

Lessons Learned from EAPs Using the Workplace Outcome Suite for Counseling: Part 3 of Series with Global Data from the Workplace Outcome Suite[®] by Morneau Shepell

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ABSTRACT. *This is the final paper in a three-part series based on the Workplace Outcome Suite[®] (WOS) Annual Report for 2018.¹ The WOS is a scientifically validated tool that is offered free to the employee assistance field. This paper profiles 11 employee assistance programs (EAPs) that collected WOS data for counseling cases and two EAPs that collected WOS data for special projects. This sample of EAPs was engaged to represent programs from both the U.S. and other countries. The EAPs ranged in size and delivery model (i.e., external vendor, internal staff, or hybrid of some staff combined with a vendor). The study used a survey to address a variety of questions related to data collection methods, reporting practices, and customer reactions to the results. Best practice recommendations for data collection using the WOS-5 are also identified.*

Introduction

This is the final paper in a three-part series based on the Workplace Outcome Suite[®] (WOS) Annual Report for 2018.¹ In the first paper, a risk management approach was illustrated with WOS data to show how EAP services can be used to greater advantage by employers. The

second paper in the series offered a detailed example of how to calculate the financial return on investment (ROI) for EAP counseling from improvements in employee work absenteeism and work presenteeism.

This third and final paper profiles 11 EAPs that collected WOS data for counseling cases and two EAPs that collected WOS data for special projects. These profiles are presented in order to learn more about the kinds of EAP programs that are interested in measuring work outcomes and to discover methodological aspects of how programs collect WOS data and report results.

Methods

Sample

The EAPs in this convenience sample were directly asked to participate in order to capture the perspectives of internal programs, external EAP vendors from the U.S. and other countries, and employer hybrid programs in both corporate and government contexts. The number of covered employees ranged

considerably across the EAPs – from 45,000 to over 1.1 million, suggesting that even small EAPs can collect outcome data. Participation from international EAPs reflects the global appeal of collecting outcome data and the success of translating the WOS from English into other languages, including Greek, Mandarin and Spanish.

The number of years that the EAPs had been collecting WOS data ranged from three to nine years, indicating a commitment by EAPs to collect WOS outcome data for multiple years. The total number of cases at each EAP with valid, paired pre and post WOS data ranged from under 116 to 7,710.

Eleven of the EAPs collected WOS data for counseling cases and two EAPs that collected WOS data for special projects. One of the two projects explored the impact of EAP counseling for employees from one large employer who was located in different countries. The second project was not focused on EAP counseling services, but instead involved employees who were being treated for clinical depression in a new long-term multi-session specialty program offered by a Canadian EAP. These two projects illustrate the value of collecting outcomes data of interest to employers who sponsor EAP and workplace mental health services.

All EAPs participated voluntarily with the appropriate business approval for sharing their experience.

The EAPs who participated in this study included:

- **Benestar EAP.** Based in Auckland, New Zealand, Benestar (formerly called Stratos) is an external vendor of EAP that covers over 140,000 employees. They had four years of WOS-5 data collection experience and 1,147 total cases with longitudinal data. The survey was completed by Warwick Harvey.
- **Cascade Centers EAP.** Based in the state of Oregon in the U.S., Cascade Centers is an external EAP vendor that covers over 235,000 employees. They had six years of WOS-5 data collection experience and 4,401 total cases with longitudinal data. The survey was completed by Dr. Julie Marshall.
- **Caterpillar Corporation.** Based in the U.S., Caterpillar is a large multi-national employer with a hybrid model EAP that supports over 75,000 covered employees. They had eight years of WOS-5 data collection experience and 720 total cases with longitudinal data. The survey was completed by Dr. John Pompe.
- **Chestnut Global Partners EAP – China.** Based in Beijing, CGP China is an external vendor of EAP that covers over 700,000 employees. They had seven years of WOS-5 data collection experience using the Mandarin language version and 7,710 total cases with longitudinal data. The survey was completed by Dr. Peizhong Li and Matt Mollenhauer.
- **Concern EAP.** Based in the state of California in the U.S., Concern is an external vendor of EAP that covers over 300,000 employees. They had seven years of WOS-5 data collection experience and 1,087 total cases with longitudinal data. The survey was completed by Humberto Chacon, Susan Haws, and Jennifer Hudgins.
- **DuPont Corporation.** Based in the U.S., Dupont is a multi-national employer with a hybrid EAP model that supports over 48,000 covered employees. In 2014, Dupont conducted a one-year special project in which pre and post WOS data was collected from 1,140 employees across the world. The survey was completed by Paul Heck.

- **Empathia EAP.** Based in the state of Wisconsin in the U.S., Empathia is an external vendor of EAP that covers over 735,000 employees. They had seven years of WOS-9 data collection experience and 5,437 total cases with longitudinal data. The survey was completed by David Goehner.
- **Federal Occupational Health (FOH).** Based in the U.S., FOH has a hybrid model EAP that supports over 1.1 million covered employees of the federal government. It is considered the largest hybrid EAP program in the world. They had five years of WOS data collection experience and 4,035 total cases with longitudinal data. The survey was completed by Jeffrey Mintzer and Roni Morrow.
- **Hellas EAP.** Based in Athens, Hellas is the largest external vendor of EAP in the country of Greece. They cover over 45,000 employees. They had four years of WOS data collection experience and in 2018 had 116 total cases with longitudinal WOS data. The survey was completed by Anastasia Rush and Dr. Ritsa Oikonomou.
- **Homewood Health EAP.** Based in Canada, this external EAP vendor uses the full 25-item WOS in their Depression Care Specialty Clinical Management Program. They had four years of experience with WOS data and 127 cases with WOS longitudinal data collected for their special project. The survey was completed by Shannon Remers.
- **KGA EAP.** Based in the state of Massachusetts in the U.S., KGA is an external vendor of EAP that covers over 171,000 employees. They had five years of experience with WOS data and 452 cases with WOS longitudinal data. The survey was completed by Kathy Greer, Seth Moeller, and Tyson Puetz.
- **Life Solutions EAP – University of Pittsburgh Medical Center.** Based in Pittsburgh, Pennsylvania in the U.S., Life Solutions is primarily an internal staff model EAP. Through a health plan, it is also a vendor of EAP services to local companies. They cover over 600,000 employees. They had four years of WOS-5 data collection experience and 1,081 total cases with longitudinal data. The survey was completed by Jim Kinville.
- **Partners HealthCare System.** Partners is an internal staff model EAP located in the greater Boston area of Massachusetts in the U.S. It has 20 dedicated clinical and support staff located at nine different offices. It supports the over 76,000 employees who work at the two largest academic medical centers in Boston – Brigham and Women’s Hospital and Massachusetts General Hospital, which are affiliated with Harvard Medical School. They had eight years of experience with WOS-5 data collection and 1,924 total cases with longitudinal data. The survey was completed by Andrea Stidsen and Henri Menco.

Measures

WOS Measures. All EAPs participating in this study collected WOS outcome data. The WOS was developed in 2010 by Chestnut Global Partners (CGP) Division of Commercial Science. It is a short, precise, and easy-to-administer tool that collects EAP specific outcome data both before and after (usually at three months) receiving EAP services. The WOS is currently the only publicly available instrument that has been psychometrically validated and tested for use in EAP settings. In 2018, more than 600 EAPs had requested use of the WOS. There are three versions of the WOS measures: 25-, 9- and 5-item. The three versions are discussed in more detail in the first paper of this series. The WOS is used to assess change in four key aspects of work functioning including *work*

absenteeism, work presenteeism, work engagement, and workplace distress as well as overall general functioning measured as *life satisfaction*.

Work absenteeism is a fill in the blank question (number of hours). The other items are rated on a Likert-type scale where 1 = *strongly disagree*, 2 = *somewhat disagree*, 3 = *neutral*, 4 = *somewhat agree*, and 5 = *strongly agree*.

Work Presenteeism. Presenteeism is when an employee is physically present on the job but is not working at their normal level of job performance because of some health or personal issue. On the WOS-5, this is measured using a single-item: *“My personal problems kept me from concentrating on my work.”*

Workplace Distress. This is the feeling an employee has about the conditions of the work environment. It is not designed to evaluate the underlying cause of the distress, but to measure the reduction in distress after use of EAP services. On the WOS-5, this is measured using a single-item: *“I dread going in to work.”*

Work Engagement. This refers to the extent to which an employee is emotionally invested in his or her job. This construct goes beyond engagement in particular work tasks to address a level of commitment to the job. Engaged employees take their work home with them and are excited about being at work. They often work late and even think about work when they are away from the worksite. On the WOS-5, this is measured with a single item: *“I am often eager to get to the work site to start the day.”*

Life Satisfaction. Measuring life satisfaction can be useful in addressing the impact of workplace problems on one’s general well-being and used to place work problems in a larger context. On the WOS-5, this is measured with a single-item: *“So far, my life seems to be going very well.”*

Work Absenteeism. Absenteeism is when an employee does not show for scheduled work

such as missing an entire shift, coming in late to work, or leaving earlier than planned. Holidays or vacation days are generally not relevant to absenteeism as these are usually scheduled days off. On the WOS, work absenteeism is measured in two ways: the original 5-item version and single-item version from the brief WOS-5. Both versions ask the employee to specify the number of hours absent in the past 30 days due to the personal problems.

Survey Measure. In July 2018, a brief survey was conducted to address a variety of questions related to WOS data collection methods, reporting practices, and customer reactions to WOS results. The survey included questions that captured the business context and characteristics of the EAP including location (country), type of EAP, market size (i.e., number of covered employees), the years in which WOS data was collected, and which version of the WOS was used.

The survey questions included:

Q1. HISTORY. *In what year did you start to collect WOS data at your EAP (from 2010 to 2018)?*

Q2. VERSION. *Which version of WOS scale does your program use today? a) 5-item; b) 9-item (all five absence questions but only the four single items); or c) 25-item original full scale. And explain why: _____ (fill in blank).*

Q3. SAMPLE. *In the past year, what is your best guess for how many total EAP users completed the WOS as both Pre and Post? _____ enter a number (i.e., 300).*

Q4. CRITERIA. *What types of EAP users do you collect WOS data on? (Is it only counselor cases or other parts of your services too? Only certain channels of counselor contact such as face to face; telephone; online and so on). _____ (fill in blank). Also, are there certain kinds of cases or users that are excluded from the WOS data collection process? _____ (fill in blank).*

Q5. PRE DATA. *Of all of the counselor cases or EAP users in a year, approximately how many will typically complete the WOS at the start of the clinical process (at Time 1 in the Pre vs. Post study design)? Choose from: a) About 75% or more; b) About 66%; c) About 50%; d) About 33%; e) About 25%; or f) About 10% or less.*

Q6. POST FORMAT. *How do you collect follow-up data on WOS? _____ (fill in blank).*

Q7. FOLLOW-UP. *About how much time typically is there between the dates of when you collect Pre and the Post WOS data (i.e., something like 30 days, 60 days, 90 days or number of weeks)?*

Q8. ATTEMPTS. *How many attempts are done to get a successful contact at follow-up? _____ (fill in blank).*

Q9. POST DATA. *Among all of the cases with WOS data for the Pre and thus eligible for a follow-up, approximately how many of this group typically complete the WOS at the follow-up (your response rate at Time 2)? Choose from: a) About 75% or more; b) About 66%; c) About 50%; d) About 33%; e) About 25%; or f) About 10% or less.*

Q10. STAFF. *Do you have one person who as part of job is responsible for doing the follow-up surveys?*

Q11. REPORTING. *Please describe what you do with the results of the analysis of WOS change from Pre to Post use of EAP?*

Q12. ROI. *Do you use the WOS results in building a business case or financial ROI for the EAP? If so, briefly describe: _____ (fill in blank). Also, Do you use the Chestnut Global Partners ROI Calculator tool at your EAP?*

Q13. STORY. *Can you briefly describe a story or case example of how your WOS results have been shared with a key employer customer of the EAP (if vendor) or within your host organization (if an internal program)? _____ (fill in).*

Q14. APPROVAL. *We will share the edited draft version of what we will use from your responses that we plan to include in the 2018 Annual Report. This will likely be only one page or less of text in the longer report (per each EAP that is profiled). Do you anticipate any difficulties in getting an official or legal approval from your company to include this profile in a publicly released final report?*

Results

The results of this study are presented in two parts. The first summarizes the findings from the qualitative data collected in this study. In their own words, EAPs share their story about their experience with the WOS. The second examines the results concerning the methodological aspects of the WOS data collection process and reporting of WOS results to customers.

Part 1: Stories of EAPs that Collect WOS Data

The stories from EAPs about how the use of the WOS has shaped their experience are grouped by country and delivery model. Note that Benestar EAP and Life Solutions EAP did not answer the WOS story question.

External EAP Vendors – United States

Cascade Centers. WOS Story: *"We presented WOS results to one of our largest customers – a public institution with approximately 55,000 employees. Outcome data is important to this group to demonstrate to them effectiveness and ROI. We provide this data to them as part of their annual report. Because of the large size of this group, we provided the WOS results specific to the employer group as well as a summary of the Cascade book of business. For this very large customer, the primary benefit [of sharing WOS results] has been to add credibility to the EAP services that we provide. We have had a long-term relationship with this group and generally,*

they have been supportive of EAP and believe in the value of the services. However, being able to show the WOS results the last few years has added an element of credibility that is very appealing to this group. Demonstrating in “hard” numbers that we are providing positive outcomes is valued by this group. This group is very interested in the overall WOS report on the five items and skip over the estimates of dollars saved from the change in absenteeism hours. The conversation is always focused on the data regarding the five areas measured by the WOS as more meaningful and valuable.”

Concern EAP. WOS Story: *“A large corporate client of ours in the high technology industry located in Silicon Valley bases its benefit decisions on data. More specifically, they want us to answer the question: “Are the employees who utilize the EAP getting better?” Concern uses the WOS to help answer that question. CGP helped determine that this corporation’s WOS response rate yielded statistically significant results, so we report their results as compared to our Concern book of business results. This customer evaluates their employee benefit programs focusing on three aims: experience (client satisfaction), efficiency (access, case resolution) and effectiveness. We report the effectiveness of the EAP by highlighting the changes on the life satisfaction (10% improvement) and absenteeism (30% reduction in hours) measures.”*

Empathia EAP. WOS Story: *“We provided WOS results to help demonstrate the impact a customer’s benefits integration initiative had on their employee and dependent population. Using WOS results pre-benefit integration and during benefit integration, we were able to provide evidence to how the benefit integration initiative impacted overall health and performance.”*

KGA EAP. WOS Story: *“We have a prominent client in the higher education market (~15,000 lives) that is very data-focused and has requested to see the outcome data. While they do not have enough data as a standalone organization to produce statistically significant results each year,*

we do share what CGP publishes annually and WOS data for KGA’s full book of business and then help them to understand the degree to which they are in alignment with this data. This helped them appreciate the value of KGA’s EAP. Having data from the WOS is enormously helpful in sales situations. The development of this instrument has provided meaningful data about EAP efficacy, particularly when applied to work presenteeism. We have used the data in our blog and newsletter posts to show the value of EAP and are planning to add the composite data results to our utilization reports.”

External EAP Vendors – International

Chestnut Global Partners EAP – China. WOS Story: *“We provide the WOS analyses to our larger clients with a total number of cases each year exceeding 50 in our annual reports. These clients come from a variety of industries, such as technology, manufacturing and transportation. We inform our clients that we are unique in collecting data on treatment effectiveness with WOS in China. Most client representatives view the data favorably, as an indication of our concern for program evaluation in particular and professional excellence in general. Presentation of the results also helps make the impression that we are abreast with the latest international developments in the field. However, we avoid getting into convoluted discussions with clients about interpretation of the data, especially with respects to ROI. Clients are suspicious about self-report data and the assumptions, model and parameters for estimating ROI with EAP and wellness programs in general. Moreover, not many clients in China adopt EAP for the sake of saving medical costs or production loss. Instead, they use EAP for risk control, crisis response, employer brand and corporate culture. Return on value is a much more relevant and appealing concept than return on investment.”*

Hellas EAP. WOS Story: This has two parts. Part 1: EAP Forum Presentations. *“In May 2017, at the 5th EAP Forum organized by Hellas EAP and held in Athens, Greece. Two presentations*

featured WOS data. The keynote by Dr. Mark Attridge featured a case study and ROI analysis from the implementation of the EAP program in 2016 at our client Piraeus Bank (the largest bank in Greece). The ROI for work productivity factor of combined absenteeism and job performance outcomes was 2.89:1 euro. Another presentation showcased our book of business data from WOS full 25-item scale from 110 EAP cases. This data showed positive results on four of the five scales: a 65% reduction in absenteeism (3.5 hours less per month per case), 32% reduction in presenteeism, 13% reduction in workplace distress, <1% change in work engagement; and 13% improvement in life satisfaction. Part 2: Quality Award. The WOS was one of the evidenced-based tools included in our nomination for the 2017 EAP Quality Award to demonstrate effectiveness in quantifiable business terms. Hellas EAP is the first Greek provider of employee assistance to receive the international recognition of this award from the Employee Assistance Professionals Association (EAPA).”

Internal & Hybrid EAPs – United States

Caterpillar Corporation. WOS Story: “The WOS data – even if rarely presented - is extremely valuable in those instances when one needs to go beyond utilization and program cost data and discuss the larger business value of the EAP. Regardless of the details found in the WOS outcomes data, the simple fact that EAPs have the data is what sets EAP apart from other workplace benefits and programs that lack outcomes data. From my experience, EAPs with outcome data rise above other workplace programs and employee benefits.”

Federal Occupational Health (FOH). WOS Story: “FOH leverages the aggregate data results in discussions within the U.S. Department of Health and Human Services to demonstrate the value of the EAP. For example, WOS results were highlighted in the FY2017 EAP year-end executive summary distributed to key stakeholders and leaders within the organization. FOH has also utilized our WOS data to

demonstrate the value of EAP services to the larger federal community. The results of the WOS coupled with the year-end analysis of the ROI associated with our program are performance indicators that our customer agency points of contact can highlight with their own leadership and key stakeholders to retain funding for EAP services. This outcome data also is oftentimes utilized to champion for additional EAP products. We have received affirming feedback from our customer organizations with the federal government that the WOS results and associated workplace ROI estimates when coupled with their workforce program usage, has allowed for program budget retention.”

Partners HealthCare System. WOS Story: “As part of a long-term quality improvement initiative, the EAP began collecting WOS data on outcomes in 2012. By systematically measuring a set of valid and reliable outcomes relevant to EAP services, we hoped to show that the EAP has business value to the larger work organization. Finding favorable results on these kinds of workplace relevant metrics has strengthened the commitment of the business leadership to continue sponsoring and collaborating with the EAP. It also has motivated our counselors and staff who can see the fruits of their labors when clients have improvements in multiple outcome areas. The WOS Outcome data is shared every year as part of the EAP Annual reports. Each hospital in the Partners HealthCare System receives their own annual EAP report and we also present an annual report as our book of business. Senior leadership at Partners HealthCare and at each hospital and business entity has access to our EAP annual reports.”

Special Projects with WOS Data

DuPont Corporation. WOS Story: “The WOS was attractive as a vehicle for standardizing a study of effectiveness across multiple countries and cultures. WOS data was collected from over 80 countries in four operating regions (North America, Latin America, Europe/Middle East/Africa, and Asia-Pacific). We were able to

show that different cultures accepted use of the EAP and the fears of some at the company that certain age groups or cultural groups would never utilize the EAP services were, in fact, baseless. The senior management was less interested in the "soft numbers" that they ascribed to presenteeism and worker satisfaction than they were in the positive impact our EAP showed on reducing absenteeism. Senior leaders based in the U.S. considered this outcome something we could monetize and show real cost impact for the company. Regional leaders outside of the U.S. were also impressed with the other so-called "soft" numbers. We were able to show that the EAP was having a positive effect on workers that could be helpful in reducing loss of key employees to other employers, data for use in public relations and as concrete evidence of DuPont's value for employees globally."

Homewood Health. WOS Story: "We use the WOS full 25-item scale in our Depression Care program, which is designed for people who are at work, but struggling with depression or anxiety. This voluntary service provides longer-term Cognitive Behavioural Therapy (CBT) based around 12 to 20 counseling sessions. This is different from traditional short-term counseling through EAP. We are in the beginning phase of customer reporting and how to use this data. Time was needed to collect enough data, clean data and become confident in the data. We are now ready to analyze and use the data. We have shared a couple of reports with customers and are currently working on a report for a national service industry customer. They are located in urban and rural settings, which makes them unique. We are working with the data for the one customer report as well as working on the best way to complete a report including all customers. This would allow for a report that can be shared in business cases to support the efficacy of our program as whole, as well as program evaluation. Our data also provides evidence for the construct validation of the WOS. At the start of treatment, we found the scores on the WOS for our Depression Program cases were higher than the averages for EAP cases on all five of the WOS

measures. This finding was expected as people with clinical depression have a more severe mental health status than employees who are in acute distress and seeking help from an EAP."

Part 2:

Methodological Aspects of Collecting WOS Data on EAP Counseling Cases

This part summarizes the survey data on how these EAPs collected their WOS data.

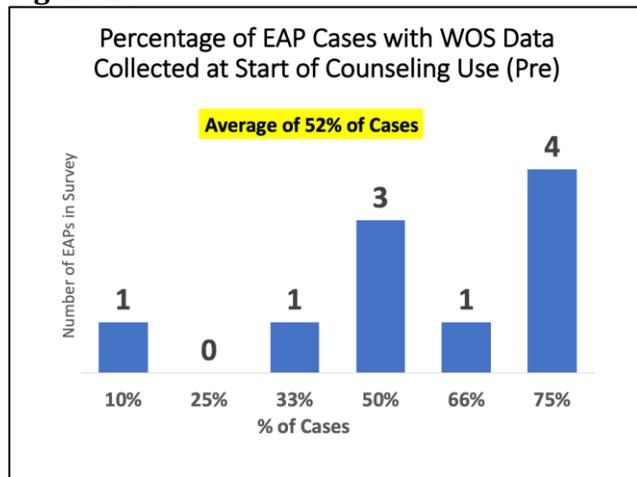
WOS Version. All but two of the EAPs used the brief 5-item version of the WOS. The brief scale was selected because of the short amount of time needed to ask five questions. Empathia EAP used the WOS 9-item version with the full absenteeism scale to stay consistent over time as they were one of first EAPs to use the WOS. Homewood Health used the original WOS 25-item version to add greater measurement reliability to their evaluation of the depression care program.

EAP Services Relevant to WOS. All of the EAPs limited the WOS data collection to EAP clients of counseling services, primarily the kind delivered from clinical face-to-face sessions. Other kinds of non-clinical services from the EAP were generally excluded from outcomes assessment with the WOS (e.g., services such as work/life, legal assistance, financial assistance, management consultations, worksite trainings, crisis responses services, and educational self-care resources). Empathia was the only EAP to limit the WOS criteria further within counseling cases such that only cases that indicated at the start that their issue was negatively impacting the ability to do work were then asked the WOS questions. Most EAPs also had procedures in place to not collect WOS data in certain conditions, such as clinical complexity, client safety risk, extreme urgency, formal referrals into EAP from supervisors/HR, or just client preference to opt out. EAP counseling clients who were spouses or family members of covered employees also were generally excluded from WOS data collection.

WOS Data Collection Practices. Several aspects of collecting WOS data were illuminated.

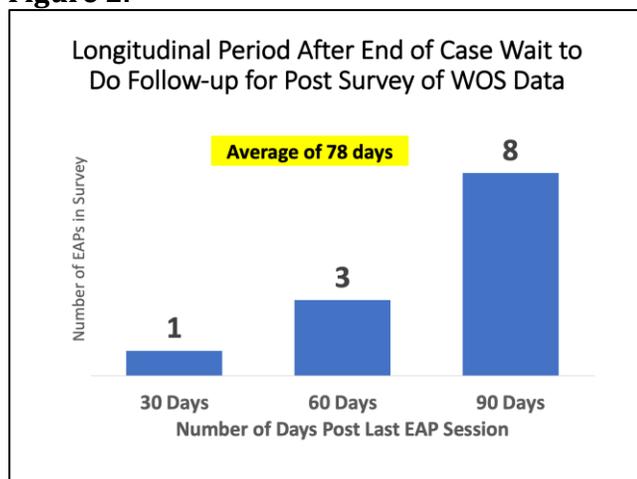
Response Rate at Pre EAP (Q5). As shown in Figure 1, the percentage of all relevant cases that had the WOS items asked at the start of counseling ranged across the different EAPs ($n = 10$ EAPs) from 10% to over 75%. The average was about half (52%) of users of counseling were asked the WOS items at the start.

Figure 1.



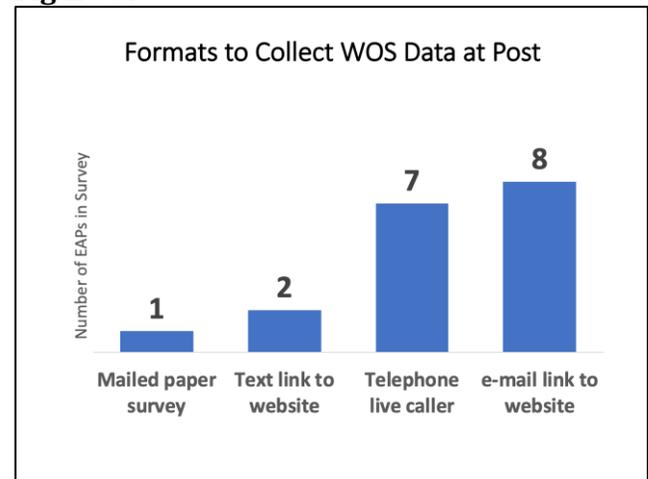
Follow-up Time Period (Q7). Across the EAPs, the number of days between the end of counseling and a follow-up afterwards was from 30, 60 and 90 days. As shown in Figure 2, the most common time period was 90 days later. The average ($n = 12$ EAPs) was 78 days.

Figure 2.



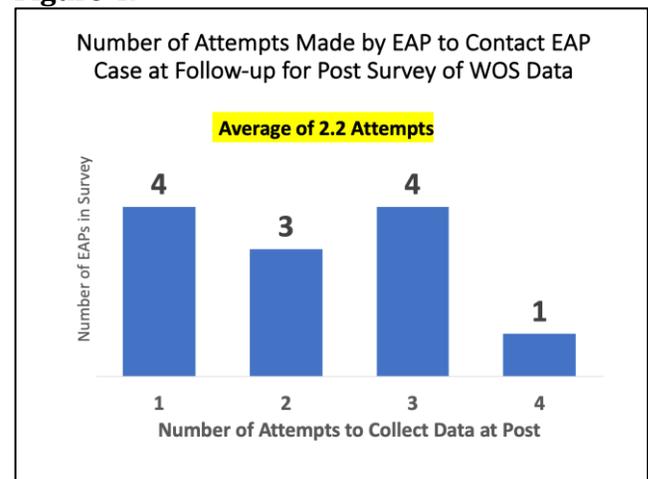
Post EAP Contact Format (Q6). Across the EAPs that responded to this question ($n = 12$ EAPs), most contacted cases at the follow-up using one or two formats. As shown in Figure 3, the most common format was sending an email with a link to a website survey (73%). A phone call was used by 64% of EAPs. Sending a text via smart phone with a link to a website survey was used by 18%. Only one EAP used paper surveys.

Figure 3.



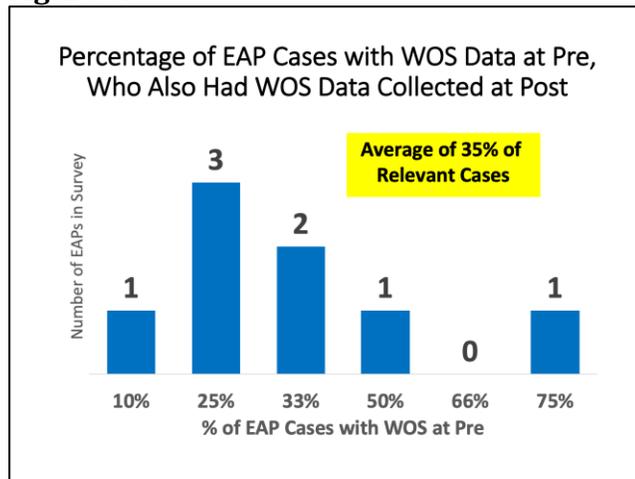
Contact Attempts at Post EAP (Q8). EAPs were also asked for the number of attempts made by the EAP to contact employees at the follow-up. As shown in Figure 4, EAPs ($n = 12$ EAPs) reported a range from 1 to 4 times, with an average of 2.2 follow-up attempts per case.

Figure 4.



Response Rate at Post EAP (Q9). The percentage of cases with WOS data collected before EAP use who also had WOS data at follow-up after EAP use ranged widely across EAPs ($n = 8$ EAPs) from 10% to over 75%, as shown in Figure 5. On average, about a third of cases with WOS data at pre were successfully contacted to collect WOS at follow-up. This also means that on average, about two-thirds of the relevant cases had missing data for the follow-up.

Figure 5.



WOS Reporting Practices. Several aspects of reporting on the results of analyzing the WOS data were explored in the study.

Sharing WOS Results. All but one of the EAPs compiled an annual report that summarized results from the analysis of change over time in WOS outcomes for the total of all cases collected during the past year. Few EAPs had enough cases with WOS data to produce reports of the outcome results specific to a particular employer client.

Reporting of ROI Results. More than half of the EAPs used the WOS results in a ROI analysis to estimate cost savings from the EAP. Four of the EAPs used the EAP ROI Calculator tool from CGP, but the other seven EAPs did not.

Customer Reactions to WOS Results. The EAPs also reported sharing some customer case examples and stories of the benefits of having

empirical data on work-related outcomes to their own organization (for internal programs) or with certain key customers of the EAP vendors.

Discussion and Best Practices

The study findings were used to provide some advice to EAPs for best practices for data collection using the WOS.

Choosing a Version of the WOS. This choice is up to the EAP and the goals for use of the outcome data. The 2018 WOS Annual Report¹ includes normative average results from all three versions to use as a comparison. Most of the EAPs profiled had used the brief version. In making a choice of which version to use, some considerations involve tradeoffs between speed and accuracy. Time constraints were mentioned by EAPs most frequently as the reason why they chose to use the WOS-5 version. The WOS-5 is the briefest and takes an employee an estimated 1-2 minutes to complete. This is likely to result in a higher response rate because the time burden on the respondent is low.

The validity and reliability of the WOS outcome measures, however, are slightly greater when using the original WOS. The 25-item version contains five scales with five items each.² The WOS-9 is also an option for better accuracy of the hours of work absenteeism. Five items are used to measure work absenteeism, but only single items are used for the other four outcomes. Asking five questions about work absence (on the WOS-25 or WOS-9) also tends to yield a higher number of hours of absence per case at both before and after use of counseling compared to asking only a single work absenteeism item (on the WOS-5).

Staff Dedicated to Data Collection. All but one of the EAPs had one or more staff who were responsible for managing WOS data collection activities as part of their position at the EAP.

When to Collect Work Outcome Data.

Although these EAPs attempted to collect pre and post WOS data, the results indicated that only about 1 in every 5 cases were successfully administered the WOS at both pre and post periods. This rate was determined mathematically by taking the 35% average in the study for item 9 on the completion rate at follow-up applied to the 52% study average for item 5 on the percentage of all counseling cases at the start who had completed the WOS (35% reached at post of the 52% with data at pre = 18% overall with data at both periods). To increase the percentage of all cases at an EAP that get longitudinal outcome data collected, we now recommend three time points for collecting WOS-5 and other outcome measures:

- Time 1 = at the start of the EAP case
- Time 2 = at the end of the clinical treatment phase (after use of EAP counseling)
- Time 3 = at follow-up period (suggested 60 to 90 days later after case close) after the end of EAP counseling

There are two reasons for adding the case close time point for data collection. First is that it is far more likely to have the case participate in completing the questionnaire while still engaged with the EAP. Second, it is also of interest to document when the improvement in work outcomes takes place over time. Presumably this should be at the completion of counseling when the employee's level of clinical distress has been reduced. Assessing outcomes only after a several month follow-up period leaves this important data point unknown.

How to Collect Data at Time 1 – Start of Case.

WOS data can be collected during the clinical intake while collecting other needed information. For example, it can be collected while waiting for the case to start (before use of face-to-face EAP counseling) or at some point during first EAP session.

How to Collect Data at Time 2 – End of Case.

WOS data can be collected during or soon after the end of case (after last session of EAP counseling). However, sometimes the client is interested in a final session but then never comes back. One study of over 28,000 users from six EAPs in the United Kingdom found that 20% of the cases did not complete their scheduled last session.³ Thus, defining the end of case is not a simple determination. One strategy is to collect WOS data (and core clinical symptoms) after every session. The assessment of outcomes at every session is an approach already widely used in the United Kingdom with the CORE System of standardized self-report questions that are used for all EAPs.⁴ Another strategy is to use the larger experience across many cases (i.e., book of business data) to determine when the typical case stops using a service, then use that session number (i.e., four sessions) as an automated trigger to collect the Time 2 WOS data.

How to Collect Data at Time 3 – Follow-up.

Collection of WOS data at follow-up can be conducted electronically via text or email or by telephone. Response rates are highest when collected electronically using text or email link to an online questionnaire. Telephoning clients is possible but reaching clients by phone and in a way to maintain privacy is sometimes difficult. To increase the response rate at follow-up, up to three reminders to complete the follow-up questionnaire should be sent. It is also recommended that WOS follow-up data collection and case tracking be assigned to someone as part of his/her regular job.

What is the EAP's Goal for Collecting WOS Data: Research or Reporting?

The rate of data collected on WOS from all possible counseling cases served at these EAPs was rather low. Having no data on 4 out of every 5 cases severely limits the ability of the EAP vendor to report results on outcomes for each customer. Collecting longitudinal data from more cases within major employer customers of EAP vendors or from multiple departments within

large internal/hybrid programs would allow for the EAP to engage in data benchmarking and conducting comparisons between customers or departments on the outcomes and other factors.

Collect More Data Than Just the WOS. For EAPs to better understand the variation between cases and also between employer customers (or departments for internal EAPs) in WOS outcomes, it would be helpful to collect data at the case level on other factors than just the WOS items.

Client data such as age, gender, race, employee status, and geographical location (e.g., region, urban or rural) are important to collect because they allow for exploring who has better or worse outcomes. However, given the importance of the confidential nature of EAP clinical services, asking for background information from certain cases must be balanced with protecting the privacy of the EAP user.

Other information such as the clinical issue of the client, total number of clinical sessions, modality of the clinical contact (e.g., face-to-face, telephone, or other digital option), date of and number of days between each WOS data collection, and referral after EAP use should be collected in order to be able to link the WOS outcomes to clinical quality and operational practices. Most of the cases in the WOS database lack this basic information about the clinical contexts of EAP use.

Most EAPs participating in this study included items on the follow-up survey that asked about client satisfaction and quality of service.

The job performance self-report single-item from the World Health Organization Health and Productivity Questionnaire (HPQ)⁵ is also recommended for use in calculating ROI from work productivity hours (rather than having to convert the WOS work presenteeism item into hours of productivity). The HPQ is in the public domain and free to use. The item reads, “*This*

next item concerns your productivity at work. On a scale of 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate your overall job performance on the days you worked during the past 30-days?” The response to this item (0-10) is converted to 0-100% as the level of work productivity.

Recommendation to Collect WOS Data on Other Non-Counseling Services from EAPs. In addition, to assessing work outcomes for employees who use EAP counseling, there are opportunities to measure the same set of outcomes for other kinds of services. For example, EAPs could also collect WOS data for users of the educational and direct support services provided by the EAP, such as childcare, elder care, legal issues, and financial issues, online assessments, online trainings, worksite trainings, manager consultations and so on. In 2018, new versions of the WOS were developed specifically for coaching services⁶ and for critical incident response services.⁷

Further Readings on WOS Results from the EAPs Profiled in this Study

To learn more about the context of and WOS results from the EAPs included in the study, a list of recommended articles and conference presentations are provided. The EAPs are listed in alphabetical order by company name.

Caterpillar Corporation

- Pompe, J. C., & Lennox, R. (2010). *Case example: Measuring EAP success using workplace outcomes*. Presented at the annual institute of the Employee Assistance Society of North America, Montreal, QB, Canada.
- Sharar, D. A., Pompe, J. C., & Lennox, R. (2012). Evaluating the workplace effects of EAP counseling. *IHPM Journal of Health &*

Productivity, 6(2), 5-14. Available from:
<http://hdl.handle.net/10713/7676>

- Sharar, D. A., Pompe, J. C., & Attridge, M. (2013). On-site versus off-site EAPs: A comparison of workplace outcomes. *Journal of Employee Assistance*, 43(2), 14-28. Available from:
<http://hdl.handle.net/10713/4138>
- Pompe, J. C., Sharar, D. A., & Ratcliff, M. (2015). Caterpillar's Employee Assistance Program: Evaluating the workplace effects of EAP services. *Mental Health Works*, Q1, 5-9. Available from:
www.workplacementalhealth.org

Chestnut Global Partners EAP – China

- Peizhong, L., Sharar, D., Lennox, R., & Zhuang, W. (2014). *Evaluating the workplace effects of EAP counseling in China: Study design and summary of results*. (White Paper). Available from:
<http://chestnutglobalpartners.org/Portals/cgp/Publications/EAP-Effectiveness-in-China-Precis-Abstract-10152014.pdf>
- Peizhong, L., Mollenhauer, M., & Zhang, C. (2015). Examining EAP effectiveness in China. *Journal of Employee Assistance*, 45(3), 24-27.
- Peizhong, L. (2016, November). *EAP Research presentations from around the globe*. Presented at the annual conference of the Employee Assistance Professionals Association, Chicago, IL.

DuPont Corporation

- Lennox, R., & Mollenhauer, M. (2015, October). *The Workplace Outcome Suite: Results from an EAP Research Network*. Presented at the annual conference of the Employee Assistance Professionals Association, San Diego, CA.

- Sharar, D. A., Mollenhauer, M., & Heck, P. (2016). Study: EAP works across cultures and borders. *Journal of Employee Assistance*, 46(3), 20-22. Available from:
<http://hdl.handle.net/10713/7676>

Empathia EAP

- Lennox, R. D., Sharar, D., Schmitz, E., & Goehner, D. B. (2010). Development and validation of the Chestnut Global Partners Workplace Outcome Suite. *Journal of Workplace Behavioral Health*, 25(2), 107-131.

Hellas EAP - Greece

- Attridge, M., & Chassapoyianni, E. (2017, May). *Return on investment (ROI) analysis of employee assistance program: Employer case study of Piraeus Bank and Hellas EAP*. Keynote presentation at the 5th Forum on Employee Assistance Programs, Athens, Greece. Available from:
<http://hdl.handle.net/10713/7233>
- Mazouropoulou, C. (2017, May). *WOS (Workplace Outcome Suite): Longitudinal outcomes of the face to face EAP counseling services in Greece*. Presentation at the 5th Forum on Employee Assistance Programs, Athens, Greece. Available from:
<http://hdl.handle.net/10713/7232>

Federal Occupational Health

- Mintzer, J., & Tamburo, M. B. (2017, May). *Demonstrating value: Measuring outcomes and mitigating risks with the Workplace Outcome Suite within the Federal government*. White paper and slides presented at the annual institute of the Employee Assistance Society of North America, Atlanta, GA. Available from:
<http://hdl.handle.net/10713/6658>

- Mintzer, J., Morrow, V. Y., Tamburo, M. B., Sharar, D., & Herlihy, P. (2018). Demonstrating value, measuring outcomes and mitigating risk: FOH EAP study utilizing the Workplace Outcome Suite. *IHPM Journal of Health & Productivity*, 10(2), 28-34. Available from: <http://hdl.handle.net/10713/8963>

Partners HealthCare System

- Stidsen, A., Menco, H., & McPherson, T. (2014, September). *Can implementing SBIRT enable you to demonstrate improved workplace outcomes?* Presented at the annual conference of the Employee Assistance Professionals Association, Orlando, FL.
- Menco, H., Stidsen, A., & Attridge, M. (2018, October). *A quality improvement and outcomes initiative: Multi-year results for SBIRT and WOS.* Presented at the annual conference of the Employee Assistance Professionals Association, Minneapolis, MN.
- Menco, H., Stidsen, A., & McPherson, T. (2019). Implementing behavioral health screening and outcome measures at an Internal EAP: A quality improvement initiative at Partners HealthCare System. *EASNA Research Notes*. Available from: <http://hdl.handle.net/10713/10140>

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Global Partners (a Morneau Shepell company).

[2] Lennox, R. D., Sharar, D., Schmitz, E., & Goehner, D. B. (2018). Validation of the 5-item short form version of the Workplace Outcome Suite®. *International Journal of Health & Productivity*, 10(2): 49-61. Available from: <http://hdl.handle.net/10713/8973>

[3] Morneau Shepell. (2020). *Workplace Outcome Suite (WOS) annual report 2020: Decade of data on EAP counseling reveals the prominence of presenteeism*. White Paper. Toronto, Canada.

[4] Kessler, R. C., Barber, C., Beck, A., Berglund, P., Cleary, P. D., McKeenas, D., et al. (2003). The World Health Organization Health and Work Performance Questionnaire (HPQ). *Journal of Occupational and Environmental Medicine*, 45(2), 156-174.

[5] Mellor-Clark, J., Twigg, E., Farrell, E., & Kinder, A. (2013). Benchmarking key service quality indicators in UK employee assistance programme counselling: A CORE System data profile. *Counselling and Psychotherapy Research*, 13(1), 14-23.

[6] Lennox, R. D., Sharar, D., & Miller, F. (2018). Measuring coaching effectiveness: Validation of the Workplace Outcome Suite for coaching. *International Journal of Health & Productivity*, 10(2): 62-72. Available from: <http://hdl.handle.net/10713/8971>

[7] Lennox, R. D., Sharar, D., Herlihy, P. A., & Mollenhauer, M. (2018). Development and validation of a critical incident outcome measure. *International Journal of Health & Productivity*, 10(2): 35-48. Available from: <http://hdl.handle.net/10713/8964>

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