

# Shaking The Tree: From Employee Assistance to Employee Potentiation - A Commentary and Research Review

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**ABSTRACT.** *As the field of employee assistance has matured over the past 30 years, this article encourages a review of current and emerging paradigms for the profession. Concepts and research in humanistic and positive psychology, along with research in organizational behavior, wellness, and prevention, suggest a view of EAPs as facilitators of human potential, collaborators, and integrators. As a synthesis of these ideas, this article highlights ten ideas for potentiation and three emerging core practices. The focus is on how employee assistance providers can leverage their experience, role, and organizational partnerships to implement the following three practices: (1) empower local health strategies amongst individual workers, (2) apply influence for systemic health, and (3) support culture of health organizational strategies.*

## Introduction

*Productive persons animate whatever they touch. They give birth to their own faculties and bring life to other persons and to things... These potentialities are present in everybody; they become real only to the extent to which they are expressed.*

(Erich Fromm)

Employees with behavioral health problems can, and often do, live active, engaged, productive, and flourishing lives. A good deal of research indicates that employees and employers can achieve high-levels of productivity and well-being, for themselves, their community, and their coworkers who suffer from depression, alcohol dependence, or other health troubles. A plethora of well-studied positive concepts show, beyond any shadow of a doubt, that the humanist philosophers (such as Maslow and Fromm) were right: the basic human drive for self-actualization lives not just within individuals but also within groups, teams, and organizations. As a result, the positive psychology approach has been slowly but steadily moving into the workplace.<sup>1, 2, 3, 4</sup>

To transfer these concepts into their own practice, EAPs need to first apply them in their own organizations ("walk the talk"). They should also consider which of two paradigms in the field of workplace behavioral health offers the most opportunity for business growth. The prevailing paradigm often relegates the helping professions (including EA providers) as reacting to dysfunction. Their job is to "pick up the pieces" of troubling events and dealing with the wounds of the past, the current crisis, or the hostile work environment.

In contrast, an emerging paradigm situates EAPs as collaborators who work at the organizational level, think proactively and preventively, and tap

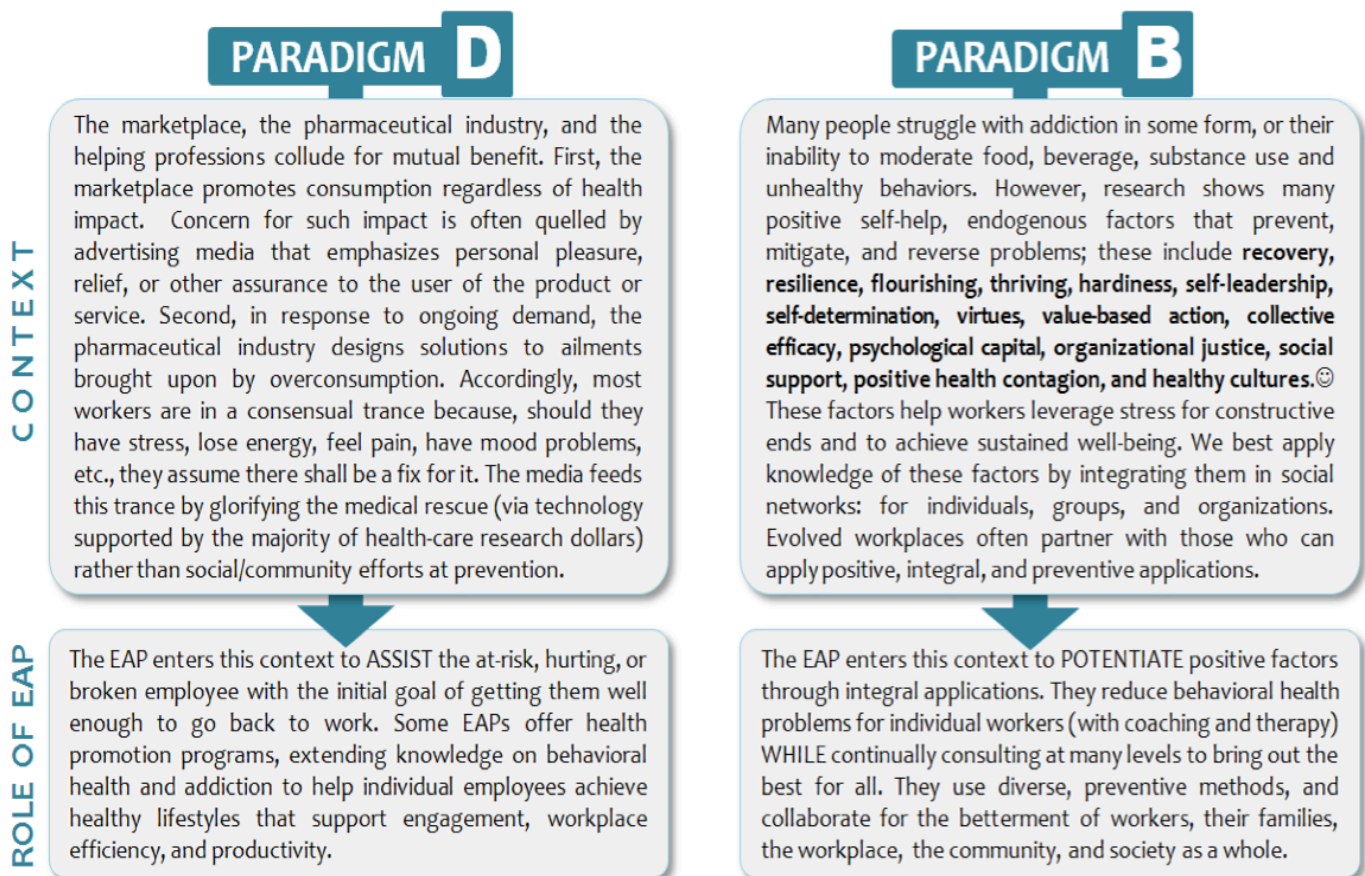
into a multitude of positive, self-organizing, and growth-oriented factors. The first paradigm is labeled "D" following Maslow's concept of *Deficiency* motivation (making up for lack).<sup>5</sup> Taking this approach finds the EAP on the sidelines as a hidden, have-to-have human resource, prone to stigmatization and under-utilization. In contrast, the "B" paradigm (for *Being*) motivation is purpose-oriented, seeking higher levels of fulfillment for self and others and thus has an intentional, deliberate, and appreciative orientation. Here, we find CEOs who admit to personal use of the EAP, support others who also do so, and communicate that everyone needs support at times and that it is wise to seek help.

These contrasting paradigms have implications for EA utilization. In our research with a large EA provider (ICAS), we found relationships between

aggregate stress levels and EA utilization across 60 client organizations.<sup>6</sup> The data showed that workers were less likely to use EA services in organizations with heavy workloads and that had unreasonable deadlines placed on the employees. A high workload contributed to stress and it also constrained employees from using the very services that could help them with their stress (i.e., the EAP service). This paradox illustrates a fundamental flaw of the "D" paradigm.

Figure 1 illustrates the societal context surrounding the EA role within each paradigm. The figure is a "thought experiment" designed to promote discussion regarding the sustainability and evolution of the EA profession. It is an invitation to reflect on the future of the field as it continues to mature.

**Figure 1. Two Paradigms for the Future of the EAP Field**



☺ Consult on-line for references to these positive factors or contact the author (owls@organizationalwellness.com)

Because of their track record of performing as trusted partners to the organization, EAPs have much to offer. They are poised to be courageously creative and use out-of-the-box, solution-oriented, and inspiring practices. It is my hope that they can assume a B-identity (and ask "How can we LEAD and promote workplace potential?") rather than continue to don an outworn D-identity ("How can we ASSIST?"). EAPs should unabashedly apply positive concepts for the greater good. Following the teachings of Fromm, EAPs can help make the workplace a setting where workers express their potentialities. Our research indicates that many in the EA field already want to take a more positive and proactive path.

## Ten Ideas for Potentiation

The EA field has matured to the point where most professionals have many insights to offer on how to achieve greater employee potentiation. The list below are ideas that I believe represent the "fruit" of this maturation, at least from my organization's experience in applied research and consultation. The following list may help promote EAPs' unique value-added capacity to simultaneously enhance both employee and organizational well-being. The essay concludes with three core practices for EAPs that integrate these 10 ideas.

**1. At their root, problems in wellness fall squarely within the professional domain of the EAP.** The tobacco-obesity-diabetes epidemic is both a cultural phenomena and an addictive process at the societal level. EAPs have an outstanding opportunity to address these "wellness" issues because they are essentially addictive processes that they are already skilled at supporting.<sup>7</sup>

**2. Smart employers maximize the ROI for wellness programs by using the EAPs' special knowledge of behavioral change processes (engagement, depression, stress, etc.).** Significant work-related costs fall in the domain of productivity loss due to behavioral health problems (e.g., depression), often more so than medical expenses due to cardiovascular related health risks (unhealthy lifestyle related to diet and exercise).<sup>8</sup> By addressing behavioral concerns

that are co-morbid with common costly physical diseases, EAPs can promote greater employee engagement while also reducing overall medical costs: a double winner!

**3. Savvy employers optimize human resource functions with their EAP systems (macro-links to resources, proactive communication, manager support).** Research suggests that positive workplace communication, service-integration, and healthy managerial practices are all key drivers of health outcomes.<sup>9,10</sup> With their core-technology, EAPs have a long history of achieving outcomes in these areas.

**4. Through EA, positive changes in one employee's behavioral health catalyze a positive ripple effect in the workplace social network.** Research on social networks shows that when one person stops smoking, loses weight, or improves mood, others around them tend to do the same.<sup>11</sup> This is especially true among those we interact with the most often and the workplace is no exception.

**5. It is more cost effective to confront a toxic workplace via sensitive EAP services than to use wellness approaches in an otherwise "sick" environment.** Workers must make their own choice to utilize and benefit from person-oriented services, whether from the EAP or wellness coaching. However, fixing the individual only to send them back to a dysfunctional system and troubled workplace is ultimately ineffective. With "deeper" information and seasoned knowledge about "dysfunctional families," EAPs can act as astute, grounded, and trusted advisors that are at their best when dealing with sensitive issues in the workplace social environment.

**6. Risks for cardiovascular disease/obesity lie in setting-specific psychosocial factors where EAPs also have expertise.** Programs geared toward improving physical health are most effective when they also address psychosocial stressors in the workplace that can derail wellness efforts. These programs sponsor positive communication, healthy social norms, and group-oriented health practices (e.g., inter-group competitions and company-wide campaigns).<sup>12</sup>

Unfortunately, such efforts can be blunted by psychosocial risks unique to each work setting (e.g., job strain, bullying, poor managerial practices) that predict co-morbid behavioral risks (e.g., psychological withdrawal, alienation, stress and mood disorder).<sup>13</sup> Thus, programs for cardiovascular health can achieve much more success when they integrate EAP expertise in these areas.

**7. The EA wellness strategy includes promoting the Five Cs of resilience: Centering, Compassion, Commitment, Confidence & Community.** Our research on the psychological construct of resilience suggests EAPs have a unique capacity for teaching resilience.<sup>14,15,16,17</sup> For example, EAPs teach stress management (centering) and apply their trade during times of pain and crisis, modeling a deep human ability of caring for others (compassion). By helping their clients work-through such difficulties, they cultivate accountability to problems that may otherwise be ignored (commitment). Job commitment is greater when workers sense their company cares about them and this is created through the positive actions of EAP programs.<sup>18</sup>

**8. EAPs have a special ability to leverage job stress as a positive force for building strength in the work culture.** More than many of the other helping professions, EAPs have a long tradition of direct, practical knowledge of the causes, consequences, mediators, and moderators of workplace stress.<sup>19, 20</sup> EAPs can treat stress as a resource ("eustress"), an opportunity, and a positive challenge; with emphasis placed on the individual and workplace as the proactive context that meets and utilizes stress, rather than reacts negatively to it.<sup>21</sup>

**9. EAPs offer workers peer-to-peer skills to encourage and nudge each other, thereby invigorating workplace social capital (i.e., trust).** Over the past 15 years, we have both implemented and conducted studies on Team Awareness, Resilience, and Readiness, all with the help of an EAP.<sup>16, 22, 23, 24</sup> In the tradition of EAP peer-referral training, these team-based trainings guide workers to help themselves and help each other by promoting a social norm whereby help-

seeking and help-giving are seen as positive factors.<sup>25</sup> This process contributes to sustaining a preventive mind-set where workers trust and look out for each other's well-being. Research on social capital shows that this kind of trust is strongly associated with worker productivity and commitment.<sup>26</sup>

**10. EAPs have unique ability to align four processes of a healthy culture: culture data, healthy leaders, strong champions, and nudging.** In my experience, more wellness vendors advertise a healthy work culture outcome from their services than know how to systematically build one. There are differing views of the foundational elements of such a culture, but at least four fall within the EAP domain. First, through the practice of behavioral risk management, EAPs are well-suited to integrate *and* interpret clinical data (e.g., medical claims costs, healthcare utilization patterns, absenteeism records) in the context of the work culture.<sup>27</sup> Second, EAPs are brought in as a trusted resource when senior managers or leaders face a risk to their career due to behavioral problems. Every time an EAP averts a manager derailment, they promote health because of the centrality of those positions within the social hierarchy of the organization. Third, effective workplace programs always have champions, advocates, or ambassadors who are as supportive of mental well-being as physical health. Finally, EAPs can conduct peer training that, by promoting positive social contagion, lays the foundation for a more cohesive social network.

## Three Core Practices

Readers of the above list may feel that these ideas are too idealistic, beyond their current capabilities and skill sets, or are practices that clients may not want. Some may feel that the growth of the commoditized wellness industry--with its emphasis on personal health assessments, biometrics, and lifestyle coaching--will overshadow these more systemic and psychosocial efforts. Although these are all valid concerns, the purpose of this essay is to encourage application of whatever idea is attractive to you. Even better, create your own unique approach



from the ideas herein. The above is a list of ideas, not a manifesto. At the same time, I believe there are three core practices that represent a synthesis of the above ideas and that are important for shifting the field of EA from Paradigm D to Paradigm B.

**Core Practice 1: Local Empowerment.** Local workplace social norms, role modeling, and peer support significantly influence employee behavioral change. Through training and consultation, EAs can empower workers in these areas. EAPs can train and/or support local advocates and champions to promote healthy workplace norms. Research on peer-referral training suggests it is possible to place basic encouragement and stress-referral skills in the hands of the everyday worker.<sup>22, 23, 24, 28, 29, 30</sup> In our own research, we have found that EAPs are more likely to apply health champion training approaches than human resource and wellness professionals.<sup>31,32</sup>

But this approach is limited by the shortage of professionals (EAP or otherwise) who can do strategic brief interventions to support help-seeking, recovery, and healthy lifestyle behavioral change. Therefore, I challenge the reader to reflect on two questions: "Has the field become over-professionalized?" and "Are we hurting the profession by believing that brief interventions are to be carried out only by those with academic and professional training?"

With the increasing popularity of social media, smart phone applications, and mobile health, it is possible that more workers will gravitate toward technological types of service applications.<sup>33</sup> Web-sites like [www.SuperBetter.com](http://www.SuperBetter.com) and [www.Mindbloom.com](http://www.Mindbloom.com) suggest this trend is already in full swing. When EAPs show skills in such training--and integrate champion coaching (prevention) with counseling services (early intervention)--they have a glowing opportunity to become leaders in the wellness marketplace.

**Core Practice 2: Systemic Influence.** EAPs can have a significant influence on the health of the work culture, often indirectly through therapeutic support to managers or to others who represent key nodes in the social network. EAPs also have

**Survey says:**  
*Organizational strategies for healthy work cultures are very important to include in the EA core technology.*

more direct influence through their support of work groups, champions, leaders, and climate. Although they require more effort, systemic interventions (aka *comprehensive workplace health promotion, total worker health, or health and productivity management*) are far superior to a single biometric-wellness coaching formula in improving the overall health of the workforce.<sup>12, 34, 35, 36</sup> More importantly, EAPs need to recognize that, just by virtue of their own interpersonal skill-set (e.g., compassion, centering), they constantly apply systemic influence. They need to bring appropriate attention to this basic competency because it is a critical asset to any workplace culture effort, especially if wellness is involved.

**Core Practice 3: Fill the Culture Gap.** As noted above, EAPs have a long-standing role and professional savvy with regard to affecting "deep" organizational dynamics (more so than standard "wellness" providers). Our 2008 survey of 200 professionals in the EA field showed that most see the core technology of EA as supporting a "culture of health" more so than fostering the wellness goals of individual employees.<sup>37, 38</sup> The survey also revealed that 70% of EA professionals believed that organizational strategies for healthy work cultures are very important to include in the EAP core technology. Furthermore, 82% felt that EAs should be "more" or "much more" focused on providing services to help clients promote healthy work environments. The more EAPs continue to integrate indirect and direct influences on health (see core practice #2), the more value they provide in healthy culture work.

## Conclusion

It is important to recognize two key "takeaway points" from this conceptual analysis and research review. First, if EAs don't take advantage of these opportunities to expand their role in the workplace to offer more services aligned with Paradigm B rather than Paradigm D, other allied

professions surely will. While these may be in neighboring disciplines, EAPs still have unique and integral insights that these other disciplines lack. Second, by applying the 10 ideas and the three core practices, EAPs can be "quiet leaders" that not only potentiate health and well-being in the workplace but also in society at large.

To conclude, I hope the reader has at least viewed this brief essay as a "thought experiment" and will reflect on the two paradigms as a choice between being an assistant versus an enhancer, a helper versus a leader, or a problem-solver versus one who discovers and nurtures hidden potential. The EA field has matured. There is fruit on the tree. Who is going to do the shaking?

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