Definition and History of Employee Assistance Programs

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Definition of EAPs

The definition of an Employee Assistance Program (EAP) varies depending on where in the world the EAP is functioning and what standards are being applied. As we begin our quest for knowledge to better understand the world of work and EAPs, it is essential that we have a working definition of an EAP. The definitions of an EAP will vary, depending on the type of EAP, the nature of the services offered, and the country in which the EAP operates. The Employee Assistance (EA) professional serves two clients: the work organization and the individual employee. EAPs in general are worksite-based programs designed to help individual employees and the entire organization. "*EAPs are a professional assessment and referral and/or short-term counseling services offered to employees with alcohol, drug, or mental health problems that may affect their jobs.*" (Masi, 2000). Employees may self-refer to the EAP or be referred by supervisors/managers. In the next few paragraphs we will cover a few of the more well-known and accepted definitions of EAPs.

The Council on Accreditation (COA) provides EAP accreditation. In 1999, COA, with support from the United States Government, created accreditation standards for internal and external EAPs. The author was contracted to deliver the first set of standards for The COA. It is essential for an organization to lead the profession in standardizing what guidelines there are to

establish and define EAPs. As of today, The COA EAP Standards are currently in print in their 8th Edition. The chapter on accreditation by Dr. Takashi Maruyama as well as The COA website, (http://www.coastandards.org/), have more information on the Council of Accreditation.

The Employee Assistance Professional Association (EAPA) defines an EAP as a worksite-based program designed to assist (1) work organizations in addressing productivity issues and (2) "employee clients" in identifying and resolving personal concerns, including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance. EAPA was established in 1971 and represents the largest international membership organization for EA professionals. EAPA currently has approximately 5,000 active members in both the United States and 30 other countries around the world. EAPA's Board of Directors developed the above definition and accepted this modified definition in 2003. As a profession, EAPs need a professional organization that lends validation to the EA field through conferences, a journal, training, and networking opportunities. EAPA strives to be the "global voice of the employee assistance field". (http://www.eapassn.org/public/pages/).

EAP Core Technology

The EAP Core Technology was based on research conducted by Paul Roman and Terry Blum in 1988. Results from their research on common features of EAPs in the U.S. were published in their article, "The Core Technology of EAP: A Reaffirmation." (*Roman* & Blum, 1988). A research study examining EAPs around the U.S. was required because, during the 1980's, EAPs experienced significant growth and expansion, both in the number of employees covered and the scope of services offered. During this time there was very little standardization

in what constituted an EAP service and there was a growing concern among professionals in the field that companies were calling themselves EAPs, but offering minimal services. The Core Technology research set about to "identify those unique functions of the EAPs that differentiate them from other human resource activities in the workplace." (Roman & Blum, 1988). Further, the Core Technology helped in "institutionalizing the areas of expertise believed essential for an operative EAP." (Roman & Blum, 1988). Many EAPs offer services in addition to the Core Technology, but all EAPs must provide these specific services in order to be classified as an EAP. According to the COA EAP accreditation standards, EAPs are defined according to the EAP Core Technology.
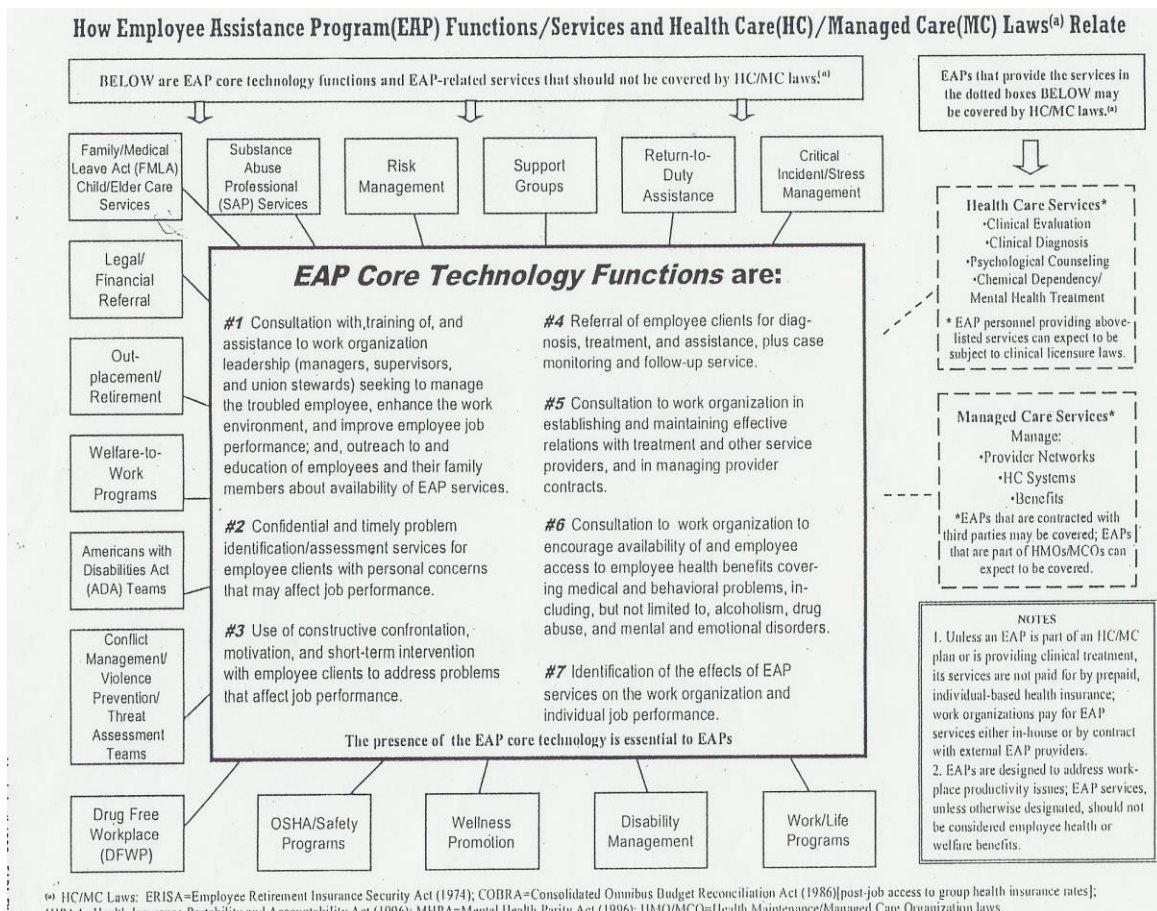
When discussing the definition of EAPs, it is important to describe the Core Technology. It is recognized that these eight components are essential to an EAP:

1. Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union officials) seeking to manage troubled employees, enhance the work environment, and improve employee job performance;

2. Active promotion of the availability of EA services to employees, their family members, and the work organization.

3. Confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance;

4. Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance;

5. Referral of employee clients for diagnosis, treatment, and assistance, as well as case monitoring and follow-up services;

6. Assisting work organizations in establishing and maintaining effective relations with treatment and other service providers, and in managing provider contracts;

7. Consultation to work organizations to encourage availability of and employee access to health benefits covering medical and behavioral problems including, but not limited to, alcoholism, drug abuse, and mental and emotional disorders; and

8. Evaluation of the effects of EA services on work organizations and individual job performance.

Based on Roman and Blum's Core Technology, this chart developed by EAPA helps guide EAPs in identifying core technology functions from optional services. The core technology functions are listed in the middle of the graph. The optional services are listed in the boxes around the core technology.

How Employee Assistance Program(EAP) Functions/Services and Health Care(HC)/Managed Care(MC) Laws[a] Relate

BELOW are EAP core technology functions and EAP-related services that should not be covered by HC/MC laws.[a]

EAPs that provide the services in the dotted boxes BELOW may be covered by HC/MC laws.[a]

Family/Medical Leave Act (FMLA) Child/Elder Care Services

Substance Abuse Professional (SAP) Services

Risk Management

Support Groups

Return-to-Duty Assistance

Critical Incident/Stress Management

Legal/Financial Referral

Out-placement/Retirement

Welfare-to-Work Programs

Americans with Disabilities Act (ADA) Teams

Conflict Management/Violence Prevention/Threat Assessment Teams

Drug Free Workplace (DFWP)

OSHA/Safety Programs

Wellness Promotion

Disability Management

Work/Life Programs

EAP Core Technology Functions are:

#1 Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union stewards) seeking to manage the troubled employee, enhance the work environment, and improve employee job performance; and, outreach to and education of employees and their family members about availability of EAP services.

#2 Confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance.

#3 Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance.

#4 Referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up service.

#5 Consultation to work organization in establishing and maintaining effective relations with treatment and other service providers, and in managing provider contracts.

#6 Consultation to work organization to encourage availability of and employee access to employee health benefits covering medical and behavioral problems, including, but not limited to, alcoholism, drug abuse, and mental and emotional disorders.

#7 Identification of the effects of EAP services on the work organization and individual job performance.

The presence of the EAP core technology is essential to EAPs

Health Care Services*
•Clinical Evaluation
•Clinical Diagnosis
•Psychological Counseling
•Chemical Dependency/Mental Health Treatment
* EAP personnel providing above-listed services can expect to be subject to clinical licensure laws.

Managed Care Services*
Manage:
•Provider Networks
•HC Systems
•Benefits
*EAPs that are contracted with third parties may be covered; EAPs that are part of HMOs/MCOs can expect to be covered.

NOTES
1. Unless an EAP is part of an HC/MC plan or is providing clinical treatment, its services are not paid for by prepaid, individual-based health insurance; work organizations pay for EAP services either in-house or by contract with external EAP providers.
2. EAPs are designed to address workplace productivity issues; EAP services, unless otherwise designated, should not be considered employee health or welfare benefits.

[a] HC/MC Laws: ERISA=Employee Retirement Insurance Security Act (1974); COBRA=Consolidated Omnibus Budget Reconciliation Act (1986)[post-job access to group health insurance rates]; HIPAA=Health Insurance Portability and Accountability Act (1996); MHPA=Mental Health Parity Act (1996); HMO/MCO=Health Maintenance/Managed Care Organization laws.

EAP/Occupational Social Work - History

The history of EAPs cannot be fully understood without also looking into the simultaneous history and development of the occupational social work field. Occupational social work occurred sporadically in the US until the 1940's, when the field of occupational alcoholism began. In Europe, ENOS (European Network of Occupational Social Workers) is still a viable organization of occupational social work programs in a number of countries. In South America, occupational social work continues to have a very strong presence. As a point of interest, to illustrate occupational social work as a precursor of EAPs: India since 1974 has a law requiring social workers in all industries, France, since 1943 requires that all employers with over 500 employees must have industrial SW (such as leather curing, ceramics, metal, railroads, etc.). Social workers must have a diploma and be recognized by the Ministry of Labor. Switzerland, in 1944, had the first external occupational social work program.

EAP History in the United States: 1940's

The reason we are addressing EAPs in the United States, with respect to our international colleagues, is that the United States is where EAPs got their start.

The 1940's saw a scattered growth of alcoholism programs in major industrial firms, including E.I. Dupont de Nemours Company, Kodak Park Works of Eastman Kodak Company, and Kemper Insurance. The establishment of the National Committee for Education and Alcoholism (NCEA) in 1944 encouraged these programs. Despite the growing interest in alcoholism assistance programs, many of them did not succeed for a number of reasons.

These programs lacked an emphasis on productivity/cost-effectiveness and therefore took on a more moral tone that alienated business people. There was also a social stigma attached to alcoholism as well as a denial about the extent of the problems alcoholism created.

In addition, because workplace supervisors were tasked with diagnosing the symptoms of alcoholism, and because supervisors were not professional trained diagnosticians, this process was not effective. Supervisors rarely identified anyone with possible problems above the worker level and the programs became viewed by the employees with suspicion, as though it was a witch-hunt. This process encouraged alcoholics to go into hiding rather than seek help.

At the same time, Occupational Alcohol Programs were developing in Canada with an influence from AA.

EAP History in the United States: 1940-1970

The Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act (the Hughes Act) was passed in the U.S. Congress in 1970. The Hughes Act (Public Law 91-616) was, possibly, the greatest single impetus toward the development of occupational alcoholism programs and today's EAPs. This law established the National Institute of Alcohol Abuse and Alcoholism (NIAAA) as a part of the United States Department of Health, Education, and Welfare (USDHHS). The Hughes Act and the NIAAA developed guidelines to combat alcohol problems in both the public and private sectors. They mandated that alcoholism programs be instituted in all federal agencies and in military institutions. Public Law 92-255 amended the Hughes Act to include drug abuse (1972). Public Law 92-255 also mandated that the USDHHS, be a model program for all federal programs.

EAP History in the United States: Mid 1970s

The term 'EAP' was coined by NIAAA and ALMACA (the precursor of EAPA). To promote EAPs, the NIAAA funded two occupational program consultants (OPCs) in each state. These OPCs (known as the 'Thundering 100') were charged with helping employers develop EAPs. The shift from Occupational Alcohol Programs to EAPs and the increased use of "broad-brush" programs led to many changes in the field. A major modification was addressing other problems besides alcohol, including depression, mental health, parent/child issues, as well as family issues. This change in strategy emphasized the decreased use of the formal, confrontational strategy of the OAPs and emphasized a more informal one that effectively encouraged worker self-referrals. This period also saw an increased number of referrals to outside agencies and resources and a de-emphasis on expanding alcohol interventions, with a movement toward a broader approach that sought to identify alcohol abusers earlier in the disease progression. (In other words, at the point where family/relationship problems and job performance problems are just emerging and are not yet crises.) Staff for these programs were often professionals with Master's of Social Work (MSW) degrees, thus replacing the para-professionals of the OAPs who were, themselves, often recovering alcoholics.

By 1972, there were approximately 300 company-based alcohol programs. Another massive change came in 1977, when the U.S. government mandated EAPs for all federal departments and agencies (previously mentioned), made EAPs a part of the government's occupational health policy, and promoted EAPs in all industries. By 1978, there were over 3,000 people who were formally involved with this specialty and, by 1980, eighty percent of all Fortune 500 companies had EAPs.

EAP History in the United States: 1980s

In 1979, another major initiative was launched. The Employee Counseling Services program (ECS) was established as a model federal government program. From 1980-1985, the author was appointed the first director of the program; the basic tenets of which are still key elements for EAPs in the U.S. and around the world today. A significant focus of the initiative was to encourage state and local governments, businesses, labor organizations, and others to establish EAPs to address personal problems that interfere with job performance. The author advocated the eight-session EAP model, which was introduced along with the guidelines for proper staffing requiring one full-time EAP staff person for every 3,500 employees. A model supervisory training program, a cost effective evaluation method (described in a later chapter), and a model for reaching executives were some of the other model program initiatives. These guidelines are still used in EAPs today.

In 1980, the Employee Assistance Society of North America (EASNA) was formed. While their strongest presence is in Canada, they were also involved in EAPs in the United States. The primary focus of EASNA was accrediting EAP programs; they did not license individual EA professionals (later EAPA assumed this role). Since 2002, the COA has taken over the accreditation and EASNA is now focusing on research.

EAP History in the United States – U.S. EAPs Today

Presently there are various types, or models, of EAPs. In the primary model, services are delivered by external providers. External, or out-of-house, EAPs are used when businesses contract with an external firm to provide EAP staff and services. The external model is designed to provide better accountability, decreased legal liability, and ease of program start-up and

implementation. Businesses commonly think that contracted services can better protect confidentially and save money with overall service delivery costs.

- In 2002, total EAP enrollment in the US was 80.2 million covered lives, a 194% increase since 1993

- As of 2006, according to the Society for Human Resource Management (SHRM) Benefit Survey, 71% of employers have an EAP.

- Employee Assistance Research Foundation is currently funding more contemporary data on prevalence of EAPs worldwide.

EAP History in the United States: EAPs Today and Future Trends

EAPs provide websites with a great deal of information for their client companies to access. EAPs are also in the forefront in offering telephone and email counseling. Since 9/11, EAPs have been repeatedly called upon to provide trauma response.

Because of working longer hours and two-career couples, the workplace has been forced to address issues such as child care, eldercare, financial stress, legal issues, and other employee needs that formerly would have been provided in the community. The resulting attempt to help employees meet these needs is the "Work/Life Program."

The Center for Employee Assistance Quality Advancement, established by SAMHSA, put a major emphasis on the need for performance guidelines and outcome measurements in the EAP field. The challenge was posed and the field is responding slowly, but beginning to recognize their survival may depend on proving their worth.

EAPs Around The World

It is not the purpose of this chapter to describe the development of EAPs in each of the countries around the world. What the author has done is summarize information about a number of countries that is taken from the *Fourth EAP International Compendium (Masi Research, 2010).* More information on the Compendium can be found at http://eapmasi.com/.

- **Argentina** - "All health care organizations must provide mental health assistance. As a result, the challenge to the EAPs are to differentiate themselves from the mental health plans."

- **Australia** - "New EAP services being offered are vocational assistance and retirement planning."

- **Brazil** - "Due to its lower cost through EAPs, legal advising is one of the most popular services."

- **China** - "The need for mental health support services has been widely accepted by the Chinese population, and there is a preference for telephone based services."

- **France -** "Recent legislation requires 2,500 French companies with more than 1,000 employees to make proposals to reduce stress and develop a prevention policy around psycho-social risks. This opens the doors for EAPs."

- **India** - "Attrition in the call center industry ranked high due to staff sleeping disorders, voice loss, ear and eyesight problems. EAPs are in the forefront making recommendations to address these problems."

- **Italy -** "The demand for EAPs services has concerned legal, financial, housing, and divorce. Very few are utilizing psychological support services."

- **Korea** - "The Korean government has recognized the importance of EAP services and started to provide public funding to compensate the wages of the EAP counselors."

- **New Zealand** - "EAPs continue to develop and expand their services to meet the current needs of the workplace including bullying, violence, and issues primarily affecting women."

- **Saudi Arabia** - "Saudi ARAMCO is the world's largest oil corporation (and largest Saudi employer) and has had an EAP for decades. The Saudi national mental health program was developed in 1989."

- **Sweden** - "The Law on Health and Sickness Care does not allow anonymity. However, EAPs operate under another law which enables the full range of services anonymously."

- **Scotland** - "The Scottish Health Secretary has said that alcohol is killing one Scot every three hours and that alcohol abuse is the biggest health challenge the country faces. EAPs have ignored performance management and supervisor-based referrals, the usual methods for reaching employees with alcohol problems."

- **South Africa** - "EAPs can be traced to 1986. In 1996, 42% of the top 100 companies had implemented EAPs. The most significant developments affecting EAP growth have been HIV, AIDS, and violence. More than 80% of South African households have experienced crime in the last two years(2007-9)."

- **Spain** - "The quality of EAP professionals is clearly higher than professionals used by private insurance companies because EAPs pay their counselors more."

Unfortunately there are major issues at this time around pricing in the EAP field, worldwide. The author would reference her paper in the *Fourth EAP International Compendium* entitled "Redefining the EAP Field." *(Masi Research, 2010)*. Hopefully the field will professionalize as well as emphasize quality assurance and emerge as the vital force for the workplace that's needed.

BIBLIOGRAPHY

Masi, Dale A. (2000): *Evaluating Your Employee Assistance and Managed Behavioral Care Program,* (p 13) – Washington: Dallen Inc.

Masi, Dale A. (2010). Redefining the EAP Field. *The 4th International Employee Assistance Compendium* (pp. 3-10). Boston: Masi Research Consultants, Inc.

Roman, P. M., & Blum, T. C. (1988). The Core Technology of EAP: A Reaffirmation. *The ALMACAN*, 19(8), 17-22.