

An Employer's Guide to  
Employee Assistance Programs  
Recommendations for Strategically Defining,  
Integrating, and Measuring  
Employee Assistance Programs

National Business Group on Health

2008

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## Purpose of this Report

Employee assistance programs began in the 1940s by providing employee services that primarily focused on the impact of alcohol use and abuse on job performance. Over time, this emphasis was broadened to include other personal issues that negatively impact job performance. Tremendous growth in EAP services began in the early 1970s. EAPs started to help employers address a variety of employee problems and concerns, and to proactively address workplace problems that can lead to workplace violence, physical and mental health problems, or morale problems among other workers. Today, the vast majority of Fortune 500 companies offer EAPs that deliver a variety of health and productivity services to improve organizational performance, as well as assist individual employees and their dependents (Marsh / Mercer, 2007). Due to changing market forces and the evolving needs of an ever-changing workforce, EAPs are at a critical juncture. To enhance the value of existing programs, and ensure that these programs continue to provide high-quality and relevant services in the future, employers should re-examine the scope of their programs, and support efforts to integrate roles and responsibilities of their EAP and related human resource functions.

This report is designed to help employers operationalize the strategic value of an employee assistance program and to acknowledge the contributions that EAPs make in helping corporations achieve their business goals. The recommendations contained in this report will help employers to identify key attributes of a high-performing employee assistance program, and thereby improve the health of all employees and dependents and protect their human capital investment. Specifically, these recommendations will:

- Enable employers to enhance the quality and business value of existing programs.
- Standardize the definition of EAP and the scope of covered services to insure consistent program administration.
- Improve employer's ability to coordinate EAP roles and responsibilities to maximize the quality and efficiency of services.
- Identify key metrics in support of quality, integration, and performance.

## Introduction

In January 2004, the National Business Group on Health convened the National Committee on Employer-Sponsored Behavioral Health Services (NCESBHS), funded by the U.S. Department of Health and Human Services' (DHHS) Center for Mental Health Services (CMHS). This committee was asked to develop a set of recommendations for improving the design, quality, structure, and integration of employer-sponsored behavioral health services. The resulting document, *An Employer's Guide to Behavioral Health Services* (2005), includes key findings and recommendations employers can use to implement behavioral health benefits that are affordable, effective, and high-quality.

As highlighted in the *Behavioral Health Services Guide*, employers understand that behavioral health benefits are essential components of healthcare benefits. Over the past few decades, employers have tried to improve the delivery of behavioral healthcare services in a number of ways. Despite important progress, employers' current approaches for maximizing quality and improving access remain underdeveloped. Standardized and integrated programs that address the delivery of behavioral healthcare services are rare. And unfortunately, it is not customary for employers to integrate behavioral healthcare benefits, offered through the health plan, with behavioral health benefits offered through disability management, employee assistance, or health promotion programs. The result is that employer-sponsored behavioral benefits and broader health systems of care that are fragmented, uncoordinated, duplicative, and uneven in terms of their cost and quality.

One of the NCESBHS' key findings was the lack of coordination and integration between employer-sponsored health plans and employee assistance programs (EAPs). The National Business Group on Health and CMHS decided to establish a workgroup to address this concern and develop recommendations to improve coordination and integration. The Employee Assistance Program Workgroup (EAP Workgroup) was established in 2007 and met three times to review the *Behavioral Health Services Guide's* recommendations, and to systematically examine other best practices and evidence-based approaches to the design and delivery of effective and efficient employee assistance programs. The overarching goal of the EAP Workgroup was to develop a strategic program definition, solidify a set of core program elements, and identify critical metrics for managing and evaluating EAPs.

The results of the EAP Workgroup's efforts are summarized in this report. The EAP Workgroup's findings, recommendations, and proposed metrics provide a framework for standardizing and improving the strategic alignment between employee assistance programs, employers' business objectives and employees and their dependents' needs.

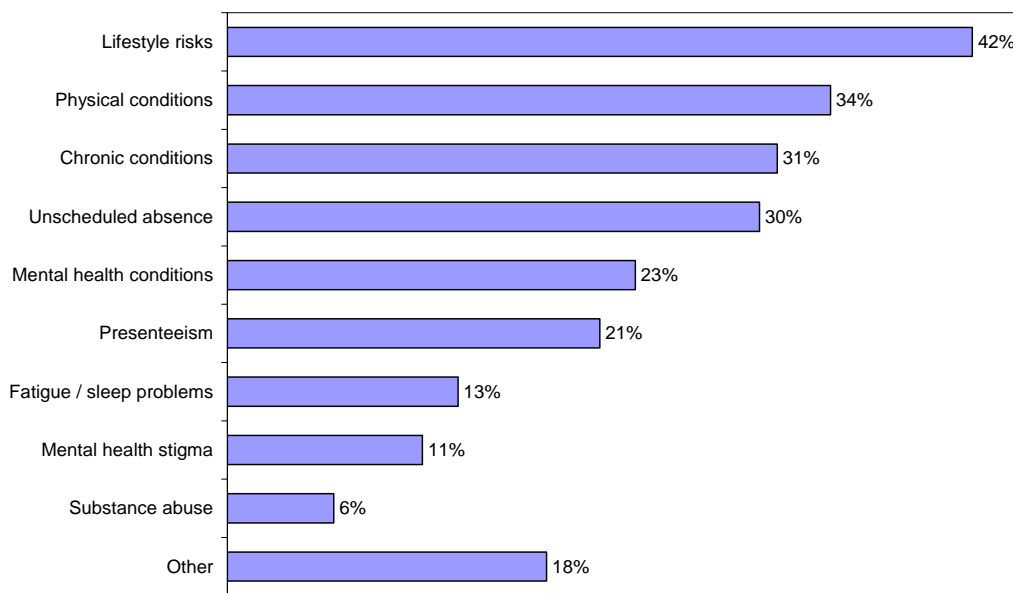
## Background

### Health and Productivity Concerns

Worsening health status and stagnating productivity are major concerns of large employers nationwide. Some employers are experiencing alarming increases in absence rates due to the growing number of claims for short- and long-term disability and Family Medical Leave (FML) (Watson Wyatt, 2007). Stress is a major concern for employers and managers, and mental health and substance-use conditions continue to be a leading cause of illness and lost productivity for most employers. According to Watson Wyatt, factors such as mental health conditions, sleep problems, stigma, and substance use and abuse affect business performance by reducing productivity and increasing both planned and unplanned absences. Many of these factors are either preventable or modifiable.

**Figure 1**

**Preventable Factors Top List of Health Issues Affecting Business Performance\***



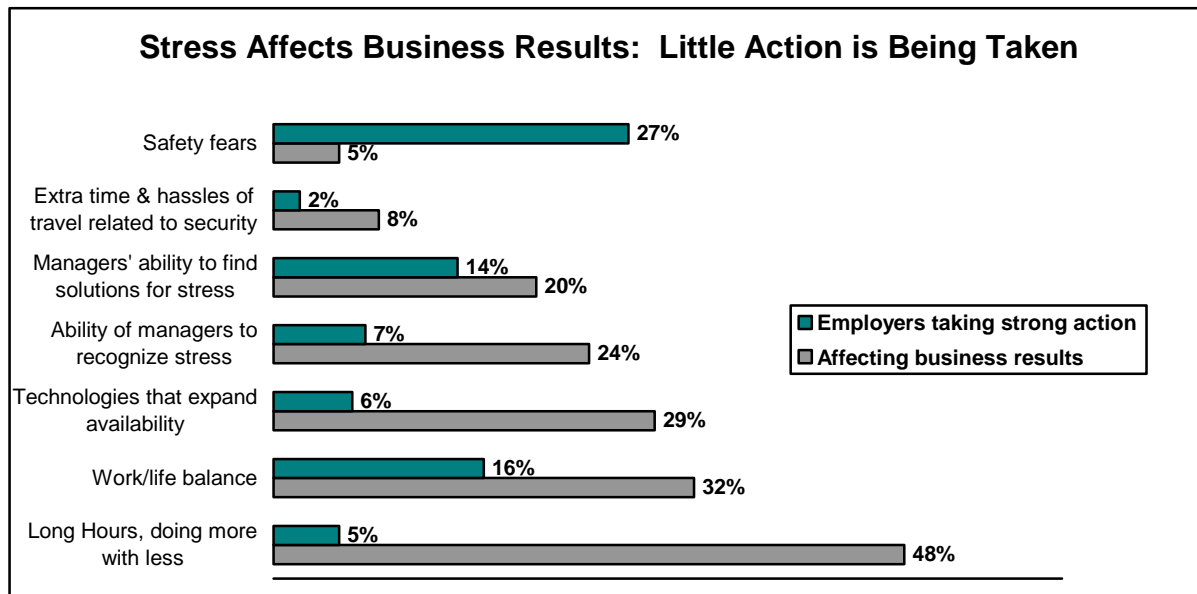
\* Percentage of respondents indicating "to a great extent" or "to a very great extent."

**Source:** Watson Wyatt (2007). *2007/2008 Staying@Work Report, Building an Effective Health & Productivity Framework*. Washington, DC: Watson Wyatt Worldwide.

While stress is known to affect productivity, few employers have found successful strategies to reduce the negative effects of chronic stressors. Many employees experience damaging levels of stress due to problems they experience in their home or work lives. The workforce of today faces many new causes of stress, for example, long commutes, the time and energy required to care for ailing parents or their own young families, and the availability of new technologies that blur the line between work and home.



Figure 2



Source: Watson Wyatt (2007). *2007/2008 Staying@Work Report, Building an Effective Health & Productivity Framework*. Washington, DC: Watson Wyatt Worldwide.

## Employee Assistance Programs (EAPs): Preventing and Addressing Problems

Historically, employee assistance programs began in the 1940s with services focused on the role of use and abuse of alcohol on job performance. Over time, this emphasis was broadened to include other personal issues that impact job performance. Tremendous growth in EAP services began in the early 1970s. EAPs started to help employers address a variety of employee problems and concerns, and to proactively address workplace problems that can lead to workplace violence, physical and mental health problems or morale problems among other workers. Today, the vast majority of Fortune 500 companies offer EAPs that deliver a variety of health and productivity services to improve organizational performance, as well as assist individual employees and their dependents (Marsh / Mercer, 2007). These programs are staffed by professionals who provide preventive services and short-term problem-resolution services to individual employees and families. EAP professionals also provide consulting services to managers and supervisors regarding employee performance, and serve as behavioral consultants to corporate leaders when unexpected events occur, such as natural disasters, plant accidents, and other emergencies.

The EAP Workgroup believes employee assistance programs represent a first-line response to providing prevention, triage, and short-term problem-resolution services within an organization. According to a study published by Marsh / Mercer (2007), EAPs that are integrated with an overall health and productivity strategy can perform a critical role in identifying individual and organizational risk factors that affect short- and long-term organizational performance. Another report by Watson Wyatt (2007) suggests that fully integrated organizational responses to health and productivity challenges will increase revenue, market value, and shareholder returns. This

same report suggests a number of preventable factors, which can be addressed with an effective employee assistance program, are adversely impacting business performance.

## **The Value Proposition for Employee Assistance Programs and Services**

One of the first charges to the EAP Workgroup was to develop a strategic value proposition for EAP. This value proposition describes the benefits of EAP to employers, employees, and communities.

### **The Value Proposition for EAP:**

*An EAP that is aligned with organizational values and vision will measurably enhance business operations, the overall employee experience, and the community perceptions of the company.  
A well-run EAP will provide a positive ROI.*

- EAP Workgroup (2007)

Generally speaking, Employee Assistance Programs provide value in the following three ways.

#### **1. EAPs leverage the value of the organization's investment in their workforce by:**

- Improving employee engagement.
- Improving employee and dependents' skills for successfully responding to life's challenges.
- Offering employees short-term problem resolution services or referring employees and dependents to mental health treatment services, when indicated.
- Developing employee and manager competencies in managing workplace stress and improving work team performance.

#### **2. EAPs address the costs of doing business by:**

- Reducing workplace absenteeism and unplanned absences.
- Reducing workplace accidents.
- Reducing employee turnover and related replacement costs.
- Facilitating safe, timely, and effective return-to-work for employees following short-term and extended absences.
- Reducing healthcare costs and improving the value of organizational investments in wellness and health promotion, self-care management, continuity of care, and work-related efforts.
- Improving efficient use of health care through early identification, care management and recovery efforts.

#### **3. EAPs mitigate business risks by:**

- Reducing likelihood of workplace violence or other safety risks.

- Managing the effect of disruptive incidents, such as workplace violence, injury, or other crises, including facilitating a swift return-to-work after adverse workplace events.
- Supporting disaster and emergency preparedness, and assisting in minimizing the disruption following disasters and emergencies.
- Facilitating successful adjustment to mergers, acquisitions, site closures, or other workforce change events.
- Reducing the likelihood of legal action / liability (e.g., maintaining business practices that promote a violence-free workplace).
- Promoting and supporting companies' drug and alcohol free workplace policies and programs.

Four case studies, provided in Appendix 2, provide further examples how EAPs provide value to organizations by:

- Assisting in emergency response.
- Improving employee morale and thereby reducing turnover.
- Improving relationships with customers and managers.
- Preventing and addressing inappropriate or dangerous behaviors.
- Training managers to deal with complex emotional, cultural, and diversity issues.

An employer-sponsored EAP can reduce an employer's disability costs, medical costs, pharmacy costs, and worker's compensation costs.  
*Marsh / Mercer, 2007*

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## EAP Client and Utilization Characteristics

EAPs are diverse in nature, and are thus able to address the needs of a broad population.

Although detailed statistics on utilization rates, client characteristics, and reasons for accessing EAPs are extremely limited, one published study conducted by (Blum & Roman, 1992) is worth reviewing. This study examined EAP caseload data

One study showed that when EAP services were provided to employees, work loss was avoided in 60% of cases with an average savings of 17 hours per case. 72% of these cases showed improved work productivity with an average gain of 43%.  
*Attridge, M. (2001, August).*

for 6,400 employees representing multiple companies who performed various types of work across 84 worksites. The authors noted the following EAP client and utilization characteristics:

### EAP Client Demographics:

- Approximately 5% of employees who had access to an EAP utilized the program over a 12 month period.
- 55% of clients were women.
- Average client age was 36 years.
- 85% of clients were white and 22% were black.
- Most clients were in a middle income bracket, earning between \$20,000 and \$40,000 per year.
- Clients represented employees in all job levels: 32% were blue collar workers, 32% were clerical or sales, 18% were professional or upper management, 9% were first-line supervisors, and 7% were middle management.
- Client education levels tended to reflect the overall characteristics of the employed population, while the tenure of EAP clients was approximately 3 years longer than average (mean tenure for EAP clients was 12.5 years).

Employees found their way to EAP in a myriad of ways: 44.3% went to the EAP on their own; 27% were referred by a supervisor; 18.5% were referred by a friend, family member, or coworker; 4.8% were referred by a medical staff member; 1.8% were referred by a union representative; and 3.5% were referred by another source such as a legal agency, human resources, clergy, health plan, or a positive drug screen.

Table 1 describes the client's need for EAP and the problems assessed by the EAP counselor.

**Table 1: Problems that Lead Employees to EAP**

Primary Problem as Assessed by Client	Alcohol Related	Non-Alcohol Related	Combined
Self-rated negative job performance	No significant difference		49.0%
Attendance problems	33.5%	18.8%	22.0%
Legal problems	24.7%	15.5%	17.5%
Off-the-job accident	11.2%	7.5%	8.3%
On-the-job accident	No significant difference		6.1%
Client Problems as Assessed by Counselor			
Psychological / emotional problems			43.7%
Marital problems			28.1%
Other family problems			30.9%
Alcohol-related problems			15.9%
Cocaine / crack-related problems			3.4%
Other drug-related problems			3.9%

**Source:** Blum, T. C., Roman, P. M. (1992). A description of clients using employee assistance programs. *Alcohol Health & Research World*, 16(2), 120-128.

A recent study showed that when legal/financial, work/life services were provided to employees, work loss was avoided in 39% of cases and work productivity was improved in 36% of cases. *Attridge, M. (2002, June).*

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## Major Findings of the EAP Workgroup

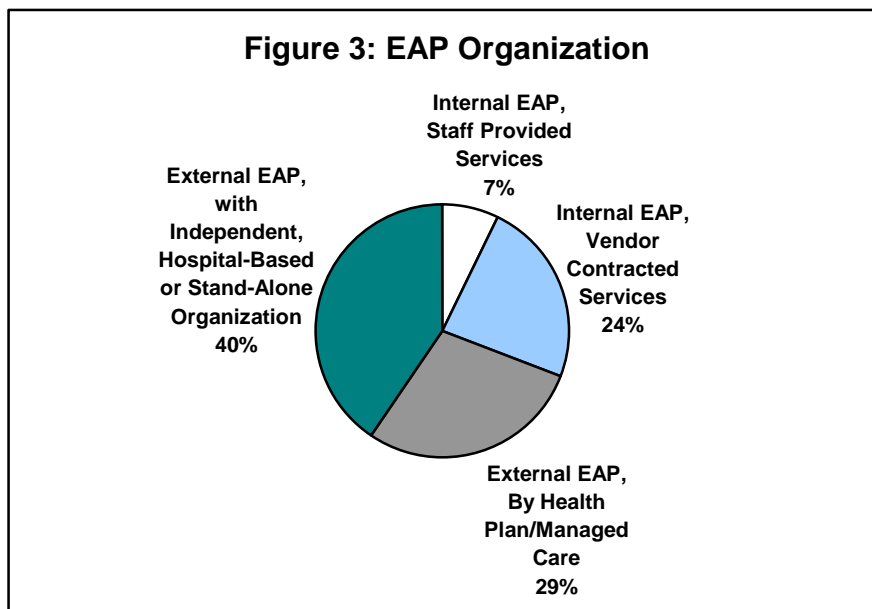
With significant growth over the past 30 years, the EAP field has achieved widespread acceptance in the employer community. Employee assistance programs are viewed as a strategic resource by employers, and are highly valued by employees and their dependents. The amount of growth has also generated increased expectations by employers for EAPs to improve their transparency, accountability, and the adoption of standardized outcome measures.

To better understand employer's views on employee assistance programs and services, and challenges facing EAPs, the EAP Workgroup sponsored an online survey of the National Business Group on Health members. The survey asked employers about their current EAPs, and about their views on the future roles of EAPs.

### Current Employee Assistance Programs

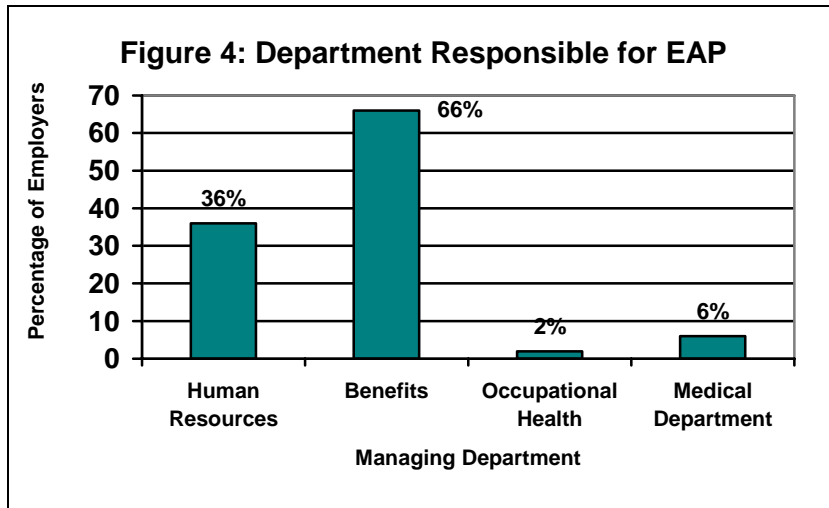
Survey respondents (42 member companies) were asked to answer a series of questions regarding their current EAP, including whether their program runs internally or externally, which particular department coordinates the EAP, and what types of services are available to employees. The following figures and tables summarize the key findings.

A majority of employers offer EAPs through external organizations: independent, hospital-based, or stand-alone (40%), or health plan / managed care (29%). Fewer employers provide internal EAPs using staff (7%) or contracted vendors (24%) to provide actual services.



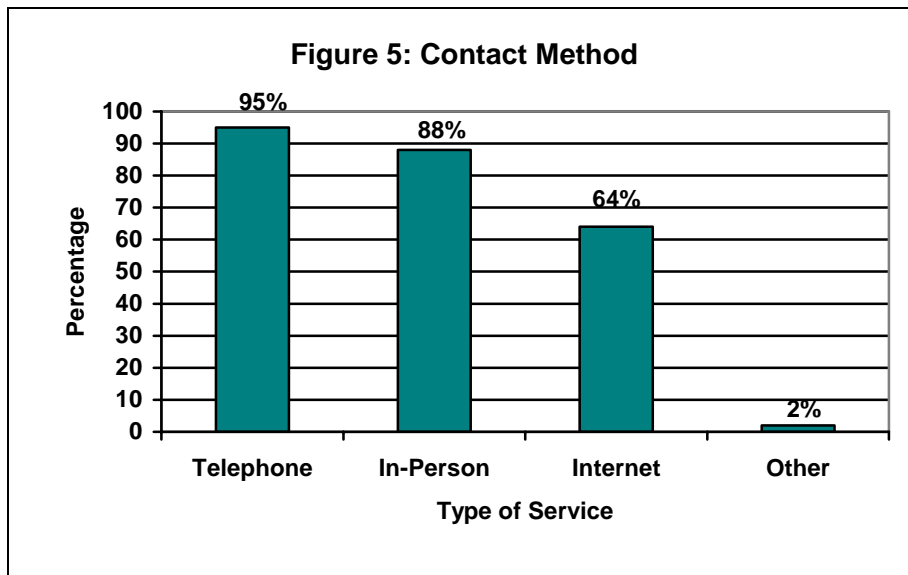
When asked who is responsible for the EAP, 66% of employers reported designating this management role to their benefits department, almost double the number (36%) who indicated the EAP fell under their human resources department (Figure 4). Even fewer employers selected

medical or occupational health departments as the management source for their EAPs (6% and 2%, respectively).



Note: respondents could provide more than one answer.

Figure 5 shows the common methods that employees can use to access EAP services, including by telephone (95%), in-person (88%), via the internet (64%), or another means (2%).



Note: respondents could provide more than one answer.

In an effort to understand employers' perceptions of their current EAPs, employers were asked to indicate which of the following descriptions best fits their EAPs:

- Healthcare benefit;
- Workplace performance program; and/or
- Employee counseling service.



Nearly 90% of surveyed employers described their current EAP as an employee counseling service. “Healthcare benefit” was the second most common description chosen. Only 21% of employers viewed their EAP as a workplace performance program. Several employers selected more than one description. An additional analysis of those employers showed that 33% described EAPs as both an employee counseling service and a healthcare benefit; 17% chose workplace performance program and employee counseling service; and 14% selected both healthcare benefit and workplace performance program.

To better understand the provision of EAP services, employers were asked to indicate which core and/or additional services they provide to employees, as well as how they integrate their EAP services with other business functions. Employers most frequently cited the following core services: identify, intake, refer, and provide care to employees (85%); provide web-based education and self-help materials (80%); refer to HR/management (68%); and train employees and provide leadership (66%). Surprisingly, only 34% of employers viewed providing data on EAP’s effects on the company as a core service.

**Table 2: Core EAP Services Provided**

Service	Percentage of Employers
Identify, intake, refer, and provide care	85%
Provide web-based education and self-help materials	80%
Refer employees to HR/management	68%
Train employees and provide leadership	66%
Consult with HR/manager on employee performance issues	63%
Monitor/manage case and follow-up services	61%
Promote EAP services to employees and families	41%
Analyze and report data on effects of EAP on work organization	34%
Evaluate fitness for duty	22%

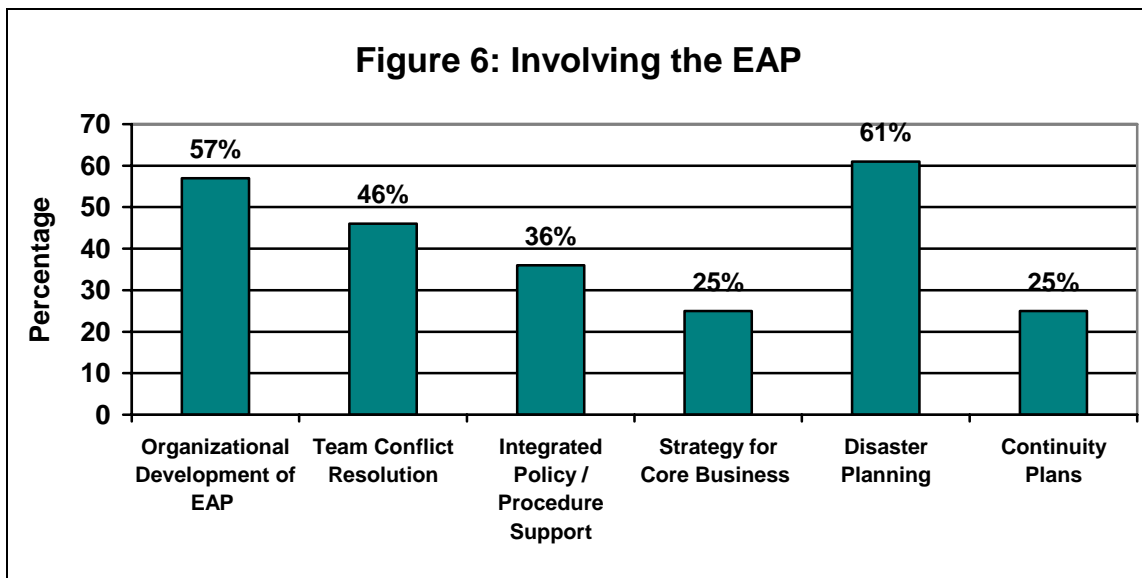
Moreover, when we asked employers about additional services their EAPs offered, employers cited the following: critical incident stress management (95%), workplace violence consultation (80%), work/life support (76%), and financial/legal counseling (76%). Few employers included EAP in planning for work returns or providing onsite wellness (12% each, respectively), indicating that employers are most likely engaging separate vendors for these purposes.

**Table 3: Additional EAP Services Offered**

Service	Percentage of Employers
Manage critical incident stress	95%
Consult on workplace violence	80%
Support work/life	76%
Counsel on financial/legal issues	76%
Promote workplace wellness and health	37%
Offer regulatory compliance services	20%
Plan for work return (disabled or family medical leave)	12%
Provide onsite wellness capabilities (e.g., biometric screenings,	12%

health fairs)	
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After learning about the actual services that employers enlist their EAPs to provide, we asked whether employers include EAPs in other aspects of their organization (Figure 6). The majority of respondents reported involving their EAPs in disaster planning (61%). Only 25% of employers reported involving their EAPs in the strategic development of core business or continuity planning. These findings suggest that currently, the EAP is not often included in key business activities, and its value has not been fully realized by many organizations.



Note: respondents could provide more than one answer.

When asked if they measure return-on-investment (ROI) of their EAP, as well as other HR functions, 78% of surveyed employers measured ROI for human resource functions and programs, while only 39% of employers measured ROI for their EAP.

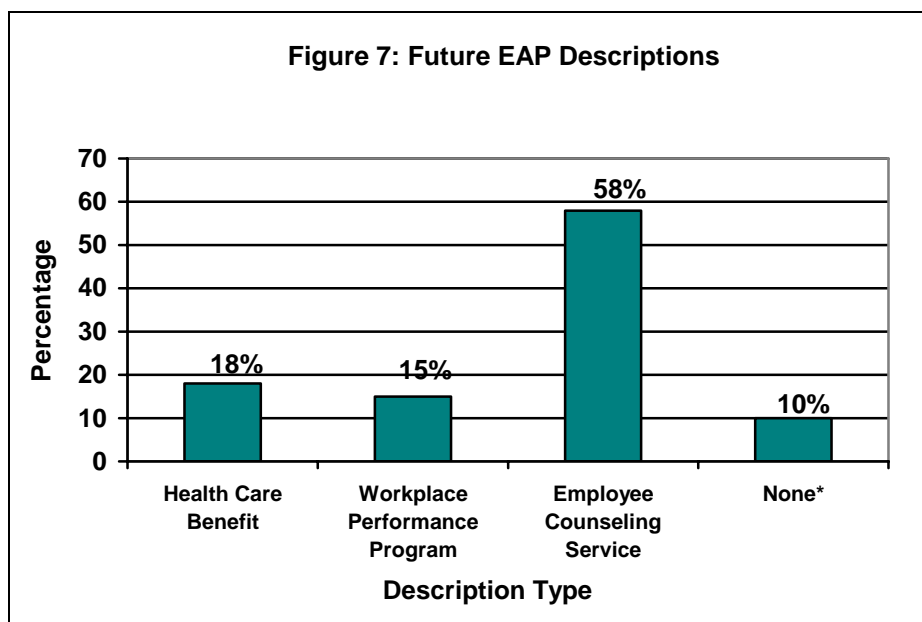
To ascertain employer views on EAP value and impact, respondents were asked to rank these aspects on a scale of 1 to 10 (least to most valued). Table 3 shows the distribution of responses. Overall, the forty employers who responded to this question ranked the perceived value and impact of EAPs as 6.6 and 6.3, respectively. However, no employer ranked the value or impact lower than a 3, with the majority between 5 and 8.

Employers were also asked to indicate what role their EAP would play in their organization in the future. A majority of employers that responded to this question viewed their EAP as a supportive component in employee personal health and accountability. Other employers believed that EAPs will serve to integrate both employee work performance and personal well-being in life. Several employers highlighted the potential of EAPs to have a significant impact on workplace productivity and personal wellness in the future. For example:

- “In continued times of stress, employees know that they can go to this ‘one-stop shop’ for everything from counseling to legal services.”

- “EAPs will focus on work/life issues to help de-stigmatize traditional EAP perception and increase utilization of all services.”
- “EAPs will have greater coordination with the organization, health/disease and disability programs to enhance quality of life and provide more effective health management.”
- “EAP will play a greater role in overall integrated health strategy of keeping the population healthy or improving the health of the population.”
- “EAP will play a greater role in stress, family crises, and substance abuse as these issues become more prevalent and seeking help becomes more acceptable.”

Employers were also asked to describe their EAPs in the future using the same categories (healthcare benefit, workplace performance program, and employee counseling service) provided for describing their current EAPs. However, in this question respondents could only pick one description, versus the ability to pick more than one. Figure 7 presents employers' outlooks on their future EAPs. The majority of employers (58%) indicated that “employee counseling service” best described the role of their future EAP.



\*Reported descriptions for none: integrate work/life and emotional well-being using all of the above (3), ROI needed prior to consider as a healthcare benefit (1)

### Summary of Survey Results

Among employers surveyed, these results indicate that they understand the value of employee assistance services and programs, and have found unique ways to integrate EAPs into their overall health and welfare strategy. Despite recognition of the value of EAP, there is little concurrence on what EAP is, or who should provide sponsored services. Also of note is the fact that employers are not subjecting their EAPs to the same type of rigorous evaluation or cost-

impact assessment as other related programs. These gaps and inconsistencies leave room for standardization and quality improvement.

## Current Challenges, Future Opportunities: Recommendations for Action

In examining the current models of employee assistance and results from the National Business Group on Health's survey, the EAP Workgroup discovered several obstacles to purchasing and/or providing optimal employee assistance services. These challenges present opportunities for improvement in the future: opportunities to improve the structure, coordination, and integration of employee assistance programs. To help employers address these challenges, the EAP Workgroup set out to:

- A. Standardize the definition of EAP and to provide guidance on a recognized set of core services; and
- B. Develop a set of standardized measures, which can be used to manage effectively and demonstrate the positive impact of EAP services on employee health and productivity.

Below is a description of the challenges identified by the EAP Workgroup, opportunities for improvement, and specific recommendations. These recommendations are designed to help employers as they review the purpose, structure, coordination, and integration of their Employee Assistance Program; ensuring that the EAPs of the future will realize their full potential to improve the health and productivity of employees. These recommendations do not include a position on the value of an internally staffed, externally contracted, or hybrid model. Rather, these recommendations address the *strategic* role of an EAP and should be interpreted by employers as a minimum set of criteria necessary for sponsoring an EAP.

### Challenge: Defining Employee Assistance

*Changes in market forces and professional dynamics have blurred the definition of employee assistance programs.*

**Opportunity:** The EAP Workgroup was concerned by the lack of an industry-wide definition for EAP. The EAP Workgroup established the EAP Definition Subcommittee to focus specifically on developing a definition and an outline of program services. The subcommittee identified three concepts they thought necessary to align EAP activities with a human resources organization, and to differentiate the EAP from other human resource functions.

#### Core Concepts:

- EAPs provide strategic analysis, guidance, and consultation throughout the organization to enhance performance, culture, and business success.
- EAP professionals are human behavior / psychological experts who are trained in and apply the principles of human behavior to direct interactions with management and employees.
- The goal(s) of an EAP are established to optimize an organization's human capital potential.

Combining these three concepts, the EAP Definition Subcommittee developed and vetted the following definition:

*Employee Assistance Programs provide strategic analysis, recommendations, and consultation throughout an organization to enhance its performance, culture, and business success. These enhancements are accomplished by professionally trained behavioral and/or psychological experts who apply the principles of human behavior with management, employees, and their families, as well as workplace situations to optimize the organization's human capital.*

This definition was used on the employer survey described in the previous section. Generally, employers agreed that this definition was an accurate reflection of how their EAP functions. However, some employers noted that this definition was more of a goal for the future, rather than a current reality.

**Recommendation:** Employers should expect their EAPs, EAP professionals, and affiliated organizations to operate with a common purpose. This purpose should be to optimize employee health and productivity and organizational performance by:

- a. Assisting employees in resolving personal issues that negatively affect the employee's job performance and/or their health and productivity.
- b. Assisting dependents in resolving personal issues that affect their health and functionality, especially as these issues negatively impact employed parents or spouses.
- c. Consulting with managers and supervisors regarding the impact that employee personal issues have on job performance.
- d. Consulting with organizational leaders to identify and resolve risk factors that negatively affect a safe work environment.

## **Challenge: Setting the Scope of Employee Assistance Programs and Professionals**

*The scope of services offered by employee assistance programs is currently being influenced by market pressures rather than a systematic method for identifying and validating key attributes of an effective program. Similarly, there is a lack of standardization in the type and training of professionals selected to lead and support EAPs.*

**Background:** Historically, EAP services focused on the role of alcohol abuse and alcoholism on job performance. Over time, this emphasis was broadened to include other personal issues that impact job performance. In the 1980s, the Employee Assistance Professionals Association (EAPA) developed a set of professional principles, ethics, and specialized knowledge that defined the characteristics of an EAP. And in 1985, Roman & Blum identified a set of guiding principles or 'core technologies' for outlining the structural components that represent the unique

contributions brought to the workplace by EAPs. These principles have since been somewhat modified by EAPA (refer to Appendix 3 for additional information).

**Opportunity:** Over the past 25 years, market forces have dramatically changed the manner in which many EAPs function, and the scope of services offered by EAPs has continued to expand. Despite rapid changes, the discipline of EAP has not yet developed a validated set of standards to address the changing needs of the workforce. Furthermore, few definitive resources are available detailing how to operationalize the existing guiding principles. Therefore, employers and other EAP sponsors have taken the liberty of developing their own models. Confusion surrounding the scope of EAP is a hindrance in terms of standardization, measurement, evaluation, and most importantly, quality improvement.

In addition to confusion regarding the scope of services provided, there is also confusion surrounding the minimum professional credentials and program standards required to provide these services. The EAP field has experienced mixed success with a practitioner credential and a program accreditation process.

Contemporary EAPs are represented by multiple approaches, activities, and covered services delivered by individuals trained with multiple academic and non-academic backgrounds. These programs frequently support the original 'core' services along with an array of additional services that directly or indirectly affect job performance. An updated set of core services would allow for the value of EAPs to be more readily assessed, and for common metrics to be used for quality improvement.

**Recommendation:** Employers should require their EAPs to adopt clear professional standards, utilize advanced technology platforms that create operational efficiencies, clearly define documented business processes and valid methods for quantifying the direct effect of EAP activities on organizational performance. In addition, employers should require the following from their EAP:

- a. Activities and accompanying processes should incorporate the current version of the Core Technologies as published by the Employee Assistance Professionals Association (described in Appendix 3).
- b. Activities should utilize standardized tools and validated techniques to support designated tasks. These tasks include individual and organizational assessment, short-term problem resolution (recognizing the American Psychiatric Association's, *Diagnostic and Statistical Manual of Mental Disorders* (2000), other conditions that may be a focus of clinical attention, specifically "V" codes), referral, follow-up, and facilitating return-to-work.
- c. The EAP Workgroup recommends that EAP staff maintain the following qualifications:
  - Have earned a minimum of a masters degree in human services from an accredited institution.

- Have earned and maintain an active specialty credential, such as the Certified Employee Assistance Professional or related credential.
  - Have an active clinical license that reflects competency in activities such as individual assessment, short-term problem resolution, crisis intervention, threat of violence, and related EAP tasks.
  - Individuals who perform organizational assessment and consultation services, should be appropriately credentialed and/or have sufficient experience to perform these activities.
- d. Evaluation processes should be based on valid, peer-reviewed methods; and performance targets should be aligned with the employer's overall performance objectives.
  - e. Policies that clearly define how employee personal information will be used, stored, and protected should be developed and maintained.

To maximize value, employers should direct their EAPs to employ the following strategic and operational tasks based on EAP core technologies. Specifically, EAPs should:

1. Provide consultation with, training of, and assistance to the leadership of a work organization (managers, supervisors, and union stewards) seeking to manage the troubled employee, enhance the work environment, and improve employee job performance; and outreach/education of employees/dependents about availability of employee assistance offerings. These offerings include the following stand-alone or collaborative resources:
  - a. Organizational assessment methods.
  - b. Management consultation methods.
  - c. Productivity enhancement tools:
    - i. Employee engagement tools that focus on resilience.
    - ii. Psychological ergonomic tools that address the effects of organizational strains.
2. Provide confidential and timely problem identification / assessment services for employee clients with personal concerns that may affect job performance, present behavioral risks, and promote a healthy and safe workplace. Focus areas include:
  - a. Critical incident debriefing interventions.
  - b. Psychological fitness-for-duty evaluations.
  - c. Threat of violence assessments.
  - d. Substance use and abuse education.
3. Use constructive confrontation, motivation, and short-term interventions with employee clients to address problems that affect job performance.
4. Facilitate the referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring management and follow-up services.



5. Provide assistance to work organizations to support employee health benefit plan design and plan administration activities covering medical/behavioral problems, including but not limited to alcoholism, drug abuse, and mental/emotional disorders.
6. Provide assistance to work organizations in the management and audit of the employer's vendor relationships, including but not limited to, managing contracts; building service networks; and working with managed healthcare organizations, insurers, and other third party payers.
7. Identify and assess the effects of employee assistance services on the work organization and individual job performance.

## **Challenge: Limiting the Duplication of Services**

*Some employers may not sufficiently differentiate EAP services from employee health plan benefits and other human resource programs.*

**Opportunity:** Without a clear definition of the boundaries and functional responsibilities of an EAP, EAP services may be duplicated by other employee benefits such as the employer's health and welfare plan, work/life benefits, and health promotion benefits. This type of overlap may be cost-ineffective for employers as well as confusing to employees.

**Recommendation:** Some employers understand EAPs as an employee health plan benefit, while others use EAPs as an employee relations management tool. Employers are encouraged to make this differentiation based upon where within their organizational structure EAP services will be most effective. Employers are encouraged to clearly define the scope of services included in their EAP. EAPs can provide quite an array of services, and employers need to work closely with their EAP to design programs that will be most appropriate for their organization. If co-development is not possible, employers should be selective when choosing an external EAP. In addition to periodic individual meetings, yearly group vendor meetings can facilitate coordination; reduce overlap or duplicate services; and promote full integration with the activities performed by disability, employee relations, health promotion, health and welfare benefit planning and administration, medical and related occupational-health services, organizational development, risk management/safety and security, work/life, and worker's compensation.

In all circumstances, EAPs should be structured as an independent human resource function in relation to employee health benefit plans and related human resource functions. An EAP should coordinate with relevant human resource functions and its primary activities should include:

- a. Supporting management in addressing unacceptable productivity levels and absenteeism rates that result from employee psychosocial problems.
- b. Participating in periodic organizational assessments to evaluate the effects of work organization on employee health status, productivity, and job satisfaction.
- c. Coordination and full integration with key activities performed by the following organizational functions:
  - o Disability.
  - o Employee relations.

- Health promotion.
- Health and welfare benefit planning and administration.
- Medical and related occupational-health services.
- Organizational development.
- Risk management
- Safety.
- Security.
- Work/life.
- Workers' compensation.

## **Challenge: Identifying Research and Evidence to Support Services**

*The employee assistance field has not developed sufficient peer-reviewed research to assess the validity or practical value of current EAP models.*

Disability, employee relations, health promotion, health and welfare benefit planning and administration, medical and related occupational-health services, organizational development, risk management, safety, security, work/life, and workers compensation all use concrete and quantitative measures of program impact. EAPs, on the other hand, are largely supported by qualitative studies, summarizing indirect measures of program impact. In fact, the EAP field has published only a few studies that provide quantitative results linking the impact of employee assistance programs to organizational performance (Collins, 1998; Every, 1994; Smith, 1989).

**Opportunity:** More direct and quantitative measures would enhance the likelihood of employers recognizing EAP as a strategic resource. Similarly, the field of EAP will benefit from an investment in quantitative, peer-reviewed research to validate EAP methods and quantify the direct impact of EAPs. Most importantly, quantitative measures are foundational to the quality improvement initiatives that will be necessary to ensure that the EAPs of the future can successfully address the needs of the changing workforce.

**Recommendation:** Employers are encouraged to insist on receiving direct measures of program impact from EAPs. Employers that utilize EAPs are encouraged to expect EAP professionals and affiliated organizations to have adopted clear industry standards, documented processes, and have established valid methods and metrics for quantifying the direct effect of EAP activities on organizational performance.

One idea for addressing the lack of available data to support EAP is to create an industry research infrastructure and agenda that interested stakeholders can use to support rigorous, large-scale research. The following topics are proposed as potential EAP research topics.

Develop:

- A classification system for EAP professionals that includes observable skills.
- Methods for assessing the impact of EAPs on organizational risk management.
- Job performance / attendance documentation criteria for knowledge workers.

Define:

- Minimum data elements that support specific EAP activities and tasks.

Validate:

- Methodologies for individual and organizational assessment.
- Methodologies for self- and supervisory-referral.
- Constructive confrontation techniques.
- Models for short-term problem resolution.
- Methods for critical incident debriefing.
- Methods for documenting reductions in job performance and management referral guidelines.
- Return-to-work strategies.
- Case coordination practices between EAP and short-term disability, health plan, and work/life programs.
- Formulas linking EAP outcomes to organizational performance.
- Methodologies for organizational culture assessment.
- EAP case record audit methodologies.

## Challenge: Developing Standardized Evaluation Metrics

*Employee Assistance Programs do not consistently use quantitative benchmarks.*

**Opportunity:** While many employers have developed standard operating procedures for their EAPs, the field of EAP has not yet developed uniform industry standards and operating procedures. Without a uniform set of standards, it is impossible for employers to evaluate their EAPs, or track improvements over time.

**Recommendation:** The EAP Metrics Subcommittee identified the following objectives that would be necessary to support standardized measures for EAP services:

- Establish a national, standardized data base for analyzing EAP results.
- Demonstrate EAP's financial impact on employer's short-term disability (STD), long-term disability (LTD), worker's compensation (WC), and group health plan costs.
- Enable informed benefit design decision-making related to EAP services due to reported EAP results with normative comparisons.
- Communicate the value of EAP services to purchasers.
- Drive continuous quality improvement efforts within EAP design and outcomes.
- Develop analysis and reporting strategies for senior management.

Keeping the focus on only those EAP metrics that clearly demonstrate an effect on workforce health, and thereby clearly explain the value of EAP services to the purchaser, the EAP Metrics Subcommittee recommended an initial set of metrics for inclusion in Employer Measures of Productivity, Absence and Quality™ (EMPAQ®).<sup>1</sup> Additional metrics, such as a method for determining an EAP's financial return on investment, will be considered at a later date.

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<sup>1</sup> Employer Measures of Productivity, Absence and Quality™ (EMPAQ®) is set of standardized metrics and benchmarking tools developed by the National Business Group on Health to help employers evaluate the effectiveness of their health and productivity management programs. <http://www.empaq.org/>

## **1. Utilization**

The first issue addressed by the recommended metrics is the extent to which EAP services are utilized by the employer's workforce. This rate of utilization can be measured in the following manner:

- Participation rates among problem groups (case rate utilization).
  - Work-related problems.
  - Substance use and abuse (alcohol and drug).
  - Psychological / emotional problems.
  - Family / marital / relationship problems.
  - Percent of problem group cases referred by supervisor or manager.
  - Percent of problem group cases involving consultation with supervisor or manager.
- Participation rates for support services (non-case rate utilization).

## **2. Impact Assessment**

The second issue addressed by the proposed metrics is whether the EAP services that were utilized resulted in a positive and measurable impact on the employer's workforce, including measures of operational and financial performance. This impact can be demonstrated using the following metrics:

- Improved work productivity rating (job performance).
- Improved retention rating (this metric may not be a priority for some employers but will be mission critical for others).
- Increased workforce capacity associated with work attendance.
- Improved clinical outcomes among all problem categories.

## **3. Financial Return**

The EAP Metrics Subcommittee also recommends that additional calculations be performed with the EAP data residing within EMPAQ<sup>®</sup> in order to:

- Calculate the financial effect of EAP problem group cases successfully resolved on healthcare utilization (as compared with cases that were not successfully resolved).
- Calculate the value of EAP services on rates of return-to-work for worker's compensation and short-term disability cases.
- Calculate the financial impact of increased productivity and work attendance for all EAP cases with a baseline and follow-up measure.

Operational definitions for these metrics are provided in Appendix 1.

## **Summary**

Employee assistance programs have provided value to employers, employees, and families for over four decades. Due to changing market forces and the evolving needs of an ever-changing workforce, EAPs are at a critical juncture. To enhance the value of existing programs, and ensure that these programs continue to provide high-quality and relevant services, employers should consider the scope of their programs, and support efforts to coordinate roles and responsibilities of all stakeholders. In order for assessment and quality improvement to be successful, common metrics are essential. This report provides recommendations that directly support these efforts.

## Appendix 1: Operational Definitions for Metrics

### 1. Participation (Utilization) Rates – components of measuring and reporting case and supportive services utilization.

The first set of operational definitions address the extent EAP services are utilized by the employer's workforce.

#### a. Denominator and numerator for calculating participation rates among problem groups (EAP case rate utilization).

A critical aspect of demonstrating EAP participation rates involves the participation rate denominator and numerator. For purposes of EMPAQ<sup>®</sup>, the National Business Group on Health recommends the following denominator and numerator:

##### i. Denominator

The denominator is the total number of covered employee lives. "Covered employee lives" refer to the total number of employees eligible for EAP services at the beginning of the annual reporting period. The denominator will remain constant throughout the reporting period unless there is significant change in workforce headcount, such as an acquisition or a reduction in workforce due to layoffs.

One can not assume that "covered employee lives" is defined as "employees enrolled in the organization's health benefit plan(s)". Eligibility for EAP benefits may be very different than for health benefits. For example, part-time employees or dependents may not be eligible for health benefits; however, they may be eligible for the EAP.

The EAP Metrics Subcommittee discussed the issues of adding dependents into the denominator and it was decided this group would not be included for the following reasons:

- Existing EAP data bases have validated that the inclusion or exclusion of dependent lives in the denominator does not change EAP participation rates in a statistically significant manner.
- Difficulty associated with securing an accurate count of dependent lives.
- Variability in EAP coverage across organizations, which creates inconsistencies in the ability to report participation rates.

##### ii. Numerator

A single EAP case is established when EAP staff performs each of the following tasks with a covered individual. These activities may be performed face-to-face, online, or telephonically.

- Collects demographic data.
- Conducts an initial assessment which results in identifying and documenting a presenting problem(s).
- Creates a baseline measure detailing the impact of the presenting problem on job performance.
- Creates a plan of action.
- Makes recommendations.
- Identifies a referral type (if relevant).
- Provides a referral and/or short-term problem resolution.
- Provides follow-up contact with appropriate parties.

Problem groups resulting in the creation of a case will be consolidated and placed into standardized groupings for EMPAQ® reporting purposes to include:

- Work-related problems.
- Substance use and abuse (alcohol and drug).
- Psychological / emotional problems.
- Family / marital / relationship problems.

A problem group case may include multiple issues associated with a single problem, which may result in multiple referrals. This type of case scenario can be reflected in program statistics in order to recognize the intensity of EAP activity associated with each problem case, and to assist in monitoring the staffing resources of an EAP's internal operations. However, multiple problems and multiple referrals do NOT constitute multiple cases for the purpose of determining participation rates.

A presenting problem(s) is defined as the initial reason(s) a client gives to the EAP during the initial contact. The EAP professional should consider identifying a primary presenting issue and note, if possible, additional issues raised at the time of the initial call, which would then be classified as secondary presenting issues. Upon completion of the assessment the EAP professional will select an "assessed issue / problem."

While the presenting and/or "assessed issue/problem" may be adopted, the EAP Metrics Subcommittee believed that the "assessed issue/problem" demonstrates a value-added

activity on the part of the EAP. In other words, a professional assessment of an issue was performed and then appropriate alignment of resources was established, which resulted in alleviating the impact of the issue on the employee's situation and related level of productivity.

**b. Opening & Closing Cases**

The EAP Metrics Subcommittee recommends that existing case files should be closed when the following occurs:

- An active case that has not had any activity within the last 90 days, and/or
- An active case treatment plan timeframe has expired (i.e., substance use and abuse cases being monitored over a longer period of time).

Clients, with an existing EAP case file, who contact the EAP for additional services and have met the above conditions will be considered as a potential new case.

**c. Problem Group Participation Rate Calculation (Case Rate Utilization)**

For purposes of standardized reporting, the EAP Metrics Subcommittee recommended that problem group participation rates be calculated in the following manner:

$(\text{Number of cases opened year to date} / \text{number of covered employees}) \times 100 =$   
participation rate among problem groups

Note: An opportunity exists to stratify the number of cases opened into the four problem group categories of cases including:

- i.  $(\text{number of work related cases opened year to date} / \text{number of covered employees}) \times 100 =$  participation rate among problem groups with work related issues
- ii.  $(\text{number of substance use and abuse cases opened year to date} / \text{number of covered employees}) \times 100 =$  participation rate among problem groups with substance use and abuse issues
- iii.  $(\text{number of psychological / emotional related cases opened year to date} / \text{number of covered employees}) \times 100 =$  participation rate among problem groups with psychological / emotional issues
- iv.  $(\text{number of family / marital / relationship cases opened year to date} / \text{number of covered employees}) \times 100 =$  participation rate among problem groups with family / marital / relationship issues

For purposes of EMPAQ<sup>®</sup> the EAP Metrics Subcommittee is not recommending stratification of the data base to this extent, but would recommend that future versions include this level of stratification. This technique could be very helpful in studying the



statistical relationship between these problem categories and worker's compensation, short-term disability, health plan expenditures, etc.

**d. Supportive Services (EAP Supportive Services Utilization) Numerator and Denominator of Calculating Participation Rates**

The second component of utilization is the supportive services that include information, referrals, work/life related resources, and any other service in which the criteria for opening a case is not met. These activities may be performed face to face, online or telephonically.

**i. Denominator**

The denominator is the total number of covered employee lives. "Covered employee lives" refers to the total number of employees eligible for EAP services at the beginning of the annual reporting period. The denominator will remain constant throughout the reporting period unless there is a significant change in workforce headcount such as an acquisition or a reduction in workforce due to layoffs.

One can not assume that "covered employee lives" is defined as "employees enrolled in the organization's health benefit plan(s)." Eligibility for EAP benefits may be very different than for health benefits. For example, part-time employees or dependents may not be eligible for health benefits, however may be eligible for the EAP and visa versa.

The subcommittee discussed the issues of adding dependents into the denominator and it was decided this group would not be included for the following reasons:

- Existing EAP data bases have validated that the inclusion or exclusion of dependent lives in the denominator does not change EAP participation rates in a statistically significant manner.
- Difficulty associated with securing an accurate count of dependent lives.
- Variability in EAP coverage across organizations, which creates inconsistencies in the ability to report participation rates.

**ii. Numerator**

In instances where a request for assistance is made to the EAP and the EAP professional deems that the steps required to establish a case are not appropriate and/or necessary, the reporting of this type of event will be defined as a supportive service.

At the time of a request to the EAP, a supportive service may include multiple resources reflecting the complexity of support being provided to an individual. The documented need for multiple resources can be reflected in EAP statistics so

as to give 'credit' for the level of EAP activity associated with each request for supportive services.

However, for the purposes of determining participation rates of supportive services, multiple resources and referrals provided to a single request for assistance does NOT constitute multiple interactions, and therefore will not be included in the overall participation rate of supportive services.

**e. Supportive Services Participation Rate Calculation (Non Case Rate Utilization)**

For purposes of standardized reporting, we are recommending that supportive services participation rates be calculated in the following manner:

Number of incidents of employees requesting supportive services / number of covered employees) x 100 = participation rate of supportive services

**f. Supporting Manager and Supervisor Effectiveness**

In addition to the above categories of problems, the EAP Metrics Subcommittee recommended that the following cases be tracked within EMPAQ® in order to demonstrate EAP support provided to supervisors and managers:

- Percent of problem group cases referred by supervisor or manager.
- Percent of problem group cases involving consultation with supervisor or manager.

**i. Reporting Manager and Supervisor Support**

For purposes of EMPAQ® the EAP Metrics Subcommittee recommended that manager and supervisory referrals among problem group participation be calculated in the following manner:

- (Total number of problem cases referred to EAP by supervisor or manager / total number of problem cases year to date) x 100 = supervisor/manager referral rate among problem groups
- (Total number of problem cases in which a consultation with a supervisor or manager was involved / total number of problem cases year to date) x 100 = supervisory/manager consultation rate among problem groups

**2. Measuring EAP Effectiveness in Impacting Workforce Health and Productivity**

The second set of operational definitions address the extent to which the EAP services are effective in positively impacting the employer's workforce. These measures will require the greatest

The right goal is to improve value (quality of health outcomes per dollar expended), and value can only be measured at the (service) level.

- *Harvard Business Review*, June 2004

amount of development thought prior to implementation within EMPAQ<sup>®</sup>. The following issues are intended to be preliminary suggestions on the standardized methods for reporting EAP effectiveness.

**a. Improved Work Productivity Rating (Job Performance Impact)**

Demonstrating the effect on productivity/job performance can take two directions:

- i. Self-reported pre- and post-performance measures as a result of receiving EAP services, and
- ii. Tracking employer reported job performance and linking the results with designated EAP data.

The self-reported pre- and post-measures are more doable at this point in time, but the subcommittee recommended that future effort be expended to determine how to align self-reported measures with actual employer-generated job performance data.

A critical element of reporting work productivity will include developing or locating a standardized measure and methods for securing this information. In addition, productivity measures should be readily available and applicable across multiple EAP service delivery formats.

**b. Measuring EAP Effectiveness in Increased Workforce Capacity Due to Improved Work Attendance**

Demonstrating the effect of EAP services on work attendance can take two directions:

1. Self-reported pre- and post-measures of impact on attendance, and
2. Coordinating and tracking employer reported work attendance and EAP data.

The self-reported pre- and post-measures are more realistic at this point in time due to high percentage of employers who do not currently keep attendance data on their workforce. With the exception of short-term disability, Family Medical Leave, and worker's compensation, most employers do not track work absences. We believe an opportunity exists for EAPs to strategically align with these services to assist employees successfully return to work.

A critical element of reporting improved work attendance will be developing or locating a standardized measure and method of securing this information. In addition, the measurement should be readily available and applicable across multiple EAP service delivery formats.

**c. Improved General Clinical Outcome Among Problem Group (Cases)**

For the problem group cases, an “improved general clinical outcome” measure is encouraged for each case. This indicator could be a general indicator of improvement and not specific to a specific problem type. There are several self-reported measures available in the industry but none have been validated for a nationalized data base. The EAP Workgroup is recommending that these measures be examined with one being validated for inclusion in EMPAQ®.

**d. Improved Retention Rating**

Workforce retention will not be a strategic issue for all employers. The subcommittee recommended that this option be provided as an optional measure within EMPAQ®. This measure will demonstrate the problem group cases that were still on payroll as of the end of a reporting year. Employment verification would have to be secured from the employer prior to year end reporting for all problem cases.

**3. Senior Management Analysis and Reporting Strategies**

Reporting and analysis capabilities will be a critical challenge for employers and their EAPs. The EAP needs to balance the need for assessing operational performance with the management's need to assess business impact. Most of the metrics described in this section reference operational performance measures. The EAP will also need to provide input to business impact metrics for both self- and management-referred employees. These metrics will include an array of measures including:

- The number of employees who, after using EAPs services, are employed at year end.
- The number of employees who, after using EAP services, are performing at a satisfactory level or better.
- The number of employees who, after using EAP services, separated from the company for one of the following reasons: involuntary termination, voluntary termination, deceased, retired, long-term disability.
- The cost / benefit impact of EAP services in relation to other human resource initiatives and employee benefits.

## Appendix 2: Case Studies

The case studies listed below provide specific examples of how an EAP provided value to an organization through managing risk, addressing the needs of employees and managers, reducing turnover, or improving morale.

### **CASE STUDY: Company A**

- Multi-national company with approximately 60,000 employees.
- Approximate annual sales of \$50 billion.
- Internal/external EAP model.
- Full-time clinical employees and part-time contractors for smaller sites provided by EAP.
- EAP management team fully integrated into the company's management.

Following a severe hurricane, senior management of Company A contacted their global EAP manager regarding flooding of a local production site and the surrounding community. Problems included severe property loss onsite and the drowning death of an employee on the plant site that was caught in flash flooding while trying to report for work. Tragically, the plant manager found the deceased employee.

Due to safety concerns, the plant manager and his direct reports decided to stop operations and close the site. The decision to keep the plant closed cost the company about \$1 million per day in lost sales. After five days, the site continued to remain closed despite employees wanting to return to work after the safety concerns related to the storm had been addressed.

After initial consultation with senior business leaders at corporate headquarters, the global EAP manager was sent to the site. The global EAP manager met with the plant manager and his direct reports to assess problems that needed attention. Problems existed on individual and team levels. The plant manager needed to understand his emotional response to finding the deceased employee. Furthermore, the plant's leadership team was unable to create a firm plan for recall of employees and site startup, and also had conflicting priorities about how to support employees while meeting business needs.

The EAP conducted critical incident debriefing for the leadership team, acted as a process facilitator to work through a decision to restart the site, and helped management decide how they could best recall and support employees. Additionally, the EAP devised a plan to provide immediate individual psychological support to the employees most severely impacted by the hurricane, and ongoing critical incident support for an extended time period.

The global EAP manager acted as an immediate group and individual counselor and leadership team facilitator. Within 2 days, the plant manager and his team began to recall employees and process the site back to full production. All employees were able to access the EAP support as well as other corporate support services. Support continued with a rotating series of internal

clinical staff onsite for 2-week assignments to provide group debriefing and individual counseling services.

### **CASE STUDY: Company B**

- Multi-national company with approximately 126,000 global employees.
- 33,000 U.S. retail, production, and research industry employees.
- Annual sales of about \$25 billion.

Company B was faced with a nationwide product recall that created a significant amount of negative publicity. As a result, many employees began doubting their long-term employment opportunity with the company, and some began leaving on their own for fear of what the future might hold.

Executive leadership and the EAP collaborated on a creative response to mitigate both consumer and employee reaction to this situation. The EAP was asked to participate in a meeting of corporate executives, legal council, and public relations executives within the company.

Many employees experienced anxiety and stress in hearing daily media reports. They also had to deal with concerned, frustrated, and angry customers; some employees were even threatened by customers. The EAP provided telephonic coaching and tip sheets to managers and employees for managing angry customers.

The EAP encouraged the leadership team to regularly reach out to employees via multiple channels. The first step included personal visits from mid- and upper-level management in locations of high concern. Constant communication from the company to employees at all locations was also necessary to mitigate negative media attention. However, with more than 1,500 locations, managing the logistics of disseminating information would be difficult. As a solution, in addition to the standard, live-answer services that were available 24/7 for ongoing work/life and mental health support, the EAP provided a toll-free number through the EAP call center where all employees could listen to a 1 to 2 minute recorded update from executive leadership at any time of the day or night. The recorded update was a means of balancing out the negative media attention that was bombarding employees. The President and CEO regularly recorded messages that included updates on the progress of the recall, encouragement, and support. They also read letters from customers thankful for positive interactions with employees to make the recall process easier. Messages were changed approximately 2 to 3 times a week in the early weeks of the recall and then 1 to 2 times per week as the recall became less prominent in the media.

Furthermore, the phone line offered an option to speak to a licensed counselor immediately due to the emotionally charged nature of the situation. The EAP service providers were equipped with updated information sheets to further assist employees, family members, and even concerned customers who were offered the line by store managers.

The additional toll-free line was active for 4 months and received a total of about 4,500 telephone calls from across the Nation. At the height of the recall, the EAP received between 150 and 200 calls per day. Several retail locations gathered their employees together before opening for business, then called and listened to the message so employees could hear a company update before working with customers. As a result, Company B lost fewer employees during the recall than they had originally estimated. Additionally, the company received positive feedback about how good it was to hear the updates on a regular basis as well as having immediate support from professional counselors. The availability of these services demonstrated to employees and their family members that the company was committed to working through the difficult time and regaining their position in the market.

### **CASE STUDY: Company C**

- Large financial services industry firm.
- Many locations throughout United States.

A Branch Manager contacted the EAP about an employee's inappropriate behavior at an off-site vendor meeting. The employee was very provocative and combative and had been drinking excessively. Additionally, the employee had been on several deployments to both Afghanistan and Iraq in high-level military operations. Though the employee was a high producer for the corporation, the manager thought the behavior might warrant dismissal.

EAPs serve as a strategic consultant to managers and HR on issues that involve the emotional or behavioral health of employees. In this particular situation, a higher performing employee engaged in uncharacteristically egregious behavior. The EAP participated in discussions with the Legal Department, HR, Line Management, and Employee Relations to assess the situation. The EAP helped weigh the factors of this case to find the best strategy and solution for the employee and the company. The EAP's knowledge of the unique issues confronting veterans returning from Afghanistan and Iraq was used to convince senior management to consider a course of rehabilitation.

Problems identified for this employee included alcohol abuse, moderate depression, and some residual post-traumatic stress disorder (PTSD) symptoms. A rigorous treatment regime was created to gauge the employee's commitment to his job and closely monitor the case to ensure all behavioral health issues were thoroughly addressed. The EAP identified a psychologist specializing in veterans affairs along with a family counselor for marital issues. The EAP counselor met weekly with the employee for a 3-month period to check on treatment progress.

The EAP counselor served as a consultant to Company C and as a case manager to the employee. This enabled recovery of the employee's health and professional status. The EAP was not a substitute for treatment services, rather a broker of psychological and support services, an agent of accountability for the employee, and the company's eyes and ears in managing its human capital.

At the end of the treatment period, the employee was sober and was engaging with work in increasingly productive ways. Management is delighted with the employee's performance and with the efficacy of the intervention strategy.

### **CASE STUDY: Company D**

Company D acquired a small manufacturing company on the West Coast. While preparing to integrate the company into their operations, management noted considerable discord and turmoil among the employees, as well as anger and suspicion towards management. Company plans were drafted to consolidate the business and shut down the acquired site. Some employees would be offered a transfer to a unit located an hour away. Other employees would be offered a severance package. The population was primarily female and comprised of immigrants with a minimal command of English.

In light of the language barriers, poor morale, employee discord, and suspicion towards new management, the company sought their EAP's assistance in announcing the changes. The EAP activated its critical incident stress debriefing experts who opted to provide critical incident stress debriefing services in Cambodian, through translators. The services were very well received by both employees and management, and a much feared negative employee reaction was averted.

### **CASE STUDY: Company E**

- Multi-national company with approximately 780,000 global employees.
- Annual sales of about \$42 billion.
- EAP fully integrated into the company's disease management program.

In April of 2006, Company E implemented its first-ever national EAP and work/life benefit. Company E integrated their EAP into the company's existing managed mental health and substance abuse benefit and disease management and health advocacy program. The EAP serves two major groups: employees and their family members, and Company E as an organization. The EAP provides employees and their families with quality behavioral healthcare and work/life support for a variety of issues and daily stresses that impact health and/or productivity. A variety of services are offered by the EAP including: counseling sessions, work/life resource material and referrals, legal and financial consultations and referrals, and a wide variety of material on their website. Company E enhanced their intranet to include EAP and work/life content. In addition, an EAP toll-free number is available to help employees easily access all services.

The EAP is fully integrated with Company E's disease management program. This unique program focuses on becoming a more informed healthcare consumer while improving overall health and wellness. Through this program, employees are offered personal health coaching sessions with a health coach and access to a health risk assessment. The EAP often works in conjunction with personal health coaches to assist employees.



In addition to assisting employees and their families, the EAP also serves as an effective tool and resource for Company E as an organization. A dedicated EAP consultant works directly with their organization and is an important and visible part of the EAP program. The EAP consultant serves as an educational resource for managers to provide support with a variety of onsite situations. The EAP consultant works with managers to arrange onsite health fairs, critical incident response services, and telephonic trainings and seminars. In addition, the EAP consultant provides assistance with supervisory EAP referrals for situations such as employee threats of violence and employee fitness for duty.

Several interactive resources are available to management. Managers have access to an interactive online EAP management tool. This tool educates managers about the function of the EAP program and resources available to directly assist them in their everyday management roles. To provide easy access for managers, Company E posted interactive training for the EAP management tool on the EAP website as well as their intranet.

In 2007, over 40,000 full-time and part-time managers logged on to the website, registered, and completed the online EAP management tool training. This number represents 94.7% of all managers and supervisors. In addition, managers have the ability to communicate with EAP consultants via the internet. The EAP consultant sets-up an individual website for a manager where he/she is able to access customized EAP resources recently created by the EAP consultant. This site also allows for confidential exchange of e-mail communications between the manager and the EAP consultant.

Company E's employees, families, and management realize the value of these easily accessible, confidential, educational, interactive resources and tools. In 2007, there was a 46% increase in the number of requests made to the EAP consultant.

## **Appendix 3: Employee Assistance Professionals Association (EAPA) Core Technologies**

1. Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union stewards) seeking to manage the troubled employee, enhance the work environment, and improve employee job performance; and outreach/education of employees/ dependents about availability of EA services;
2. Confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance;
3. Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance;
4. Referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up services; organizations, and insurers;
5. Assistance to work organizations in managing provider contracts, and in forming and auditing relations with service providers, managed care organizations, insurers, and other third party payers;
6. Assistance to work organizations to support employee health benefits covering medical/behavioral problems, including but not limited to: alcoholism, drug abuse, and mental/emotional disorders; and
7. Identification of the effects of EA services on the work organization and individual job performance.

## Appendix 4: References and Additional Resources

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### Additional Resources

This list of selected resources was created in January 2008 and reflects articles published in peer-reviewed journals between the years 1998 and 2008. Databases used to identify these references include: Psychinfo, Business Source Complete, Econlit, PsychArticles, and Sociological Collection. Additional resources were identified through personal conversations and correspondence with the following individuals:

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