

Predicting Practice Outcomes among Social Work Employee Assistance Counselors

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Abstract

Social workers provide a majority of employee assistance (EA) services; however, a paucity of research exists assessing actual clinical practices of these EA social workers. This study examined how predictors including percentage of EA clients on one's caseload, discipline (social work/other), use of cognitive behavioral therapy with EA clients, and knowledge of the EA Core Technology affected desired EA clinical practices. Outcomes included screening or assessment of job performance problems and substance abuse issues, and following-up with clients referred out of the EA. Results suggested that knowledge of the EA Core Technology predicted follow-up practices. Implications for social workers and future EA research are discussed.

Keywords: employee assistance program (EAP), employee assistance social workers, workplace social work

Predicting Practice Outcomes among Social Work Employee Assistance Counselors

Employee Assistance Programs (EAPs), offered by approximately 75% of American employers, are designed to help employees and their family members cope with personal, family, workplace, and behavioral health concerns that may negatively impact the employees' work performance (Akabas & Kurzman, 2005; Jacobson & Hosford-Lamb, 2008; Sharar, 2009). Employers provide these employee assistance (EA) services free of charge to their employees and in many cases, employees' family members. While EA services have traditionally been provided internally or "in house", meaning that the EA counselors were employees of the organization or company, the majority of EA services today are offered by a contractual outside organization that is external to the company or organization (Merrick, Hodgkin, Hiatt, Horgan, & McCann et al., 2010; Sharar, 2009). The most common EAP external model is the affiliate network model in which EA organizations contract with a network of behavioral health professionals who provide face-to-face EA counseling services to employees and often the employees' dependents (Merrick et al., 2010; Sharar, 2008b). The majority of these affiliates or contractors are based in private, group, or agency practices and receive employee cases from the referring EAP organization on an as needed or on demand basis (Sharar, 2008b).

The EA field itself is diverse, employing social workers, psychologists, professional counselors, substance abuse counselors, marriage and family therapists, and nurses (Akabas & Kurzman, 2005; Jacobson & Hosford-Lamb, 2008). The most commonly reported professional identity among respondents of a national survey of EA professionals (Jacobson, 2006) and a state-wide survey in New York (Warley & Hughes, 2010) was social work. Social work also appears to be the profession of choice to both staff EAPs and those who provide contractual affiliate counseling (Jacobson, 2006; Masi, 2002; Zastrow, 2008; 2009).

The EA field has identified a set of EA aptitudes and knowledge components, known as the EAP Core Technologies, that claim to distinguish EA services from other non-workplace based behavioral health services (Roman & Blum, 1998; Warley & Hughes, 2010); however, very little empirical research has been conducted to assess clinical outcomes resulting from practice that adheres to the Core Technology concepts. The factor that most notably sets EA services apart is its focus on addressing the personal, family, and workplace concerns that are hindering job performance in order to improve the employee clients' work performance (Employee Assistance Professional Association [EAPA], 2011; Roman & Blum, 1988; Sharar, 2008b). The EAP Core Technologies provide a practice and conceptual base for EA practitioners, and the degree to which EA counselors have maintained fidelity to these core technologies has been debated and questioned (DeFalco, 2001; Herlihy, 2000). For further information, see Table 1 for a complete list of EAP Core Technologies.

Despite the recent proliferation of EAPs and social workers providing EA services (Edison & Tucker, 2012), there have been only a few studies in recent years that evaluate the knowledge and utilization of core technologies in EA practice, including practices such as screening or assessing the impact of personal problems on employee job performance, screening or assessing for employee alcohol or other drug use, and following-up with EA clients after case closure (Sharar, 2008a; Warley & Hughes, 2010; Weiss, 2010). One of these studies demonstrated that the EAP counselors in the study who were employed by external EAPs had had less knowledge of the EAP Core Technology components than the EAP counselors who reported working for internal EAP models (Warley & Hughes, 2010). Sharar (2008b, 2009) conducted a study in 2007 to assess the knowledge and utilization of EAP Core Technologies among EA counselors or affiliates working for several different external EAP vendors. This

study concluded that there is significant overlap among services offered through traditional general outpatient mental health counseling programs and EAPs. One of the resulting consequences of this was the fact that EAP clients did not receive EAP-specific counseling services that adhere to the EAP Core Technology. Weiss (2010) studied EAP “referral agents” and their views on the causes of alcohol dependence and treatment effectiveness. This study concluded that EAP referral agents or sources, who endorsed the disease model of alcoholism favored constructive confrontation, a primary component included within the EAP Core Technology, as a method for encouraging troubled employees to seek help for their alcohol problems. No study has examined how social workers in particular, serving as EA counseling affiliates, apply the concepts of EAP Core Technologies to EAP specific cases.

In an effort to further understand what factors predicted EAP outcomes related to the EAP Core Technology, the authors conducted a secondary data analysis of survey data collected as part of a 2007 national EAP affiliate study (Sharar, 2008a). The variables included in the predictive model for the three research outcomes listed above were the counselor’s professional discipline (coded as social worker or other), self-reported knowledge of the EAP Core Technology, the percentage of the counselor’s caseload devoted to EA clients, and the primary theoretical model used when short-term intervention is practiced with EAP clients (coded as Cognitive Behavioral Therapy [CBT] or other).

The researchers selected the four variables listed above based on prior research and professional experience. As referenced earlier, the majority of EAP professionals practicing in EAPs at any given time in the U.S. are social workers. Social workers have a long history of working with employers historically as occupational social workers and more recently as EA practitioners or counselors (Bargal, 2000). Scholars in social work tend to refer to occupational

social work and EAP in overlapping terms (Bargal, 2000). Knowledge of EAP Core Technology was selected given the fact that three out of eight Core Technology components directly relate to assessment of job performance, substance abuse and follow-up (EAPA, 2011). The authors hypothesized that increased exposure to EA practice through increased numbers of EAP clients on one's clinical caseload would contribute to increased adherence to standard EAP Technologies (EAPA, 2011). Finally, the use of cognitive behavioral therapy is the most commonly reported clinical modality used by EA counselors in the United States when short-term counseling is delivered in the context of EAP (Sharar, 2009) and was therefore compared against other responses for type of theory or model underlying short-term intervention within the EAP.

The researchers chose three key components of EAP Core Technology on which to focus the outcomes for this study: screening or assessing for employee job performance issues, screening or assessing for substance abuse, and following-up with clients who are referred beyond the EAP for on-going services or treatment. The researchers selected the component of assessing for job performance issues because it is one of the most important components of EAP Core Technology identified by EA providers and researchers (Attridge et al., 2010). Additionally, the researchers selected the component of screening or assessing for employee substance abuse because EAPs have a long history of occupational alcohol and drug intervention in the workplace (Attridge et al., 2010; Roman & Blum, 2002). Finally, the researchers selected the EAP Core Technology component of following-up with EA clients because previous studies have demonstrated that clients experiencing serious behavioral health issue, including substance abuse and mental illness, have improved outcomes when practitioners contact them following an episode of primary treatment (McKay, 2001; McKay & Hiller-Sturmhöfel, 2011). Finally, the

fifth EAP Core Technology component describes referrals of employees and includes follow-up services as a routine part of the referral process (EAPA, 2011).

Research Design and Methods

After receiving approval from the Institutional Review Board (IRB), the researchers conducted a secondary data analysis, using de-identified survey data collected in 2007 (Sharar, 2008a). The original study used a cross-sectional, one-group survey design to determine the EAP counselors' demographic and professional characteristics.

Sample

For the original study, a sampling frame from a large, national, external EAP organization included 3000 EA affiliates and was used to draw a random sample of 400 EA affiliates for the study. The EA network services provider sent an email to the randomly selected group of 400 EA affiliates in addition to a letter via fax to show the network services provider endorsed the study and encouraged participation. Two hundred twenty-two EA affiliates completed the online survey for a response rate of 55%. In an attempt to increase the rate of response, the researcher deployed several procedures outlined by Groves et al. to minimize non-response, including promising to provide the participants with a summary description of the results of the study (Groves et al., 2004).

The most common academic discipline with which the respondents identified was social worker (36%). The vast majority of respondents (81%) reported that their highest education level was a Master's Degree. The mean percentage of the respondents' caseloads in the last 12 months devoted to EA clients was 31%. The average number of sessions that respondents had with their EA clients was 4.22 ($SD=2.4$). Cognitive Behavioral Therapy (CBT) was the primary theory or model of short term intervention that respondents used with EAP clients; 38% of respondents

used CBT as the primary model with their EA clients. See Table 2 for detailed descriptive information regarding the sample.

Measure

The survey consisted of 34 questions. It was developed by the researcher and reviewed by a panel of experts from the EAP field for survey design and content validity (Sharar, 2008b). There were 32 close-ended questions with responses that used nominal and ordinal levels of measurement for response options. The questions focused on “the components of what constitutes the unique aspects of EAP practice” with a specific focus on EAP Core Technology (EAPA, 2011; Sharar, 2008a, p. 84). In addition to demographics, survey questions asked respondents about the field(s) in which they were licensed or professionally certified; their highest education level; their professional identity; their primary theory or underlying method of short-term intervention; how they determined when EAP only cases had improved or been resolved; how familiar they were with the components of EAP Core Technology (not at all, a little familiar, some knowledge, very familiar); how frequently they offered onsite services to workplaces [never, rarely (once/twice a year), occasionally (3 to 5 times a year), frequently (> 5 times a year)]; and how they would compare their therapeutic approaches when treating their EA and general practice clients (completely the same, more or less the same, moderately differently, very differently, vastly differently).

For the current study, the researchers recoded responses to the question about the field(s) in which respondents were licensed or professionally certified to “social worker” and “other” (dichotomous variable) in order to assess whether being a social worker was a predictive factor in the utilization of the components of EAP Core Technology. The researchers also recoded the responses to the question pertaining to the respondents’ primary theory or underlying model of

short-term intervention to CBT and other, given the fact that CBT was the most commonly reported therapy modality. An additional question on the survey included what percentage of clients is currently on the respondent's EAP caseload. The percentages were divided into the following ranges: 0%, less than 10% (but more than 0%), between 11% and 25%, between 26% and 50%, and greater than 50%. Respondents were also asked what percentage of their EAP clients were referred to the EAP by their manager or supervisor; responses were categorized as 0%, less than 5% (but more than 0%), between 6% and 10%, between 11% and 20%, and greater than 20%. In the present study, the researchers recoded responses to two groups (1=0-50% and 2=over 50%) because of a majority of small cell sizes (0-4 for 60% or more of the cells for the contingency tables. The re-coding of these two categories was based on median splits.

The survey included an open-ended question, which asked participants about the way in which they handled a formal management or supervisory referral as compared to a self-referral.

Data Analysis Plan

All data were analyzed using PASW/SPSS statistics software (v. 19.0). Descriptive statistics were reported describing for the three outcomes of interest: percentage of participants who report screening and assessing for job performance problems with EAP clients, screening and assessing for alcohol problems with EAP clients, and follow-up with EAP clients. Each outcome was coded as (0) screening or following-up 50% of the time or less and (1) greater than 50% of the time. Binary logistic regression was used to test the predictors for the three outcomes. The following predictors, based on theory and prior research, were entered into the model using simultaneous entry: percentage of EAP clients on case load at time of survey (continuous), familiarity with the EAP Core Technology (1=not at all, 2=a little familiar, 3=some knowledge, 4=very familiar), professional discipline (recoded as social work versus other), practice theory or

method for brief treatment with EAP clients (recoded as cognitive behavioral therapy or other). Missing data for the outcome, screening or assessing the impact of personal problems on employee job performance was 12.2% (n=27); missing data for the outcome, screening or assessing for substance abuse problems was 7.7% (n=17); and missing data for the outcome, following up with EA clients after case close was 1.4% (n=3). Missing data for model predictors ranged from .5% to 8.1%. All missing data were handled using listwise deletion.

Results

When asked about the frequency of screening or assessing for job performance problems with EAP clients, the majority of participants (59.0%, n=131) completed such an assessment with EAP clients over 50% of the time. Respondents reported screening or assessing for substance abuse problems with more than 50% of their EAP clients 78.8% (n=175) of the time. Finally, 73.9% (n=164) respondents reported following up with EAP clients less than 50% of the time.

Three binomial logistic regression analyses were conducted to test whether the predictive model predicted outcomes of screening or assessment of job performance problems, screening or assessment of alcohol problems, and predicting the how many EAP affiliates followed up with EAP clients after being referred out of the EAP over 50% of the time. A description of each outcome is discussed in the following section.

Predicting Screening or Assessment of Job Performance Problems

The overall model for predicting screening or assessment of job performance problems among EAP clients ($\chi^2_{(4)}=5.86$; $p=.21$); therefore, no further results for this model could be interpreted.

Predicting Screening or Assessment of Substance Abuse Issues

The overall model for predicting screening or assessment of alcohol problems among EAP clients was not significant ($\chi^2_{(4)}=1.973$; $p=.74$); therefore, no further results for this model could be interpreted.

Predicting Follow-Up with EAP Clients Referred out of the EAP

The overall model is a fit to the data than the null model ($\chi^2_{(4)}=13.75$; $p=.008$). Pseudo- R^2 values indicate that the model is useful in explaining which counselors follow-up with EAP clients who are referred out of the EAP for additional, longer-term clinical services (Cox & Snell=.07; Nagelkerke=.10). The Hosmer and Lemeshow goodness-of-fit test also indicates a good fit between the observed data and the predictive model ($\chi^2_{(8)}=5.62$; $p=.69$).

Analysis of parameter estimates showed that knowledge of EAP Core Technology is predictive of the counselors' practice of following up with clients referred out of the EAP for additional services. For each unit increase in knowledge of EAP Core Technology, the odds of following up with clients over 50% of the time, compared to counselors who followed up with EAP clients less than 50% of the time changed by a factor of 1.48 ($p=.011$; 95% CI: 1.09, 1.99), indicating that as scores on knowledge of the EAP Core Technology increased, the likelihood that counselors would follow up with EAP clients after they had been referred out of the EAP also increased. The ability of the model to correctly predict follow-up with EAP clients after being referred out of the EAP did not change; therefore, the overall success rate remained 73.1%.

Discussion

Conclusion

This study represents one of the only empirical studies looking at predictors of core EAP services as defined by the EAP Core Technology (Sharar, 2008b; Warley & Hughes, 2010). Using a national sample of EAP affiliates, the researchers tried to predict important EA clinical

service outcomes based on the number of EAP clients on the EA counselor's caseload, familiarity with the EAP Core Technology, professional discipline, and type of brief treatment provided to EA clients. While not an exhaustive list of possible predictors, results from this study provide a foundation from which to build future research and review the importance of the EAP Core Technology as it relates to predicting important EA direct practice outcomes. In fact, self-reported familiarity with the EAP Core Technology was the only significant predictor of follow-up with EA clients in the models tested. It is no surprise that this was an important predictor as number five of the EAP Core Technology states "Referral of employee clients for diagnosis, treatment, and assistance, as well as case monitoring and follow-up services" (EAPA, 2011).

The study also used identification as a social worker as one of the predictors of adherence to EAP Core Technology, as previous studies have shown that social workers provide the majority of EAP affiliate services (Jacobson, 2006; Warley & Hughes, 2010). Due to the high exposure that social workers, in aggregate, have to EAP practice, it logically follows that social workers should report higher rates of utilization of the components of EAP Core Technology in their practice with EA clients as compared to other mental health and substance abuse professionals who work with EA clients. However, this study showed that being a social worker is not predictive of the utilization of any of the three components of EAP Core Technology studied. Since a degree in social work is likely the most dominant educational credential among EA affiliates, social work education and continuing education should emphasize training and adherence to EAP core components as conceptualized by the EAP field.

This finding is also notable in light of the National Association of Social Worker's (NASW) recent creation of its EAPrefer network (NASW, 2010a). According to the website, the EAPrefer was "developed by the nation's leading social work association, [which] allows EAP

network providers to effortlessly match social workers with the employees who need them” (NASW, 2010a). In order to be in the EAPrefer network, social workers must be a member of NASW, have a PhD or MSW, be licensed in the state in which they will practice, have professional liability insurance, and meet the state-mandated requirements for providing EAP services in the state in which they practice, such as practicing in office space outside of one’s home (NASW, 2010b). No knowledge of EAP Core Technology or experience in EAP is required, even though there are components of EAP intervention that make it unique from general social work practice as demonstrated above; there are also highlighted in NASW’s policy statement on Employee Assistance (NASW Delegate Assembly, 2011). The authors suggest that prior to enrolling social workers in EAPrefer, NASW may want to consider partnering with EAPA or another EAP professional group to develop training for social workers interested in doing EAP clinical work. This training should include EAP standards of practice as described in the EAP Core Technology and EAPA’s Standards and Guidelines (EAPA, 2011).

As in every study, there are strengths and limitations to consider. Data in this study were obtained from self-reported questionnaires, increasing the likelihood of self-selecting bias in reporting and the lack of objective testing of predictors, such as familiarity with the EAP Core Technology or the use of CBT as a primary therapy model in EAP practice. There was also a possible recall bias, as respondents were asked to report on practice behavior over the past 12 months. Causal inferences cannot be drawn from this study due to its reliance on cross-sectional data.

One strength of this study is that it represents one of a few studies assessing the usage of EAP Core Technology in direct EA practice. In addition, the random sample of EA affiliates

from a large national supplier of EAP networks increases the likelihood the sample is representative of the entire population of EA counselors in the U.S.

Conclusion and Implications for the EA Field

EAPs provide a unique venue in which to deliver social work services on the micro, mezzo, and macro levels in workplace settings (Akabas, 2008; Akabas & Kurzman, 2005; Jacobson & Jones, 2010; NASW, 2011). As this study demonstrates, social workers are providing EA services but may not have the knowledge that the EAP field has designated as EAP best practices. The only significant relationship in this secondary study was between knowledge of EAP Core Technology and follow-up in EA cases. Perhaps there is some aspect of training to be a social worker, such as an emphasis on case management and monitoring that prepares social workers to view follow-up as a vital component of quality care. However, being a social worker does not necessarily prepare a social worker for effective EA service delivery; specific training in EAP best practice, including but not limited to the Core Technology and clinical supervision within EAP settings. There are only a few MSW programs throughout the country that offer specialized education and field experience in EAP Core Technology or other occupational social work and workforce development experiences. The primary author chairs one such program, and EAP coursework includes knowledge and skill-building based on the EAP Core Technology (see <http://www.ssw.umaryland.edu/eap>). Professional development in the EAP field via the Certified Employee Assistance Professional (CEAP) credential provides additional training in EAP Core Technology and holding the CEAP credential demonstrates understanding of EAP Core Technology (EAPA, 2011). Further study needs to be done regarding the desired outcomes of EA service delivery and the connection between knowledge of EAP Core Technology and desired outcomes.

Follow-up with clients is important and clearly stated as a best practice within the EAP Core Technology. Prior studies on follow-up for individuals experiencing substance abuse have demonstrated that systematic follow-up decreases the likelihood of relapse (McKay, 2001; McKay & Hiller-Sturmhöfel, 2011). However, there is a dearth of empirical research that would confirm that follow-up practices would increase the likelihood that an EA client would follow through on treatment recommendations and what exact type of follow-up practices would be the most effective. There is also the question of whether it is the EA counselor of an employee of the EAP who actually follows up with EA clients. Is it the EA counselor or the primary vendor of EAP services? There is no surveillance on whether or when follow-up is actually completed by an EAP organization. The authors recommend that further research be conducted to demonstrate the efficacy of EA follow-up practice and the possibility of developing standardized follow-up procedures and best practices for the EAP field. Additionally, the EAP field should further consider whether adherence to the EAP Core Technology components, not limited to follow-up, results in better client outcomes and contributes to overall improved workplace outcomes. What are the linkages, if any, between the unique components of EAP and actual outcomes for individuals and work organizations? Does the contemporary EAP model, and the use of EA counselors, actually improve the work effectiveness of employees any more than providing reasonable access to good quality mental health services?

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Table 1

EAP Core Technology (EAPA, 2011)

1. Consultation with, training of, and assistance to work organization leaderships (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 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.

Table 2

Sample Characteristics	<i>N</i>	(%)
Practice/Licensed Discipline (<i>N</i> =222)*		
Drug & Alcohol or Addictions Counselor	24	10.8
Marriage & Family Therapist	39	17.6
Pastoral Counselor	4	2.3
Professional Counselor/Mental Health	93	42.3
Psychiatric Nurse	4	1.8
Psychiatrist	0	0
Psychologist	26	11.7
Social Worker	80	36.0
Other	15	6.8
Highest Education Level (<i>N</i> =219)		
Master's Degree	178	80.2
Doctorate Degree	41	18.5
Primary Theory/Model for (<i>N</i> =219)		
EA Cases		
No Particular Theory	14	6.3
Other Theory	1	0.5
Solution Focused	63	28.4
Eclectic/Integrative/Generalist	29	13.1
Cognitive Behavioral	83	37.4

* Survey instructions directed respondents to select all responses that applied so total responses > 100% for some questions.

Table 3

Logistic Regression Model for Predicting Follow-Up with EAP Clients Referred out of the EAP

Predictor	B	SE _B	Wald	<i>Df</i>	Sig.	Exp(B)
Knowledge of Core Technology	.39	.15	6.6	1	.01	1.48
Percent of EAP clients on caseload	.01	.08	2.19	1	.14	1.01
CBT/Other	.48	.34	1.94	1	.16	.62
Social Work/Other	.75	.34	.05	1	.83	1.08
Constant	-1.99	.52	14.57	1	<.001	.14
Model Evaluation			X ²	<i>df</i>	P	
Likelihood Ratio Test			13.75	4	.01	
Hosmer & Lemehow			5.62	8	.69	
<i>Pseudo-R</i> ²						
Cox & Snell			.07			
Nagelkerke			.1			