

Table 1: Case Study Summaries										
Author	Year	Workplace	Workforce Size	Program Initiated	EAP Delivery	Theme				
Bidgood, Boudewyn & Fasbinder	2005	Wells Fargo United States	146000	1970s	internal	Employee Assistance Consulting model				
Birkland & Birkland	2005	Minnesota State Government Minneapolis, Minnesota	52000	1970s	internal/external	Integration of services				
Ewing & Carter	2004	Vanderbilt Children's Hospital Nashville, Tennessee	n.r.	2004	internal	Social support for grief and crisis				
Golan & Bamberger	2009	Manufacturing plant, Isreal	350	2004	peers	Examination of an Israeli peer based EAP				
Hoffman & Goya	2005	University of California at Berkley	15000	n.r.	internal	Integration of services to address death in the workplace				
Huguley	2000	South Carolina Law Enforcement	n.r.	2000	consortium	Program development				
Kant & Kingkade	2004	City of Lincoln Lincoln, Nebraska	n.r.	1970s	internal/external	Program development				
Kendall & Brady	2009	Vanderbilt, University Nashville, Tennessee	n.r.	2005	internal	Specialized program for married physicians				
Kendall et al	2007	Vanderbilt, University Medical Centre Nashville, Tennessee	n.r.	2002	internal	Nurse wellness program				
Krause	2009	Federal Bureau of Investigation	n.r.	1981	internal/peer	Program development and overview				
Lesch	2005	Motorola United States	88,000	1990s	internal	Wellness program				
Macdonald & Davidson	2000	Medical Faculty, University of Ottawa Ottawa, Ontario, Canada	n.r.	1996	internal/external	Program development				
Muto, Fujimori & Suzuki	2004	Hoken Dohjin Medical Foundation Japan	1,385,000	1989	external	Provider overview				

Scamardo & Harden	2007	University of Texas at Austin Austin, Texas	19,000	n.r.	internal	Coaching/support group			
Silberman et al	2007	Duke University Durham, North Carolina	45,000	n.r.	internal	Trauma response programs			
		Vanderbilt, University Nashville, Tennessee	combined	1995	internal				
Sodenm, Carlton et al	2006	Lawyers Assistance Programs United States	n.r.	n.r.	external	Program overview			
Stephenson & Delowery	2005	United States Government (Federal Occupational Health)	1,500,000	n.r.	external	Integration of occupational health services			
Thompson & Swihart	2007	University of Arizona Tucson, Arizona	11500	1990	internal	Integrated EAP/wellness/work-life program			
Turner, Weiner & Keegan	2005	Ernst & Young United States	23000	1975	internal/external	Integrated EAP/ work life hybrid model			
Whelan, Robson & Cooke	2002	British National Health Service Hartepool and East Durham, England	2227	1997	internal	Program development			
Wills & Mead	2004	Jefferson County Public School Board Jefferson, Colorado	n.r.	2001	internal	Mediation component of program			

n.r. = not reported

Table 2 - Outcome Studies					
Author	Eischen, Grossmeier & Gold	Greenwood, DeWesse & Inscoe	Hughes, Elkin & Epstein	Macdonald, Wells, et al	Masi & Jacobson
Year	2005	2005	2004	2000	2003
Workplace	Fairview Health Services Minneapolis & St. Paul Minn.	20 workplaces Louisville, Kentucky	Mt. Sinai Medical Centre New York, New York	not reported Canada	multiple United States

Workforce Size	13,000	40,000	12,000	2000	8,000,000 (est)
EAP Delivery	Internal/External	External	Internal	External	External
Method	quasi-experimental	pre-post completion of BASIS-32	matched cohort of "high-risk" EAP clients	Non-equivalent control groups of EAP clients & matched controls	Self-report telephone survey of 201 program participants
	self-selected program		year 1: traditional services (n=41)		
	participants compared with program non-participants		year 2: enhanced follow-up (n=40)	n=303/group	
				Client satisfaction report	n=165, 82.1% response
Study Time Frame	4 years	18 months	2 years	5 years	point in time
Variables Examined	absenteeism	The BASIS-32 provides a clinical	number of EAP contacts	absenteeism	client identified variable for using program: attendance (n=23)
	medical costs	evaluation of five variables: psychosis, daily living, relation to self & others, depression/anxiety	job retention	client satisfaction (n=211)	
	workers compensation costs	impulsive behavior		counselor satisfaction	co-worker relationships (n=18)
				incomplete work days	personal stress (n=97), supervisor relationships (n=17), work performance (n=32), work stress(n=57), client satisfaction
				workers compensation claims	
Outcome	\$230 savings in lost work days/employee	Significant improvement between intake and follow-up on all scales except psychosis were found	EAP contacts increased from 3.9 to 6.2	EAP clients had more sick days	Statistically significant positive changes reported for all six variables
	\$340 savings in medical costs/employee	including those mandated to attend EAP counseling.	year 1: 61% retention year 2: 5 < visits - 79% retention year 2: 5 > visits - 93% retention	more incomplete days but not more compensation claims or compassion or bereavement leave	
	\$188 saving in workers compensation cost/employee	The more severe the initial score the greater the overall change		than either the matched control group or workforce mean	79.3% reported that services received helpful in solving initial concern
				EAP clients absenteeism rose just before and during treatment and then decreased again but	93.3% indicated that they would use the service again
		More sessions did not lead to			

		more substantive changes		still remained greater than the control group	93.9% indicated they would refer another person to use the program
				91% client satisfaction rate though 24.9% indicated that they would have liked more counseling sessions	
Author	Naicker & Fouche	Orren & Terblanche	Ozminkowski, Ling et al	Selvik, Stephenson et al	Thompson, Kyes et al
Year	2003	2009	2002	2004	2005
Workplace	transport company	bank	Johnson & Johnson	United States	Weyerhaeuser Corporation
	South Africa	South Africa	United States	Federal Government	United States
Workforce Size	34,000 (est)		40,000	not reported	32000
EAP Delivery	External	Internal	Internal	External	Internal (peer)
Method	Purposive sample	Purposive Sample	Pre-post study of an integrated wellness program of which	Pre-post EAP change	Prospective cohort study to evaluate effectiveness of
	62 Supervisors who mandated a total of 392 employees plus 1400 voluntary clients n= 1792	15 Managers who had made formal referrals Of 38 employees	EAP was one component no comparison group n=18,331	59,685 cases	peer support team using matched test (n=8, 1837 employees) and control worksites (n=14, 3,047 employees)
Study Time Frame	1 year	1 year	10 years	3 years	not reported
Variables Examined	client satisfaction: supervisors response rate 64.5% employee response rate 13.9% return on investment: clients x success rate x average salary x productivity loss + comp savings- EAP cost = ROI utilization	changes in work performance (17 variables) absenteeism plus disciplinary action divided by program cost	emergency dept. visits physician visits mental health care visits inpatient hospital days	absenteeism/lateness global assessment of functioning health status productivity social relations	number of drug tests performed substance use & mental health cost & utilization short term disability workers compensation costs
				statistically significant improvements in: emotional problems (73%)	Both the experimental and control sites had decreases in number of random drug tests,
Outcome	100% positive response from voluntary client sample Supervisors reported decreased	managers reported improvement in formally referred employees in: missed deadlines (100%);	After program implementation use of all services except inpatient hospital days increases	physical problems (66%) work & social relations (74%) general health status (31%)	in substance abuse treatment costs, workers compensation claims, short term disability

	absenteeism, accidents with an overall mandated client	morale (100%); legal issues (100%); disciplinary action (100%);		absenteeism/lateness (62%)	claims and absenteeism
	improvement of 56.5%	filed grievances (100%);	Over time a significant drop occurred across all four variables	GAF (10%)	Experimental group had
	ROI estimate: a minimum of 12 million Rand to a maximum	concentration (86%); client service (75%); manager relationship (67%); performance			decrease in for cause drug tests while control had an increase
	25 million Rand	targets (66%); attitude (63%);	Average savings over time of		
	5.2% utilization rate, slightly greater than benchmark of 5.0%	lateness (50%); financial issues (50%); health (50%); absenteeism 43%); co-worker relationships (40%)	\$224.66/employee or \$4.1 million dollars per year for the study group		Experimental group had increase in mental health treatment costs while control group had a decrease
			Mental health cost savings averaged \$70.69/employee or		No statistical differences found between groups
		20% reduction in absenteeism	31.5% of the overall total		
		71% fewer disciplinary actions resulting in a 2:1 cost return	\$1.26 million		

	Table 3 - Process Evaluations				
Author	Csiernik, Atkinson, Cooper et al	Csiernik, Hannah & Pender	Elliott & Williams	Goldstein	Mains, Fairchild & Rene
Year	2001	2007	2002	2005	2006
Workplace	St. Joseph's Health Care Centre London, Ontario, Canada	University of Saskatchewan Saskatoon, Saskatchewan	Northern Ireland Fire Brigade Northern Ireland	Vermont State Police Vermont	University of North Texas Health Science Centre
Workforce Size	2903	4,465			3700
EAP Delivery	Internal/External	Internal	External	Internal (peer)	Internal
Study Time Frame	8 years	6 months	2 years	point in time	
Study's Purpose	EAP response to decrease in health care funding	Evaluate method of service delivery	Does EAP meet needs of employees, employer & counselors?	Is there stigma associated with using the peer EAP program?	Review program development, implementation, marketing & evaluation
Methodology	program utilization	document review n=29	semi-structured interviews of past clients (n=21)	questionnaire	literature review
	problem profile change	focus groups n=7 (Ss=48)	absenteeism (n=21)	snowball sample	focus groups (n=37)
	client satisfaction	key informant interviews n=19	counselor questionnaire (n=2)	n=141; 30.5% response rate	key informant interviews
	work performance	written submissions (n=13)	key informant interviews of organizational stakeholders (n=10)	108 non-program users	educational seminars (10)
		client satisfaction data	employee questionnaire (n=150)	33 program users	client satisfaction
		comparative analysis of equivalent university EAPs (n=12)			

Total Methods Used	4	6	5	1	4
Outcome	Problem profile changed during the economic restructuring of the hospital leading to a change in primary presenting problems	EAP switched to an external service delivery model with two additional on site counselors	100% of clients indicated indicated improved functioning post EAP use with a 65% decrease in absence six months post EAP	31 (22.0%)respondents replied that there was stigma associated with using the voluntary peer EAP	increase of knowledge of caregiver issues/needs after seminar attendance
	The EAP responded by offering group counseling on workplace stress	Option to utilize alternative external EAP counselors added	Counselor clear was assisting employees but received limited feedback from organization and thus unsure of role within the larger context	Non-users are much more likely to associate stigma with EAP than users	client satisfaction 4.5 on a 5 point scale (n=121)
	Utilization increased while number of employees decreased	EAP committee structure altered to include equal number of management and labor representatives	Key informants were aware of positive impacts upon employees but unsure regarding interface of external counselors & fire brigade		self-report of increased work productivity post program use
	Client satisfaction increased over time as new services added		40% of staff unaware of EAP 100% unaware of all four access points to using service		
	Impact of counseling on issues including performance, peer relations, productivity, attendance increased over time				
Author	Poverny & Dodd	Revenue Canada Program Evaluation Division & Csiernik	Shakespeare-Finch & Scully	Stephenson, Bingaman et al	
Year	2000	2008	2004	2003	
Workplace	urban university United States	Revenue Canada Canada	Emergency Medical Response Australia	Federal Government United States	
Workforce Size	8,833	43,287		3,200,000	
EAP Delivery	Internal	Peers/Internal/External Counselors	Peers/Internal/External Counselors	Internal/External	
Study Time Frame	9 years	1 year	2 years	3 years	
Study's Purpose	Comparative examination of utilization patterns to enhance program use	Review program delivery and administration processes	Formative evaluation to guide program improvement	Evaluate telephone counseling to in person counseling	
Methodology	Compare utilization data from 1987-1988 with a convince sample of 267 clients from 1996	secondary data analysis: comparison of program components with other EAPs program cost comparison cost per employee	utilization data (2 years) & debriefings held five focus groups(n=51) survey (n=661)	utilization rate comparison session length ratio of cases referred to affiliates client satisfaction (n=21,000) counselor assessments	

		focus groups		Global Assessment of	
		key informant interviews		Functioning (GAF) scores	
		employee survey (n=1,925)			
Total Methods Used	1	6	3	6	
Outcome	Female staff and faculty remained overrepresented in EAP use over time as were employees of color	Review and refocus on roles of EAP committees on national and regional levels	High levels of satisfaction with all aspects of the program with over 50% of employees contacting the EAP over the course of one year though more debriefing sessions per incident were recommended	Telephone counseling assessed to be an effective alternative to in person counseling sessions when appropriately used	
	A greater proportion of staff than faculty used the EAP ten years after the initial study	Review training to EAP network to ensure role clarity and support for peers	Support for existing structure and service delivery methods	No difference in client satisfaction	
	Psychological issues remained the primary reason for EAP use followed by work related issues	Streamline external contracts moving to a more cost effective regional model	Peer supports wanted more education & training sessions	Telephone interviews took half the time of an in person session	
	The more vulnerable a person was in terms of workplace security the greater the likelihood of using EAP	Align role and responsibilities of all stakeholders with corporate vision of workplace wellness	Staff wanted more peers though some had concerns regarding confidentiality when speaking with a peer support in the workplace	Fewer cases handled by affiliates	
				Telephone clients had greater improvement on GAF scores	