The Evaluation of Employee Assistance Programs

by
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As employee assistance programs have gained popularity, more and more managers are asking for ways to prove that EAPs are cost-effective. Out of that need, the field of EAP evaluation was born. The author discusses the growing field of EAP evaluation—both qualitative and quantitative—and also raises some of the confidentiality issues that arise when third-party evaluations of EAP services are conducted.

RELEVANT EAP HISTORY
Employee Assistance Programs evolved out of Occupational Alcohol Programs (OAPs). OAPs began in the 1940s when recovering alcoholic employees approached their management about the problem of alcohol in the workplace. These employees stated that if their supervisors would not have been so nice to them, they would have had to face their alcoholism at an earlier stage. They further suggested the development of OAPs! Thus, programs were started at Standard Oil, Dupont Corporation and others. OAPs were staffed by the recovering alcoholics who offered counsel to employees with alcohol and drug problems. Supervisory training was done to train supervisors to diagnose chemically dependent employees.

In the 1970s there was a change of direction for the OAPs. OAP counselors realized that employees were seeking counseling for problems other than alcohol and drug abuse. This prompted a shift in OAPs from a chemical dependency focus to a "broad brush" program—hence the name Employee Assistance Program. EAPs now offered counseling for employees with any personal problems that affected job performance. There was therefore also a shift in the focus of supervisory training. Supervisors were now trained to confront employees with job performance problems instead of trying to diagnose personal problems.

The concept of EAPs developed gradually in the next decade. Large companies began their own in-house programs and other companies contracted out for EAP services. Now that large, medium and small companies have had EAPs for a few years, company representatives are asking, "How do I know that the EAP is cost-effective?" "How do I know that the employees are receiving appropriate services?" As a result of these questions, the field of evaluating EAPs began.

QUANTITATIVE EVALUATION: COST-EFFECTIVE EVALUATION OF THE USDHHS EMPLOYEE COUNSELING SERVICES PROGRAM

In keeping with the United States Department of Health and Human Services' (USDHHS) legislative obligation (Public Law 91-616, 1970) to take a leadership role in the federal sector, the Secretary of the USDHHS announced in 1979 plans to create a model Employee Counseling Services (ECS) Program. In October 1980, the USDHHS Assistant Secretary for Personnel (ASPER) signed an agreement with the Office of Personnel Management (OPM) stating that the USDHHS would develop an evaluation system as part of the model program. Not only did the ASPER mandate the
program, but he also made the evaluation system a top priority.

The first author, then the appointed director of the model USDHHS ECS program, was given the charge to develop a cost-effective evaluation system. She called upon a team of experts from the USDHHS who were convened to actually design the system. These experts included:

1. Two national researchers on evaluation of health programs from the Office of the Assistant Secretary for Health, Drs. Lawrence Green and Donald Iverson.
2. Statistical and planning experts from the Office of Planning and Evaluation.
3. Computer programmer from the office of the ASPER.
4. Two attorneys from the Office of General Counsel.
5. OPM EAP expert William Pitchelli made up the last member of the team.

This group met for one year, during which time they designed the evaluation. A Request for Proposal (RFP) was written and the evaluation was awarded to Development Associates in Arlington, Virginia, under the guidance of Dr. Harry Day.

**Methodology**

The cost-effective evaluation of the USDHHS ECS was done using data from 15 USDHHS sites. They included:

Regional Offices
1. Boston
2. New York City
3. Philadelphia
4. Atlanta
5. Chicago
6. Dallas
7. Kansas City
9. San Francisco

Headquarters Units
11. SSA/Baltimore
12. HCFA/Baltimore
13. PHS/Rockville
14. NIH/Bethesda
15. Southwest Complex/District of Columbia

Number 8, Denver, and number 10, Seattle, were not included in the system and thus are not in the categorial schemes above.

Three different methods of evaluation were used to collect data from these sites for analysis. The three methods were as follows:

1. Process evaluation: This type of evaluation was done using the ECS quarterly reports. Demographic data (i.e., sex, job level, education) from the USDHHS was compared to the demographics collected in the ECS program. The data for this cost-effective study was collected between May 1, 1983 and September 30, 1984. It included information on 2,442 ECS clients and provided baseline data for comparison with ECS clients.

2. Impact evaluation: The impact of the ECS on an employee’s job performance was measured using a five-point supervisory rating scale that was translated into monetary terms by using the employee’s salary. These forms were filled out at three points in time—at ECS intake, three months after intake and nine months after intake.

3. Outcome Evaluation: Outcomes of ECS were measured in terms of reductions in
administrative costs. A list of 132 data bits were reviewed for feasibility. Five of those were chosen for review:
  a. sick leave (SL)
  b. advanced sick leave (ASL)
  c. leave without pay (LWOP)
  d. administrative leave (ADM)
  e. absent without leave (AWL)

ECS counselors were trained to pull all pertinent information from employee personnel records for the ECS clients. This data was then compared to the aggregate personnel data from each of the 15 units to provide the control.

Results

The results of this cost-effective study yielded a 1:7 return (for every dollar invested there was a return of $7 per employee). This was done after subtracting the actual cost of the entire program ($2.2 million per year).

QUALITATIVE EVALUATION: PEER REVIEW

In 1984, a major corporation approached the first author, then a professor at the University of Maryland School of Social Work and Community Planning, asking her to design a qualitative method of reviewing the counseling effectiveness of their EAP. A review of the literature revealed several other organizations conducting peer reviews, including the Joint Commission on Accreditation of Hospitals and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

Visits were made to each of these as well as to the National Institute of Mental Health. The system then developed by the author was unique in that the review team was multidisciplinary. The psychiatrist, the psychologist and the social worker were equal partners on the panel and they conducted the review together, not separately. This entailed meeting at a central location for several days at a time.

The actual peer review process now conducted includes the above and the following three stages:
  1. A general orientation session. The goal of this session is to allow the peer panelists to be oriented to the client company and to the EAP contractors. Their views of EAP and program ingredients-and administrative items such as forms that could be found in the employee’s EAP chart are presented to the panel.
  2. Review of case records. A random sample of EAP case records is then reviewed by the panelists. Two instruments totaling 60 questions for each case have been refined and are used. The questions refer not only to the appropriateness of treatment and follow up, but also the actual qualifications of each counselor.
  3. A company debriefing. Following the actual case review, a psychometrician analyzes the data and a final report is written. This final report included:
     a. executive summary
     b. tables
     c. narrative describing tables
     d. strengths/weaknesses
cases to be reopened
f. recommendations
Since the initial review, the same corporation has had an annual review. Other companies are increasingly using this system and individual forms are tailored for each.

CONFIDENTIALITY

The alcohol and drug regulations clearly state that bona fide evaluations, audits and inspections may be conducted. A third party evaluation without any affiliation with the provision of client EAP service fall within this category.

Confidentiality is an integral part of counseling. The same is true with evaluation; it is essential that strict confidentiality be built into any evaluation system. Steps should be taken to ensure confidentiality. The authors present the following issues which needed to be addressed.
1. Those having access to the EAP records should be required to sign a confidentiality statement.
2. If EAP records must be transported in any way (i.e., mail, train), precautions need to be taken to protect the records.
3. During the review, precautions must be taken to secure the premises. For example, a double-lock system in the hotel is arranged beforehand.
4. A chain of custody for the records must be instituted.

FUTURE DIRECTIONS

The field of evaluating EAPs has just begun to grow. The first author's company conducts both cost-effective and peer review evaluations for interested companies. However, there will be a movement in the near future beyond these separate evaluations into one full programmatic evaluation.

The latest step was taken by the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA). ALMACA developed a credentialing process that requires three years' experience in the field and passing a test. This results in a Certified Employee Assistance Practitioner (CEAP). Although this is a step in the right direction, this credentialing process does not have a built-in method of monitoring practitioners' compliance to standards once they have been credentialed.

The next step for the EAP field is the ultimate form of evaluation-accreditation. Accreditation evaluates the whole program, incorporating all of the methods mentioned in this article and others. The authors of this article are in the stage of developing such a process.

NOTES
Masi, Dr. Dale A "Qualitative Evaluation of EAPs: Peer Review," The Almacan, Volume 17, Number 4, April 1987, pp. 32-34.