

A Review of Canadian EAP Policies

Rick Csiernik, Ph.D., R.S.W.
School of Social Work
King's College
University of Western Ontario
London, Ontario
Canada

Mailing address: 125 East 8th Street
Hamilton, Ontario
L9A 4Y7

e-mail: csiernik@mountaincable.net

phone: (905) 383-7890

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Abstract

A review of 154 Canadian EAPs found that 130 organizations had developed formal policies governing the program while 24 had not. Organizations with a policy were larger in size and were more likely to be unionized. They were also more likely to have had their EAP initiated by a joint labour-management committee and to use peer supports and internal resources to deliver EAP services. Of those EAPs without a policy, a disproportionate number had been developed during the 1990's. EAPs that had not developed a policy were also more likely to have been begun exclusively by management and were more likely to rely on a third party provider for clinical and administrative services. Of the 130 programs with EAP policies, 80 provided copies to be analyzed. Policies ranged in size from one to 31 pages with varying levels of comprehensiveness. Using the EAP Policy Best Practices Guidelines, policies scored between 5% and 75% with a mean of 36.7%. The introductory statement of principles including discussions of the range of problems to be covered, confidentiality and union/management endorsement was typically the strongest area of the policies. Areas that typically required enhancement were program development and EAP program roles. The comprehensiveness of the EAP policy was correlated with the size of the organization but not with program utilization. Public sector policies also tended to be more comprehensive though only 26 of the 80 policies received a score of 50% or greater.

Key words: EAP policy, Canada, program evaluation

INTRODUCTION

Employee Assistance Program policies are valuable in protecting employees' rights (Soto, 1991), they have been shown to promote voluntary referral and protect confidentiality (Macdonald and Dooley, 1990) and are one mechanism used in evaluating an EAP (Battle, 1988; Dixon, 1988; and Taylor, et al, 1988). However, are there differences in organizations that take the time and effort to develop when compared to those that have no policy? Also, if an organization takes the time and effort to develop a policy, how does it know if the policy is adequately comprehensive or effective?

A study of Canadian organizations with active EAPs will be used to address the first question. To answer the second question a recently proposed EAP policy guideline (Csiernik, in press) based upon a best practices model will be used to evaluate existing policies drawn from the Canadian study of EAPs. The EAP policy critique assesses five areas: statement of principles, procedures, program development, roles and overall policy presentation. This guideline serves not only as an input evaluation, determining what features of a policy an organization has implemented, it also evaluates the various attributes of a policy. As well, the critique guideline can provide a relative score to assess the comprehensiveness of a policy while also allowing policies between different organizations to be compared.

METHODOLOGY

A four page survey was developed in conjunction with a national advisory committee of 21 persons representing labour, management and service providers from across Canada. Along with basic demographic information the instrument asked when the program began, who initiated the EAP, who provided services and what their qualifications were and asked participating Canadian organizations to include a copy of their current EAP policy. Four

hundred surveys were distributed with the assistance of provincial and regional EAP associations. Of those 154 were returned while 12 were undeliverable for a response rate of 39.7%. Of the 154 organizations participating in the study, 130 (84.4%) had an EAP policy with 80 (61.5%) including a copy of their policy in their response to the survey. Each policy was assessed using the EAP policy critique and best practices guidelines (Csiernik, in press) for both inclusion of items and thoroughness of description.

Sample

Table 1 highlights the geographic location of the organizations with and without EAP policies and their respective workforce sectors. All national respondents along with those from British Columbia, Quebec, Prince Edward Island, Newfoundland and the Northwest Territories reported having EAP policies that governed their programs. Organizations located in Ontario and Alberta were least likely to have a formal EAP policy (Table 1a). There was no one sector that appeared to lack EAP policy development though 16.7% of manufacturing companies and 20.0% of health care providers in the sample that had programs reported not having policies. All six energy and utility organizations along with all those in the communication (n=3), corrections (n=2) and financial (n=2) sectors reported having an EAP policy as did 95.0 % of government organizations. Organizations that had EAP policies had a mean size three times greater than those without, 3,511 to 1,102 with a median of 1,450 compared to 560 for companies that had no policy. Surprisingly 17 (70.8%) of the 24 companies without an EAP had begun their program during the 1990's. Of those with a policy, 16 were initiated in the 1970's, 59 in the 1980's, 39 in the 1990's and five since 2000.

RESULTS

Comparing Organizations With and Without An EAP Policy

Over half (58.3%) of organizations that did not have a policy were begun exclusively through management initiative compared to 26.2% of those with a policy while only four (16.7%) were begun by a joint labour-management committee (Table 2). In comparison 60.0% of organizations with a policy had a joint committee initiate the EAP. Occupational health services were also slightly more active initiators in organizations that did not develop a policy while only one of ten EAPs begun by a labour group did not have a formal policy in place.

Examining Table 3 it is evident that those with an EAP policy also have more developed programs. There is a greater likelihood of an organization having an EAP committee, a wellness program, a disability management program, formal orientation and program promotion if it also has a policy. As well, while EAP evaluation is not prominent among organizations with an EAP policy in place, EAP evaluation is even less likely to be conducted in those companies without a policy. Having a policy appeared to make no difference in having a critical incident response program though those organizations without a policy were slightly more likely to have a specific substance abuse policy and to provide telephone access 24 hours a day seven days a week.

Organizations with a policy were also less likely to have a counseling cap in place (Table 4). Over one half (n=69) of survey respondents with a policy did not artificially limit the counseling process while 39.1% of organizations without a policy did not have a cap. The average upper limit of counseling sessions was also slightly though not significantly greater for those organizations that also had a policy, with a mean of 7.1 compared to 6.8. While utilization rate is not the most exact calculation in the EAP field, organizations with a policy also had greater rates of program use. The mean utilization rate use for the 130

organizations with a policy was 9.5 % with a median of 8.6% while the 24 organizations that did not have a formal policy reported a mean utilization rate of 7.0% with a median of 7.1%. As well, those without a policy infrequently use peers (20.8%) or internal counseling professionals (29.1%) to deliver EAP services. Over half (n=67) of organizations with a policy incorporated peers into their EAP programming while nearly two thirds (n=84) used an internal professional within their program. Having a policy is also correlated with greater use of referral options, peer (50.8% vs. 33.3%), informal (74.6% vs. 66.7%), formal (41.5% vs. 33.3%) and mandatory (35.4% vs. 12.5%) as compared to those organizations without a policy. Two (8.3%) of 24 organizations without an EAP policy used drug testing as a referral route to EAP while only four (4.6%) of 130 with a policy did so.

Evaluating EAP Policies

As previously stated, 80 of the 130 organizations with a policy provided copies for review and analysis. The 80 policies ranged in size from one to 31 pages in length. The mean was seven pages while a median of four and a mode of two pages. Table 5 summarizes the items included in the policies and the comprehensiveness of the various characteristics using the EAP Policy Best Practices guidelines. The majority of organizations discussed five of the six items recommended be included in an introductory statement of principles. Over 90% of the policies discussed the various problems that an EAP should assist with as well as discussing confidentiality. Over three-quarters had a formal endorsement by management and labour while 50 (62.5%) mentioned how the EAP was linked to or integrated with employee benefits and 48 (60.0%) discussed the fact that using the EAP would not have an effect on employment status. Anonymity was mentioned by just over one quarter of the policies which was not unexpected as this remains a topic difficult to fully define and convey. The mean scores for thoroughness of discussion were typically in the

six range on a ten point scale with union/management endorsement receiving the greatest score and anonymity the lowest.

The procedures section was slightly weaker in inclusiveness and comprehensiveness. While 95% of companies discussed the voluntary nature of EAP use, four policies did not deem this feature to be important enough to capture in their policy document. Just slightly over half (n=44) of the policies discussed formal referrals while 54 (41.5%) of the entire sample of 130 organizations that have a policy indicated that this method of accessing EAP was a referral option in their program. This appears to imply that many EAPs no longer use this more directed route into the program though this does not explain why only a similar number of organizations (45) discussed evaluation of their program and fewer (38) included program monitoring in their policy. The most difficult referral procedure to precisely document is an informal referral and this was reflected in the policies as only 37 (46.3%) of companies made reference to this method of accessing EAP. Mean scores in this section ranged from 4.7 for follow-up to 6.5 for both informal and formal referral procedures.

The weakest section of the policies was the program development area. Of the five areas only publicizing the program to families was included in more than half of the policies. Half of the policies discussed providing an orientation to EAP to the workforce while 40.0% discussed the need to train supervisors and stewards in EAP use and 31 (38.8%) included references to informing families about the program and making connections with EAP groups outside the workplace. This section was also the least developed with no mean score above five and with modes of either one or two, indicating that typically only a marginal reference was to this area in the policies collected and reviewed.

While the section of workplace roles and how they pertain to EAP was second in incompleteness only to program development what was written was the most complete of any of the sections. Five of the eleven sub-sections had ten as their mode, union, employee group, supervisors, stewards and referral agents/union counselors. Of the 80 policies, 56 (70.0%) discussed the role of the committee, while at least half discussed the role of management, union and employees. Less than one third mentioned of the role of human resources reflecting the recommendation regarding best practices (Csiernik, in press) while only one quarter made reference to the role of the medical department in the context of EAP. While half of the organizations with policies stated they used peers as a referral source only one third of the policies presented for review had a distinct discussion of the use of peer helpers, either referral agents or union counselors. In examining the overall quality of the policies, the 80 documents averaged 5.0 for clarity and 5.4 for thoroughness.

The scores of the individual policies ranged from 5.0% to 75.0%. The mean score was 36.7% with a median of 35.5%, standard deviation of 18.8 and a mode of 50.0%. Only 26 (32.5%) of the policies scored 50% or greater with only five (6.25%) scoring 70 or greater. Public sector policies (37.4%, n= 51) scored slightly better than did private sector policies (34.6%, n=29) though there was a more significant difference in scores between those organizations with an EAP committee (39.2%, n=59) and those without (26.7%, n=21). There was also a positive correlation, $r(75)=.322$ $p<.01(2\text{-tailed})$, between policy comprehensiveness and organizational size while not surprisingly there was also a correlation between comprehensiveness and the length of the policy document $r(80) =.734$ $p<.01$ (2-tailed). However, there was no correlation between policy comprehensiveness and program utilization.

DISCUSSION

Macdonald and Dooley's (1990) findings for Ontario organizations over a decade ago appear still to apply not only on a provincial level but also on a national level. The larger an organization is and if it is unionized remain two key variables in determining if there is an EAP policy in place governing the program. Organizational size is also related to how detailed the policy is. The most significant difference of this study's finding with Macdonald and Dooley's work was year of program initiation. A disproportionate number of organizations that had recently initiated an EAP had not simultaneously instituted a policy to govern their new initiative. Whereas over 90% of EAPs in the study dating from the 1980's had a policy in place under 70% begun in the 1990's had a formal policy. Thus, there had been a slight decrease in policy development in relationship to EAP development over the past decade. These newer EAPs lacking a formal policy also tended to rely on external EAP providers to deliver their EAP services. In conclusion, larger, more unionized organizations with longer established EAPs initiated by a joint labour-management committee are the most likely to have a formal policy in place and this is also correlated with having more programming features and uncapped clinical services. These programs are also more likely to use peer supports and internal professionals to provide support and clinical EAP services to the workforce.

Organizations exclusively reliant on external EAP service providers were the least likely to have a policy and when a policy was established it tended to be under developed.

However, the policies that do exist are inconsistent in their delivery. They range in size from one page to 31 pages and in applying the EAP Policy Best Practices Guidelines score between 5.0% and 75.0% with a mean of 36.7%. Just as an organization's size is correlated with the likelihood of having a policy, so is size correlated with the

comprehensiveness of the policy. It is likely that larger organizations simply have more resources, to devote to EAP such as creating and maintaining an EAP committee, and they are doing it.

A few conclusions can be drawn from this analysis of Canadian EAP policies. First, having an EAP policy is correlated with an organization having a more comprehensive program utilizing a greater range of access options, having more ownership of the program and being used by a greater number of employees and their family members. Secondly, this study has illustrated that the EAP Policy Best Practices Guidelines can be used to assess and compare EAP policies providing an analysis of policy strengths and limitations and thus can be employed when an organization is developing, reviewing and revising its EAP policy. Finally, the typical Canadian EAP policy reviewed in this study was quite poor and bereft of detail. The policies are not nearly as comprehensive as they could be or need to be. However, this study was unable to ascertain what additional organizational value there is in having an EAP policy or in having a more comprehensive policy . This now becomes the next step in the research process.

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