EAP and Work/Family Programs: A Natural Partnering...

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INTRODUCTION

Dramatic changes in the work world, the family and the community are catapulting society into the 21st century. In the work world, the focus on a competitive, fast-paced, global economy has forced profound changes in how we define work and the workforce. The days of long-term job security are gone, and the traditional employer-employee contract has been essentially rewritten.

On the homefront, only 7.3% of families are traditional "breadwinner" families - working father and mother at home taking care of the children (BLS, 1995). The number of mothers in the workforce with children under the age of 18 has risen from 40% in 1970 to 70% in 1996. Working mothers with children under 6 years of age has more than doubled from 30% in 1970 to 62% in 1996.

These demographic shifts and workplace changes reverberate throughout the communities of our country. With more people entering the workforce, there is simply no one left at home to help with community needs. Thus, as communities transform to meet the demands of the work world, and changing family structures, new societal needs arise.

These changes: the redefinition of work; the restructuring of the traditional family; and the resultant transformation in our communities, are forcing corporate policy makers to explore their social responsibilities, while still keeping their eye on the bottom line. One area of exploration is the area of balance between work and family. Many employers are beginning to examine their responsibilities to their employees, their families, communities and society concerning this balance between work and private lives.

Historically, EAP and Work/Family Programs have been two distinct and separate corporate initiatives that have helped employees manage issues that impact their personal, family and work lives. These company-sponsored benefit programs address personal and family issues that distract and interfere with an employee's ability to perform and be productive at work. A company's motivation for initiating and offering such programs has been straightforward. With today's fast-paced, knowledge-based, competitive marketplace, firms have needed workers who can fully concentrate on their tasks, without being distracted by child care, health, financial or other personal problems.

With the rapid changes affecting families, work, and the community, a major reevaluation of the assumptions underlying all employee benefit services is critical. EAPs and Work/Family Programs are major components of this field, and, at the moment, the future of these two programs is uncertain. EAPs alternately align themselves with either the health or benefit departments. Work/Family programs search for an organizational home under the diversity umbrella and more recently in the benefits department. As part of an overall company analysis of employee benefit services, it appears critical to examine the functional nature of these two programs and determine whether an integrated model of service delivery would better fit the needs of the current marketplace.

What is pertinent to this policy paper is that even though EAPs were fairly well established and available during the emergence of Work/Family Programs, very few companies chose to deliver these two employee benefit services through a single department. The differentiation of these two programs has continued despite references in the literature that characterize EAPs as Work/Family Programs. An example is a recent Conference Board survey of its Work/Family Roundtable members heralding EAPs as the "Optimum Work-Life Connection." This survey reported that 33% of 120 respondents cite EAPs as, "more valuable than any other Work-Family/Life Initiative" (Parkinson, 1995). The question unanswered by the Conference Board survey, was whether there were any linkages or integration between EAP and Work/Family Programs.

This policy paper will explore these questions in the context of the findings of the National Survey of EAP and Work/Family Programs conducted by Boston College's Center on Work and Family (formerly at Boston University). It will also describe an Integration Continuum which is offered to assist policy makers in their decisions about which service delivery model, best meets the business needs of their particular corporate culture.

The major task of this paper will be to offer corporate policy makers an analysis of the relationship between EAP and Work/Family Programs, in order to decide whether an integrated or differentiated model of service delivery is more effective for their particular business needs.

This discussion will be organized into four sections:

- Section I will offer background information regarding EAPs and Work/Family Programs.
- Section II will detail the significance of the above policy question, from the vantage point of the employee, the employer and the communities.
- Section III will present key findings from the National Survey of EAP and Work/Family Programs.
- Section IV will describe the concept of an Integration Continuum with examples from the corporate world and the external vendor market.
- Section V will suggest recommendations for practice and further research about service delivery of EAPs and Work/Family Programs.

I. BACKGROUND INFORMATION

This background section will provide an overall backdrop to the issue of integration of EAP and Work/Family Programs. In order to understand the context of this policy issue, it is important to define each of these benefit programs and their current prevalence in the United States. Finally, the historical evolvement of both EAPs and Work/Family Programs will be reviewed to highlight the salient similarities and differences in the development of these two programs.

Employee Assistance Programs

This section on EAPs will initially define this particular corporate benefit, and then proceed to delineate its current prevalence in the United States. Next, the historical evolvement of EAPs will be reviewed to help the reader understand the early focus of this program and how it has changed over time.

<u>Definition:</u> An employee assistance program (EAP) is a worksite-based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance.

(Employee Assistance Professional Association, EAPA, Board of Directors, 1988)

EAPA also defines the specific core activities of EAPs to include:

- 1. Expert consultation and training to appropriate persons in the identification and resolution of job-performance issues related to the aforementioned employee personal concerns:
- 2. Confidential, appropriate and timely problem assessment services: (traditionally one three sessions)
- 3. Referrals for appropriate diagnosis, treatment and assistance:
- 4. The formation of linkages between workplace and community resources that provide such services: and
- 5. Follow-up services for employees who use those services.

The proceeding EAPA definition and core activities indicate that the basic premise of EAPs has been to address productivity concerns of the workforce. However, in many of today's EAPs, there is less emphasis on management identification of productivity issues. Rather, there is a trend towards more self referrals on a myriad of life problems.

In today's market place there is no uniform model of an EAP. The following is a list of potential variations on the basic EAP model.

Drug testing: main focus of managing regulatory drug testing

• Gatekeeper: key task is to serve as a gateway to a Managed Mental Health Care System.

• Short term Treatment: model which provides approximately 8-10 treatment sessions (versus the traditional 1-3) before referral to an outside contractor.

• 800 telephone service: where employees receive an initial phone assessment with referral to an outside service provider in the area where the employee resides.

 Broadbrush Approach: in addition to the traditional clinical assessment and referral, provides non-clinical services via telephone or face to face contact with professionals representing different areas such as: legal, financial and organizational consultations.

Another program distinction within EAPs is whether services are delivered through an internal or external program. Internal EAPs (approximately 17%) are staffed with company employees who provide clinical assessment and referral. Whereas external programs (approximately 80%) are staffed with clinical counselors employed by an outside vendor who can either assess employees on-site or at another location. A number of companies use a combination of internal and external services.

<u>Prevalence:</u> Many recent surveys indicate that anywhere from 85% - 98% of companies currently offer EAPs. In actuality only 33 percent of worksites with 50 or more full-time employees currently offer EAP services. This translates to an overall figure of 55 percent of the workforce having EAP services available to them. This number is somewhat dependent on company size. Approximately, 76 percent of companies with 1,000 or more employees have an active EAP, while companies with 50-99 employees only have approximately 21 percent coverage. (Hartwell, 1994)

<u>Historical Evolution of EAPs:</u> This brief historical overview is offered to help practitioners understand how these two fields evolved along different, yet similar paths. It will also highlight some of the changes in focus in the EAP field over time.

Concerns about a productive workforce date back to the mid 1800s when a group calling themselves the "Washingtonians" began voicing concerns about "on the job drinking". Employers began to associate lack of productivity on the job with the consumption of alcohol. Several movements arose, such as the Workmen's compensation Movement in the 1920s, which added economic and legal motivations to bans on alcohol in the workplace. But it was not until World War II that there was any concentrated effort to examine alcohol problems and their direct effect on workplace productivity.

In the 1940s, three key factors emerged which led to the creation of Occupational Alcohol Programs (OAPs) - the forerunners of EAPs. These factors were:

- 1) the birth and sudden growth of Alcohol Anonymous (AA),
- 2) influential medical directors, and
- 3) World War II's unique labor market conditions.

In 1938 there were three AA groups with approximately 100 members. By 1944 the movement had 10,00 members in 300 groups throughout America and Canada. (Trice, 1981) Around this same period of time, Dr. Daniel Lynch from New England Telephone established the first corporate program for alcoholics.

Wartime production needs created tremendous unifying pressures for the efficient use of all national resources, particularly the available male workforce (Stevenson, 1942). Dr. James Roberts from New England Electric company reportedly recruited from employment agencies in the Bowery Area of New York. With many employees at the "skid row" level, the need for good rehabilitation programs became a matter of necessity rather than benevolence. Two approaches to alleviating employee problem drinking evolved. Dr. George Gehrmann, medical director at Dupont established a highly structured "in house" assistance program. While at Eastman Kodak, medical director Dr. John Norris, chose a less formal network of information and referral to outside agencies (Trice and Schonbrunn, 1981). These two approaches were the precursors for internal and external EAPs.

After World War II, the Yale Center for Alcohol Studies promoted OAPs in the labor market. By 1955, there were approximately 30 company based alcohol programs. By 1972, this number had grown to over 300 (Steele, 1989), and by 1978 there were over 3,000 people inside and outside organizations involved in this specialty (Steele, 1995). The period from 1955 - 1972 has been described as a quiet period with little development in the OAP field. Yet it was during this time, that a new approach to manage workplace alcohol problems began to emerge. This new

approach stressed the key role of first line supervisors in identifying clients and referring them to OAPs.

In 1971, the federal government established the National Institute of Alcohol Abuse and Alcoholism (NIAAA). The term "Employee Assistance Program" was coined by NIAAA. To promote EAPs, NIAAA funded 2 occupational program consultants (OPC) in each state. This federal support greatly enhanced the acceptance of the newly dubbed EAPs, as well as broadening the scope of their client base.

As a result of this major growth and shift in the EAP field during the 1970s and 1980s, several changes occurred:

- With the broadening of the client population there was a decrease in the use of constructive confrontational strategy of the OAPs to more informal and self-referrals of workers.
- Employees were more frequently referred to outside resources rather than receive workplace intervention, which previously was the hallmark of the OAPs.
- There was a de-emphasis on expanding alcohol interventions and movement toward a broad brush approach.
- Staff were more formally educated with social work degrees versus the paraprofessional recovering alcoholic.
- ALMACA emerged as the professional organization legitimizing the field and offering resources and certification to EAPs - with a membership of approximately 2200. (Steele, 1995)

Since the early 1980s, EAPs have maintained this general direction As a result of EAPs casting a wider net and dealing with issues such as: marital problems, domestic violence, sexual harassment, and threats of violence in the workplace, substance abuse issues have been deemphasized. This trend of decreasing substance abuse cases has met with mixed responses. Some EAP professionals are concerned, whereas others feel that the current "broad brush" approach responds to the new needs of employees and the workplace.

The main issue for EAPs in the 1990s has been Managed Behavioral Health Care. There have been great debates in the field about whether EAPs might disappear with the growth of managed care. This has not happened. Although the final verdict is not in, it appears that some EAPs have found effective ways to co-exist with managed behavioral health care firms. AT&T is an excellent example and will be highlighted in Section IV regarding the Integration Continuum.

Work/Family Programs

This section on Work/Family Programs will initially define this particular corporate benefit and then proceed to delineate its current prevalence in the United States. Next, the historical evolvement of Work/Family initiatives will be reviewed to help the reader understand the early focus of this program and how it has evolved over time.

<u>Definition:</u> It is very difficult to concretize an official definition of Work/Family Programs. Some in the field differentiate the actual "Work/Family programs" from Work/Family initiatives. Work/Family programs are the actual services of child and elder care resource and referral, parenting classes, and stress management lectures; whereas Work/Family initiatives are seen as the strategies and policies that a company institutes to ensure a "family friendly" corporate environment. Susan Seitel (1997) from Work and Family Connections defines Work/Family as:

"efforts initiated by employers to attract the talented workforce they need to compete in the global economy, to retain them and make them productive in the face of the growing pressures of family and personal issues"

There is also great debate about the name Work/Family. Many companies have changed the name of these programs to Work Life Programs; Work Life Management; or Life Balance in order to include all employees rather than focus solely on married employees with children. Dana Friedman (1997) has raised questions about this name change suggesting that it is a diversion from the initial intent of these programs, family. Regardless, it is important to note that there are many variations in name, as well as services offered.

Prevalence: Just as it is difficult to define "Work/Family", it is also unclear how one counts numbers in this field. One strategy is to count the number of Work/Family Managers. Business Week's 1996 Survey of Work and Family Corporate Rankings found that 84% of their survey participants had a Work/Family coordinator. Another strategy is to document the number of companies that have successfully established an employee friendly environment. Families and Work Institute's Corporate Reference Guide found 2% of their participating companies in Stage III - Changing the Corporate Culture (Galinsky, 1991). Another indicator might be the number of companies that have some type of child care benefit (88%). This number breaks down to 84% offering DCAP; 39% offering child care Resource and Referral; and 10% offering on site-child care (Hewitt, 1995).

Historical Evolution of Work/Family: This brief historical overview is offered to help practitioners understand how these two fields evolved along different, yet similar paths. For some, it seems that the Work/Family field may actually be harkening us back to earlier periods in history.

The emergence of any semblance of a "Work/Family" program, first appeared during the Civil War. Women were needed in the war effort; therefore, caretakers were needed for their children. Thus, the concept of an on-site child care evolved. It is reported, that it was a manufacturer of soldiers' clothing, who was the first to provide on-site child care (Friedman, 1991).

The next major development in the Work/Family field came around the turn of the century. Business leaders realized that wages alone, while necessary, were not sufficient to maintain their workforce. Workers needed to be housed, fed, properly trained and educated for the industrial society. Companies established company restaurants and stores to meet these demands. The US Steel Company once owned more than 28,000 houses for their employees (Brandes, 1976).

Taken together these practices comprise what has become known as "Welfare Capitalism." The definition of Welfare Capitalism is, "any service provided for the comfort or improvement of employees which was neither a necessity of the industry or required by law" (Brandes, 1976). Some businesses experienced Welfare Capitalism as an attempt to co-opt the employee and his family into the belief that they were all one big happy family. Laura Nash (1994) and other critics have raised similar criticisms of today's current work/family programs. Nash's claim is that corporations are providing everything from child care to dry cleaning, as an attempt to keep workers working longer hours.

The next major milestone in the evolution of the Work/Family field came with the changes during World War II. Although the 1930s saw some quibbling over the propriety of women taking jobs that rightfully belonged to men, the war ended this debate. The image of "Rosie the Riveter" captured the patriotic movement of women in the workplace. Almost half of all women held a job outside the home during the war (Sidel, 1986). Interestingly, it was also during this period of the early 1940s that the need for OAPs surfaced in the workplace.

While women worked, there was a need for child care. Nearly 3,000 child care centers were established at or near manufacturing plants during WW II under the Lanhan Act (Friedman, 1990). The two most famous of these centers were the two family-centered child care programs at the Kaiser Shipyards in Oregon and California. These centers were open 24 hours a day, 365 days per year and remained in existence for a period of 22 months (Morgan, 1967).

The 1950s have often been referred to as the "Golden Age." In actuality it was this period of time when there was an increasing separation between work and family. The suburbs offered geographical distance from work. As a result, commuting husbands frequently became night time residents or weekend guests in the eyes of their children. Since fathers were away from home, mothers ran the household. This was also the period that witnessed an unprecedented baby boom. During the 1950s, a million more children were born each year than during the 1930's (Mintz, 1988). This cohort of baby boomers affected many aspects of American life, and continues to have significant impact on today's labor markets.

During the Great Society of the 1960s the Federal Government sponsored the formation of county-based "child care coordinating councils". These programs were designed to coordinate child care resources for pre-school children so that Head Start centers would be located to best reach the targeted children. The "4-Cs" as these councils came to be known were the foundation on which child care resource and referral services were created in the early 1980s (Burud, 1984). The "4-Cs" created a visibility for the shortages of care, which resulted as women entered the workforce at unprecedented levels during the 1960s and 1970s.

By the early 1980s, there was a significant increase in on-site day care centers, particularly in hospitals. In 1982 a National Survey documented the existence of 152 hospital base child care centers and 42 industry based ones (Burud, 1984). However, it was the creation of employer sponsored child care resource and referral (R&R) services in the early 1980s, which is credited for the beginnings of the work/family and subsequently the work/life industry. Regional networks linking county-based R&Rs quickly became national networks. By 1985 there were several private companies administering R&R networks for large multisite employers (Phillips, 1997). By offering to assist employees in finding and managing their child care arrangements, employers validated this agenda and created a new function for their human resource departments. Once this agenda was validated as a business issue, employees were able to voice their needs and concerns more openly.

One very popular benefit that arose in the early 1980s was the Dependent Care Assistance Plans (DCAP). In 1981, the Economic Recovery Tax Act made dependent care a nontaxable benefit. As a result, employees could use pre-tax dollars for their child and elder care expenses. This particular benefit continues to be the most popular Work/Family benefit in most corporations today (84%).

Towards the end of the 1980s, the focus of the Work/Family field shifted. Many employer sponsored child care referral services had expanded to include issues regarding employees' elder parents and relatives. This was a controversial development, in that many EAPs had already been providing services in the elder care arena. Thus, the debate ensued over whether EAPs or Work/Family Programs were better equipped to handle these employee needs.

Between the early and late 1980s the child care movement had evolved into the work/family movement. Another change was the move from merely providing assistance with dependent care issues, to the notion of finding a balance between work and family life. Some companies changed the names of these programs to Work/Life or Work/Life Management in an attempt to broaden their appeal to all workers, whether single or married with children. This broadening of the target population, brought about a great deal of interest in flexible work schedules, job sharing, telecommuting and other creative working arrangements to cover other life needs of employees.

For years, government policy steered towards a hands-off posture regarding work and family. However, the final passing of the Family Medical Leave Act in 1993, signaled a shift. Both President Clinton and Vice President Gore's election campaigns championed family issues. In particular, it has been Al and Tipper Gore's efforts in this arena that have captured the public spotlight. One of the recent White House Conferences (July, 1996) was entitled Family Reunion V: Family and Work. This conference focused on how work interferes with optimal family functioning and what steps could be taken to remedy such impacts. This conference was clearly a public attempt to become a more active player in supporting work/family balance.

Companies have continued to offer dependent care assistance, as well as general life balance initiatives into the 1990s, despite widespread downsizing and worry that Work/Family issues might be set aside during economic hard times. The Work/Family field has grown from providing programs for employees and their families, to helping business understand the need for creating "worker friendly" environments.

The summary chart on the next page provides a more indepth description of historical events in the development of the EAP and Work/Family fields.

CHART 1 SUMMARY OF EAP AND WORK/FAMILY HISTORICAL EVOLUTIONS

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EAP

WORK/FAMILY

1900-1920	"Eleveners" - whiskey & brandy version of the coffee break Temperance Movement - advocated removal of alcohol from the workplace	Birth of the Assembly Line Emergence of "factory towns" 450 Day Nurseries existed in working neighborhoods
1920 - 1940	•"Gospel of Efficiency" - creates less tolerance for non-productive workers •Hawthorne Studies - examined "problematic" workers behavior	Welfare Capitalism - services provided for the support of employees The Great Depression - Average family income tumbled 40%
1940 -1950	Emergence of Alcoholics Anonymous WW II creates shortage of available male workers Birth of Occupational Alcohol Programs (OAPs)	 "Rosie the Riveter" - 1/2 of women held jobs during WWII Lanhan Act - led to establishment of 3,000 child care centers near manufacturing plants
1950 - 1960	Yale Center for Alcoholic Studies promotes OAPs National Council on Alcoholism established (NCA) Union involvement in alcoholism programs	 "The Golden Age" - image of family in suburbia with a house full of children Baby Boom "the transfer" - typical corporate manager moved 14 times during his career
1970s	National Institute of Alcohol Abuse and Alcoholism (NIAAA)- 2 OAPs in each state The term "Employee Assistance Programs" coined by NIAAA Union acceptance of Broad Brush Approach	Child Development Act vetoed by Nixon which led to Child care becoming a hotly debated topic Only 18 on-site day care centers in the early 1970s
1980s	•EAP movement to a broad brush approach, resulting in less focus on substance abuse (97% broad brush) •Professionalization of EAP staff - more MSWs than Recovering alcoholics staffing EAPs	 1978 legislation mandating greater flextime for Federal Service Employees Dependent Care Assistance Plans initiated Parental Leave - effort leading up to the FMLA began in 1985
1990s	 Managed Mental Health Care - Debate on how EAPs and MMHC can co-exist Elder Care - What is the EAP role Debates about EAPs' future 	 Elder Care - What is W/F's role Unions active in negotiating W/F policies in their contracts W/F as a business strategy Debates about W/F's future

<u>Summary:</u> In reviewing the historical development of each of these fields, it is interesting that both have moved away from their original focus. For EAPs the original focus was to maintain a productive workforce. This focus is not apparent in many of today's EAPs. New regulations and societal pressures have brought a different focus to EAPs. The emphasis today seems to be on self referrals of employees, rather than supporting the initial movement of the 1880s in confronting "on the job problems".

In the Work/Family field the initial focus was to support working mothers obtain childcare. With the myriad of changes in the Work/Family field to organizational consultation and concentration on overall business strategy, some in the field are concerned about the move away from the focus on "families" (Friedman, 1997)

In the parallel developments of these two fields, some EAPs have moved away from the initial organizational focus of maintaining productive workers, to an individual focus of assessment and referral. Many Work/Family Programs, on the other hand, have moved away from a focus on the individual needs of working mothers, to an organizational focus of supporting business to create a "worker friendly" environment.

These changes lead to the question of whether it might be beneficial to integrate these service benefit programs, in order to better meet both the individual and organizational needs of the workplace. The next section will address the importance of this policy question.

II. IMPORTANCE OF THE ISSUE OF INTEGRATION OF SERVICES

This second section will present the significance of the policy question of whether an integrated model of service delivery of EAP and Work/Family Programs, is more effective for their particular business needs in terms of its relevance for employees, employers, the community.

General Concerns: Corporations confront the dilemma of attracting and maintaining a qualified, competitive workforce while simultaneously seeking the most efficient way to compete in a global, technology intensive marketplace. The question is: how are benefit services to be provided to employees in such an environment. In regards to policy concerning EAP and Work/Family programs the question arises, whether it is prudent to continue offering, or to initiate offering, two service benefits to their employees and their families. If companies decide to continue with these programs, the next question becomes whether both the employee and the company are better served by an integrated or differentiated approach to providing these benefits through EAPs and Work/Family Programs.

The key issues in the decision of whether to choose an integrated service delivery package for EAP and Work/Family Programs are efficiency and effectiveness. In today's competitive marketplace, companies want to select a benefit that performs the function with the least waste of time and effort, while ensuring that the task is accomplished at a satisfactory level.

Upon initial examination one would assume that an integrated benefit program would clearly be more efficient in terms of time and money. Yet, when one considers effectiveness of the service, questions arise as to whether the quality of EAP and Work/Family Programs can be maintained in an integrated package. Some of these questions will be addressed in the next section in terms of research in this area.

In this section the benefits of an integrated model will be briefly explored from the perspective of the employee, the employer and the community. The following is a breakdown of how an integrated model of service delivery for EAP and Work/Family Programs might benefit these different groups:

Employee:

- decreased time in finding and obtaining needed services
- increased efficiency in getting to the appropriate service
- increased effectiveness in actually managing the issue at hand

Employers:

- decreased cost in maintaining one integrated program versus two separate programs
- decreased administrative time in managing one integrated program versus two separate programs
- increased satisfaction of employees with quicker response times to their needs
- decreased time in getting productive workers back on the job

Community:

- increase in more appropriate referrals
- increased use of community programs
- potential for increased collaborative efforts with corporations

The above list of potential benefits of an integrated EAP and Work/Family Program assumes two things. First, that a high quality of service is maintained, and second, that the corporate culture of the parent company supports an integrated model of service delivery. This critical issue of corporate culture will be addressed in more depth in the following section on the findings of <a href="https://doi.org/10.21/20.21/

<u>Summary:</u> Employees, employers and communities have different needs today than they did even 20 years ago. Changes in the workplace and society offer both an opportunity and a dilemma for EAPs and Work/Family Programs. EAPs and Work/Family Programs have co-existed in some large companies for the last 10 -15 years with little effort expended to examine the efficiency, effectiveness or functional differences between the two services. Until now, no one has asked, examined or documented the differences and similarities, if any, that exist between EAPs and Work/Family Programs. Before policy recommendations can be made as to when an integrated approach might make better business sense, attention must be directed to the advantages and disadvantages of an integrated service delivery model.