Indicators of the Quality of EAP Services

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ABSTRACT. This Research Note reviews issues with how to assess the level of quality of employee assistance program services. It is recommended that the program's use of the Core Technology of the industry, designations of professionalism from individual certification and program accreditation and how network affiliates are used should be considered as indicators of quality.

What Are EAPs? Employee Assistance Programs (EAPs) are employer-sponsored programs designed to alleviate and assist in eliminating a variety of workplace problems. EAPs typically provide screening, assessments, brief interventions, referrals to other services and case management with longitudinal follow-up for mental health concerns and substance abuse problems. The source of these employee problems can be either personal or work-related. Those who work for EAPs come from many different professions including social workers, psychologists, counselors, substance abuse specialists, occupational nurses, and others. In Canada, the services are called Employee and Family Assistance Programs (EFAPs).

Quality of EAP Services

How is the quality of EAP service determined? Although there are many factors to explore, there are three areas that should be considered as indicators of quality: The program's use of the Core Technology of the industry, designations of professionalism through individual certification and program accreditation and how network affiliate counselors are used.

The "Core Technology" of EAP

The EAP Core Technology represents a set of practices that defines the distinguishing properties of delivering employee assistance programming. 1,2,3 Developed in the late 1980s from a review of research in the field, the model originally featured seven components (See Table 1). A decade later, the Employee Assistance Professionals Association (EAPA) produced a similar set of EAP core technology factors. This report, however, presents the original factors.

Work-Performance Focus. The most critical component is for the EAP counselor to assess how an employee's problems are affecting his or her ability to function at work and the performance of the workplace. EAP counselors are trained to help the employee to identify the stressors that impact work and determine how the person can better cope with the situation. Because this area is so important, when the service is evaluated it should be judged on the extent that changes in client employee work performance have been achieved by the clients after use of the EAP.

Manager Awareness. Another core component is to have the EAP staff work closely with the company in order to train managers and supervisors on how to successfully engage the EAP and to understand the larger issues of importance to the organization. This is another component that has often seen active engagement from union leaders.

Linkages to Internal and External Resources. The EAP should know the range of resources available to assist employees from within the company (called micro linkages) and also from the surrounding local communities as well (called macro linkages). An EAP should be able to offer direction to troubled employees for what to learn about, where to go and what to do in order to improve their situation. Offering this kind of information that is tailored to the individual's problem and local environment is very empowering and can thus spur confidence and self-efficacy that is needed to make behavioral changes and effectively respond to the situation. A thorough assessment process and having a rich database of current and accurate resources are needed by the EAP to fulfill this core component.

Substance Abuse Focus. The workplace offers a useful context for the identification and referral for individuals with drinking and drug abuse problems.⁴ EAPs have a long history of being specialists in this area. The EAP can provide confidential services to management and staff workers with substance abuse and misuse problems and associated mental health disorders. A high-quality EAP should have staff and specialists who are trained and certified in working with substance abuse problems. The EAP should routinely screen all cases for substance abuse issues. Several brief validated screening instruments are now available for this purpose, such as the AUDIT and GAIN tools. The ability to find and intervene with substance abuse and misuse cases is one of the best ways for an EAP to deliver savings, as these kinds of problems are very costly when they are not addressed.⁴

Even though it was introduced over twenty years ago, a survey conducted in 2008 found that the most of the professionals in the EA field today (85%) are familiar with the Core Technology.⁵ Research on outcomes and ROI supports the argument that enacting these core technology components provides substantial business value to purchasers of EA services.^{6,7}

Table 1

Components of EAP Core Technology

1	The identification of employees' behavioral problems includes assessment of job performance issues (tardiness, absence, productivity, work relationships, safety, etc.)	
2	The evaluation of employee's success with use of EAP service is judged primarily on the basis of improvement in job performance issues.	
3	Provision of expert consultation to supervisors, managers and union stewards on how to use EAP policy and procedures for both employee problems and for management issues	
4	Availability and appropriate use of constructive confrontation techniques by EAP for employees with alcohol or substance abuse problems	
5	The creation and maintenance of micro-linkages with counseling, treatment and other community resources (for successful referral of EAP cases)	
6	The creation and maintenance of macro-linkages between the work organization and counseling, treatment and other community resources (for appropriate role and use of EAP)	
7	EAP has a focus on employees' alcohol and other substance abuse problems	

SOURCE: Adapted from Roman and Blum (1985, 1988) and Roman (1990).

EAP Professionalism

The professionalism of the EAP also should be considered when selecting employee assistance services. Three important areas include following industry standards for ethical conduct, certification of individuals, and the accreditation of entire programs and providers.

Ethics

A high quality EAP provider should embrace and follow the ethical guidelines for the field.^{9,10} This is



especially important regarding maintaining client confidentiality for users of the program so that employees feel safe in coming to the EAP and managers can trust making referrals to the service.

EAP PERSONNEL RECOMMENDATIONS:

Employers should require their EAPs to adopt clear professional standards, including that EAP staff maintain the following qualifications:

- (a) A minimum of a master's degree in human services from an accredited institution;
- (b) An active specialty credential, such as the Certified Employee Assistance Professional (CEAP);
- (c) An active clinical license that reflects competency in activities such as individual assessment, short-term problem resolution, crisis intervention, threat of violence and related EAP tasks; and
- (d) Appropriate credentials and/or sufficient experience for persons who perform organizational assessment and consultation services.

SOURCE: National Business Group on Health's Employer's Guide to EAP (2008). 11

The CEAP Certification

The Employee Assistance Professional Association has developed independent certification procedures for individuals.¹² The Certified Employee Assistance Professional (CEAP) is a voluntary credential that identifies individuals who have met established standards for competent, client-centered practice, and who adhere to a professional code of conduct designed to ensure the highest standards in the delivery of employee assistance services. Over 5,000 individuals have earned the CEAP designation through EAPA.¹³ In Canada, the CEAP designation is not a program standard. Instead Canadian EAPs have relied upon the credentialing and professional standards enforced by the professional associations to which EAP providers belong, supplemented by a higher level of participation in program accreditation.

Program Accreditation

As in most professions, accreditation in the EAP industry ensures that the vendor organization meets a specific set of standards and certification ensures that individual practitioners have the appropriate training and experience to conduct EAP work. ¹⁴ In 2001, the Employee Assistance Society of North America (EASNA) in conjunction with the Council on Accreditation (COA) established accreditation standards for EAPs. ¹⁵

Table 2 COA Accreditation Components

	Component	Elements
1	Access to Service	5
2	Internal EAP and Parent Company Relations	1
3	Program Implementation and Contract Management	6
4	Contractor Accountability	4
5	Record-keeping	4
6	Assessment	4
7	Service Planning and Monitoring	3
8	Service Elements	11
9	Critical Incident Reporting	1
10	Work-Life Services	3
11	Case Closing	2
12	Personnel	9

SOURCE: The Council on Accreditation Employee Assistance Program Accreditation Process (2008).¹⁶

COA accreditation is a comprehensive process by which an organization goes through a thorough selfstudy and on-site review by trained peer reviewers in



order to achieve the highest recognition for delivering quality services that comply with nationally recognized standards of best practice. These standards are now in their 8th edition. As seen in Table 2, the accreditation review encompasses many areas, with a dozen major domains and more than 50 sub-areas.

To date there is a total of 57 EAP programs that have been accredited by COA: 13 organizations that provide primarily EAP services and 44 multi-service organizations that offer EAP services as well as other kinds of services.¹⁷

EAP service providers being considered for selection can be asked about issues of accreditation of their staff and network affiliate counselors are CEAP certified. Although the value of these standards is sometimes debated within the industry, there continues to be a need to verify validated training and operation of all EAP models. Also, while EASNA has passed on direct responsibility for accreditation to COA, the association remains active and focused on advancing knowledge, research, and best practices toward achieving healthy and productive workplaces.

EAP Network Affiliates

Another indicator of program quality involves the area of who actually provides the clinical care to employees who use the EAP for individual problems. Most of the in-person counseling sessions that are generated from an external vendor delivery model, or from a blended internal-external partner delivery model, are delivered by counselors that support the EAP as paid contractors. These professionals are part of a network arrangement and live in the same geographic areas where the staff for the organization is located. In most contexts these counselors are not full-time employees of the EAP. These "affiliates" as they are called, are typically licensed clinical social workers, counselors, psychologists, or marriage and family therapists. Affiliates perform EAP work on behalf of EAP vendors in a variety of settings offsite from the organization's workplaces, such as private practices, health care agencies and hospital-based mental health clinics.

Generally, only a small portion of the typical affiliate's individual practice caseload is for EAP work and thus the majority of affiliates consider themselves general

practitioners in counseling or psychotherapy, as opposed to EAP practitioners. For example, a recent survey of affiliate counselors found that about three-fourths of these practitioners reporting treating clients from EAP sources pretty much the same as those people from non-EAP referral sources. The main distinction is that cases from EAPs have fewer visits than cases referred from the general mental health benefit plans -- an average of about 4 vs. 11 sessions, according the one study. However, the difference is this study was due more to the shorter maximum number of session limits for EAP cases (often capped at 6 sessions or less) than due to the clinical needs of the client.

A concern among some in the industry is that affiliate counselors may not take as much interest in workplace performance issues or know as much about company specific resources and the specific client organizational issues compared with trained and dedicated EAP specialists. However, to address this issue some EAPs have developed a first tier or premier level of affiliates that are more focused on the EAP core technology and workplace performance.

Conclusion

There are three areas that can be indicators of the quality of employee assistance services: The program's use of the Core Technology of the EAP industry, designations of professionalism through individual certification and program accreditation and also how network affiliate counselors are used. A common theme across these areas is an interest in improving the workplace performance of employee clients of the EAP.



References

- [1] Roman, P. M., & Blum, T. C. (1985). The core technology of employee assistance programs. *The ALMACAN*, *15*(3), 8-9, 16-19.
- [2] Roman, P. M., & Blum, T. C. (1988). Reaffirmation of the core technology of employee assistance programs. *The ALMACAN*, 19(8), 17-22.
- [3] Roman, P. M. (1990). Seventh dimension: A new component is added to the EAP 'core technology.' *Employee Assistance*, February, 8-9.
- [4] Roman, P. M., & Blum, T. C. (2002). The workplace and alcohol problem prevention. *Alcohol Research and Health*, 26(1), 49-57.
- [5] Bennett, J. B., & Attridge, M. (2008). Adding prevention to the EAP Core Technology. *Journal of Employee Assistance*, 38(4), 3-6.
- [6] Attridge, M., & Amaral, T. M. (2002, October). *Making the business case for EAPs with the Core Technology*. Presented at the annual conference of the Employee Assistance Professionals Association, Boston, MA.
- [7] Blum, T., & Roman, P. (1995). Cost-effectiveness and preventive implications of employee assistance programs. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- [8] Emener, W. G., & Hutchinson, W. S. (2009). Professional, ethical, and program developments in employee assistance programs. In M. A. Richard, W. G. Emener, & W. S. Hutchison, Jr. (Eds.), *Employee assistance programs:* Wellness/enhancement programming, 4th Edition (pp. 239-253). Springfield, IL: Charles C Thomas.
- [9] Sharar, D. A., White, W., & Funk, R. (2002). Business ethics and employee assistance: A national survey of issues and challenges. *Employee Assistance Quarterly*, 18(2), 39-59.
- [10] Employee Assistance Professionals Association (EAPA) Ethics Committee. (2007). EAP ethics: The field speaks. *Journal of Employee Assistance*, *37*(2), 8-11.
- [11] Rothermel, S., Slavit, W., Finch, R. A., et al. Center for Prevention and Health Services. (2008). An employer's guide to employee assistance programs: Recommendations for strategically defining, integrating and measuring employee assistance programs. Washington, DC: National Business Group on

Health.

- [12] Employee Assistance Professionals Association (EAPA). (2003). *EAPA standards and professional guidelines for employee assistance programs (2003 Edition)*. Arlington, VA: Author.
- [13] Employee Assistance Professionals Association. (2006). EAPA standards and professional guidelines for employee assistance programs Addendum: Toward the standardization of employee assistance measures. Arlington, VA: EAPA.
- [14] Haaz, E., Maynard, J., Petrica, S. C., & Williams, C. E. (2004). Employee assistance program accreditation: History and outlook. *Employee Assistance Quarterly*, 19(1), 1-26.
- [15] Stockert, T. J. (2004). The Council on Accreditation employee assistance program accreditation process. *Employee Assistance Quarterly*, 19(1), 35-44.
- [16] The Council on Accreditation. (2008). The Council on Accreditation employee assistance program accreditation process. New York: Author.
- [17] Tanenbaum, E., Wolinsky, D., Slater, S. & Goehner, D. (2009, May). *Panel on the value of accreditation of EAP programs.* Presented at the annual institute of the Employee Assistance Society of North America, Denver, CO.
- [18] Sharar, D. A. (2008). Two isn't always better than one. *Employee Benefit News*, 22(10), 38-39.

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