




Demonstrating the Impact of EAP Services on Workplace Outcomes

Melissa Richmond, PhD
OMNI Institute

Bernie McCann, PhD, CEAP
Employee Assistance Research Foundation



What is the EARF...?

The *Employee Assistance Research Foundation* was created as a non-profit foundation to stimulate innovative, evidence-based research activities which demonstrate the ability of EAPs to maximize employee contributions to organizational success.

The EARF is incorporated as a 501(c)(3) nonprofit
EIN #26-2443117

EARF's Mission

- ❖ To promote excellence in the design and delivery of Employee Assistance services worldwide.
- ❖ To support effective measurement practices, performance tools, and outcome criteria.
- ❖ To bridge the gap between knowledge and practice by translating valid research findings into contemporary EA services.

EARF Priorities for Action

- 1 To fund relevant and scientifically rigorous EA research;
- 2 To investigate promising new trends in EA practice; and
- 3 To communicate findings to stakeholders.

EARF Funded Research to Date

Round 1: In 2011, two grants of \$44,800 were awarded to ISW Limits & the National Behavioral Consortium to study the *Current State of EAPs*.

Round 2: In 2013, a \$112,000 grant was awarded to the OMNI Institute to study the *Workplace-Related Outcomes of EAPs*.

Round 3: EARF is currently reviewing best and final proposals from researchers interested in producing a global history of EA practice from its beginning to the present.

Dissemination of EARF Research

- 2 Free webinars
- 3 Peer-reviewed articles published with results of EARF-funded studies.
- 3 More scholarly articles in preparation
- 5 Conference sessions for researchers to present EARF-funded study results.
- + Numerous additional mentions in various trade publications and cited on various websites.

Historical Representations of “EAP Value”

- High utilization rates
- Positive user satisfaction surveys
- High return on investment ratios

➤ Unfortunately, very few of these representations were grounded in valid scientific methods able to hold up under scrutiny, nor able to be replicated.

So what’s missing in EAP Research?

- Scientifically valid experimental designs
- Large scale, diverse study populations
- Multi-site, occupationally-diverse worksites
- Measureable workplace & clinical EAP effects
- Studies that can be easily replicated

The Impact of Employee Assistance Services on Workplace Outcomes

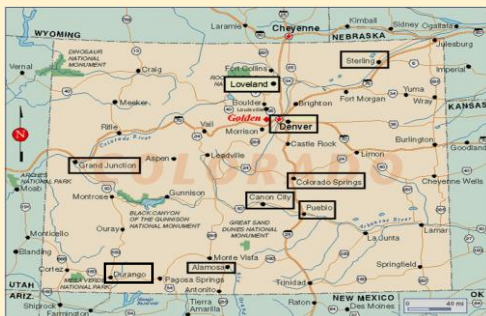
- ✓ Strong study design including a carefully-selected comparison control group
- ✓ Study site/population includes many different worksites and occupational classes
- ✓ Gathers data on multiple EAP workplace outcomes
- *Study answers what’s missing in EAP research, provides new quantification of workplace effects of EAP services, and could be easily replicated.*

Study Site:

Colorado State EAP (C-SEAP)

- ❖ Internal EAP for Colorado State Government, housed in the Department of Personnel & Administration
- ❖ Population: covers 80,000+ eligible employees in Executive, Legislative, Judicial & Higher Education branches; Educationally, professionally, and socio-economically diverse
- ❖ Counseling provided in 9 regional offices across Colorado (rural & urban locations) by licensed professionals.

C-SEAP Today



C-SEAP Service Model

- ❖ Provides a 6 session model with the capacity for additional services when assessed as essential to employee well-being
- ❖ Comprehensive Service menu: Consultation, mediation, education, crisis response, coaching, facilitated groups, organizational development & emergency financial assistance
- ❖ Diverse Employee Population: Executive, Legislative, Judicial & Higher Education branches; Educationally, professionally, and socio-economically diverse - 80,000+ eligible employees

Implementation Lessons

- Acknowledge & address potential staff resistance
- Designate one person to oversee the process
- Create a workflow that builds in extra time
- Give EAP clients options (phone, online, or in person)
- Stay in close communication with research team
- Be flexible & willing to adjust strategy (for example: participant incentives)

Today's Objectives

- Describe EARF-funded research project
- Provide an overview of study design and methods
- Present study findings to date
- Discuss study's contribution and potential implications for EA practice

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- **Statistical and Design Consultant**
 - Fred Pampel PhD
- **OMNI Institute Study Team**
 - Melissa Richmond PhD, Ana P. Nunes PhD, Anthony Molieri MSW & Alexis Zimmerman

Study Questions

1. Do employees who receive EA services show greater improvement in clinical and workplace outcomes than similar employees who do not receive services?
2. Do EAP-attributed improvements in clinical outcomes lead to improvements in workplace outcomes?

Study Questions, cont.

3. Which subgroups of employees (if any), benefit the most from EA services?
4. What is the cost-savings in reduction to absenteeism that can be attributed to EA services?

Study Contributions

- Rigorous research study design
- Use of validated, objective and widely accepted measures
- Large employee base which is demographically & geographically diverse

Study Design – Outcome Measures

Clinical outcomes

- 1. Depression (PHQ-8)** –measure of depressive symptom severity (range 0-24)
- 2. Anxiety (GAD-2)** –anxiety symptom screener (range 0-6)
- 3. Hazardous alcohol use (AUDIT)** –screening tool for signs of harmful/hazardous drinking and/or mild dependence (range 0-40)

Study Design - Outcome Measures

Workplace Outcomes Suite*

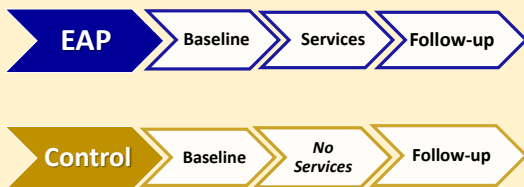
- 1. Absenteeism:** Number of hours taken away from work due personal/work problems.
- 2. Presenteeism:** Extent to which personal/work problems adversely affects work performance.
- 3. Workplace distress:** Degree of discomfort associated with the work environment.

Employee Timecard Data

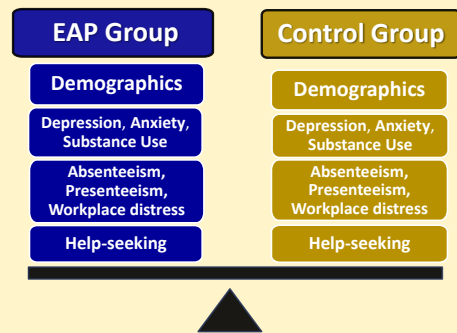
- Tracked daily by departments

*Open Source; © Chestnut Global Partners, Inc.

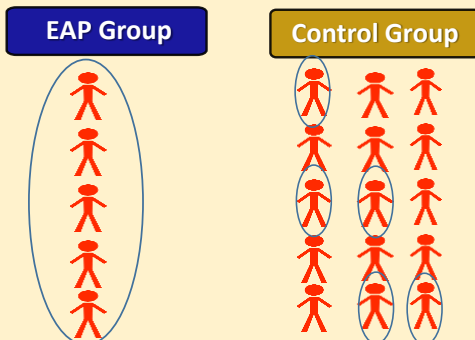
Study Design



Study Design – Baseline Measures



Study Design - Propensity Score Matching



Group Matching

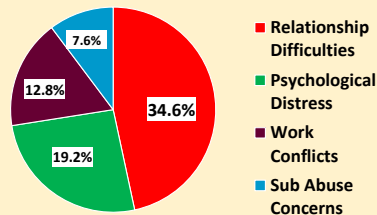
EAP Group	Control Group
256 enrolled	2,957 enrolled
239 matched	340 matched
156 follow-up	188 follow-up

Time Between Intake & Follow-up

Group	Number (N)	Average Time in Months	Minimum	Maximum
EAP	156	3.67	1.65	6.28
Control	188	7.90	1.85	12.22
Total	344	5.98	1.65	12.22

EAP Group Characteristics

Top 4 Presenting Issues



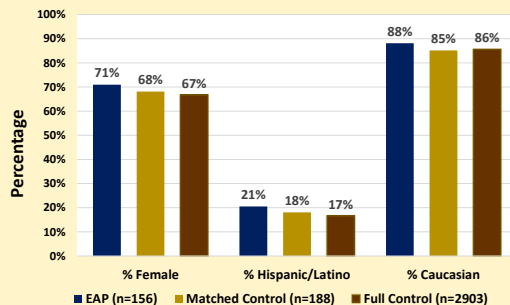
Number of Sessions

- Average # of sessions = 2.79 (ranged from 0-11)
- 10.3% no-show/cancellations

Group Balance



Participant Demographics



Participant Demographics

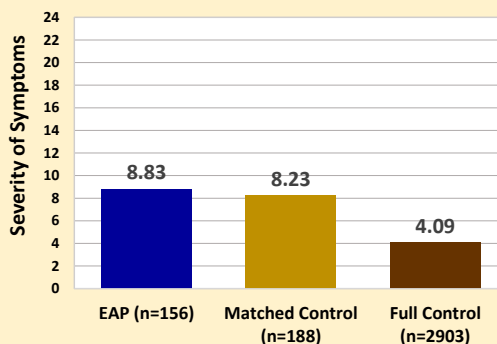
Mean Age:

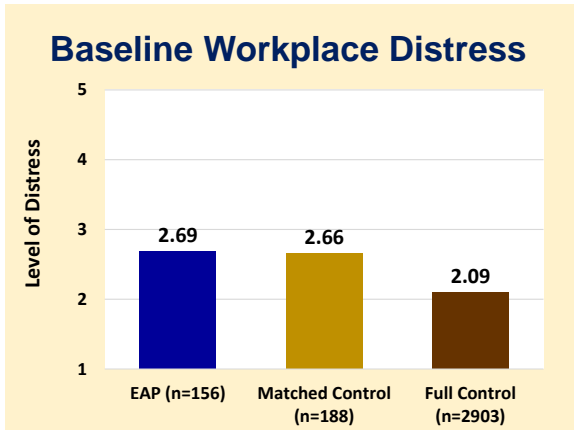
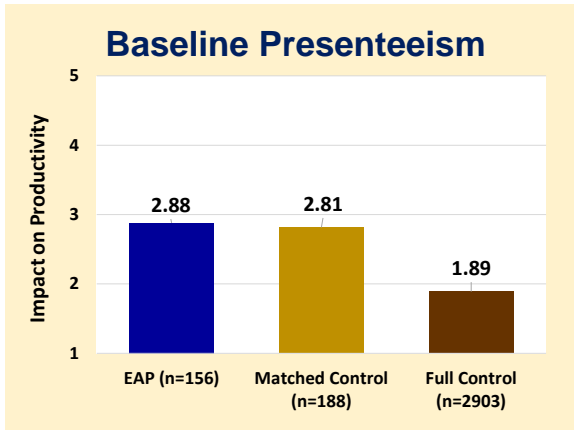
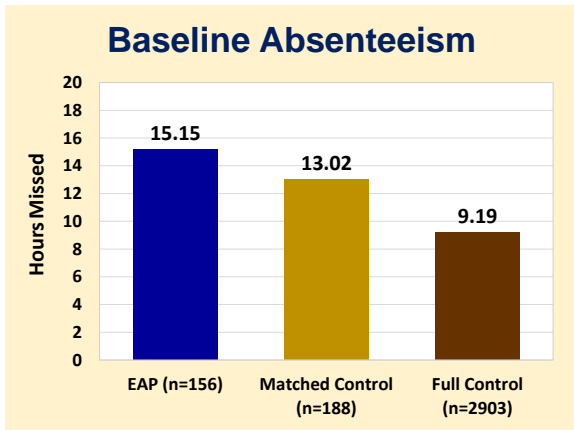
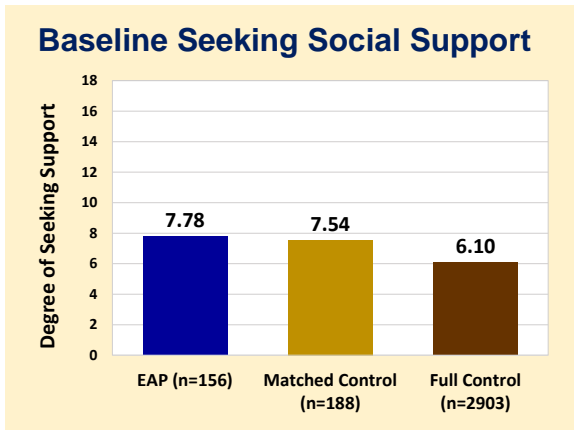
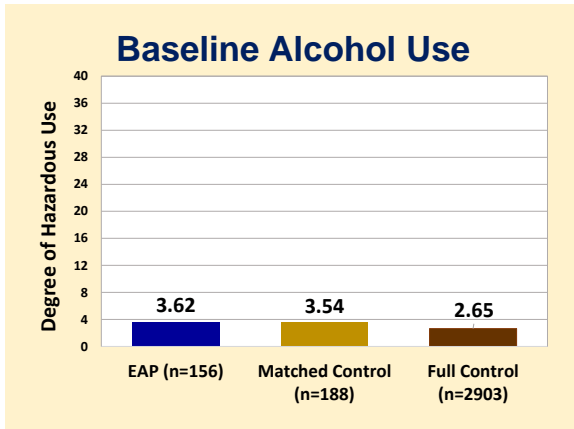
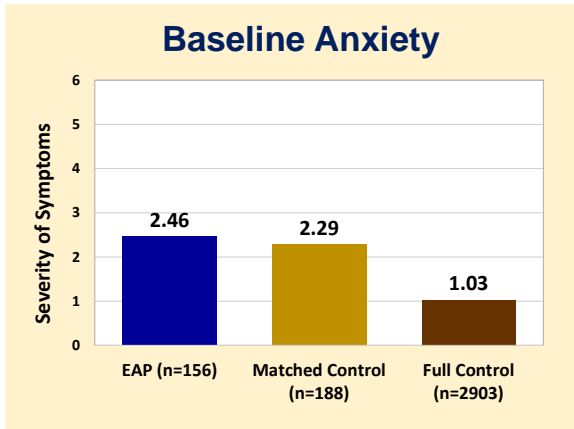
- EAP - 44.1 years
- Matched Control - 45.1 years
- Full Control - 46.3 years

Mean Length of Employment:

- EAP - 8.0 years
- Matched Control - 8.5 years
- Full Control - 10.0 years

Baseline Depression





EAP Group vs. All Controls

Compared to all Control group employees, the EAP study participants:

- Were slightly younger in age & had shorter length of employment
- Were slightly more likely to be Hispanic/Latino
- Had higher rate of help-seeking behaviors
- Had higher levels of depression, anxiety & hazardous drinking
- Had higher rates of absenteeism, presenteeism & workplace distress

EAP Group vs. Matched Controls

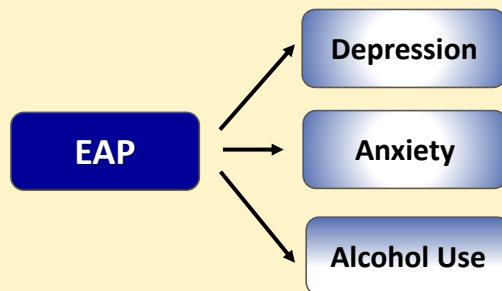
Compared to matched Control Group employees, EAP study participants:

- Had no significant differences in demographics; length of employment; help-seeking behavior; pre-intervention psychological distress, hazardous alcohol use, absenteeism, presenteeism and workplace distress

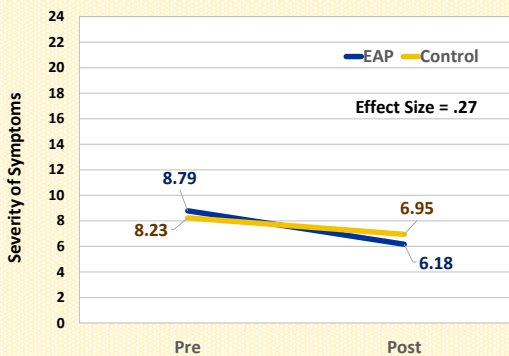
Study Findings



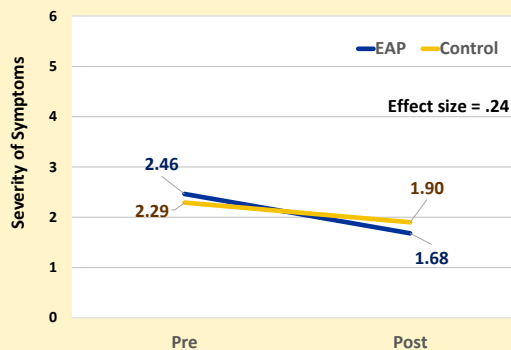
EAP Impact on Clinical Outcomes

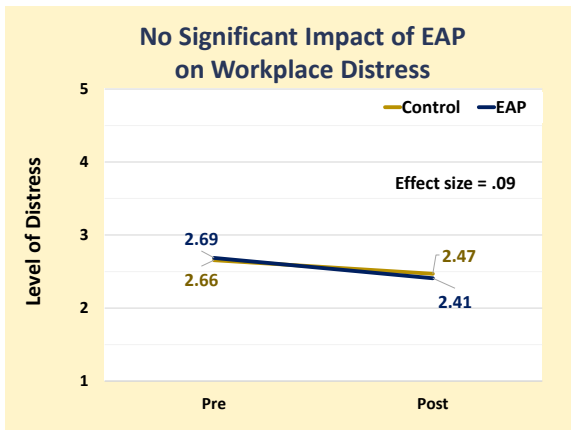
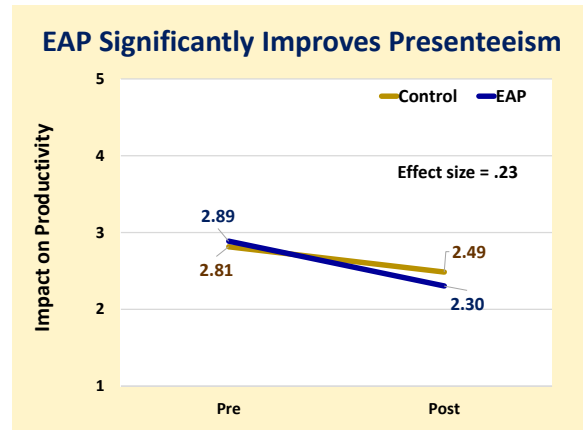
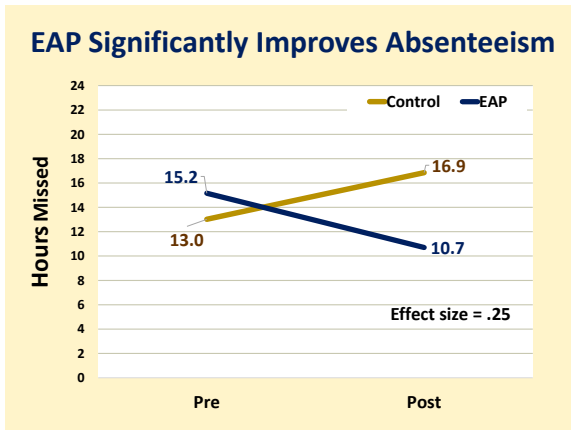
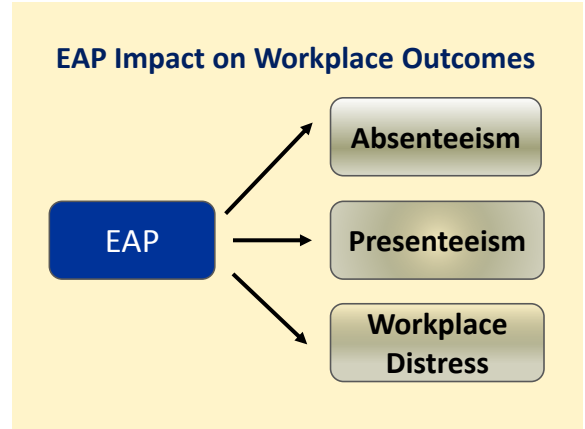
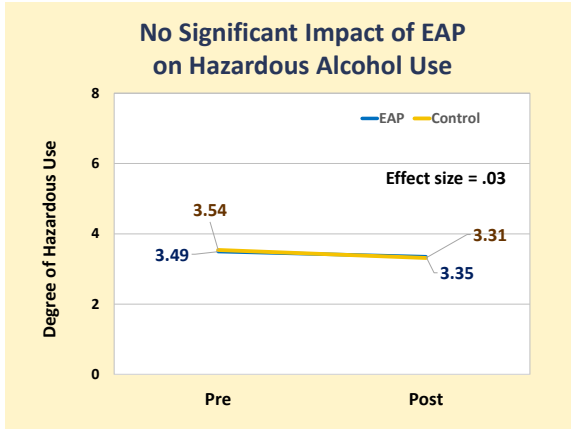


EAP Significantly Improves Depression



EAP Significantly Improves Anxiety





Study Question #1 - Findings

Q: Do employees who receive EA counseling services improve clinical and workplace outcomes to a greater degree than *similar* employees who do not receive services?

A: Employees who received EAP counseling services demonstrated significant reductions in

- 1) depression,
- 2) anxiety,
- 3) absenteeism, and
- 4) presenteeism

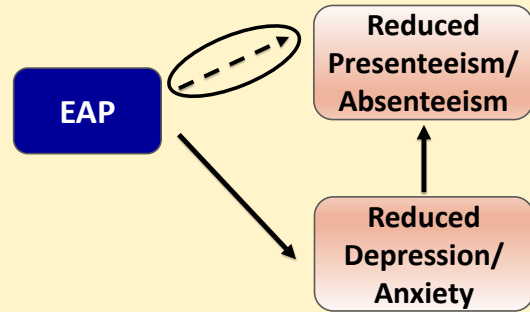
at follow-up compared to a matched group of similar employees who did not receive EAP.

Study Question #1 - Findings

A: However, among employees who received EA counseling services we did not observe a significant impact of EAP on levels of:

- Hazardous alcohol use or
- Workplace distress

Relationship between Clinical and Workplace Outcomes



Study Question #2

Q: Do EAP-attributed improvements in clinical outcomes lead to improvements in workplace outcomes?

A: EAP improves presenteeism through reductions in depression and anxiety

A: EAP improves absenteeism through reductions in depression and anxiety

Subgroup Comparison

- Analyzed EAP impact on workplace outcomes as a function of baseline levels of:
 - Absenteeism, presenteeism & workplace distress
 - Depression symptoms
 - Anxiety symptoms
 - Hazardous alcohol use

Study Question #3 Findings

Q: Which employee subgroups (if any) benefit the most from EA services?

A: EAP was equally effective for improving presenteeism for those with low/high severity of issues

A: EAP was more effective at reducing absenteeism for employees lower on baseline depression and anxiety

Study Question #4

- What is the cost-savings in reduction of absenteeism attributable to EA services?
 - Stay tuned – currently collecting timecard data from HR departments

Implications for Practice

- ❖ **Strong quantifiable evidence of EAP impact on clinical and workplace outcomes – first study to compare outcomes for similar employees who did not receive EAP services**
- Evidence-based programs rely on rigorous tests of program impact

Implications for Practice

- ❖ **These findings support the value of EAPs “to improve and/or maintain the productivity and healthy functioning of the workplace... through the application of specialized knowledge and expertise about human behavior and mental health” ***
- An EAP exerts its impact on workplace productivity (at least in part) through improvements in employee mental health

*Source: EAPA - DEFINITIONS OF AN EMPLOYEE ASSISTANCE PROGRAM – www.eapassn.org

Implications for Practice

- ❖ **Improvements in workplace distress may depend upon one-on-one counseling and changes in the work environment**
- Other factors may impact workplace distress - negative work culture, poor leadership, lack of career opportunity, etc.

Implications for Practice

- ❖ **EA services are beneficial in reducing presenteeism for employees with varying degrees of productivity, alcohol use, depression, and anxiety**
- ❖ **EA services may be more beneficial in reducing absenteeism for employees with less severe depression and anxiety.**
- More severe cases may necessitate additional treatment, longer lengths of treatment, and leave to resolve

Implications for Practice

- ❖ **Little evidence of EAP impact on changes in hazardous alcohol use – an unexpected finding**
- ❖ **Potential for underreporting alcohol use**
 - Using the full sample of 3,159 respondents prior to matching, only 6.2% scored at risk for hazardous alcohol use (AUDIT score > 7).
 - According to the National Survey on Drug Use and Health, in Colorado, 27.4% of adults engaged in past month binge alcohol use

Study Considerations

- **Participants were government employees**
 - May limit generalizability to for-profit and/or other industry types, although study population has a wide diversity of occupational categories & worksite environments.
- **EA Program Type**
 - C-SEAP is a long-established, internal EA program, unlike the majority of EA services delivered in US

Study Limitations

- **Unmeasured differences between groups**
 - Inability to randomize to study group (EAP client vs control)
- **Some EAP clients in significant distress may not have enrolled into the study**
 - May not represent the full EAP population
- **Differences in length of time between baseline and follow-up for two groups**
 - However, may have favored comparison participants

Next Steps

1. **Additional Analyses**
 - Timecard data (objective absenteeism measure)
2. **Dissemination Plan**
 - Peer-reviewed publications
 - Manuscript recently submitted to *Journal of Occupational Health Psychology*
 - Conference presentations

The Future of EAP Research Funding

- Federal dollars devoted to EAP research questions have not been available for over 20 years
- The future outlook for an increase in government funding for EAP research is bleak
- The EARF is the only foundation currently underwriting relevant, evidence-based EAP research

Value Proposition for EARF Support

- ✓ Creating tangible business benefits of better data on EAP contributions to workplace productivity.
- ✓ Demonstrate leadership, commitment and visibility for your organization as an advocate for EAP efficacy, viability, and sustainability of the EAP field.

EARF Contributions to Date



The Bottom Line...

- EARF contributions + matching funds received to date have totaled approximately \$365,000.
- Funding of previous research and commitment to current study proposal = over \$300,000.
- EARF's future capacity for funding EAP research studies are simply unsustainable without additional financial support.

How You Can Help

1. Facilitate a contribution from your organization to fund future research efforts.
2. Make a personal tax-deductible contribution to fund future research efforts.
3. Make an in-kind contribution to assist EARF with dissemination of research findings or fundraising efforts.

Organizational Donors to EARF

Alliance Work Partners	New Directions Behavioral Health
ACI/Ann Clark Associates	North Carolina Chapter of EAPA
CG Hylton, Inc.	Northern Illinois Chapter of EAPA
Chestnut Global Partners	Optum Behavioral Health
Claremont Behavioral Services	ORCAS
Colorado Chapter of EAPA	Perspectives, Ltd.
EASNA	Philadelphia Chapter of EAPA
First Sun EAP	Psychcare
Health Mgmt Systems of America	San Francisco Bay Chapter of EAPA
Houston Chapter of EAPA	United Behavioral Health
HRI/Humana	Upper Midwest Chapter of EAPA
KGA/Kathy Greer Associates	ValueOptions

Individual Donors to EARF

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Stanford Granberry	Maria Lund	Mike Webb
Michele Grow	Paul Maiden	Patrick Williams
Steven Haught	Dale Masi	Randi Wood
Lucy Henry	Bernie McCann	Beverly Younger

In-Kind Support for EARF

Chestnut Global Partners
 Corporate Counseling Services
 Employee Assistance Professionals Association
 Employee Assistance Society of North America
 Employee Assistance European Forum
 National Assoc. of County Behavioral Health Directors
 National Behavioral Consortium
 Massachusetts/Rhode Island Chapter of EAPA
 Northern Illinois Chapter of EAPA

Contact Information

Melissa Richmond, OMNI Institute
mrichmond@omni.org

Randi Wood, Colorado State EAP
everwood999@hotmail.com

Bernie McCann, EARF
mccannbag@gmail.com

EARF website: www.eapfoundation.org

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Saunders et al. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption. *Addiction*, 88(6), 791-804.

Slide # 20 - Lennox et al. (2010). Development and validation of the Chestnut Global Partners Workplace Outcome Suite. *Journal of Workplace Behavioral Health*, 25(2), 107-131.