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# Employee Assistance Programs: The State of the Art in Central Florida

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# EMPLOYEE ASSISTANCE PROGRAMS: THE STATE OF THE ART IN CENTRAL FLORIDA

BY

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## ABSTRACT

A considerable amount of literature has been written on Employee Assistance Programs (EAPs), yet the research to date has not proven the effectiveness of such programs. Due to the confidential nature of EAPs, research data are difficult to find. Many elements make up an EAP. The hypothesis tested during this research is that companies incorporating what are considered by many to be the essential elements of EAPs will have more positive opinions of those elements and will save more money when compared to companies that do not have an EAP. The data were collected over a four-week period from 52 Central Florida businesses. The collection device was a survey which inquired about current EAP practices and general attitudes toward EAPs. The results showed that those companies that have EAPs have more positive opinions on all but one of the attitudinal elements in the survey when compared to companies that do not have EAPs. The results suggest that companies that implement EAPs place more emphasis on practices that will benefit both the employee and themselves.

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TABLE OF CONTENTS

## LIST OF TABLES

# INTRODUCTION

Many employees feel that their co-workers and employers do not care about their physical and emotional well being (Noles, 1987). In some companies this is the case, whereas in other companies this situation is changing. Due to the rising costs of health care services, employees are turning towards their employer for increased financial and social service support. A study of 2207 adults (Rolf & Klemmack, 1985) showed that a large percentage of employees felt that it was the financial and moral responsibility of the employer to provide aid to employees in need. Indeed, many companies are realizing that not only is it in their best interest to provide assistance to their employees, but that such assistance can save large companies millions of dollars per year. Employee Assistance Programs (EAPs) are the new wave sweeping over the business community. While there has been much written on the subject, there has been surprisingly little scientific research done. One of the reasons for the lack of scientific research is that confidentiality is one of the key elements of any EAP, subsequently program results are often difficult to find because employees do not want results of their treatment/rehabilitation programs published for others to see.

The purpose of this descriptive study is to offer additional insight for companies who have or have not elected to pursue EAPs. This review of EAP practices is for the benefit of those companies contemplating introducing such a program or for those companies desiring to make changes in their present EAP. There is still much needed scientific research to be done. This paper will deal with the topic in three ways. The first section will report the general rationale of EAPs. A discussion of who is responsible for EAPs will be followed by other aspects of EAPs which include a definition of EAPs, how treatment of the workplace occurs, some EAP history, current strategies used by some companies, the elements of an effective EAP (according to current literature), and then some examples of EAP successes. A brief EAP summary will conclude the first section.

The second section will examine the literature and recent research. This section explains the rationale behind EAPs and describes studies done on EAPs. A discussion of topics such as identifying the problem employee, inpatient vs. outpatient treatment programs, abstinence vs. controlled drinking is included as a guide to understanding why and how EAPs work.

The third section describes a study to determine what is currently being done in the area of EAPs in a specific geographic region, Central Florida. The purpose was to assess the state of the art in EAPs in Central Florida. It was hypothesized that companies incorporating the main elements of an effective EAP (discussed in section one) have more positive opinions of their program overall and save more money when compared to responses of companies with no EAP program.

## Who is Responsible?

Employees feel that because close to one third of their time is spent at work, employers have a social responsibility to help keep them physically and emotionally well. In addition, employees are making decisions regarding employment based on the employee benefits a company is able to offer. In response, some employers are taking the responsibility by adopting EAPs or variations on them. These are companies that are genuinely concerned with the health of their employees.

Health care costs are one of the nation's leading concerns at this time (Cohen, 1985). Lower governmental funding has caused the financial burden to be placed on private industry. While companies are recognizing that it might be in their best interests to come to the aid of deserving employees for social reasons, some companies are realizing tremendous financial benefits. Productivity has been on a steady decline in the U.S. for more than ten years. There have been attempts to put a dollar figure on the actual dollars lost in U.S. industry because of alcohol, drugs, stress and a long list of other employee ailments commonplace in today's marketplace. Bensinger (1985) placed a dollar value of $100 billion dollars lost due to

alcohol and drug abuse. Employers are finding that it may be cheaper to heal a once valuable employee rather than dismiss him and train a new one. This type of aid may increase productivity, morale and employee organizational commitment.

EAPs are being provided for approximately 12% of the employees in the U.S. today (Quayle, 1983), and the percentage is increasing at a steady rate. It is estimated that within the next several years almost 50% of the American workers will be benefitting from such programs.

## EAP: The Newest Fad?

Companies are finding that EAPs increase their social standing in the community while at the same time increasing company profits. With the publication of positive results, more companies are getting involved in the newest trend in the business community. While EAPs appear only to have positive side effects, the results of such programs are virtually untested. Little evaluation has been conducted. Numerous other "fads" have swept over American business communities with the purpose of making employees happy, healthy and more productive. The end result of these little tested fads or theories is that they fail to live up to managers' expectations. Some examples of past attempts at

making better employees are sensitivity training, transactional analysis and management by objectives. These three examples of past trends were incorporated by the business community only later to be almost abandoned for newer more innovative approaches to the problems in American organizations. The moral is clear: If companies wish to use new methods in dealing with their employees, they should look closely at the technique to see if it will meet their needs instead of adopting it because everyone else is. Companies intending to place a considerable investment of time and capital into companywide programs should have a solid understanding of the consequences of such programs. Careful evaluation and analysis of past and present successes and failures should be undertaken prior to commitment. Such has not been the case with EAPs.

## A Definition

EAPs by definition are programs offering employees assistance in dealing with any problems that affect worker productivity (Wrich,1984). Different companies have different problems, but there are those that appear to universally affect a great proportion of American business, namely alcohol and drug abuse. Many companies have also dealt with such problems as emotional/physical abuse from a

spouse, depression, stress caused by work and family pressure, and employee financial difficulties.

The task of an EAP is to restore job performance to expected levels as well as to restore the health of employees to a better condition. Inherent in the scope of an EAP is the potential threat of dismissal of the problem employee when he does not cooperate and make an attempt at rehabilitation. When a problem employee is confronted with his problem by management, it is communicated to him that assistance will be offered and that his job is secure only so long as it can be demonstrated that he is seeking a cure for his problem and that management will no longer condone declining performance.

A closer look at what an EAP is and what it encompasses should be the first step in the analysis. Ideally an EAP is one of prevention rather than cure. Baum-Baicker (1984), for example, comments that EAPs are still curative rather than preventative, and he further states that there is a need to focus more heavily on prevention and to devise ways of gaining acceptance for such programs in the business community. Baum-Baicker suggests that companies should start by treating the work place, thus decreasing the probability of mental health and drug related problems.

Two of the basic elements in any EAP are education, then counseling. The objective in combining these two elements is to bring about changes in thinking and behavior that are more healthy and less costly to the individual and the organization. An EAP encompasses three main activities:

1. The accurate assessment of the nature and severity of the employee's problem
2. Appropriate treatment for the employee
3. A continuing recovery plan with regularly scheduled follow-up.

## Treating the Workplace

Treating the workplace requires taking a look at what could have contributed to the employee's problem. Looking at factors that could affect stress or boredom levels such as work/production schedules, safety precautions, job content, training needs, and personal relationships can provide an increased awareness of common problems. There are times when making changes to these conditions is impractical, however. What is important is that the organization should attempt to augment employee rehabilitation by improving the fit when it comes time for the employee to return to the work area. Placing the "cured" employee back in the original work area may negate their treatment.

Steele and Hubbard (1985) surveyed organizations and discovered a negative correlation between organizational climate and job satisfaction and the extent of substance abuse in the organization. They suggested that treating the workplace by focusing on the four main areas of organizational functioning (organizational climate, supervisory leadership, peer leadership and group processes) would help improve employee satisfaction. This might help reduce problems in the organization and also might reduce the chances of alcohol and drug related problems.

It might also be appropriate to examine management style. Likert described four management styles which can be placed on a continuum: exploitative-authoritative, benevolent-authoritative, consultive and participative. Benfield (1985) has suggested that management behaviors relate to behaviors associated with substance abuse. Elements such as motivation, communication, decision making, control processes, leadership and certain group processes can promote the effective delivery of an EAP if management has sufficient knowledge of them.

In summary, there has been an increasing tendency for organizations to take the responsibility of helping their employees to overcome a wide variety of mental health and drug abuse problems through workplace changes. However,

programs such as EAPs are often tailor-made to fit the needs of the organization, and thus it is doubtful that any two EAPs are exactly alike because of inherent workplace differences.

## Some EAP History

EAPs started in the early 1940's with the advent of Alcoholics Anonymous (AA). Before then, alcoholism had such a stigma that it was a problem largely ignored by most people. Today alcoholism is considered to be a treatable disease and the stigma has been largely removed; however, there are still organizations that stigmatize alcoholism and, in marketing EAPs, some managers still prefer not to have the term "alcoholism" used. In such cases EAPs are marketed as stress reduction programs.

The history of EAPs involves certain pioneering companies that undertook the problem of managing alcoholic employees by means other than dismissal. Managers approached problem employees, confronted them with the problem and directed the employees to appropriate treatment, while allowing them to continue at their old position in a reduced capacity until rehabilitation allowed them to regain previous productivity levels. This saved the company training dollars and helped improve morale. Legislation such as the Hughes Act and the creation of the National

Institute on Alcohol Abuse and Alcoholism (NIAAA) has also helped destigmatize alcoholism. EAPs represent an alternative to past methods of dealing with problem employees. Previous methods consisted primarily of termination of the problem individual. Punitive reactions by management have shifted towards a more humanistic approach. Management today is beginning to understand the need to take a closer look at how the overall organization functions and how it specifically deals with employee problems before they can deal with an employee effectively.

Surveys of supervisors in large U.S. organizations conducted by Beyer and Harrison (1984) showed that supervisors used discipline primarily as a response to deviant behaviors (high absenteeism, tardiness, wreckless or careless work habits, etc.) and when the work setting condoned punishment. Punishment took the form of sending the employee home without pay, pay reductions, negative evaluations put in the employee's file and sometimes, public humiliation. When such discipline was used, it had a small but significant effect on later performance of company employees. This is another reason why there has been the tremendous growth of EAPs. Beyer and Harrison found that managers of these organizations preferred effective treatment of the mental health problems of employees because

it has been shown to have a more desirable effect on problem behavior and it was felt that treatment improves worker productivity. The effects of treatment on productivity also lasted longer than punishment.

For example, in discussing discipline and punishment, Harris (1984) found that when there was an appropriate company policy present (e.g., the employee will lose one-half of a day's pay for being tardy on two consecutive occasions), alcoholic employees were found to improve their performance after punishment when compared to organizations where there were no such policies in existence. Before policies existed, employees who were alcoholic were notoriously resistant to supervisory interventions and were eventually terminated. When supervisors use discipline to uphold group norms, work group performance can be positively affected.

Employers are becoming aware that they may recoup some of their losses due to problem employees by treating the troubled employee. Treatment programs also demonstrate that the organization is committed to corporate social responsibility.

## Potential For Success

Wrich (1982) suggests that the tremendous growth in EAPs represents the tremendous need for such programs in today's organizations. The number of Fortune 500 companies implementing EAPs rose from 25% in 1972 to 57% in 1982. This survey was conducted over five years ago, so it is expected that the proportion is even higher today. Another survey (Wrich, 1985) during this same time period indicated that such programs have covered over 10 million people in the public and private sector. EAPs have great potential for effectiveness because they are used in the work setting where there is a greater opportunity for early and effective intervention of employee problems. Faced with the choice of treatment or jeopardizing one's livelihood, more employees can be more readily motivated to handle their problems. As a result the earlier the stage at which a problem is encountered, the better chance for recovery. In addition, with early treatment the process becomes more rapid and less expensive, and minimal worker productivity is lost.

## Current Strategies

When designing a program, it is important to keep in mind the goal of the EAP. There are three strategies an organization might have as its goal. They are: Primary, Secondary and Tertiary.

The ideal for any EAP is a primary intervention strategy. This means that the EAP is set up to educate employees. This education is conducted in such a way that those employees felt to be at risk are able to modify their lifestyles so as to avoid risk.

The next level is secondary intervention. This consists of crisis intervention, crisis monitoring and early diagnosis. This type of intervention is done while the employee is suffering the crisis and job performance is just starting to deteriorate.

The last level is tertiary intervention and is unfortunately the most common intervention in existence today. It is an after-the-fact process. The crisis is at hand, performance has deteriorated considerably, and the intervention stresses treatment and rehabilitation.

Because alcohol and drug problems usually reach crisis proportions before work performance suffers or is noticed, primary interventions are the ideal but rarely the case. This is one reason why educating people in observation skills is so important in today's organizations. There is a very gray line between the point at which job performance is clearly affected and where confrontation between management and employee is warranted.

## Elements of an Effective EAP

Whether EAPs accomplish their objectives is still a major question to be answered. To have a better understanding of what an effective EAP can accomplish, it would appear logical to know what elements comprise an EAP. They can be simple or broad depending on a company's individual needs. There are many elements in an EAP which each company should consider. Those elements include consideration of: implementation, information dissemination, the selection of caregivers, the assessment and referral source, education, the constructive/ confrontation strategy, the administrator, confidentiality and evaluation.

### Implementation

Implementation committees can be of use to an organization in the analysis of the company environment, design of the program and implementation of the new policies and procedures. There is very little research done on this aspect of EAP development.

While company management can perform the same responsibility as this committee, the makeup of such a committee may provide additional viewpoints which differ from management's. The committee can be made up of therapists, company officials, union officials and members

and also key employees. Regardless of who does the actual implementation of the EAP, the following tasks should be performed (Wrich, 1982):

1. Survey the environment. Identify existing programs being used. Locate agreements between union and company officials. Identify industrial relations issues which are bothering the company. An analysis of these factors might be helpful in the design of the EAP.
2. Know the structure of the environment. It is wise to have a knowledge of who is in authority in each department. It is also important to know how different departments interact.
3. Be aware of previous programs. Know whether they were successful. Be sensitive to those who were responsible for such programs if they are still employed by the company.
4. Look at current union and personnel activities, policies and procedures and also how employee problems are being dealt with.
5. Look at the employee benefit package. The introduction of a new program, such as an EAP, might require additional allowances. The current program may be too broad or narrow.

An implementation committee is made up of individuals who may ultimately require the services of the EAP. Their involvement in the decision-making process will help build more commitment for the program. This is why it is suggested that well known, key, individuals be invited to participate. The committee's responsibilities include the drafting of new policies and procedures for the EAP which, in turn, go to upper management for final approval.

The committee (or those responsible for the EAP) should remain intact until the program has been in operation for a specified period of time. Most of the problems that occur in an EAP do so during the first year when the demand is so great on the EAP staff. Implementation requires patience. When the program is large it takes more time to "debug" the program. It is important that policies and procedures should be in writing and made available to all employees. The treatment program environment is also subject to inspections by various state and federal agencies. This is another reason why the administrators of the program and the caregivers should exercise great care in keeping accurate records.

Periodic reviews of the program are held at intervals to assess progress. Revisions can be drawn up and added to the program as necessary. This is another responsibility in implementation.

## Information Dissemination

Once the implementation committee has completed the important job of designing the EAP, the plan for implementation exists, and management has given final approval, the necessary information needs to be disseminated throughout the organization. Key topics of information include the location and identification of the assessment and referral source and a knowledge of the policies and procedures pertaining to the program. The information is sometimes transmitted, initially, to key employees in each department. This is usually done through a meeting separate from the other employees. It is felt that these individuals are informal leaders of the work group and that they are the ones that other employees go to for information about company policy.

Following this initial session there is a companywide dispersal of information by any one of a number of methods. Many companies have newsletters by which important information is made public. Another educational tool is to

provide a letter from management to all employees either distributed by hand or in a company pay envelope.

A letter to the family is also sent through the mail. It outlines the purpose and procedures of the program and provides the necessary names and phone numbers of key individuals in the EAP. Educational programs can also be set up in the community so that everyone can attend. These community programs are not company specific, but are designed to educate the general public about current problems that undoubtedly exist in every community. Many cities and towns currently operate some sort of community health center. Unfortunately their purpose is unknown by many people and they are often underutilized.

## The Selection of Caregivers

Also important is the care taken in the selection of the caregivers. Careful discrimination should be made regarding their credentials and past successes. Research has shown that caregivers often disagree about the method of treatment for a particular problem and also about what constitutes appropriate after care. It is up to those responsible for the success of the EAP to ensure that appropriate caregivers are enlisted. It is important that caregiver attitudes coincide with EAP goals. The caregivers

should also be subject to evaluation as the program progresses. Important in rehabilitation is the follow-up care program for each employee, which is initiated by the caregiver.

Often, without post supervision and follow-up, an employee can find that the problem has only returned and with the same magnitude. It is common for many therapists to do follow-up calls on clients as long as five years following release from therapy. It is also common for therapists to "lose" an old client due to relocation and even death. Sometimes included in rehabilitation is a written contract, which the client signs, agreeing to leave forwarding addresses with the therapists so that follow-ups can continue uninterrupted.

Good (1984) outlined several considerations in the selection of qualified, professional caregivers.

1. Psychologists or psychiatrists should be able to provide meaningful treatment in a timely manner.
2. Caregivers should have a good community reputation. Opinions should be solicited about their competence.
3. The organization of the caregivers should be "healthy." Consideration should be given to such internal factors as rapport, experience, special needs and considerations.

4. The treatment modality should agree with the EAP goals and requirements and should consider the kind of follow-up care given.
5. The fee schedule should be neither too high nor too low; it may be necessary to "shop around" for the most economical treatment available.
6. Licenses should be considered as well as whether the therapists are involved in continuing education to improve their skills and abilities.

## The Assessment and Referral Source

An organization needs to have an excellent internal source. The role of the internal source is assessment and referral of the problem employee. This individual is the primary link between the employee and the appropriate caregiver. They should be trained to assess the probable cause of the personal difficulties jeopardizing work performance. They are the first to conduct an indepth interview with the problem employee (Wrich, 1982).

1. The intake interview (assessment) should be very confidential. It begins with an explanation of what the individual can expect of EAP services. Screening and assessment are done, frequently with the help of psychometric testing. Once it

is determined that professional help is needed, written authorization is required of the employee so that this confidential information can be released to the therapist.

2. The referral source needs to get the employee to agree to meet with the appropriate professional so that rehabilitation can get under way. The referral source often accompanies the employee to the initial meeting with the caregiver. Following treatment the source can assist the employee in the development of the after-care program. They are also qualified to make recommendations to company officials as to the placement of the employee back in the appropriate work environment.

The source can be a full- or part-time employee. In some companies he already holds another position and takes on the role of assessment and referral as an added job. Other companies may decide to have an objective third party who does not have an interest in the company. The role of the source varies according to the needs of the company.

The source is a vital portion of any EAP. He should be highly qualified to handle the responsibilities he encounters (Wrich, 1982).

1. He should be able to educate and provide training to all employees as needed.
2. He should be highly qualified. He must have experience in dealing with a wide variety of human problems. It is necessary for a source to have a genuine desire to help people who have problems. Training in alcoholism and drug dependency is vital. Misdiagnosis can occur which will cause employee problems to remain unresolved. Areas to assess one's ability are: clinical experience, personal experience, previous successful experience in EAP work, experience in identifying appropriate caregiver sources, experience in developing an EAP and a good perception of how organizations operate.
3. He should possess certain personal characteristics. He must be trusted by employees of the company. He should have good communication skills. This illustrates that

academic credentials are not sufficient by themselves.

Supervisors are thought to be the primary referrals to the company source, but there are others that can also get the problem employee to the appropriate caregiver. Fellow employees are equally capable of noticing the most subtle changes in behavior and performance. Some behaviors that are among the most noticeable are: absenteeism, tardiness, changes in behavior, disruptive incidences with coworkers, failure to observe safety and work rules, sloppy paperwork and complaints of other workers in the employees work area. Some employees who were once outgoing members in a group might start eating alone during lunch or become involved in other withdrawal behaviors.

The other individuals who are able to observe such behaviors are (Wrich, 1982):

1. Union co-workers. When a union is involved in a company, the union steward might be in a position to recognize problems before work performance has declined significantly. A union employee is also more likely to accept advice from someone else in the union because there might be a greater degree of trust.

2. The family. They usually know of problems before anyone else. Frequently they deal strictly with the EAP staff. The employee and their family need to be jointly involved with the rehabilitation. This also helps to reduce family anxiety.
3. The physician. They can be a good source for referrals. They sometimes have the knowledge needed about chemical dependency and addiction. They also treat more people with addictive behaviors than any EAP staff member.
4. The employee. A crisis is almost always necessary before an individual will voluntarily enter an EAP. They often do not realize that they have a problem or they feel that they can find cures for their problems without professional help. There are cases where an employee does not wait until it is too late, and they do voluntarily refer themselves for help. These employees are usually the most motivated and usually have the highest cure rates.

Some organizations have used a technique called the "Carrot and Stick" approach (Good, 1986). It was found to be effective in encouraging employees to make use of the EAP. The organization lays the responsibility at the foot of the employee while also guaranteeing confidentiality to the employee. There is also the guarantee that there will be no retribution on the part of the supervisor or company management. This is one reason why supervisors are instrumental in an effective EAP.

## Education

Inherent in any EAP is education. Quite often it is management who notices the problem employee. Very often it is the supervisor who gets the employee to meet with the assessment and referral source. There are times when the employee is the last to know that a problem exists, even though it may appear obvious to everyone else in the work area. For this reason, it is important that supervisors are knowledgeable of the signs of deteriorating performance. Once the problem is noticed, the problem is dealing with the problem employee in the appropriate manner. Often it is necessary to conduct seminars or workshops for supervisors to help them develop the necessary skills.

Education, not only of the program, but of drug and mental health problems in the community are of paramount

importance in order for an EAP to be truly effective. When more people become aware of the potential hazards capable of occurring, the time may come when industry sees a decline in such problems. Unfortunately, this type of education usually does not take place. More emphasis is placed on curing the individual rather than on preventing problems from occurring. All too often company funds are not available following the expenditures of rehabilitation, leaving few funds for important education (Steele, 1985). Education should be a prime consideration in the implementation of any program.

In any EAP there should be certain inherent elements that employees should be made aware of (Wrich, 1982):

1. The company recognizes that anyone can have a problem.
2. Assistance will remain confidential.
3. The employee's future will not be jeopardized by use of the program.
4. Unacceptable job performance will not be tolerated.
5. The employee's family is encouraged to use the program.

## Constructive/Confrontation Strategy

Trice and Beyer (1984) found that one of the best strategies for a supervisor to use on an employee is the constructive/confrontation strategy. There are two components to this strategy. The confrontation consists of the supervisor detailing, with specifics, the problem in job performance. This written documentation should be organized and accurate so that denial and rationalization cannot take place. Hard facts are difficult to disagree with, especially when they are in writing and dated. The observations are performance related and are not based on personality. There should be a reiteration of the values and standards held by the work group. The employee needs to know that these expectations are not being fulfilled and that sanctions will follow if performance does not improve.

The constructive part of the discussion expresses emotional support of the group. There must be an emphasis on the fact that group membership can continue if they get help for their problem and make the appropriate effort. This strategy should be known by all managers and supervisors because it has been shown to be effective.

Confrontation can either motivate the employee to get help or it can cause the employee to leave the organization, and find work elsewhere where they are not known, where

discipline is not used, and where they can hide their deviant behavior, at least for a time, until the problem surfaces again in additional poor performance. This is one reason that education should not only be made available to the employees that a program such as an EAP exists, but also to managers and supervisors because they are frequently called upon to test the limits of the program itself since they are often referral agents for problem employees.

## The Administrator

Wrich (1982) describes another consideration in an effective EAP - the administrator. This individual's role differs from that of the assessment and referral source in that they promote the effective implementation, coordination and evaluation of the program. This, too, can be a full- or part-time position, depending on the workload. Some organizations have volunteer administrators who also handle other company responsibilities. Their role is not to diagnose the troubled employee; their role is to see that procedures and policies are adhered to and to the mutual benefit of all concerned. The coordination of company resources is another possible activity. They also can assist the employee with re-entry into the organization once the treatment is complete.

## Confidentiality

Another very important consideration in any EAP is confidentiality (Wrich, 1982). An EAP is successful if the employee feels that he can trust the record holders. Client records include the employee's need assessment, evaluations and recovery plan. Nothing in these records should become part of the employee's corporate file. These are confidential to the employee and to appointed, authorized individuals except in the case of a court order.

There is trust if the employee does not fear any retribution concerning job security. If there is high confidentiality, the employee will feel more inclined to go to the referral source at the request of the supervisor or on a self-referral basis. There are measures a company can take to increase confidentiality. One is to have the assessment and referral source at a location in the company facility where there is minimal employee traffic. Some companies choose to locate the source off of company property. No records can be released until the employee gives written consent. (There are circumstances when this cannnot be adhered to.) Another way to ensure confidentiality for the employee is to have caregivers spread out over several locations. When all care is given

at one facility, then employees may notice each other entering and leaving the facility.

## Evaluation

Evaluation of the program is another essential element but one which is too frequently overlooked. One individual who can aid in this important goal is the administrator. There are several factors that can and should be taken into account (Wrich, 1982).

1. The Penetration Rate. The penetration of the population at risk is a primary concern. An important question that management needs to ask is whether the program is providing aid to those employees that need it. The population at risk is estimated at being as high as 12% of the employees in the organization. (This figure is only an estimated figure of those employees suffering from alcohol and drug addiction.) If 20% of these employees are reached during the first year of the program's implementation, then it can be assumed that the program is penetrating the population at risk successfully. It is unlikely that all employees needing help will ever reach the point of entering rehabilitation.

2. Recovery Rates. Criteria should be developed to determine if those in need are getting the required help and are becoming "cured." Cured is too often an ambiguous term and one which has different meanings for different individuals. An example of this ambiguity is that some therapists feel that an alcoholic is cured when they no longer drink over a specified period of time. Another therapist may conclude cure when the individual still drinks but has evidenced control over excessive drinking behavior. (The debate of abstinence vs. controlled drinking will be discussed later.) Recovery rates in the literature need to be viewed with caution because they can be misleading. Often criteria are not clearly defined. It is up to the organization to determine the various criteria for rehabilitation on an individual basis as problems occur.
3. Performance. Company records and performance appraisals usually indicate whether performance is at a standard level. Changes in department morale and improvement in interpersonal relationships are observable. Other factors such as absenteeism, production rates and insurance claims all lend themselves to easy measurement.

> Very often employees can remain at their positions while getting treatment for their problems. During the period of rehabilitation, these employees should be carefully observed with performance and behavior being carefully documented.

Evaluation of the EAP is important for several reasons. The company needs to know whether the investment being spent is providing the necessary return. If it is not, then changes can be made to the existing program in any one of a number of areas as management sees fit. It may be the case that there is no need for an EAP at all. Individual problems may be handled on an individual basis through other means. The research on the subject of evaluation is not impressive. There is still a considerable amount of work to be done.

## EAP Summary

These are some of the key elements that should be a part of every EAP. Each issue should be addressed and all consequences should be considered. Most elements when included in an EAP appear to promote an effective program; yet there has been little scientific research to support them. It is true that such research is difficult to

undertake. Most studies on EAPs are descriptive in nature. Through an analysis of the current literature it appears that EAPs may provide the necessary impetus for improving worker productivity and satisfaction.

## THE RESEARCH LITERATURE ON EAPS

Although the research on EAPs is generally scarce and of questionable merit, there have been some studies which have provided an understanding of effective EAPs and the various treatment methods used. For example, many large corporations have reported a substantial return on their investment. Some of them include (Wrich, 1982):

--U.S. Steel and Polaroid. Savings of $5 for every dollar spent on mental health.

--Firestone. $1.7 million saved in reduced absenteeism, accidents, sickness and other medical costs.

--U.S. Postal Service. Savings of $1869 per employee annually in sick leave and leave without pay.

--Control Data. Savings of $10 million annually in improved productivity.

### U.S. Productivity

There have been attempts to document the actual losses to American industry due to alcohol and drug abuse. Weiss

(1985) presented one attempt, which was to multiply the average percent of abusers (10--12%) by the average decline in productivity (25-50%). This product is multiplied by the average national salary and the final dollar amount becomes the value of lost productivity. One reason to look at this figure with a bit of skepticism is that the average salary of alcohol and drug abusers is probably much less than that of the national average due to sickness and lost work. Weiss (1985) also reported that estimates of lost productivity are overstated and not supported by the literature. He states that systematic evidence as to the effectiveness of programs helping alcoholics is non-existent. There has yet to be discovered the means for identifying, reliably, the alcoholic employee and the cost to productivity.

There are clearly problems with many research studies. In one study dealing with stress management for hypertension, Charlesworth (1984) stated that, due to the adverse side effects of pharmacologic treatment, there has been a shift towards more behavioral methodologies. A variety of behavioral techniques, in addition to relaxation training, include self-monitored blood pressure, stimulus control, and cognitive behavior monitoring. Biofeedback and relaxation were found to be more effective for those that were not taking medication. Charlesworth claimed

that a ten-week training program for blood pressure measures decreased blood pressure readings. Insurance claims also dropped on the average from $225 per employee down to $85. The program was held at work during lunch periods and the cost was minimal.

These results sound impressive, but it is difficult to make decisions based on them unless an analysis of the criteria used could be done. Research has indicated that some companies have used questionable practices in reporting EAP results (Gerson, 1985). It has also been suggested that incorrect reporting of EAP results could be one reason why EAPs are being implemented at a startling rate.

With so many types of problems evident in organizations today, it would appear that more companies will have to face their problems in one way or another. Benfield (1985) suggested that ignoring the problems that exist or removing an employee from one area to another without treatment will only lead to further deterioration. In such instances, very often the employee is terminated or quits.

A study done by Weiss (1984) concluded that 5-10% of all employed individuals are alcoholics and that they are 25% less productive according to performance measures than non-alcoholics. It is likely that such reported figures are scaring companies into implementing programs.

There have been other recorded successes where an EAP has been utilized. However, seldom are successes clearly documented. It would be appropriate not only for an organization to take note of what should be done in implementing a program but also what has been done using scientifically-sound evaluation methodologies.

## Wellness Centers

One area that has been given considerable attention is Wellness Centers. Usually adopted by larger companies, they are an encouragement for people to adopt a healthier lifestyle both at home and at work. A wellness center not only benefits the employee but it can also benefit the bottom line of the company for which they work. If $400 billion is spent annually on health care, most of which is spent for the treatment of alcoholism, smoking, hypertension, obesity and high cholesterol (all of which are preventable), it seems to make sense to spend financial resources on those areas. Noles (1987) reports that Fortune 500 companies report losing an estimated $88 million annually due to employee illness and spending $100 million annually for employee medical coverage. Wellness centers are aimed at prevention rather than cures.

Orlando Magazine (1987) reported that local hospitals are attempting to provide services that will benefit local businesses. Some companies go so far as to have a well equipped fitness area on company property. Thirty percent active participation is generally considered to be the norm in wellness programs. Statistics show that wellness is good business. Noles (1987) reported that Control Data showed that an employee who exercises regularly costs $100-200 per year less in health care claims than one who does not. Nationally, about 16% of companies with 50 or more employees now have physical fitness or wellness programs. Wellness programs not only have an impact on healthcare premiums but they can also result in fewer lost hours and increased worker productivity.

## Identifying the Problem Employee

One of the problems in identifying alcoholics in the work setting is that large groups of people still hold on to outdated, untested estimates. The National Council on Alcoholism (NCA), the major volunteer association in the field, still consistently promotes the estimate that 5-10% of the workforce suffers from alcoholism. Weiss (1987) noted that this can be a problem in many company programs. If management is not getting 5-10% of their employees into treatment then they feel the program is not

adequately meeting their needs. They then go on a hunt for more problem individuals, when in reality, they might not exist. This type of tunnel vision can have serious negative consequences on morale in the workplace. Official references of the numbers of alcoholics in America, 9 million, have not been substantiated (Hartsock, 1985). Estimates are just estimates. They can be used as guidelines but only if the companies using them realize that their own situations may not fit the estimate. Their companies may yield higher or lower problem employees.

Hartsock (1985) also addresses the estimates of addictive individuals working in organizations. The estimate often used is 20%. The widespread willingness to accept this number comes from pressures on program planners to provide useful baseline formulas. There are other alternatives for determining target populations. Hartsock described a tremendous project undertaken by G.E. Space Division. Under the Alcohol Epidemiologic Data System (AEDS) there is the means for determining company alcohol problem prevalence estimates for all counties in the United States. This was the most comprehensive study done of its kind. The GE AEDS estimate ranks counties and populations in areas which are at comparative high risk for alcohol problems. This would appear to be a more accurate estimate than the old 20% rule.

Other means of identifying problem employees is through the use of scales. The Environmental Deprivation Scale (EDS) and the Maladaptive Behavior Rating (MBR) are two devices that can be used to measure some of the characteristics of employees experiencing difficulties. The results can aid in identifying appropriate treatment for the individual. Quayle (1983) noted that addicted individuals are absent from work more often. The accident rate for these employees is four times greater. They use 33% more sick benefits. They require five times more compensation claims. He also stated that these workers only work at slightly more than half of their normal capacity. (This figure is considerably higher than the 25% noted earlier in this paper).

## Inpatient vs. Outpatient Treatment Programs

Once an organization knows who the problem employee is, it is necessary to determine the type of treatment that should be made available to them. Some companies may choose a treatment program based on an outpatient basis rather than an inpatient basis. The inpatient program takes the employee out of the work setting until such time that normal functioning can occur. It is also more expensive.

A study by Verenis (1986) concluded that the inpatient programs he observed were too long and needed to be shortened. The inpatient program removes the employee from the cause of stress, but the cause of stress still remains. Some companies need to address not only the problem employee but the work setting that helped contribute to the problem.

Kofoed (1986) examined an outpatient program for people who had coexisting disorders. Patients learned about their dual disorders and how to manage them through meetings in the outpatient clinic. They also gained experience in the "role induction" process which has been shown to increase outpatient retention in other settings. Once they are stable they can then go on to programs such as AA or Narcotics Anonymous (NA). Other outpatient treatment may include individual psychotherapy, couples/family counseling, day treatment, and participation with other alcohol/drug treatment patients in skill training groups (assertiveness training or relapse prevention).

There is still a need for inpatient treatment programs when the individual is unable to function. The organization just needs to be aware of the alternative treatment modalities.

On the subject of treatment for dual disorders, the attitude of the treatment staff needs to be considered. Lehman (1982) noticed that there is a significant difference in the attitude of drug, alcohol and drug/alcohol staff towards drug and alcohol abusers. Those who hold unfavorable stereotypes or have moral views about drug and alcohol abusers tend to be opposed to combined treatment. It is important to look at the individual agencies delivering treatment. There is little substantive research done on the efficacy of dual disorder treatment. Attitudes and preparedness of the staff determine the success or failure of combined treatment. When a company offers aid to an employee who appears to suffer from alcoholism, the possibility of another disorder does not always seem apparent. An employee could be suffering from a number of physical and psychological maladies simultaneously.

## Abstinence vs. Controlled Drinking

When considering just the treatment alternative for the alcoholic individual, there is the question of whether treatment should consist of stopping the drinking behavior completely (abstinence) or trying to teach the individual to control drinking behavior. There has been considerable debate as to the appropriateness or effectiveness of controlled drinking.

Robertson (1986) considers controlled drinking to be a viable alternative for many problem drinkers (not to be confused with alcoholics). There are some individuals who cannnot adjust to the fact that treatment will mean never indulging in another drink, but there are many who can cope with simply trying to control their drinking behavior. In a comparison of two programs, it was concluded that minimal treatment might have adverse effects on the problem drinker. McCrady's review of controlled drinking (1985) sheds doubt on whether controlled drinking is a viable clinical goal for alcoholics, even though a few may struggle to achieve it.

Mallatt (1985) defends controlled drinking by offering that 80% of those who suffer from alcohol problems are not seeking the professional treatment they need. More might if they were given a choice of treatment. Treatment programs that require abstinence seem to have more successful outcomes. Wallace (1985) followed one program for 2000 adults and reported an abstinence rate of 84% over 3 months following treatment.

The debate over which is the more viable treatment modality will undoubtedly rage on. Professionals have their own views and many will never alter their deep-rooted beliefs. The evidence to date appears to favor abstinence

from alcohol rather then controlled drinking. It will be up to the organization to decide on the criteria for treatment success.

## Treatment Program Assessment

When the employee is ready to return to the work place, an evaluation of treatment needs to be performed. Capone (1986) attempted to show that the efficacy of any treatment depends on the retention of patients in need until they are properly stabilized and positive gains are noticed. In his study, variables such as age, sex, years of education and years of drug use did not seem to have an effect on whether they remained in therapy longer. It did appear that those who tended to leave treatment prematurely, also tended to have higher abuse rates. Treatment is only as effective as the employee allows it to be. Effective treatmemt often takes a considerable investment in time.

In a study by Bissel (1985), treatment of professional employees was assessed. Four hundred and seven AA members were followed up after a year of sobriety. Of those interviewed, 4 out of 5 were still abstinent after 5-7 years following original treatment.

When evaluating treatment, it is important to take note of studies that claim very high success rates. In a review by Gerson (1985), the subject of "lost" patients was

considered. When studies report on follow-ups and only include those that are found, statistical findings can be very misleading. If a study starts out with 100 patients (50 are found for follow-up) and 40/50 are still abstinent, the study may conclude that treatment resulted in an 80% abstinent rate. If all of the patients are considered, then the success rate may actually be 40/100 or an abstinent rate of 40%. Careful statistical analysis needs to be done to eliminate any ambiguity concerning success rates of treatment programs. Demographic data show that some patients respond more quickly to treatment than others. Less favorable results emerged from patients who displayed characteristics of poor employment history, poor physical health and attendance at other programs. Such characteristics appear to have an effect on the patients' psychological improvement.

With the implementation of treatment it is sometimes desirable to predict the number of employees who will successfully overcome their problem behaviors. Many attempts have been made to do so.

## Predictors of Treatment Outcomes

Walker (1982) attempted to identify outcome predictors for chronic alcoholics. In making predictions, intake characteristics were relatively strong predictors of

employment outcomes. In a study by Elal-Lawrence (1986), it could not be concluded or predicted that those that have less severe drinking problems will benefit more from a controlled drinking program rather than one of total abstinence. The alcoholism treatment outcome is most closely associated with the patient's cognitive and attitudinal orientation, past behavioral expectations, the experience of abstinence, and the freedom of having their own goal choice. The most powerful predictors found in the study were presence of liver damage, history of AA attendance and length of previous abstinence and a higher incidence of unemployment.

Another study by Rees (1985) found that health beliefs and attitudes measured at the beginning of treatment are predictive of patient adherence to treatment. Some elements associated with it are the patients perceived severity of their problem, their expectations for improvement by staying in the program and the level of satisfaction with the initial contact between doctor and patient. This study also pointed out that for some programs, the drop out rate can go from 28% to 80% within the first month. If individuals are to stay in treatment, then there must be a number of variables existing:

1. The patient must have a minimum knowledge of health care and health motivation.
2. Their condition is threatening and there is a feeling of vulnerability.
3. The treatment must offer effective help.
4. There needs to be few difficulties with attending treatment.

Most of the variables are cognitive. The assessment and referral source is the key source for such information. This is another reason why the relationship of the patient to the EAP staff and the therapy staff is instrumental in order for effective treatment to occur.

Arnstein (1985) conducted a study of 18 demographic factors and how they interacted with alcoholism treatment outcomes. Seven of the 18 variables were found to be discriminatory. Those responding to treatment were:

1. older
2. married
3. employed upon admission
4. abstinent more days before admission
5. hospitalized less frequently
6. more likely to participate in aftercare
7. more frequent visitors to the clinic following treatment.

Through multivariate analysis, only the last two factors were found to have predictive ability, whereas the others only contributed slightly. Socially stable alcoholics have been found to be more responsive to treatment. Ornstein also concluded that length of stay in treatment was still inconsistently linked to post treatment abstinence.

It appears that there is insufficient evidence to link many variables to treatment outcome. The strongest appeared to be length of treatment and aftercare. It is still important to educate the problem employee about their problem, about the treatment offered and the expectations of the program for the individual.

## Women and Minorities

There is more emphasis on minorities and women in the workplace. The stereotypical problem employee is the man who drinks too much, not the woman. This is no longer the case. Women make up the majority of the workforce in the U.S. EAPs have not typically been targeted to women but that must change. In order for EAPs to be of value to the entire organization, all must feel free to participate and take advantage of the program. In a study by Levy (1980), of 3234 employees it was found that there was a higher frequency of drinking among minority groups, especially women.

The proportion of women being referred to EAPs for alcoholism is low. Some of the reasons this is thought to be so are that:

1. There are fewer employed alcoholic women than men.
2. Women are more expendable, therefore are dismissed rather than treated.
3. Women work at lower level jobs and are therefore less noticeable when it comes to noticing deteriorating performance.
4. Supervisors are less likely to confront an alcoholic woman because of the greater stigma attached.
5. Women might have to release the care of their children to someone else.
6. A husband of an alcoholic woman is more likely to keep the problem hidden and is more likely to leave the woman.
7. Women have a harder time leaving the home for treatment than men.
8. There is some evidence that indicates women have lower recovery rates.

This study also revealed that women enter treatment at later stages of alcoholism. There is some hope though; women leaving treatment had higher improved attitudes towards work than their male counterparts.

Another reason that EAPs are underrepresented by women could be that many EAPs are geared towards men. There is little known about female addiction. Female patterns of addiction appear to be different from that of men. Also, since many industrial programs are embodied around masculine expectations and role functioning, female addicts are inadequately served. The treatment staff has historically been made up of male therapists. Women may also feel less inclined about talking about their personal problems with men.

In a study by DiMatteo (1986), 1345 clients were treated for drug addiction. It was found that 53% of the work population was made up of women, but only 18% of the patient population was made up of women. Companies who wish to fairly represent all employees need to take certain steps to ensure equal representation. Sincere attempts should be made to contract with agencies that have both male and female therapists. It is also important to target women populations in the area of education and prevention. The local community can also be educated abut the problems facing women, through the use of a variety of media.

## Domestic Violence

Another area that affects women in industry is domestic violence. It is a sensitive area and companies need to be sensitive to the feelings and needs of women who encounter such types of abuse. Employers need to be supportive but it must be realized that the problem cannot be ignored. Human resource personnel need to know when and how to intervene in these types of situations. It is also important to have some understanding of what domestic violence is and some reasons behind it.

Schumacher (1985) states that for employees who experience domestic violence the work place is often the only respite. There should be a commitment from top management that the company values the abused employee and that they are willing and able to do so on the employee's behalf.

Some steps for the company to take in such instances are:

1. Tactfully approach and counsel employees suspected of being abused.
2. Offer protection on the job within reason.
3. Establish a liaison with the local domestic violence shelter.

4. Be aware of the resources that will acquaint battered employees with their recourse through the criminal justice system.
5. Ensure a workplace free of references that perpetuate stereotypes about abused women.

Thus it would appear that women have serious problems to deal with, just as their male counterparts do. The causes of the problems may be different and the forms the behavior takes may not be similar, but it is evident that some companies do not offer the same opportunities for assistance to men, women and other minorities. Unfortunately many companies feel they do. Careful thought towards the design and implementation will create an atmosphere that everyone can benefit from.

## Prevention

Prevention is a topic that cannot be overly considered in an EAP. Nathan (1983) reported that only 4% of government funds is spent on prevention. He termed this government support as scandalous and cost ineffective. Prevention is an infrequent component despite its apparently favorable cost-benefit ratio.

Treatment of the individuals and their problems, rather than prevention, still seems to be more cost effective for many organizations. When prevention efforts

are undertaken, the effort is usually small and ineffective. Those companies that have undertaken steps in prevention of employee problems appear to boast of high dollars saved for the company. Prevention can occur in at least four areas:

1. Prevention of alcoholism in at-risk host groups (women, youth and the elderly)
2. Prevention of the consequences of alcoholism in the host (fetal alcohol syndrome, drunk driving)
3. Prevention by restricting the agent (increasing the drinking age or the price of alcohol)
4. Prevention in the environment (alcohol and drug education, mass media campaigns-including radio and television).

Lewis (1984) outlined what appears to be three major thrusts of mental health prevention:

1. Interpersonal competency building. This teaches individuals to cope with whatever problems life may bring.
2. Programs for populations facing life crises. Attention dealing with highly charged stressors.
3. Modifying and improving the environment. This deals with changing various factors in the environment to bring about positive life changes.

Supervisors and management personnel can play a key role in the area of prevention. Andrews (1985) feels that understanding is the key to control. When supervisors remain available to employees there is greater potential for building strong interpersonal working relationships. The management needs to try to maintain a balance between the interests of the employee and the interests of the company. The employee should always be making a contribution towards the bottom line of the company for which they are employed. Finally, it is important for managers to have a certain amount of flexibility to meet the individual needs of the employee.

## EAP Criteria

In measuring the success of a program, it is necessary to first decide upon criteria for the program. For some companies life adjustment is becoming a criterion for success in treatment.

Voris (1982) did a review of the literature between 1909 and 1949 and could make no opinion as to the effectiveness of alcohol treatment programs. Another study between 1952 and 1963 found essentially the same conclusion. Most studies had no control groups, there was improper selection of subjects and there was often a lack of appropriate baseline data.

Self reports of patients were found to be valid indicators of treatment outcome. Information can also be gathered objectively through observation and official records. Deception can be minimized if the collection of information were an integral part of therapy and follow-up. It appears that the employee is one of the best sources of information when trying to decide the criteria for treatment outcome. It is still difficult at times because treatment outcome can be ambiguous.

Forrest (1984) outlined several criteria for treatment. Many therapists feel that the following outcome criteria can be valid indicators of healthy growth and change:

1. Patterns of overt work behavior and job performance.
2. Interpersonal relations. (movement towards other people on the job)
3. Target symptom reduction. It is helpful to motivate the employee during periods of abstinence from chemical ingestion.
4. Psychometric assessment/testing. The TAT, MMPI, Michigan Alcoholism Screening Test (MAST) and the Alcohol Use Inventory (AUI) are all useful tools. The MMPI has been shown to be of particular value.

5. Therapist's relationships with patients. Clinicians must not underestimate the relationship between them. It is a barometer of patient growth and change.

Many programs boast of a 50-75% success rate. Success as defined by many programs is that the employee is returned to work and is doing a satisfactory job as viewed by their supervisor. Most current EAPs boast that treatment has, in effect, improved employee job performance.

## Program Evaluation

One final consideration of managers is program evaluation. In a program both managers and administrators should feel responsible for such evaluation. There is differing emphasis between these two groups. In a study by Baker (1983) administrators were found to be more committed to how the patient should be involved in program evaluation when compared to managers. Managers also had a lower positive attitude towards evaluation than the administrator.

Program evaluation can contribute to the decision making that is necessary in effective programming. It can also contribute to the efficiency of the EAP services. Companies need to establish specific procedures for maintaining program accountability. The provision of health

care services needs to be linked to the defined needs of the employees. It is also necessary that the agencies hired by the company have procedures for client evaluation of services. The providers of services have a responsibility to be accountable to users of those services. It is necessary for companies to establish the mechanisms which will assess the extent to which the program goals and objectives are achieved.

Another study by Kurtz (1984) reveals that efforts to help alcoholics appear to be very successful. Most programs reviewed boasted success rates of 60% or more. When a company is evaluating success, they need to have a large enough sample of employers and patients. The sample needs to be representative of the various individuals for what the program was intended. The use of control groups and experimental groups is necessary. There should be a sufficient follow-up period. Kurtz's review could not find one study on occupational alcoholism programs that reached a reasonable approximation of the minimal research design. This would suggest that the results shown in many of the previous studies should be looked at with caution. Some of the large companies reviewed were:

1980-Illinois Bell; N=752; 58% cure rate

1980-International Harvester; N=342; 65% cure rate

1969-New York Telephone; N=300; 80.3% cure rate

1970-Air Frame Producer; N=350; 65% cure rate

All the above outcome measures are vague and no clear criteria for recovery were defined.

## EAP Barriers

As is clearly evident, an EAP program is not easy to design, implement or evaluate. There are many variables to consider. What makes it even more difficult are current hiring practices. The increased participation of women, minorities, elderly workers, and handicapped, and the increased longevity due to increased medical technology, make the job market more competitive, which adds to already stressful situations at work. There are also increased frustrations on the part of the employee because his job is not living up to his expectations.

Wyers (1984) feels that there are four stages to social services development. A company program can fall into one of these four categories (or somewhere in between):

1. Conventional provision of dealing with personal employee problems (e.g., a company may ignore

their absenteeism problem until it affects production rates).

2. Comprehensive program evolution (which includes a wide range of activities such as improved employee benefits which provide optional help to the troubled employee as the need arises).
3. A shift from worker to organizational intervention.
4. Management and employees work together to develop a sense of community.

The first two stages deal with intervention while the latter two deal with prevention. Most EAPs fall somewhere between the first two stages.

Nepp (1984) looked at EAP programs where the responsibility was placed on the employee. Self-help approaches can be cost effective for the organization. This type of program is totally self-administered or presented with a minimal amount of therapist contact. Behavioral self-help manuals, exercises which teach self-monitoring and developing substitute activities are provided to the employee. While these programs may be desirable from a cost viewpoint, they were not shown to have significant effects on future behavior.

Other barriers to the development of an efficient EAP are: lack of money, the belief that EAP services are inappropriate at the worksite, lack of management interest, lack of union interest, lack of expertise in running such programs, and labor disputes. EAPs are doomed from the start unless many of these obstacles can be overcome. There needs to be a broad based advocacy effort. It is important to change attitudes where necessary, to encourage development of community/workplace programs, and to involve a broad base of individuals in the work community.

## Literature Summary

EAP and Wellness Programs provide attractive alternatives to many aspects of the present health care system. America's health strategy needs to be redesigned to emphasize health promotion and disease prevention.

In reviewing the literature on EAPs and treatment programs with a somewhat critical nature, it is still fairly obvious that EAPs are a viable alternative to programs used in the past. Employees are demanding improved benefits and many often switch jobs, not because of work conditions or pay, but because employee benefits are better elsewhere. Also, with an increased social responsibility, companies are seeing that it is in everyone's best interest if an organization takes care of its most valuable asset, its people.

Unfortunately, many programs today fall short of their desired goals. Lack of careful planning, poor administration and poor implementation can lead to the downfall of any program that starts with good intentions. There is a tremendous amount of detail that cannot be overlooked. The factors listed in this study deserve management's consideration.

## Research Objectives

The third section of this paper was designed to assess empirically the current practices in a variety of industries in Central Florida. In addition to providing a description of current practices, it was hypothesized that businesses with EAPs will have a more positive opinion of EAP program elements than companies that do not have an EAP. In addition, for those companies with EAPs, it was hypothesized that those companies that utilized the essential elements and had more positive opinions of them would also indicate higher overall satisfaction with their EAP and would feel the program saved them money.

## A RESEARCH STUDY OF CENTRAL FLORIDA EAP PRACTICES AND ATTITUDES

### Method

#### Subjects

The potential subjects in this study were approximately 403 Central Florida businesses. The subjects were chosen in two ways. A list was provided by the Human Resource Department at the University of Central Florida, which contained various area companies and individuals who worked as Human Resource professionals. Additional companies were chosen from a published listing called "The Book of Lists" (Orlando Chamber of Commerce, 1987) and were chosen on the basis of number of employees (50 or more employees was the criterion for inclusion). All businesses chosen to participate in the study were sent a cover letter (Appendix A) explaining the nature of the study and asking them to participate, anonymously, in a research study on Employee Assistance Programs (EAPs) and the three-page survey (Appendix B).

The sample covered several types of industries which varied in number of employees. All surveys were directed towards human resource personnel; the letters were directed to a specific individual or to one who could forward the survey to the appropriate individual.

## Instrument

The first section of the survey consisted of inquiries regarding various demographic information. In trying to ascertain current practices in the Central Florida area, it was assumed that such variables as company size, budget and industry type might have an effect on the scope and breadth of the programming.

The second section consisted of questions asking for a description of EAP components the organization has incorporated into their own program. The questions required a yes/no answer or a line under the appropriate, provided response(s). These questions addressed elements of an effective EAP as discussed in the introduction, from employee involvement, to assessment, evaluation, and various financial considerations.

The third section contained 12 statements which were responded to according to a five-point, Likert-type, attitudinal rating scale. The scale ranged from 1 (strongly disagree) to 5 (strongly agree) with the middle score

indicating a neutral response. This last section was designed to gain some insight into the opinions of the organizations about their EAPs.

## Procedure

The cover letter accompanying the survey was on University letterhead due to the fact that the survey and its results were to benefit the Unversity of Central Florida. The purpose of the survey was to provide information about current practices in the area so that the University could make more intelligent decisions regarding the design and implementation of a program for their own use.

All respondents were asked to complete the survey within a four-week period. There was a self-addressed, postage paid, envelope accompanying the survey to make the return of the survey easier for the respondents.

There was a mail follow-up two weeks following the first mailing requesting respondents who had not already done so, to complete and return the survey (Appendix C).

In most cases it was possible to direct questions concerning the survey to a particular individual in the Human Resource/Personnel department. The names of the organizations were kept completely confidential; responses were known only to the experimenter.

## Statistical Analysis

Classification codes were developed for each available response in questions 1-28. Frequencies were computed to aid in the description of the state of the art of EAPs in Central Florida.

It was hypothesized that companies with EAPs would indicate more positive responses (i.e., higher scores) to the attitudinal questions when compared to companies that do not have EAPs. Therefore, item mean scores for EAP and non-EAP companies were compared by T-Test for attitudinal questions. Additionally, multiple regression analysis was performed on attitudinal variables to determine the amount of relationship and the unique contribution of each variable towards the explanation of variability in the two groups (EAP and non-EAP companies). A backward stepwise method was utilized to determine only those significant contributors.

A correlation matrix was also developed to illustrate the amount of relationship between the independent attitudinal variables.

Multiple regression analysis was performed for those companies that have EAPs using two dependent variables:

1. Their overall satisfaction with the program, and
2. Their opinion of whether they felt the program saved the organization money. Nine independent variables, representing the essential elements for EAPs, were used (questions 30 - 38). It was anticipated that those companies that utilized the essential elements and had more positive opinions of them would also indicate higher overall satisfaction with their EAP and would perceive a higher significant monetary return on their investment.

## Results

All questions were coded and frequencies were found for each. Due to the fact that not all respondents answered the survey completely, there were data missing; therefore, some frequencies reported should be interpreted carefully. Frequencies are reported in Appendix D.

Of the surveys sent out, only 52 were returned (a return rate of 13%). The surveys were placed into two categories, those that had an EAP (32.7%) and those that did not (67.3%). Another question asked was whether the company had plans of implementing an EAP if they did not currently have one. Of those companies that did not have an EAP, 7 companies (or 20%) were taking some measures towards the initiation of one.

Of the 52 respondents almost 50% described themselves as being a service organizaton. The other categories were broken down as follows: retail (11.5%), manufacturing (9.6%), financial (3.8%), entertainment (1.9%), medical (1.9%) and government (3.8%).

All respondents were asked to include some demographic data concerning the size of their companies. These included company sales volume and number of employees working for the company. The company sales volume fluctuated between $1,2000,000 and $250,000,000. The lowest reported sales figures for companies that had EAPs was $11,000,00, which may suggest that larger companies may have EAPs because of greater size and ability to undertake the initial capital outlay for such programs. The number of employees may also be a criterion in the decision to implement an EAP. Companies employing larger numbers of employees had an EAP. (Most companies reported the number of employees between 175 and 20,000).

Those companies that did not have an EAP (35) were asked to describe their current policies in regard to problem employees. Dismissal, reported as one of the alternatives, was used 65.7% of the time. Other alternatives included verbal warnings (80%), written warnings (71.4%), referral to a professional for counseling outside the company (31.4%) and in-house counseling (34.3%). Research has shown that a high percentage of dismissals may indicate a higher cost to the company than that of rehabilitation.

Although the statistical analyses which were performed include data from both EAP and non-EAP companies, the following frequencies are representative of only EAP companies (N=17).

The types of programs offered vary between company and locations within companies. Some of the major selections chosen by this group were: alcohol and substance abuse programs and mental health counseling at 82.3% each, followed closely by family counseling and marital counseling at 76.4%. EAP programs also contained recreational counseling (47.1%), financial aid and retirement counseling (both at 52.9%) and day care (23.5%).

The percent of decision making involved in the selection of such programs done by the employees varied. The minimum value was 0% and the maximum was 100%. By far the largest category was 100% (52.3%), signifying that the employees are permitted to select those programs that will benefit them the most. Experts believe that an EAP will be better accepted by employees when they have some input into the programming.

Referrals of the problem employee for professional help vary. The breakdown by supervisors, family, self-referrals and co-workers contained wide variation. The

largest group was the self-referrals. Over 70% of the companies surveyed reported that self-referrals accounted for over 75% of the referrals. It was generally felt that employees who were in need of help should take the initiative and get help for themselves. The number of individuals getting referred by supervisors was surprisingly low; 52.9% reported that supervisors refer less than 10% of the problem employees using the program. Much of the literature described incidents where the employee was one of the last people to realize that a problem existed. A greater emphasis was placed on the role of the supervisor because he was in a good position to notice performance deterioration. No company reported co-worker referrals higher than 10%, and the frequencies for family referrals were similarly as small.

Almost 71% of the companies had an assessment and referral source involved in some way. Almost 50% of the companies that had an A&R source employed them as well. It has been mentioned that the position of an A&R source is part-time for many companies. The scope of the position will depend on the problem population within each company.

Factors looked at when choosing an assessment and referral source were educational credentials (58.8%) and work credentials (58.8%). The individual was also largely selected on the decision of management alone (70.1%).

Almost half (47%) of the companies used an implementation committee in the development of the program. This type of committee should be made up of representative groups using the company program. This involves family members, management, unions, employees, supervisors, therapists, etc. In this study, the committee was made up of mostly management members (41%). The addition of other groups was very small (none reported larger than 12% for the inclusion of other individuals other than management).

Only a small number of companies claimed to have an in-house treatment staff for their employees. The majority reported that a staff outside the company was selected for treatment of their employees. This is usually more cost effective for a number of reasons (cost and confidentiality among them). Many respondents did not mention the basis for the selection of their treatment providers. Those who responded indicated that management was responsible for the selection of the treatment staff (64.7%) with 11.7% chosen by a combination of employees and management together. The outside providers were selected on the basis of several factors. Among them were: fees (35.2%), types of services offered (47.1%), credentials (41.1%), and reputation (41.1%), but the largest factor mentioned was the selection based on prior experience in treating problem employees (52.9%).

None of the companies in the survey mentioned the reason for dissatisfaction with their providers although 11.7% of them said they were not happy with their present arrangement. The majority (94.1%) reported that they were pleased with the services offered and said they would be willing to name their outside providers and would also refer them to others.

When an EAP is started, there may be some problems that have to be overcome to ensure the success of the program. By far, the largest concern was employee confidentiality (88.2%). Employees will not use the program if there is the possibility that others working with them will discover that they are seeking professional help. Another important employee concern was the fear that if it were known that they had a problem, their job would be in jeopardy (52.9%). Minor concerns mentioned were employee resistance to change, fear of job change and lack of knowledge about the program to be initiated.

A large percentage of companies with EAPs (82.3%) had some form of written policies regarding the use of the program by employees. It is important that employers and employees have a firm understanding of the procedures to use when a problem arises. The company should have these in writing so that abuses of the program could be controlled.

New programs are a big investment, and it might prove beneficial to do an assessment of the potential benefits of them before the final commitment is made. Of the many ways to assess such programs, cost/benefit ratios were used by 47.1% of the companies. Others used utility analysis (17.6%) and comparison of contract estimates (23.5%). There were some instances where companies did no assessment at all (17.6%).

Quite often when a new program is put in place, there are unexpected costs. No company reported any of these "higher than anticipated" costs. It is more likely that many companies are not aware of these costs or that they were just not reported. Higher costs arise both through administration expenses and additional rehabilitative services. The start-up costs reported (the initial outlay for the new program) were varied (the range or costs was $2000 to $300000 depending on the size of the company), and most respondents did not even report a dollar figure (64.7%). What was of greater interest was the annual maintenance costs. Companies reported an annual "per person" cost of between $5 and $36. The programs a company chooses to include in their EAP will create this varied annual maintenance cost. The more services utilized, the

higher the cost. Many times a large company will enter into a contract with a group of therapists at a fixed annual rate no matter how many people use the program. Other outside providers will base their fee on the expected number of employees that will be requiring their services and then adjust it as necessary.

When the new program is implemented, there may be some adjustments that have to be made for some of the employees, and the first choice of methods used to educate employees about the adjustments were brochures with 70.1% of the respondents using them. Other choices were posters (58.6%), company newsletters (52.9%), seminars and company/employee meetings (41.2%), films and lectures (35.2%), and a few companies chose books (11.7%) as a means to educate their employees about EAPs.

At regular intervals the program should be assessed to see whether it is being utilized to the benefit of the entire company and also importantly, to see if it is actually saving the company dollars over previous programs. The surveys which were returned did not indicate a high percentage of companies that do such evaluations. The largest percentage for any method of evaluation was the penetration rate for those employees in need of assistance (41.1%). The remaining methods of evaluation noted were

cost comparisons, employee surveys, and increases in production rates/output (11.7%). Evident in the research review was the fact that many companies do not do any evaluation at all (52.9%). The impetus for any improvements in policies regarding human resources requires periodic evaluation.

Respondents were then asked if the program had had any effect on the company as a whole. Almost half of the surveys indicated that there had been some assessment. The reason behind an EAP is to have a work environment where there is decreased absenteeism, tardiness and turnover along with a large group of additional factors. The factor with the largest group of positive responses was absenteeism with 35.2%. Increases in productivity and turnover followed it with 23.5%. Other factors reported were tardiness (17.6%) and impact on medical claims (5.9%).

Many times it is a considerable undertaking for human resource professionals to gain support of upper management and employees for a new program, especially a program that will evoke considerable change in company policy and procedures. Some human resource respondents indicated that they used education programs (47.1%) and group discussions (17.6%) to help gain support for their EAPs.

Change following implementation is common. These changes can be communicated to the employees concerned in a number of ways. Some of the means reported were company memos and employee meetings (52.9%), company newsletters (47.1%), and letters sent to the employee at home (35.3%). It is vital that everyone concerned be kept up to date with all the latest procedures. The family is also entitled to know of EAP modifications. They commonly are invited to participate in such programs. It was reported that many companies keep the family in touch with company policy through letters to the home and company newsletters sent home through the employee (47.1% and 41.2%, respectively).

There may be cause to make changes in the work environment when a number of employees have participated in the rehabilitation opportunities available through the EAP. It is unfeasible to place the employee back in the old work setting at times for fear that the problems may arise again. Adjustments to work surroundings or relocation within the company are two means of adjusting the work environment. Employee benefits may also need some upgrading to allow for increased services offered by outside providers (if they are used). However, few survey respondents indicated any such changes either in the work environment or benefits. Only 23.5% reported any adjustment to the work environment but no areas were specified.

The remainder of this section will deal with the results from the attitudinal section of the survey. Questions 29 through 38 dealt with attitudes about the main factors included in an EAP; but the questions were worded so that a company that did not have an EAP could also indicate their response.

One-tailed t=Tests were performed on the two groups. The EAP group was compared to the non-EAP group to see whether the two would differ in attitude on each factor. The hypothesis tested was that the EAP group would indicate more positive responses on each issue. Of the ten factors listed on the survey, T-Tests resulted in significant differences between the groups except for one factor; the groups were not significantly different when it came to attitudes regarding employee involvement in decision making. Both groups felt that this was fairly important. The data are reported in Table 1.

TABLE 1
T-VALUES FOR NON EAP AND EAP GROUPS

| | VARIABLE | MEANS(NON-EAP/EAP) | T-VALUE | DF | PROB. |
|---|---|---|---|---|---|
| Q29 | Emp. Involvement | 3.4/3.2 | 0.40 | 25 | .348 |
| Q30 | Educ. Programs | 3.9/4.4 | ** -2.08 | 50 | .021 |
| Q31 | Emp. Confidence | 3.9/4.9 | ** -3.93 | 50 | .000 |
| Q32 | Provider/Care | 3.0/4.0 | -3.14 | 21 | .003 |
| Q33 | Family/Contrib. | 3.7/4.4 | -3.26 | 37 | .001 |
| Q34 | Emp. kept aware | 4.0/4.7 | ** -2.84 | 50 | .003 |
| Q35 | Prog. meets needs | 3.0/4.1 | -5.39 | 44 | .000 |
| Q36 | A&R source contrib. | 3.5/4.2 | -4.41 | 30 | .000 |
| Q37 | Periodic Eval. | 3.7/4.1 | -2.71 | 45 | .009 |
| Q38 | Penetration rate | 2.8/4.2 | -5.62 | 34 | .000 |

The table shows that the attitudes of the two groups are different and the one-tailed tests indicate that the EAP respondents responded in a more positive direction than did the non-EAP group. To determine the unique contribution of each factor, regression analyses were computed on the variables for both EAP and non-EAP groups. The initial regression equation included nine variables (mean responses

for questions 30 through 38 of the attitudinal section of the survey). The analysis was done to show the contribution of each variable to total variance for each group.

The regression analysis (using the backward stepwise method) indicated that the relationship was significant when all nine variables were included (Multiple R=.76) and the R-Square =.58 showed that 58% of the variability among questions 30 through 38 was explained by group classification. The means for the non-EAP group were lower than the EAP group indicating that they were less positive. A portion of the variability (42%) was not explained through this regression, which indicated that there were other variables not present that had an effect on how the two groups answered questions 30 through 38.

The backward stepwise regression deleted the most insignificant variable (among the nine significant variables) one at a time until only those variables that contributed significantly and did not overlap with another variable were left. Three variables remained at the end of the analysis: Q32 (the current health provider supplies the needed care), Q35 (the present program in use meets the company needs), and Q36 (the current A&R source contributes to the current program's effectiveness). These three contributed significantly and uniquely to the attitude

scores. The Multiple R was .72 and R Squared was .52. Thus 52% of the variability for the responses to these three questions could be explained by group classification (non-EAP group or EAP group).

The backward stepwise regression analysis showed that the six variables deleted explained only 6% of the variability which indicates that, although they were significant when grouped with the other variables, they did not uniquely contribute to the overall variance. There was considerable overlap between the variables.

A correlation matrix computed for Q29 through Q38 resulted in 22 significant relationships. They are reported in Table 2.

TABLE 2
CORRELATION MATRIX; VARIABLES Q29 THROUGH Q38 (NON-EAP/EAP)

| CORRE. | Q29 | Q30 | Q31 | Q32 | Q33 | Q34 | Q35 | Q36 | Q37 | Q38 |
|---|---|---|---|---|---|---|---|---|---|---|
| Q29 | 1.00 | .28 | .30 | .17 | .24 | .32 | -.03 | .24 | .10 | -.01 |
| Q30 | | 1.00 | .62* | .17 | .46* | .63* | .08 | .58* | .54* | .22 |
| Q31 | | | 1.00 | .30 | .44* | .49* | .32 | .67* | .49* | .53* |
| Q32 | | | | 1.00 | .35* | .37* | .10 | .21 | .33 | .25 |
| Q33 | | | | | 1.00 | .60* | .21 | .50* | .37* | .24 |
| Q34 | | | | | | 1.00 | .03 | .52* | .61* | .18 |
| Q35 | | | | | | | 1.00 | .33* | .13 | .64* |
| Q36 | | | | | | | | 1.00 | .63* | .42* |
| Q37 | | | | | | | | | 1.00 | .44* |
| Q38 | | | | | | | | | | 1.00 |

1-tailed significance: * - .01 (N=50)

All of the significant correlations were positive in direction, which indicates as one element increases in a positive or negative direction, the other element will likewise increase in the same direction. The large degree of relationship existing between the questions above may help to explain the high degree of relationship, but lack of significant contribution, in the multiple regression analysis. It appears that several of the questions help to explain the same variability.

Further analyses included multiple regressions between the dependent variables of overall satisfaction with the EAP and the attitude about whether the EAP saves the company dollars. These analyses were performed with only those respondents that claimed to have an EAP. A backward stepwise analysis was conducted for Q30 through Q38 with each dependent variable. The results were not significant for the dependent variable of overall satisfaction. Going through the stepwise analysis, deleting one independent variable at a time, did not result in any significant relationships. In other words, how a person responds on the group of questions regarding essential elements of an EAP was not predictive of their attitude regarding overall satisfaction with the EAP.

The regression analysis for the independent variables and the dependent variable of whether the EAP saves the company money did result in significant relationships. The Multiple R which included 7 of the 9 independent variables was .93 (with R squared = .87). The seven independent variables included survey question 30 (education programs save company dollars), Q31 (employee confidentiality contributes to program effectiveness), Q32 (the company provider supplies the needed care), Q33 (family members

contribute to program effectiveness), Q34 (employees should be kept aware of EAP changes), Q36 (A&R source contributes to program effectiveness), and Q38 (the penetration rate of the current EAP is adequate). The combination of these seven variables accounted for 87% of the variability of responses to the question of whether the EAP saved the company money. The attitude of the respondent regarding the significant independent variables was indicative of their attitude towards the dependent variable.

The final Multiple R, following the backward stepwise analysis, was .79 and included only Q33 and Q38 (R square=.63, F=8.5008, Significant F=.007). This indicates that although the seven variables did contribute to the explanation of the variability of responses, there was overlap between the variables. Q33 and Q38 explain 63% of the variability with 25% being explained by the other 5 variables and the remaining 13% not being explained by any of the present variables. The data for the multiple regression analyses appear in Tables 3 through 5.

**TABLE 3**
**MULTIPLE REGRESSION ANALYSIS FOR Q30 THROUGH Q38**
**(EAP AND NON-EAP)**

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Dependent Variable: GPC (Represents scores for EAP/Non-EAP groups)

Independent Variable: Q30 through Q38

Multiple R: .76383 R Square: .58344
Adjusted R: .48731 Standard Error: .33342

Analysis of Variance:

| | DF | Sum of Squares | Mean Square |
|---|---|---|---|
| Regression | 9 | 6.07253 | .67473 |
| Residual | 39 | 4.33564 | .11117 |

F=6.0693 Significant F=.0000

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Multiple Regression Analysis

Dependent Variable: GPC

Independent Variable: Q32, Q35, Q36 (Variables Q30, Q31, Q33, Q34, Q37, Q38 removed)

Multiple R: .72445 R Square: .52482
Adjusted R: .49314 Standard Error: .33342

Analysis of Variance:

| | DF | Sum of Swuares | Mean Square |
|---|---|---|---|
| Regression | 3 | 5.46243 | 1.8208 |
| Residual | 45 | 4.94574 | .10991 |

F=16.56708 Significant F=.0000

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TABLE 4
MULTIPLE REGRESSION ANALYSIS FOR OVERALL SATISFACTION AND Q30 THROUGH Q38*

Dependent Variable: Q40 (High overall satisfaction with EAP)

Independent Variable: Q38 (Variables Q30-Q37 removed)

Multiple R: .44721 R Square: .20000
Adjusted R: .13333 Standard Error: .48305

Analysis of Variance

| | DF | Sum of Squares | Mean Square |
|---|---|---|---|
| Regression | 1 | .70000 | .70000 |
| Residual | 12 | 2.8000 | .23333 |

F=3.0000 Significant F=.1089

* No significant results

TABLE 5
MULTIPLE REGRESSION ANALYSIS FOR Q39 (PROGRAM SAVES COMPANY MONEY) AND Q30 THROUGH Q38

Dependent Variable: Q39

Independent Variable: Q30-Q34, Q36, Q38 (Variables Q35 and Q37 removed)

Multiple R: .93389 R Square: .87215
Adjusted R: .69315 Standard Error: .47767

Analysis of Variance:

| | DF | Sum of Squares | Mean Square |
|---|---|---|---|
| Regression | 7 | 7.78224 | 1.11175 |
| Residual | 5 | 1.14084 | .22817 |

F=4.87252 Significant F=.050

Multiple Regression Analysis

Dependent Variable: Q39

Independent Variable: Q33, Q38 (Variables Q30-Q32, Q34-Q37 removed)

Multiple R: .79351 R Square: .62965
Adjusted R: .55558 Standard Error: .57486

Analysis of Variance

| | DF | Sum of Squares | Mean Square |
|---|---|---|---|
| Regression | 2 | 5.61844 | 2.80922 |
| Residual | 10 | 3.30464 | .33046 |

F=8.5008 Significant F=.007

## Discussion and Conclusions

The results of the frequency tabulations illustrate some of the current EAP practices in the Central Florida area. However, due to the small number of responses (N=17), a general description of the typical program can be described, but it would be difficult to outline the standard program that should be followed or implemented. The important elements of an EAP, learned through the research review, are being used in some of the programs today but not consistently. To summarize some of the main elements used in Central Florida, a typical program might utilize the following elements (see also Appendix D):

1. Alcohol and substance abuse programs constitute the main reasons behind the implementation of an EAP, with mental health, marital and family counseling also being significant factors.
2. Employee participation is important. Some companies let the employee make all the decisions regarding what elements to include in the EAP.

3. The employee is responsible for referring himself to professionals when a problem is noticed.
4. An Assessment and Referral source is widely used but is not often employed by the company.
5. Factors to look at when selecting the A%R source are education and work credentials.
6. The implementation committee was used by about half of the companies. When a company did use one, management made up the committee.
7. The provider of services was normally an outside provider and was chosen on the basis of prior experience, reputation and professional credentials.
8. Almost all the companies surveyed were pleased with their present providers.
9. Employee confidentiality and fear of job loss are problems that need to be dealt with prior to implementation.
10. Most companies have written policies about the program.
11. The most frequently used method of pre-implementation assessment was for the company to do a comparison of cost/benefit ratios.

12. No companies reported any unanticipated costs.
13. The annual per person maintenance cost ranged from $5 to $36.
14. Brochures were the number one way to educate employees about program policies and procedures.
15. The penetration rate of employees in need was the evaluation method most often used. However, evaluation was not widely used.
16. EAPs seem to have a positive effect on absenteeism, tardiness and turnover.
17. Education programs are most often used to gain support for a program.
18. Communication about changes are transmitted to employees by way of company newsletters and company memos, with letters being sent home to the family.
19. No companies reported the need to adjust the work environment after the implementation of an EAP.

The findings of the survey reflect many of the guidelines discussed earlier in this study. Many of the main elements have been used to some degree and with apparent success. Some of the main elements such as post-implementation evaluation and education programs have not

been utilized to the extent that they could. A company needs to look at their own situation and decide what is necessary and feasible when starting a program such as an EAP. With financial times being what they are, evaluation will become more important as human resource professionals will have to justify the outlay of capital for what appear to be "intangible assets" to upper management. The high degree of satisfaction on the part of most of the respondents and the fact that they responded with more positive responses to the attitudinal section of the survey, when compared to those that do not have EAPs, indicate that EAPs seem to be working for those that have them.

The hypotheses tested in this study were supported according to the analyses. The two groups (EAP vs. non-EAP) differ in attitude and the results show that the EAP group had a more positive opinion of the elements of:

1. Education and awareness programs can save company dollars.
2. Total employee confidentiality contributes to program effectiveness.
3. The company provider supplies the employees with the needed care.
4. Family members contribute to a more effective employee rehabilitative program.

5. Employees should be kept aware of all changes in program policy and procedures.
6. The programs currently in use meet the employees' needs.
7. An A&R source contributes to overall program effectiveness.
8. Periodic program evaluation contributes to overall program effectiveness.
9. The company program reaches the employees that need the services the most.

The only question that both groups seemed to be fairly close in agreement on was that employee involvement in decision making is important.

The regression analysis to see which of the factors just listed contributed most to the variability of responses by group indicated that only three of them contributed uniquely. There was a lot of overlap in that many factors helped to explain the same response. The three significant and unique contributors were:

1. The current provider supplies the needed care.
2. The program currently in use meets company needs.
3. The A&R source contributes to program effectiveness.

These three factors are indicative of respondents attitudes and explain 52% of the variability (with over 99% confidence).

A possible explanation for the significance of these three elements may be due to the wording of the questions on the survey. The intent of the questions were to gather attitudes on the elements from both EAP companies and from those companies without EAPs. Companies with EAPs could respond according to specific experience with their own program; the non-EAP company was to respond in a more general manner. They were to apply each factor to their own non-EAP policies and procedures (e.g., even though a non-EAP company does not have an A&R source, they may have someone who works in a similar capacity when dealiing with problem employees). Looking at the significant contributors, it is possible that the wording could have slanted the results towards the EAP group.

The correlation matrix indicated many significant relationships between the factors. This overlapping of variables may help to account for the results of the multiple regression analysis. When six of the variables were deleted, a sizeable amount of variability was still significantly accounted for by the three remaining factors.

Besides the difference in attitude between the two groups, it was also anticipated that those companies involving the essential factors in their program would have higher overall satisfaction and would perceive a larger monetary gain (in company profit) because of the EAP.

Regression analysis showed that those with EAPs and those having more positive attitude responses to the following seven factors did feel that they were saving money with their EAP. The seven factors were:

1. Education programs are important
2. Employee confidentiality is important
3. The company provider supplies the needed care
4. Family members contribute to program effectiveness
5. Employees should be kept aware of changes in the program
6. A&R source contributes to the program
7. The current penetration rate of employees is adequate.

Following the backward stepwise analysis of the above seven variables, elements 4 and 7 still contributed uniquely and significantly and accounted for a large portion of the variability. This suggests that a company that has an EAP, and has a high opinion of the two elements (family

members contribute, high penetration rate of employees) will be more likely to have a highly positive attitude about the factor of the EAP saving company dollars.

The regression analysis for the EAP satisfaction variable did not result in significant findings. The combination of the nine independent variables was not predictive of the respondent's attitude on overall satisfaction with the EAP, nor did any one variable (following backward stepwise analysis), relate significantly to the factor of overall satisfaction with the EAP. This finding was surprising since the inclusion of all the above factors should contribute to company satisfaction. There was also a high degree of relationship betwen the factors of EAP satisfaction and whether the EAP saved the company money. The correlation illustrated a high degree of relationship (R=.84) between the two, which makes the insignificant multiple regression analysis difficult to interpret. One reason may be the small number of respondents and the fact that many surveys were not answered completely.

## Recommendations

A considerable amount of research has been done about what the perfect EAP should be like, but there has been virtually no scientific research done on the results of EAPs currently in use. There are ways to get hard data without compromising employee or company confidentiality. Many of the results of the literature on alcohol and drug rehabilitation were supplied by hospital and treatment programs with no mention of the individuals' names or other confidential material that might identify the individuals or compromise the results of the program. Talking to human resource professionals about cases they have dealt with and obtaining objective data concerning the rehabilitation of a particular group of employees do not have to include data concerning information that may jeopardize the program's confidentiality. The route a company chooses when initiating an EAP will differ across a wide variety of variables but the main elements of an EAP should remain universal. Many companies appear to be waiting on their own implementation

until they see whether EAPs are actually here to stay or are just another fad. Many companies also fear the expense of such programs. Improved methods in determing an EAPs value need to be used in more studies to show that EAPs are indeed a worthwhile investment and are definitely the way of the future.

A possible problem with this study was that the survey was very broad. Much information was sought from many companies. An improved research method would be to do several smaller studies concentrating on individual companies that have EAPs to discover characteristics about the company and the program that contribute to the success of the EAP. The survey used in this study was long, which may have contributed to the small return rate. The ideal survey might have been no longer than a page so as not to overwhelm the busy respondent. However, questions which are short and clearly understandable to a variety of individuals are difficult to construct for a topic as complex as EAPs. Mailing surveys also increases the possibility that there will be a smaller return rate. If it is possible, the researcher should speak to a company representative directly and if a survey is used, administer

it on company property where more control can be gained over the rate of response. Administering a survey to respondents can also provide a time for the answering of questions.

Generalizing from the results of this one study would be risky. Although the analyses do confirm the hypotheses, and they generally follow the outline from the literature review, more studies would be needed to generalize. The small rate of response and the incomplete surveys returned make it difficult to draw hard conclusions. This is one reason why it is difficult to speculate why the multiple regression for the dependent variable of satisfaction was not significant. It would appear that if the other dependent variable (the EAP saves company dollars) was significant, then satisfaction would also be significant since they share a close relationship.

One conclusion that could be drawn more confidently is that the EAP group will have more positive responses on attitudinal items such as those in this survey when compared to non-EAP groups. These results may imply that a company that has an EAP will more likely be sensitive to its employees' needs, have a better understanding of EAP issues, understand that happy and productive workers can contribute significantly to the bottom line of many companies today, and overall, be more progressive in their human resource functioning.

# Appendix A

## Survey Letter

December 8, 1987

Dear Colleague:

As human resource/personnel professionals we often face the dilemma of employee problems having an adverse effect upon job performance. There has been a resulting move, by employers, towards implementing Employee Assistance Programs (EAP) to help employees return to a productive work life as well as a healthy and productive personal life. The University of Central Florida is in the process of developing an employee assistance program and we are seeking information that will help guide us through this process.

We are asking that you take a few minutes of your time to complete the enclosed survey. If you are not the appropriate person in your organization to complete the survey, please pass it along to the proper person. When all data are gathered, we will provide a summary of the results to those who have indicated an interest. The summary will reveal the current practices of organizations throughout Central Florida. (Additional statistical analysis wll be done on returned responses and will be included in a thesis study on EAP practices in Central Florida under the direction of Dr. Janet Turnage, Department of Psychology.)
Please be assured that all information will be kept confidential.

Completed surveys should be returned by December 22, 1987 to the following address.

Mr. Tom Oldroyd
University of Central Florida
Office of Human Resources - ADM 329
P.O. Box 25000
Orlando, Fl. 32816

Thank you for your cooperation.
Sincerely,

Tom Oldroyd
Office of Human Resources

Enclosure

December 8, 1987

If you wish to receive a copy of the survey results, please fill your name and address in the space provided below.

_____

_____

_____

_____

Please return this request slip to the address noted on the survey.
(Do not return this slip with the survey so that confidentiality can be maintained)

# Appendix B

# Survey Instrument

**ALL ANSWERS WILL BE STRICTLY CONFIDENTIAL**

Please send completed surveys to:

Dept. of Human Resources, University of Central Florida, Admin 329, P.O. Box 25000, Orlando, FL 32816.

*Most questions below require only a yes/no answer or an underline beneath the appropriate response(s). Note that more than one response may be made for certain questions.*

**GENERAL BACKGROUND INFORMATION:**

Annual Dollar Sales (optional)_____ or Annual Budget _____

Type of Industry: Service, Manufacturing, Financial, Retail, Entertainment, Medical, Government, Other.)

Number of employees (full time) _____ (part time) _____ Males _____ Females _____

**QUESTIONNAIRE:**

1. Does your Company currently have an Employee Assistance Program (EAP)? _____
2. If not, do you have any plans regarding the implementation of an EAP type of program? _____ If yes, please specify how. (Committee formation, information gathering, outside management consulting, program is currently being implemented, employee opinion questionnaires, other.)
3. If you do not currently have an EAP and you have no current plans to implement one, what types of policies does your company utilize regarding decreased productivity, absenteeism, tardiness, alcohol/drug addiction, employee emotional problems and other problems which can be attributed to individual employees? (dismissal, verbal warnings, written warnings, self referral to professional, company referral to professional, in-house counseling, other.)

If your company does have an EAP, please complete this questionnaire; Feel free to use the back of these sheets for additional space.

If your company does not have an EAP, proceed to page 3 and complete questions 29-38 and then return this form to the above address.

4. What types of programs make up your EAP? (alcohol & substance abuse, mental health counseling, recreational counseling, day care, financial aid, family counseling, retirement counseling, legal counseling, marital counseling, other.)

   What % of the decision-making are employees allowed in program selection? _____%
5. Please approximate the percentage of referrals that come from supervisors:_____%; family:_____%; self referrals:_____%; coworkers:_____%.
6. Does your company have an assessment/referral source? _____
7. Is the assessment/referral source employed by the company? _____
8. How is/was the source selected? (Committee/Management decision based on source's experience, credentials, education, other.)
9. Did your company utilize an implementation committee to oversee the start up of the program? _____ If so, what was the composition of the committee and what were their duties? (Management, union members, employees, supervisors, community members, therapists, other.) Duties included: _____
10. Do you employ an in-house staff to deliver treatment/therapy for your employees? _____ On what basis were they selected? (Financial, success rate, referral, experience, reputation, treatment mode, credentials, other.)

11. If you employ an outside provider for these services, who selected them and how? (Management, Employees, Management and Employees)

    On the basis of (Fee schedule, type of services offered, credentials, experience, reputation, referral, success rate, treatment mode, other).

12. Are you satisfied with your in-house/outside provider? _____ If not, why? (Quality of services offered, treatment modes, treatment length, fee schedule, therapist/patient rapport, confidentiality, success rate, other.)

13. Would you be willing to recommend and name your outside providers? _____

14. What employee concerns had to be overcome to successfully implement the program? (Confidentiality, resistance to change, fear of job loss, fear of job change, lack of knowledge, other.)

15. Does your company have written policies concerning the program or rules that an employee must follow upon utilizing the program? _____

16. How did you assess the costs of your EAP prior to implementation? (Utility analysis, cost/benefit ratios, comparison of contract estimates, no assessment was done, other.)

17. What types of unanticipated costs did you incur? (Higher fees, additional services were needed, higher cost of advertising/education, higher cost of implementation, other.)

18. What were the approximate start up costs of your EAP? _____

19. What are the annual maintenance costs, approximately, per employee? _____

20. What type of education/awareness programs (concerning drug/alcohol/emotional issues) does your company promote? (Newsletters, seminars, lectures, films, books, posters, community/employee meetings, brochures, other.)

21. What sort of program evaluation, if any, is conducted? (Program cure rate, penetration of employees in need, increases in productivity or morale, employee surveys, comparison of actual vs. estimated costs, other.)

22. Has your company assessed the impact of the EAP on work behavior? _____ Has the EAP had an impact on (productivity, absenteeism, tardiness, turnover, medical claims, other?) How is this measured? (Increases in production, decreases in costs/waste, lower insurance premiums, increased sales, reduced medical claims, improved employee appraisals, increased time on the job, other.)

23. Does the company have objective data on the cost savings due to the EAP? _____ If the success of your EAP has been assessed in terms of dollars saved how much was it? _____

24. How did you gain support for the EAP from your management/union? (employee or union participation in planning, development, implementation or evaluation, education programs, group discussions, other.)

25. How do you keep employees notified of changes in the EAP? (Letters to the family, memos, newsletters, employee meetings, telephone calls, other.)

26. How do you involve family members with the EAP? (Letters, newsletters, phone calls, company meetings, other.)

27. Has your EAP prompted you to make any changes in the work environment? _____ What kinds of changes? (Job rotation, job enlargement, employee participation in decision making, changes in production rates/ schedules, physican space adjustments, employee meetings, employee breaks, revised employee benefits, other.)

28. Please feel free to make any additional comments _____

    _____

    _____

    _____

For the following statements place the number (1 through 5) which most closely resembles your opinion of EAP programs (in general) in the blank provided.

RATING SCALE:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| strongly disagree | disagree | no opinion | agree | strongly agree |

29. Employee involvement in program decision making is important. _____
30. Education and awareness programs can save company dollars. _____
31. Total employee confidentiality contributes to program effectiveness. _____
32. The Company Provider supplies the employees with the needed care. _____
33. Family members contribute to a more effective employee rehabilitative program. _____
34. Employees should be kept aware of all changes in program policy and procedures. _____
35. The programs currently in use meet the employee needs. _____
36. An assessment/referral source contributes to overall program effectiveness. _____
37. Periodic program evaluation contributes to overall program effectiveness. _____
38. The company program reaches the employees that need the services the most. _____
39. Overall the program saves the company considerable dollars. _____
40. Overall the company is satisfied with the EAP. _____

Thank you for taking the time to complete this form. The information derived will be very useful to the University of Central Florida. Please return this form to the address noted on the return envelope provided.

# Appendix C

## Follow-up Letter

University of Central Florida
Admin 230
Department of Personnel
Orlando, Fl 32816

December 31, 1987

Dear Human Resource Professional,

On or about December 10, 1987 your office should have received a survey distributed by the University of Central Florida. The purpose of the survey was to assess the current state of Employee Assistance Programs in Central Florida. The results of this study will not only help the University in its attempt to implement such a program but may also help you assess the quality of your own program or employee management system.

We realize the timing of the survey may not have been appropriate so, because of the holidays, we have extended the deadline for the return of the survey until January 8, 1988. Surveys are being returned at a minimal rate which is why we are asking that those of you who haven't already returned the survey, please take the time and do so at your earliest convenience. Your survey response may make a valuable contribution!

We wish to thank those of you who have returned the survey. A copy of the survey results will be mailed to respondants who have expressed an interest.

Sincerely,

W. Thomas Oldroyd
Dept of Personnel

# Appendix D

## Frequency Data for Questionnaire Responses

FREQUENCIES FOR NON-EAP GROUP

Annual Dollar Sales

| Sales | Frequency | Percent |
|---|---|---|
| $1,000,000 - $10,000,000 | 13 | 38.2 |
| $11,000,000 - $95,000,000 | 17 | 50.0 |
| $96,000,000 - over $100,000,000 | 4 | 11.8 |
| | 34 | 100.0 |

Type of Industry

| Response | Frequency | Percent |
|---|---|---|
| Service | 25 | 48.1 |
| Manufacturing | 5 | 9.6 |
| Financial | 2 | 3.8 |
| Retail | 6 | 11.5 |
| Entertainment | 1 | 1.9 |
| Medical | 1 | 1.9 |
| Government | 2 | 3.8 |
| Other | 6 | 11.5 |
| | 48 | 100.0 |

Full-Time Employees

| Number of Employees | Frequency | Percent |
|---|---|---|
| 12-50 | 6 | 11.7 |
| 51-100 | 11 | 21.6 |
| 101-1,000 | 25 | 49.0 |
| 1,001-300,000 | 9 | 17.6 |
| | 51 | 100.0 |

Part-Time Employees

| Number of Employees | Frequency | Percent |
|---|---|---|
| 2-20 | 19 | 59.4 |
| 25-100 | 9 | 28.1 |
| 200-49,000 | 4 | 12.5 |
| | 32 | 100.0 |

FREQUENCIES (CONTINUED)

Q1 Do you have an EAP?

| Response | Frequency | Percent |
|---|---|---|
| No | 35 | 67.3 |
| Yes | 17 | 32.7 |
| | 52 | 100.0 |

Q2 Do you have plans for implementing an EAP?

| Response | Frequency | Percent |
|---|---|---|
| No | 27 | 79.4 |
| Yes | 7 | 20.6 |
| | 34 | 100.0 |

| EAP process is occurring through: | Frequency |
|---|---|
| committee formation | 0 |
| information gathering | 5 |
| outside management consulting | 1 |
| employee opinion questionnaire | 0 |
| other means | 1 |

Q3 Current policy towards problem employees include:

| | Frequency • |
|---|---|
| dismissal | 23 |
| verbal warnings | 28 |
| written warnings | 25 |
| self referral to professional | 11 |
| company referral to professional | 0 |
| in-house counseling provided | 12 |
| other means used | 0 |

• More than one response was permitted per respondent

FREQUENCIES FOR EAP GROUP

| Q4 EAP includes: | Frequency |
|---|---|
| alcohol and substance abuse programs | 14 |
| mental health counseling | 14 |
| recreational counseling | 8 |
| day care | 4 |
| financial aid | 9 |
| family counseling | 13 |
| retirement counseling | 9 |
| legal counseling | 8 |
| marital counseling | 13 |
| other programs | 2 |

Percent of decision making by employees:

| | |
|---|---|
| 0% | 4 |
| 10% | 1 |
| 40% | 1 |
| 50% | 1 |
| 100% | 9 |

Q5 Percent of referrals from supervisors:

| Response | Frequency |
|---|---|
| 1% | 1 |
| 2% | 1 |
| 3% | 1 |
| 5% | 3 |
| 10% | 3 |
| 15% | 1 |
| 40% | 1 |
| 50% | 1 |
| 87% | 1 |
| 100% | 1 |

| Percent of referrals by family: | Frequency |
|---|---|
| 2% | 1 |
| 5% | 1 |
| 8% | 1 |
| 10% | 3 |
| 12% | 1 |
| 35% | 1 |

EAP GROUP (CONTINUED)

Q5 (Cont)

| Percent of self referrals | Frequency |
|---|---|
| 10% | 1 |
| 50% | 2 |
| 63% | 1 |
| 75% | 1 |
| 80% | 1 |
| 85% | 2 |
| 90% | 3 |
| 95% | 2 |
| 98% | 2 |
| 100% | 1 |

Percent of referrals from co-workers:

| | |
|---|---|
| 0% | 1 |
| 1% | 1 |
| 2% | 2 |
| 5% | 2 |

Q6 Companies that have an Assessment/Referral Source 12

Q7 A&R source is employed by the company 7

Q8 A&R source selected by:

| | Frequency |
|---|---|
| committee | 1 |
| management | 12 |
| credentials | 10 |
| education | 10 |
| other characteristics | 7 |

Q9 Implementation committee utilized 8

Committee made up of:

| | |
|---|---|
| management | 7 |
| union members | 2 |
| employees | 3 |
| supervisors | 2 |
| community members | 1 |
| therapists | 2 |

EAP GROUP (CONTINUED)

| | Frequency |
|---|---|
| Q10 In-house treatment staff is utilized | 2 |

| Treatment staff selected because of: | Frequency |
|---|---|
| success rate | 1 |
| experience | 2 |
| reputation | 2 |
| treatment offered | 2 |
| credentials | 2 |

| Q11 Outside provider selected by: | Frequency |
|---|---|
| management | 11 |
| management and employees | 2 |

| Outside provider selected because of: | Frequency |
|---|---|
| fee schedule | 6 |
| types of services offered | 8 |
| credentials | 7 |
| experience | 9 |
| reputation | 7 |
| referrals | 4 |
| success rate | 1 |
| treatment modes | 2 |

| | |
|---|---|
| Q12 Companies that are satisfied with provider | 15 |
| Not satisfied because of fee schedule | 1 |
| Q13 Companies willing to recommend providers | 16 |

Q14 Employee concerns that had to be overcome:

| | Frequency |
|---|---|
| confidentiality | 15 |
| employee resistance to change | 2 |
| fear of job loss | 9 |
| fear of job change | 2 |
| lack of knowledge about program | 7 |
| other factors | 2 |

EAP GROUP (CONTINUED)

| | Frequency |
|---|---|
| Q15 Companies that have written policies | 14 |

Q16 Type of analysis used to assess new program prior to implementation:

| | |
|---|---|
| utility analysis | 3 |
| cost/benefit ratios | 8 |
| comparison of contract estimates | 4 |
| no assessment was done | 3 |
| other means used | 1 |

| | |
|---|---|
| Q17 Companies incurring unanticipated costs | 0 |

Q18 Start up costs:

| Dollar amount | Frequency |
|---|---|
| $1960 | 1 |
| $3000 | 1 |
| $3600 | 1 |
| $3400 | 1 |
| $4400 | 1 |
| $63,000 | 1 |
| $300,000 | 1 |

Q19 Annual maintenance costs:

| Dollar amount | Frequency |
|---|---|
| $5 | 1 |
| $10 | 1 |
| $12 | 2 |
| $13 | 1 |
| $15 | 1 |
| $17 | 1 |
| $20 | 1 |
| $30 | 1 |
| $36 | |

Q20 Methods used to educate employee about programs:

| | Frequency |
|---|---|
| newsletters | 9 |
| seminars | 7 |
| lectures | 5 |
| films | 6 |
| books | 2 |
| posters | 10 |
| employee meetings | 7 |
| brochures | 12 |
| other | 1 |

Q21 Evaluation methods used to assess program after implementation

| | Frequency |
|---|---|
| program cure rate | 2 |
| penetration rate | 7 |
| increase in production | 2 |
| employee surveys | 4 |
| cost comparisons | 2 |
| other | 2 |

| | Frequency |
|---|---|
| Q22 Impact of EAP assessed | 8 |

| Impact seen in: | Frequency |
|---|---|
| productivity | 4 |
| absenteeism | 6 |
| tardiness | 3 |
| turnover | 4 |
| medical claims | 1 |
| other | 1 |

Q22 (Continued)

| Impact of EAP measured through: | Frequency |
|---|---|
| increases in production | 4 |
| decreases in costs | 1 |
| lower insurance premiums | 3 |
| increased sales | 1 |
| reduced medical claims | 3 |
| improved employee appraisals | 7 |
| reduced job turnover | 4 |
| other variables | 1 |

| Q23 Objective data on EAP available | Frequency |
|---|---|
| | 3 |

| Q24 EAP support gained through: | Frequency |
|---|---|
| employee participation in decision making | 1 |
| union participation in decision making | 1 |
| education programs | 8 |
| group discussions | 4 |
| other | 3 |

| Q25 Employees notified of changes through: | Frequency |
|---|---|
| letters | 6 |
| company memos | 9 |
| company newsletters | 8 |
| employee meetings | 9 |
| telephone calls | 1 |
| other | 3 |

| Q26 Family members notified of changes through | Frequency |
|---|---|
| letters | 7 |
| company newsletters | 8 |
| phone calls | 3 |
| company meetings | 2 |
| other | 1 |

Q27 EAP has prompted changes in work environment

| | Frequency |
|---|---|
| | 3 |
| Changes have occurred through: | Frequency |
| production rates | 1 |
| employee benefits | 1 |

FREQUENCIES FOR ATTITUDINAL SECTION

| Response | | | | | | Question |
|---|---|---|---|---|---|---|
| Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree | Frequencies | |
| 6 | 20 | 12 | 13 | 1 | | Q29 Employee involvement in decision making is important |
| 16 | 28 | 4 | 4 | 0 | | Q30 Education programs can save company dollars |
| 30 | 9 | 10 | 3 | 0 | | Q31 Employee confidentiality contributes to program effectiveness |
| 7 | 12 | 23 | 6 | 2 | | Q32 Current provider supplies needed care to troubled employees |
| 15 | 20 | 15 | 2 | 0 | | Q33 Family members contribute to program effectiveness |
| 25 | 17 | 8 | 2 | 0 | | Q34 Employees should be kept aware of program changes |
| 4 | 22 | 17 | 7 | 2 | | Q35 Current program meets employee/company needs |
| 5 | 25 | 21 | 0 | 0 | | Q36 A&R Source contributes to program effectiveness |
| 7 | 29 | 15 | 1 | 0 | | Q37 Periodic evaluation contributes to program effectiveness |
| 7 | 12 | 24 | 5 | 4 | | Q38 Penetration rate of currently used program is adequate |
| 5 | 4 | 6 | 0 | 0 | | Q39 The EAP saves my company money |
| 7 | 9 | 0 | 0 | 0 | | Q40 Satisfaction with EAP is very high |

Q29 - Q38 N=52 / Q39, Q40 N=17

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