The Role of Employee Assistance Programs in Supporting Workforce Resiliency

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Today’s Presentation

• What do EAPs provide?
• What resiliency-related issues can EAP services help with?
• What is the evidence base for EAP effectiveness?
• What are facilitators and barriers to EAP utilization?
• How should EAP performance be measured?
• Conclusions
Employee Assistance Programs (EAPs)

“The work organization’s resource that utilizes specific core technologies to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issue”

EAP assists:

(1) work organizations in addressing productivity issues, and

(2) “employee clients” in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance

(From Employee Assistance Professional Association [EAPA])
EAP “Core Technology”

(1) *Consultation, training, and assistance* to work organization leadership seeking to manage the troubled employee, enhance the work environment, and improve employee job performance

(2) *Active promotion* of EA services

(3) Confidential and timely *problem identification/assessment* services

(4) Use of *constructive confrontation, motivation, and short-term intervention*

(5) *Referral* of employee clients for diagnosis, treatment, and assistance, plus *case monitoring* and *follow-up services*

(6) Assisting work organization in establishing and maintaining *effective relations with service providers* and managing provider contracts

(7) Consultation to organization to *encourage availability of, and access to health benefits*

(8) *Identification of effects of EA services* on organization and individual job performance.

Abbreviated, from EAPA (2010), which built on and modified Roman & Blum Core Technology (1985)
Scope of EAPs

• Today’s EAPs evolved from occupational alcohol programs

• Most contemporary EAPs are “broad-brush” programs addressing wide range of issues for employees:
  – Substance use problems
  – Mental health
  – Family/relationship issues, stress, other problems
  – Work-life including resource assistance, e.g. referral/consultation on childcare, eldercare, legal, financial issues

• EAPs have important organizational component (e.g., consultation, training)
EAP and Workforce Resiliency

- A resilient workforce has the tools needed to successfully cope with stress of various kinds.
- EAP services include many relevant to helping employees to maximize “Resistance, Resiliency, Recovery” (Johns Hopkins Model*)
- EAP activities also focus on helping management understand how to support their workforce and address problem performance
- Organizationally, goal is better ability to carry out mission and respond successfully to change and pressure

* Kaminsky et al. (2006)
Typical EAP Services: Individual Employee-Focused

- Problem assessment
- Short-term counseling
- Referrals to additional treatment
- Specialized consultation/ resource advice such as legal, financial, elder care, childcare
- Many EAPs also provide these services for family members

- Assistance with return to work (overlaps with disability management)
- Assistance negotiating treatment system, support for treatment (overlaps with disease management)
- Job performance referrals
Leadership/Organization-Focused Services

- Consultation to supervisors dealing with problem employees
- Helping to develop and/or implement workplace policies such as drug-free workplace
- Planning for and responding to workplace crises (e.g., providing response to critical incidents)
- Providing training and orientation to employees and managers (e.g., stress management, management skills)
# EAP Models & Benefits

## Models
- Internal – original, less common
- External – contracted out, network model, private office location
- Hybrid model

## Benefits/Features
- Often 3-8 visits for assessment +/- short-term counseling
- Also 3-session or fewer model for information and referral
- No copayment – so no financial barriers
- Often includes family members of employee
- Can be a separate benefit or integrated with behavioral health benefits, wellness, +work/life
- Face-to-face, telephonic, Web-based resources
EAP Intervention Level and Outcomes

**Individual Employee**
- Positive clinical outcomes
- Improved functioning
- Coping/stress management skills
- Work success
- Improved relationships
- Maximize individual well-being and performance under stress

**Leadership/Organization**
- Effective policy development
- Return on investment (ROI)
- Productive workforce
- Lower healthcare/disability costs
- Reduced liability
- Lower turnover
- Flexible, adaptive employees
- Accomplish prevention/early intervention
- Maximize organizational functioning in face of change/adversity

**Resiliency**
Overview of Evidence Base for EAPs

- Substantial body of research overall
- Much on satisfaction, utilization, ROI
- Also studies on clinical and work outcomes, *but*…
- There are also studies of specific interventions delivered within EAP
- Notable limitations:
  - Frequent lack of appropriate control or comparison groups and/or statistical methods to help address selection bias
  - Many single case studies
  - Older studies based on EAP models that are now rare
Employee Assistance Research Foundation
Commentary on Evidence Base*

• Although some studies suggest EAPs are generally effective, the EAP evidence base leaves many questions unanswered.

• In part, this is due to common methodological limitations; e.g. single case studies, program evaluations that do not always meet rigorous scientific standards.

• Many program evaluations undertaken by employers (and their EA providers or consultants), but most not widely disseminated or published in scholarly journals.

• Need additional research on:
  – contemporary EA service delivery models since this has changed dramatically
  – examining the ‘active ingredients’ in EAP effectiveness
  – measuring outcomes of most relevance to employers and workers

* EARF- reference list
What the Evidence Indicates: Outcomes and Satisfaction

• Numerous reviews of EAP research have been conducted (see reference list)
• Most studies have found improved clinical and work outcomes including areas of:
  – Absenteeism
  – Job performance
  – Depression symptoms
  – Substance use
• Satisfaction or experience of care consistently positive (often 90%+)
Evidence of Effects on Costs

• Many findings of positive return on investment (ROI) (Savings from health costs, disability claims, absenteeism, etc. exceeded EAP cost; often $3-$10 ROI range)
• One reason why most large employers feel it is very worthwhile to offer
• Cost effect complex: Utilization and direct health care costs may increase temporarily—especially for behavioral health (e.g. due to facilitation of needed services) (Zarkin et al. 2000)
Utilization Challenges

• Even when programs and practices may be effective, need to engage target population to derive benefit

• Reported EAP utilization varies widely, partly due to differing ways of calculating

• Typical EAP clinical case utilization rate has been characterized as 5-10%, but varies very widely
Barriers and Facilitators to Using EAP

• Positive perceptions of EAP accessibility, confidentiality, belief in efficacy, awareness of benefits are associated with greater EAP use +/- or willingness to use EAP
• Important to pay attention to organizational culture and ramifications as perceived by employees
• Higher levels of program promotion, visibility and EAP worksite activities positively associated with service use
• May also be psychological barriers common in behavioral health services (e.g., denial of problem, feeling can handle oneself)
• Communication is critical- multiple and inclusive approaches
Measuring EAP Performance

• Evaluating EAP performance is critical to get the most out of program

• Major challenge in field to arrive at broad use of standardized measures

• Move towards adoption of performance measures is consistent with trends in health services
Employer’s Guide to Employee Assistance Programs
(National Business Group on Health)*

**Recommended Metrics:**

- **Utilization**
  - Participation rates among specific problem groups (e.g., substance abuse)

- **Impact Assessment**
  - Job performance
  - Retention
  - Work attendance
  - Clinical outcomes

- **Financial Return**
  - Effect on health care utilization
  - Rates of return-to-work for workers’ comp and short-term disability
  - Increased productivity and work attendance

*Rothermel et al. (2008)
Framework for Value of EAP to Employers*

- **Health care value** (Direct Costs)
  - impact on medical, mental health, disability, workers’ compensation costs

- **Human capital value** (Indirect Costs)
  - impact on absenteeism, presenteeism, turnover, employee engagement

- **Organizational value**
  - costs associated with safety risk management, legal liability, culture change, worker morale, other secondary impacts

* Attridge (2003)
Utilization Measures

- EAPA recommend six possible measures
- More than one can and should be used
- Measures differ by type of EAP activity captured and population group

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Outcome Measures

- Existing administrative/clinical data
- Supplemental questionnaires or other tools
- When possible, use standardized, validated instruments
- For productivity/job performance, options include:
  - Health and Productivity Questionnaire (Kessler et al. 2003)
  - Work Limitations Questionnaire (Lerner et al. 2001)
  - Chestnut Global Partners Workplace Outcomes Suite (Lennox et al. 2010)
Conclusions

- EAP services can support resiliency
- Evidence points to positive outcomes in resiliency-related areas, though need for additional research
- Communication strategies and program promotion are important in utilization
- Evaluating EAP performance is critical, and guidance/tools are available
Reference List: Reviews


Blum TC, Roman PM. Cost-Effectiveness and Implications of Employee Assistance Programs DHHS pub no RP-0907. Rockville, MD, SAMHSA, Center for Substance Abuse Prevention, 1995.


Additional References

Employee Assistance Research Foundation, www.eapfoundation.org

Employee Assistance Professionals Association. Addendum to 2009 EAPA Standards and Professional Guidelines for Employee Assistance Programs.


