap_info_education)

[http://www.umssystem.edu/totalrewards/benefits/eap\\_additional\\_resources](http://www.umssystem.edu/totalrewards/benefits/eap_additional_resources)

**UMKC** stakeholders have additional, extensive, valuable sociotechnical resources including more than **5,000** online articles **500** online videos located at:

[http://www.umssystem.edu/totalrewards/benefits/eap\\_kansascity](http://www.umssystem.edu/totalrewards/benefits/eap_kansascity)

<http://eap.saintlukeshalthsystem.org>

**Note:** As of June 15, 2014, a total of **213** stakeholders have utilized **UMKC - Saint Luke's LIFEWISE EAP** sociotechnical resources.

The following grid contains additional data regarding stakeholder access to our sociotechnical resources for Columbia, UMKC, Missouri S & T and UMSL. The data illustrate stakeholder access to various sociotechnical resources pre and post system-wide EAP implementation for fiscal year 2013 – 2014.

<b>Website Location</b>	<b># of Views</b>	<b>% of Views</b>
EAP Index Page	5,760	46.6
EAP Columbia	1,117	9.0
EAP Services	1,017	8.2
EAP Contact	1,065	8.6
EAP Workshops	689	5.5
EAP Resources	498	4.0
EAP Training Programs	468	3.7
Counseling Services for Employees	351	2.8
EAP Personnel Columbia	218	1.7
Occupational Stress Programs	166	1.3
EAP Kansas City	118	.9
EAP Rolla	107	.8
Additional Resources	118	.9
EAP FAQs	114	.9
EAP St. Louis	87	.7
Referral Procedures	79	.6
Organizational Consultation	70	.5
Life – to – Work Programs	78	.6
Information & Education	56	.4
EAP Personnel Rolla	51	.4
Services for Administrators	46	.3
EAP Personnel	36	.2
EAP UMKC	16	.1
EAP Personnel MU	8	.06
EAP Service Access	8	.06
EAP Web Links	4	.03
EAP – What’s New?	2	.01
<b>Total Page Views</b>	<b>12,347</b>	
<b>Number of Unique Visitors</b>	<b>7,647</b>	

## LIFE – TO – WORK PROGRAMS

A requisite intervention domain for a contemporary EAP is work – life conflict. The stressor; work – life conflict is a form of interrole conflict in which pressures from work and life are incompatible in some respect. In work – life conflict, participation in the work role makes participation in the family or personal role more difficult. Work – life conflict can occur in two directions. For example, work can interfere with family or personal pursuits = work – to – life conflict; or life (e.g., family or personal) pursuits can inhibit the completion of work demands = life – to – work conflict.

The life – to – work initiative of our EAP is designed to moderate stressors that occur in the lives of employees away from the organization. These programs are also in place to help manage the intersections of employees with the work context and generate work – life balance. This mission is vital to the wellbeing of the overall organization and is predicated in the principles of health education and health promotion. These programs contain vital information connected to a wide range of domains including but not restricted to healthy families, parenting, financial health, caring for aging relatives, planning for retirement, effective communication, health care insurance and health care reform, consumer product safety, child care resources, bereavement and managing life transitions. We locate these resources on the EAP web page at:

[http://www.umsystem.edu/totalrewards/benefits/eap\\_workshops](http://www.umsystem.edu/totalrewards/benefits/eap_workshops)

During fiscal year 2013 – 2014, the following life – to – work programs were conducted in Columbia. These programs reached more than **15** University work units with more than **4,000** employees.

- Caring for a Family Member with Mental Health Issues
- Work-Life Balance
- Healthy Communication Patterns
- Alzheimer’s 101
- Budgeting and Debt
- Emotion Coaching and Parenting
- Understanding Anger
- Understanding Substance Abuse Disorders
- The Tough Decisions: Exploring Long Term Care Options
- The Aging Process ... Let’s Begin at the Beginning: Resources and Services
- Introduction to Surviving Compassion Fatigue
- Sleep and a Good Night’s Rest
- Caring for Kinship Caregivers

These programs are both designed and conducted by our EAP and we partnered with various campus and local experts to bring relevant training to employees. A few partners in our life – to – work initiative are as follows.

- Alzheimer’s Association, Greater Missouri Chapter
- Office of Financial Success
- Central Missouri Area Agency on Aging
- School of Medicine
- ParentLink

At **Missouri University of Science & Technology** the following life – to – work programs were conducted in fiscal year 2013 – 2014. These programs have touched more than **20** University work units with more than **500** employees.

- Work – Life Balance
- Meeting of the Minds
- Student Generational Differences

**Note:** Additional information about the Missouri University of Science & Technology training and development programs are located in this annual report sections labeled: Occupational Stress Programs and Organizational Consultation.



## FOCUS ON RICHARD THORESON; EAP LINEAGE

Richard W. Thoreson, Ph.D., is Professor Emeritus, the University of Missouri. He was awarded the National Institute on Alcohol Abuse and Alcoholism demonstration grant that led to developing the first University of Missouri Employee Assistance Program in 1976. In 1984, he co-authored the first book for employee assistance programs in higher education with Elizabeth Hosokawa, Ph.D., titled: *Employee Assistance Programs in Higher Education: Alcohol, Mental Health and Professional Development Programming for Faculty and Staff*. The text was recognized as the first book devoted exclusively to the development and adaptation of employee assistance programming in higher education. He earned a Bachelor of Arts and a Master of Arts in Psychology from the University of Minnesota and a Ph.D., in Counseling Psychology from the University of Missouri. A fellow in three divisions of the American Psychological Association, he has been recognized for his research and other contributions to counseling psychology and alcoholism treatment. He sees himself as a “Lucky Maverick”. Colleagues have used phrases such as: “a creative researcher, an EAP dreamer, and a mover of mountains”, to describe Dr. Thoreson.

On May 29, 2014, the University of Missouri EAP honored Dr. Thoreson for his contribution and enduring service to our program. The luncheon was held in the Reynolds Alumni Center. He is pictured below.



In an interview subsequent to his recognition luncheon, Dr. Thoreson cited personal and family experiences with the devastating effects of unsafe alcohol use as the stimulus for developing the University EAP. His recovery further heightened an interest in helping University faculty and staff whom were distressed from unsafe alcohol use. He soon thereafter located federal funding for a faculty and staff assistance program at the University. Dr. Thoreson reflected that a major obstacle to early program implementation was a culture of stakeholders with minimal interest in the initiative. In retirement he plans to remain personally health conscious, volunteer at a community alcohol treatment program, continue research into stressors influencing faculty and staff, write prose and poetry, remain active in a long-standing men's group and devote more time to honoring those whom he loves such as his wife and children. Dr. Thoreson is pictured here with his family.



From left to right... Mary, Elisabeth, Wallace, Richard, Sue and Bonnie

## EAP STRESS ANALYSIS QUESTIONNAIRE

Our stress analysis questionnaire is designed to identify and manage the multivariate stressors of organizational life including the short and long term effect of stressors; serve as the catalyst to analyze and map occupations as markers for stress and provide information regarding the psychological, social and sociotechnical factors that explain occupational differences. At clinical intake, during organizational consulting interventions, as part of our occupational stress and life – to – work programs and by way of our online self-report questionnaire the University EAP pursues information about the prevalence, type, location and intensity of stressors encountered by employees at work and in their personal lives. Data derived from this analysis informs and guides EAP interventions at organizational, group-level and individual domains. We recommend that all stakeholders system-wide complete the questionnaire. Our questionnaire represents the essence of primary prevention.

*The University EAP seeks to improve the health, safety, wellbeing and quality of work life for each employee in every occupation.*

The data summarized in this section are for the Columbia campus including MU Health, University Extension and UM System. These data are not applicable to UMKC, Missouri S & T or UMSL. The stress analysis data collection process has been initiated system-wide however; insufficient numbers exist at this time from the aforementioned locations to engage in meaningful analysis.

### **Cronbach's Alpha – Reliability Statistics**

The questionnaire subscale labeled: Job-Specific Stressors consists of 13 items and is of very good reliability ( $\alpha = .85$ ). The subscale labeled: Interpersonal Stressors contains 7 items and is of very good reliability ( $\alpha = .85$ ). The questionnaire subscale labeled: Personal Stressors contains 6 items and is of acceptable reliability ( $\alpha = .64$ ). The subscale labeled: Health-Related Stressors contains 7 items and is of unacceptable reliability ( $\alpha = .20$ ).

### **Analysis of Variance - ANOVA**

There is a statistically significant difference among groups as determined by one-way ANOVA ( $F(13,158) = 3.180, p = .000$ ). Specifically the intensity of job-specific stressors is greater for the job category health professional physician compared to the job category skilled crafts in the areas of work schedule, workplace technology, workplace safety, work-life imbalance, organization change and organizational culture.

There is a statistically significant difference among groups as determined by one-way ANOVA ( $F(7,161) = 3.053, p = .005$ ). Specifically, the intensity of health-related stressors is greater for the educational category medical doctor compared to the educational category technical or trade school graduate. That is, the physician category reported greater, more intense episodes of depression and less physical activity (e.g., stretching, cycling, swimming, walking, running or weight training) compared to the educational category technical or trade school graduate.

The stressors portrayed in the ensuing grid represent key intervention points or benchmarks for our EAP in Columbia and are applicable across demographic markers. Five-point scales are used to collect evaluative data. The number 5 represents the highest intensity of any stressor in each scale.

<b>Job-Specific Stressors</b>	<b>Interpersonal Stressors</b>	<b>Health-Related Stressors</b>	<b>Personal Stressors</b>
<p>Role Stressors – too much work, lack of clarity about the job or conflict connected to assuming a role at work</p> <p><i>M = 3.27, SD = 1.08</i></p>	<p>Organizational Injustice – concerns about equity, fairness or justice at work. This category includes concerns about the quality of interpersonal treatment on the job</p> <p><i>M = 3.15, SD 1.39</i></p>	<p>Depression</p> <p><i>M = 4.00, SD = 1.73</i></p>	<p>Financial Stressors</p> <p><i>M = 3.32, SD = 1.23</i></p>
<p>Negative Team Dynamics – unclear purposes and goals, unclear boundaries, lack of access to resources, lack of support</p> <p><i>M = 3.27, SD = 1.41</i></p>	<p>Organizational Politics – actions by individuals designed to further their self-interests without regard for the wellbeing of others or the organization</p> <p><i>M = 3.15, SD = 1.34</i></p>	<p>Cigarette Smoking</p> <p><i>M = 4.69, SD = .89</i></p>	<p>Planning for Retirement</p> <p><i>M = 3.13, SD = 1.17</i></p>
<p>Economic Stressors – work-related concerns about budget cuts, layoffs or low salaries</p> <p><i>M = 3.15, SD = 1.23</i></p>		<p>Alcohol Use</p> <p><i>M = 4.62, SD = .55</i></p>	
<p>Organizational Culture – goal pressures, difficulty adapting to structure, intense customer demands</p> <p><i>M = 3.06, SD = 1.32</i></p>		<p>Anxiety</p> <p><i>M = 3.39, SD = 1.15</i></p>	
<p>Organizational Change - too much, too rapid or too frequent change – lack of information about change initiatives</p> <p><i>M = 3.01, SD = 1.25</i></p>			

## OCCUPATIONAL STRESS PROGRAMS

### *Occupational Health Education & Health Promotion*

The University EAP administers a sequence of occupational health education and health promotion training programs intended to increase the stress management knowledge, skills and abilities of the workforce. We seek to enhance the context in which employees operate recognizing the interactional complexity and transactional nature of experiences at work. Participation in these programs results in a number of positive individual and organizational outcomes such as improved employee and organizational health, enhanced quality of worklife, improved productivity and reduced health care utilization costs. Our occupational stress training programs consider the range of stressors employees encounter as part of organizational life. These programs also serve to improve the work – life balance of our workforce. We offer a routine, predetermined schedule of occupational stress training programs as well as design and conduct specialized programs based upon work unit request. Our typical methodology for the design and presentation of these programs includes a system and job needs assessment, data analysis – interpretation, criteria development, design of training content, validity analysis and evaluation.

During fiscal year 2013 – 2014, the following occupational stress training programs were conducted in Columbia. The number of presentations is located adjacent to each title. These programs have extended to 20 University work units with more than 5,000 employees.

- Conflict at Work and Individual Wellbeing **(1)**
- Acute Stress at Work **(3)**
- Consequences of Work Stress **(1)**
- How People Learn **(2)**
- Managing Return to Work Processes **(1)**
- Recruitment, Selection and Performance Management **(1)**
- Gender and Stress **(1)**
- Economic Stressors **(1)**
- Work Schedules and Stress **(1)**
- Desired Leadership Behaviors **(2)**
- Shared Commitment: How to Talk About Accountability **(2)**
- Work Motivation **(2)**
- Tools for Team Effectiveness **(3)**
- Incivility & Workplace Violence **(3)**
- The Social Context of Work Life: Implications for Burnout & Work Engagement **(2)**
- Managing in Times of Change **(2)**
- The Big Five Personality Inventory **(2)**
- Support for a Distressed Colleague **(1)**
- Coping with Grief, Loss and Death **(1)**
- Work – Life Conflict **(1)**
- Primer to the EAP **(2)**
- Managing Counterproductive Work Behaviors **(4)**
- Coaching in Organizations **(1)**
- Career and Career Management **(1)**
- Burnout: A Stress Syndrome **(2)**

- Managing Diversity at Work **(1)**
- Job Design and Individual Wellbeing **(1)**
- Building a Respectful Workplace **(1)**

Our occupational stress training programs are available at each UM System EAP location. For example at **UMSL** the following training and development programs have been conducted in year 2014. Some of these programs have been presented multiple times at various campus locations. The number of presentations is located adjacent to each title. These programs have reached more than **15** UMSL work units with more than **1,000** employees.

- EAP Primer **(7)**
- Managing Campus Safety and Workplace Violence **(2)**
- Employee Mental Health and Wellbeing **(1)**
- EAP print materials published in The Link, UMSL Daily and HR Newsletter **(3)**

The following occupational stress training programs were conducted at **Missouri S & T** in year 2014. Some of these programs have been presented multiple times on campus and have reached more than **20** University work units with more than **500** employees. The number of presentations is located adjacent to each title.

- MBTI **(3)**
- Recruiting and Hiring a Diverse Workforce **(5)**
- Coping with the Death of a Coworker **(1)**
- Suicide Prevention **(1)**
- Culture of Health **(1)**

The **UMKC - Saint Luke's LIFEWISE EAP** has conducted a wide-range of supervisory and other employee training and orientation programs in year 2014, some of which have been conducted multiple times. These programs reached an estimated **600** employees in an estimated total of more than **35** work units. The number of presentations is located adjacent to each title.

- EAP Benefit Orientation and Management Training **(2)**
- Out with the Anxious Brain **(2)**
- EAP Orientation and Management Referral **(2)**
- Website Logins **(2)**
- Wellbeing **(1)**

## ORGANIZATIONAL CONSULTATION

The University EAP conducts organizational consultation that focuses on individual, group, inter-group and organization-wide domains. Our consulting activities are broad in scope and address a multitude of transactions among employees and the larger work context. At the individual domain, we provide consultation for purposes of personnel selection, fitness for duty, management of counterproductive work behaviors, enhancement of employee functioning, and evaluation for the purpose of career advancement. With regard to the group, intergroup and organization-wide spheres we aspire to enhance organizational effectiveness, improve the quality of worklife for stakeholders, reduce employee, group and institutional exposure to stressors, enhance stakeholder resources to reduce exposure to or appraisal of stressors, increase employee resources to strengthen overall wellbeing and to reduce vulnerability to stress symptoms, improve social resources and treat symptoms of short term strain. The broad, work-context consulting domains of our EAP are summarized here.

*Our consulting activities occur at individual, group, inter-group and organization-wide levels. Employment-related criteria, inter-rater reliability and validity are the objective standards we utilize during consulting interventions.*

**Work Analysis;** a formal procedure by which the content of work is defined in terms of activities performed and attributes needed to perform the work (e.g., assessment of organizational factors to resolve various forms of conflict and scientific management). Work analysis is a systematic process for gathering and documenting information about: (a) the content of work performed by people in the workplace (e.g., tasks, responsibilities, role – to – role interactions, or work outputs), (b) the worker attributes related to its performance (often referred to as knowledge, skills, abilities and other personal characteristics) or (c) the context in which work is performed (including physical and psychological conditions in the immediate work environment and the broader organizational and external environment).

**Quality of Worklife;** this is an assessment of the factors that contribute to a healthy and productive workforce. This includes determining methods to make the conduct of work (i.e., when and where it is performed) more compatible with the personal or family needs of employees. This assessment process also considers various work-specific factors that influence the health; safety and wellbeing of employees (e.g., work schedules, role factors, leadership and numerous ambient variables).

**Organizational Effectiveness;** this area is concerned with improving the quality and productivity of the workforce as well as assessing and enhancing the quality of relationships with customers and suppliers. Work motivation, leadership, customer satisfaction and managing change are central to this domain.

**Performance Management;** this consulting domain includes design of methods to assess employee work behavior and provide helpful feedback to improve performance. This sphere includes efforts to enhance the contributions of teams and the overall workforce toward attainment of larger, broad organizational goals.

**Training and Development;** this field includes identifying employee skills that need enhancement to improve job performance. Specific areas of training include technical skills enhancement (e.g., computer operations, and individual development toward role effectiveness and self-efficacy), managerial development programs, and training all employees to work together effectively. The selection of fitting training or experimental designs (e.g., time series, pretest – posttest, quasi experimental or experimental) and the evaluation of training programs are also of critical importance in this area.

**Selection and Placement;** this specific area of practice includes the design and implementation of assessment methods for the recruitment, selection, placement and promotion of employees. The process involves an analysis of jobs and a determination of the degree to which tests can predict performance in specific jobs. This area is also concerned with the placement of employees and identifying jobs that are most compatible with an individual’s skills and interests.

During fiscal year 2013 – 2014, a total of **119** organizational consulting interventions were completed in **Columbia**. Various statistics regarding these organizational consulting interventions are summarized in the following charts.

<b>Month of Intervention</b>	<b>Frequency</b>	<b>Percentage</b>
January	9	7.6
February	9	7.6
March	9	7.6
April	11	9.2
May	6	5.0
June	10	8.4
July	11	9.2
August	9	7.6
September	13	10.9
October	13	10.9
November	9	7.6
December	10	8.4
<b>Total</b>	<b>119</b>	<b>100.0</b>

<b>Work-Context Focus Area</b>	<b>Frequency</b>	<b>Percentage</b>
Work Analysis	18	15.1
Quality of Worklife	24	20.2
Organizational Effectiveness	50	42.0
Performance Management	20	16.8
Training & Development	6	5.0
Selection & Placement	1	.8
<b>Total</b>	<b>119</b>	<b>100.0</b>

<b>Work Location</b>	<b>Frequency</b>	<b>Percentage</b>
Campus	74	62.2
Health Care	37	31.1
UM System	7	5.9
University Extension	1	.8
<b>Total</b>	<b>119</b>	<b>100.0</b>

## Columbia

Initial Request for Consultation	Frequency	Percentage
Management of Counterproductive Work Behaviors	12	10.1
Instructional Program Design & Evaluation	5	4.2
Performance Management	10	8.4
Reduction in Force - Change Management	3	2.5
Coaching - Team Development	7	5.9
Personnel Selection - Criterion Development	1	.8
Employee Health - Impaired Colleague	15	12.6
Diversity Management	2	1.7
Quality of Worklife	5	4.2
Work Analysis	18	15.1
Long Range Strategic Planning	1	.8
Regulatory Compliance - Safety Climate	3	2.5
Organizational Justice	10	8.4
Conflict Management	2	1.7
Leadership Development	7	5.9
Quality Improvement	18	15.1
<b>Total</b>	<b>119</b>	<b>100.0</b>

Missouri University of Science & Technology

Month of Intervention	Frequency	Percentage
January	18	27.3
February	10	15.2
March	14	21.2
April	8	12.1
May	8	12.1
June	7	10.6
November	1	1.5
<b>Total</b>	<b>66</b>	<b>100.0</b>

Initial Request for Consultation	Frequency	Percentage
Downsizing	1	1.5
Employee Termination	2	3.0
Local Resources	1	1.5
Organizational Change	5	7.6
Other	2	3.0
Peer Relationships	12	18.2
Student Issues	36	54.5
Work Performance	7	10.6
<b>Total</b>	<b>66</b>	<b>100.0</b>

Presenting Concern During Consultation	Frequency	Percentage
Lateness	1	1.5
Job Performance	7	10.6
Anxiety	1	1.5
Stress	13	19.7
Student Issues	7	10.6
Local Resources	11	16.7
Other	26	39.4
<b>Total</b>	<b>66</b>	<b>100.0</b>

**University of Missouri – St. Louis**

<b>Intital Request for Consultation</b>	<b>Frequency</b>	<b>Percentage</b>
Policy Development – Safety Climate	1	25.0
Risk Assessment	1	25.0
Counterproductive Work Behaviors	2	50.0
<b>Total</b>	<b>4</b>	<b>100.0</b>



## University of Missouri – Kansas City - Saint Luke's LIFEWISE EAP

The Saint Luke's LIFEWISE EAP has provided several consulting interventions to UMKC administration regarding EAP program design and implementation. These consultations are ongoing with UMKC administration.



## FUTURE DIRECTIONS

Several initiatives are strategic for our EAP in the upcoming fiscal year. A few of these plans are outlined below.

- Additional, sustained program promotional activities at all locations
- Strengthen the linkage between our EAP and campus-specific constituencies such as environmental health and safety, university police, employee health and wellness, human resource services and diversity programs
- Intensify focus on EAP evaluation to include work performance value; benefit cost value; and organizational value
- Provide ongoing support for EAP Practitioner training and development
- Develop strategic initiatives for each EAP location
- Increase managerial knowledge of stress



## KEY DEMOGRAPHIC MARKERS

A few demographic statistics are emphasized in the following grids. **Note:** The following information is summary in nature. Additional demographic data are available for each campus.

### Columbia – Clinical Profiles

Primary Problem	Frequency	Percentage
Occupational	110	27.0
Family	70	17.2
Marital	86	21.1
Financial	8	2.0
Legal	8	2.0
Psychiatric	75	18.4
Alcohol	7	1.7
Drugs - Other Substance Use	5	1.2
Other Relationship	31	7.6
Health	7	1.7
<b>Total</b>	<b>407</b>	<b>100.0</b>

**Note:** A secondary or co-occurring problem was present in 54.1% of all cases in Columbia.

Secondary Problem	Frequency	Percentage
Occupational	40	9.8
Family	34	8.4
Marital	17	4.2
Financial	8	2.0
Legal	3	.7
Psychiatric	60	14.7
Alcohol	1	.2
Drugs - Other Substance use	2	.5
Other Relationship	41	10.1
Health	14	3.4
Total	220	54.1
Missing System	187	45.9
<b>Total</b>	<b>407</b>	<b>100.0</b>

<b>Employment Status</b>	<b>Frequency</b>	<b>Percentage</b>
Faculty	29	7.1
Faculty Dependent	2	.5
Staff	332	81.6
Staff Dependent	21	5.2
Spouse	10	2.5
Other Immediate Relative	8	2.0
Retired	5	1.2
<b>Total</b>	<b>407</b>	<b>100.0</b>

<b>Referral Source</b>	<b>Frequency</b>	<b>Percentage</b>
Self	261	64.1
Coworker	39	9.6
Supervisor	48	11.8
Human Resources	18	4.4
Primary Care Physician	10	2.5
Court	1	.2
Media - Internet	5	1.2
Other Health Care Professional	6	1.5
Spouse	11	2.7
Family Member	8	2.0
<b>Total</b>	<b>407</b>	<b>100.0</b>

<b>Work Location</b>	<b>Frequency</b>	<b>Percentage</b>
Campus	245	60.2
Health Care	130	31.9
System	13	3.2
Extension	19	4.7
<b>Total</b>	<b>407</b>	<b>100.0</b>

Race	Frequency	Percentage
Caucasian	349	85.7
African American	32	7.9
Asian - Pacific Islander	12	2.9
Hispanic	9	2.2
Indian	3	.7
Other	2	.5
<b>Total</b>	<b>407</b>	<b>100.0</b>

Gender	Frequency	Percentage
Female	293	72.0
Male	114	28.0
<b>Total</b>	<b>407</b>	<b>100.0</b>



Missouri University of Science & Technology – Clinical Profiles

Primary Problem	Frequency	Percentage
Occupational	1	9.1
Family	1	9.1
Marital	2	18.2
Mental Health	5	45.5
Other Relationship	2	18.2
<b>Total</b>	<b>11</b>	<b>100.0</b>

**Note:** A secondary or co-occurring problem was present in 63.6% of all cases at Missouri S & T.

Secondary Problem	Frequency	Percentage
Occupational	3	27.3
Family	1	9.1
Other Relationship	1	9.1
Physical Health	2	18.2
Total	7	63.6
Missing System	4	36.4
<b>Total</b>	<b>11</b>	<b>100.0</b>

Employment Status	Frequency	Percentage
Faculty	3	27.3
Staff	3	27.3
Total	6	54.5
Missing System	5	45.5
<b>Total</b>	<b>11</b>	<b>100.0</b>

Referral Source	Frequency	Percentage
Self	1	9.1
Family Member	1	9.1
Other Source	5	45.5
Total	7	63.6
Missing System	4	36.4
<b>Total</b>	<b>11</b>	<b>100.0</b>

<b>Race</b>	<b>Frequency</b>	<b>Percentage</b>
Caucasian	5	45.5
Asian - Pacific Islander	1	9.1
Total	6	54.5
Missing System	5	45.5
<b>Total</b>	<b>11</b>	<b>100.0</b>

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	6	54.5
Female	5	45.5
<b>Total</b>	<b>11</b>	<b>100.0</b>

### **University of Missouri – St. Louis – Clinical Profiles**

<b>Primary Problem</b>	<b>Frequency</b>	<b>Percentage</b>
Occupational	1	7.7
Family	3	23.1
Marital	2	15.4
Psychiatric	4	30.8
Other Relationship	3	23.1
<b>Total</b>	<b>13</b>	<b>100.0</b>

**Note:** A secondary or co-occurring problem was present in 61.5% of all cases for UMSL.

<b>Secondary Problem</b>	<b>Frequency</b>	<b>Percentage</b>
Family	1	7.7
Marital	1	7.7
Legal	1	7.7
Psychiatric	2	15.4
Other Relationship	2	15.4
Health	1	7.7
Total	8	61.5
Missing System	5	38.5
<b>Total</b>	<b>13</b>	<b>100.0</b>

<b>Employment Status</b>	<b>Frequency</b>	<b>Percentage</b>
Faculty	3	23.1
Staff	10	76.9
<b>Total</b>	<b>13</b>	<b>100.0</b>

<b>Referral Source</b>	<b>Frequency</b>	<b>Percentage</b>
Self	7	53.8
Supervisor	4	30.8
Other Health Care Professional	2	15.4
<b>Total</b>	<b>13</b>	<b>100.0</b>

<b>Race</b>	<b>Frequency</b>	<b>Percentage</b>
Caucasian	9	69.2
African American	3	23.1
Asian - Pacific Islander	1	7.7
<b>Total</b>	<b>13</b>	<b>100.0</b>

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Female	10	76.9
Male	3	23.1
<b>Total</b>	<b>13</b>	<b>100.0</b>

University of Missouri – Kansas City - Saint Luke’s LIFEWISE EAP

Clinical Profiles

Presenting Problems	Frequency	Percentage
Internet Abuse / Addiction	1	.9
Family Conflict	7	6.3
Child Concerns	1	.9
Parent / Child Relationship	3	2.7
Reaction to Illness	2	1.8
Living with Abuse or Addiction	1	.9
Living with Emotional Problem	4	3.6
Family Other	6	5.4
Marital / Relationship	11	9.9
Depression	10	9.0
Anxiety	10	9.0
Emotional Other	2	1.8
Post Traumatic Stress	2	1.8
Trauma Other	2	1.8
Relationship with Coworkers	1	.9
Relationship with Supervisor	1	.9
Job Performance	4	3.6
Work Related Other	4	3.6
Financial Planning	3	2.7
Debt	4	3.6
Financial Other	1	.9
Legal	1	.9
Childcare	2	1.8
Older Adult Services	1	.9
Lifestyle / Wellness	4	3.6
Travel / Recreation	1	.9
Home Repair	1	.9
Pet Care	1	.9
Education	3	2.7
Work Life Other	5	4.5
Eating Disorders	2	1.8
Stress	9	8.1
Not Listed	1	.9
<b>Total Cases</b>	<b>28</b>	<b>100.0</b>

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	10	35.7
Female	16	57.1
Unknown	2	7.2
<b>Totals</b>	<b>28</b>	<b>100.0</b>

<b>Race</b>	<b>Frequency</b>	<b>Percentage</b>
Asian	1	3.6
Black / African American	3	10.7
Two or More Races	1	3.5
White / Caucasian	20	71.4
Other	1	3.5
Data Not Available	2	7.3
<b>Totals</b>	<b>28</b>	<b>100.0</b>

<b>Referral Source</b>	<b>Frequency</b>	<b>Percentage</b>
Self	26	93
Data Not Available	2	7
<b>Totals</b>	<b>28</b>	<b>100.0</b>

<b>Employment Status</b>	<b>Frequency</b>	<b>Percentage</b>
Full Time	20	72
As Needed	1	3.5
Temporary	1	3.5
Other	3	10.5
Family Member	1	3.5
Data Not Available	2	7
<b>Totals</b>	<b>28</b>	<b>100.0</b>

## **EAP CLINICAL SERVICE UTILIZATION MEASURES – FY 2013 – 2014**

**Note:** This illustration provides data for the **Columbia Campus** and **University of Missouri Health Care**. A combined population of 17,000 is assumed for the total number of eligible employees.

**Category A** = activity by employees or employee family units divided by the number of eligible employees.

$$U = \frac{\text{activity by employees or employee family units}}{\text{number of eligible employees}}$$

$$407/17,000 = 2.39\%$$

**Category B** = activity by family members counted individually divided by number of eligible employees.

$$U = \frac{\text{activity by family members counted individually}}{\text{number of eligible employees}}$$

$$30/17,000 = 0.17\%$$

**Category C** = activity by faculty members counted individually divided by the number of eligible employees.

$$U = \frac{\text{activity by faculty members counted individually}}{\text{number of eligible employees}}$$

$$29/17,000 = 0.17$$

**Category D** = activity by staff counted individually divided by the number of eligible employees.

$$U = \frac{\text{activity by staff members counted individually}}{\text{number of eligible employees}}$$

$$324/17,000 = 1.95\%$$

## Missouri University of Science & Technology

**Note:** This illustration provides data for Missouri University of Science & Technology. A combined population of 1,416 is assumed for the total number of eligible employees.

**Category A** = activity by employees or employee family units divided by the number of eligible employees.

$$U = \frac{\text{activity by employees or employee family units}}{\text{number of eligible employees}}$$

$$11/1,416 = 0.77\%$$

**Category B** = activity by family members counted individually divided by number of eligible employees.

$$U = \frac{\text{activity by family members counted individually}}{\text{number of eligible employees}}$$

$$0/1,416 = 0\%$$

**Category C** = activity by faculty members counted individually divided by the number of eligible employees.

$$U = \frac{\text{activity by faculty members counted individually}}{\text{number of eligible employees}}$$

$$3/1,416 = 0.21\%$$

**Category D** = activity by staff counted individually divided by the number of eligible employees.

$$U = \frac{\text{activity by staff members counted individually}}{\text{number of eligible employees}}$$

$$3/1,416 = 0.21\%$$

## University of Missouri – St. Louis

**Note:** This illustration provides data for University of Missouri – St. Louis. A combined population of 2,300 is assumed for the total number of eligible employees.

**Category A** = activity by employees or employee family units divided by the number of eligible employees.

$$U = \frac{\text{activity by employees or employee family units}}{\text{number of eligible employees}}$$

$$13/2,300 = 0.56\%$$

**Category B** = activity by family members counted individually divided by number of eligible employees.

$$U = \frac{\text{activity by family members counted individually}}{\text{number of eligible employees}}$$

$$0/2,300 = 0\%$$

**Category C** = activity by faculty members counted individually divided by the number of eligible employees.

$$U = \frac{\text{activity by faculty members counted individually}}{\text{number of eligible employees}}$$

$$3/2,300 = 0.13\%$$

**Category D** = activity by staff counted individually divided by the number of eligible employees.

$$U = \frac{\text{activity by staff members counted individually}}{\text{number of eligible employees}}$$

$$10/2,300 = 0.43\%$$

## University of Missouri – Kansas City

**Note:** This illustration provides data for University of Missouri – Kansas City. A combined population of 5,447 is assumed for the total number of eligible employees.

**Category A** = activity by employees or employee family units divided by the number of eligible employees.

$$U = \frac{\text{activity by employees or employee family units}}{\text{number of eligible employees}}$$

$$28/5,447 = 0.51\%$$

**Category B** = activity by family members counted individually divided by number of eligible employees.

$$U = \frac{\text{activity by family members counted individually}}{\text{number of eligible employees}}$$

$$1/5,447 = 0.01\%$$

**Category C** = activity by faculty members counted individually divided by the number of eligible employees.

$$U = \frac{\text{activity by faculty members counted individually}}{\text{number of eligible employees}}$$

**Unknown**

**Category D** = activity by staff counted individually divided by the number of eligible employees.

$$U = \frac{\text{activity by staff members counted individually}}{\text{number of eligible employees}}$$

$$27/5,447 = 0.49\%$$

## CONCLUDING THOUGHTS

Stress is an inevitable and essential feature of our organizational and social landscape. It is a natural consequence of the multitude of transactions occurring in our work and personal lives. The intersections of demands at work, in our lives and in the surrounding environment may generate distress when objectives are inconsistent or incompatible, when resources are in short supply or insufficient, or when attitudes, beliefs, values, behaviors and talent are engaged in a manner that creates disparity. Distress may also emerge when appraisal processes are devoid of balance. The factors that may generate distress for individuals, families, teams and organizations may represent opportunities for progress when transactions are intentionally collaborative and when those engaged in various exchanges are mindful of the needs of all stakeholders in the decision environment.

The variables, factors or stressors of individual and organizational life are useful when stakeholders are able to utilize them to stimulate needed change, innovation and creativity. Furthermore, these stressors are also worthwhile when organizations can use them to generate alternative solutions to longstanding challenges, to enhance decision making processes, to promote greater employee voice and influence and to achieve eustress; a level of engagement where employees are enthusiastically involved in and pleasurably occupied by the demands of work. It is quite possible for employees to find themselves engaged in and perceiving the positive benefits of work even when the labor is very taxing. A primary task of our EAP and the adjoining organization is to not only address or document the distressing, overpowering aspects of work, but to also pursue and chronicle eustress; the aspects of work deemed healthful or giving employees the feeling or experience of fulfillment.

If we are strategic in our approach to occupational health, including the incorporation of a stressor – moderator orientation, interventions are planned and utilized to maximize the array of complex transactions occurring within the work context and ambient environment. This strategic stance will also allow us to learn from experiences and reposition in an effort to capitalize on the unlimited opportunities in the ecosystem while simultaneously reinforcing one another and the organization throughout each exchange.

Life and work are demanding and stressful yet factors associated with these domains need not result in distress for employees or the institution. We invite you to use the service.

James Hunter  
EAP Director  
July 2014

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