

# From the Outside Looking Out: A Qualitative Examination of the Experiences of Canadian External EAP Providers

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**ABSTRACT.** *A qualitative examination of 145 members of the Ontario Association of Social Workers who were or had worked as contractual EAP affiliate providers was undertaken. Participants averaged over 23 years of total clinical experience and over 11 years of work in the EAP field. Respondents indicated that despite limits to the role they continued in this capacity because of the diversity of clients this introduced to their practice and the importance of serving this population in need of clinical services. However, several serious issues arose, both professional and personal. While there were some exceptions, in general, respondents indicated that their practice was limited by parameters placed upon them by Canadian and international EAP vendors. For example, some workplaces were informing their employees that they had access to more counselling sessions than the vendors were supporting the affiliate clinicians to provide. Other prominent themes included ethical issues associated with working for some EAP vendors and the lack of adequate remuneration for the work performed.*

## Introduction

The backbone of Employee Assistance counselling in Canada is provided by third party external affiliates. These licensed social workers and counsellors typically work on a contractual retainer arrangement with an external vendor of EAP services on an as

needed basis to provide counselling to employees and their family members who tend to live in the same geographic area as the affiliate. The small size of the Canadian market (Canada's official population in 2013 was 35.2 million, three million less than the entire state of California in the United States) has led to significantly fewer EAP vendors in Canada than in the United States. This number of vendors has shrunk further due to a series of mergers and acquisitions in the Canadian EAP field in the past 15 years, which has in turn decreased opportunities for independent counsellors to work as third party external EAP providers for a wider range of EAP companies. The historic high-level of involvement of labor unions in the Canadian EAP field has led to a good proportion of organizations continuing to utilize internal counsellors, peer referral agents, and union-based counsellors.<sup>1</sup> These trends have all contributed to fierce economic competition for available EAP contracts in what has been termed a cost-cutting race to the bottom.<sup>2</sup> Furthermore, in Canada there is no regulatory body overseeing the practice of workplace-based counselling. Likewise, there is nothing in Canada that regulates private, for-profit companies that control the majority of external EAP counselling provision. These

factors may have influenced the recent downward pressure on remuneration for EAP affiliates and also on the reduced number of sessions they are encouraged to provide. A study of the eight largest Canadian EAP vendors found that three quarters of the counselling conducted through these organizations was completed by part-time affiliate counsellors.<sup>3</sup> However, other than one small exploratory study<sup>4</sup> little has been written about the lived experiences of these counsellors, the nature of the work they perform, its benefits, and how they perceive their role.

## Methods

In conjunction with the Ontario Association of Social Workers (OASW) an electronic survey instrument was delivered to all members of this voluntary professional association. An email was sent to members inviting those who presently or previously had worked in an EAP affiliate capacity to respond to an 11-item open-ended questionnaire. A second invitation to participate was included one month later in the OASW electronic newsletter. The study, approved by the King's University College Research Ethics Review Committee, contained no inducement (incentive) for participating. One hundred and forty-five surveys were completed and returned. A response rate could not be determined as there was no way of assessing how many individuals met the inclusion criteria.

The sample of respondents were predominantly female (73.1%), holding a Masters of Social Work (MSW) degree (95.9%), and with a median age between 50-59 years old. The group had a mean of 23.5 years of paid counselling experience and 11.5 years on average of providing EAP counselling on a part-time basis.

The questionnaire included the following 11 items:

- 1) How did you come to be an EAP counsellor?
- 2) What training/preparation/professional development did you receive when you were hired for your EAP position?
- 3) What are your primary responsibilities/roles?
- 4) What do you like about practicing in the EAP field?
- 5) What are the limitations of working in the EAP field?
- 6) What would you change in order to enhance your practice?
- 7) Have any restrictions ever been placed upon your practice? If yes, what were they?
- 8) What administrative issues arise in fulfilling the role?
- 9) If you have ever had an ethical dilemma arise in your role please briefly describe it.
- 10) Do you have any concerns in being able to fulfill your role?
- 11) Please take this opportunity to discuss any other issues that you have not had the opportunity to address that you think are relevant regarding your work in the EAP field.

## Findings

### Preparation for EAP Counselling

EAP counselling is slightly different than working for a family service or general counselling agency. The EAP work is generally short-term with the expectation of offering counselling through a brief or solution focused orientation. While most of presenting issues from the clients are largely not related to their work, the onus is on EAP counsellors to assess both the impact of the

workplace on the issue and the impact of the issue on the employee's ability to work.

Study participants were responsible for client assessment and direct clinical practice as well as tasked with a host of administrative duties including note-taking, transcribing, and billing. Upon contracting with an EAP vendor respondents typically received a basic orientation to the firm, its clinical reporting forms, and policy manuals. When clinical consultation and support was offered it was primarily via telephone due to the off-site nature of their role, however, some did have access to peer consultation, clinical training, and in-service programs.

*"A manual was provided for review. I had one meeting with a clinical director and one meeting with a counsellor as part of my overview. I spent a day in head office to see the intake procedures, meet key staff, etc."*  
[MSW, 25 years counselling experience, 15 years in EAP]

However, the more prominent theme was related to the lack of formal orientation and ongoing support. Once hired, many EAP affiliates tended to feel very isolated from the EAP vendor as their employer.

*"There was no training or preparation received... I was assumed to be ready and competent to take various types of referrals. In contracting with specific EAP companies, the primary 'preparation' was reviewing and signing the service agreement! One company did offer monthly one-hour professional development that is accessed by teleconference; these are voluntary and were not necessarily orientation to EAP counselling."* [MSW, 18 years counselling experience, 7 years in EAP]

*"The companies assume you are trained for what you have stated you are competent in, the only training I received was one of learning*

*how their policies and procedures affect how I bill and do paperwork.* [MSW, 6 years counselling experience, 5 years in EAP]

### **Limits of the EAP Affiliate Role**

Every job has limits and affiliate counsellors provided comments regarding very specific concerns they had with this role, both personal and professional. The intersection of these two areas was nicely summarized by one respondent who identified how a lack of supervision and the constraint placed upon her professional skills impacted her role as an affiliate counsellor.

*"I have never met the supervisors or case managers of Company A, B or C (who I work for). This feels depersonalized. (Company D did a better job, offering free seminar days to counsellors). The limits of 4 sessions (Company C) with option to request more makes for extra work on my part (begging for more time for clients). The 4 session limit is awful when it comes to a marriage breaking down and the couple are just going to "give it this one shot" before separating. The pay should be more, for the skill required to provide excellent service especially as the EAP does not pay for my supervision, yet I need in-person supervision at times for their cases."* [MSW, 35 years counselling experience, 10 years in EAP]

This example above spoke to three intersecting themes that were regularly reported:

- 1 - The first theme is the isolation felt by working alone without any formal connections to the organization.
- 2 - The second theme related to the issue of artificial capping. This refers to the arbitrary number of counselling sessions that the majority of EAP vendors place into their contracts.
- 3 - The third theme is the lack of appropriate remuneration (i.e., too low) given the role

expectation - a very common concern among the highly experienced survey respondents. Related responses included:

*"I believe that counsellors who are highly skilled clinicians often with 20+ years of experience are being increasingly ghettoized by low compensation, benefits, etc. They are increasingly being asked to do more and have less autonomy and control over their work."* [MSW, 25 years counselling experience, 19 years in EAP]

*"My frustration was that the dollar was held higher than the client. I'm also business educated and know that this is a business and as such, the profit margin will win every time. This is why I've gone from working with 7 different EAPs to one (no exceptions). I just wish that there would be a better balance between the customer and the money."* [MSW, 14 years counselling experience, 8 years in EAP]

*"It isn't 'my' practice. Not sure what you mean by that. I have no voice in this organization with respect to change. If I did... would like to be remunerated in accordance with my worth."* [MSW, 24 years counselling experience, 17 years in EAP]

Another prominent theme that emerged was the lack of transparency between what EAP vendors were telling their corporate clients and how affiliate counsellors were encouraged to practice. This led to frustration and a lack of role satisfaction as counsellors. Related responses included:

*"Eliminate session number limits and be able to be honest with clients about the existence of these limits when they apply (not all EAPs have session limits but many that do discourage/direct you from explaining this openly to clients preferring a vague message on support). This seems very unethical and I have*

*always been clear with clients about what their EAP entails regardless of the directive of the EAP provider."* [BSW, 32 years counselling experience, 15 years in EAP]

*"An over emphasis with some EAP on 'numbers' i.e., 3 sessions and you should be done. The often opaque stance by most EAPs on session limits, and the discouraging of counsellors from discussing this."* [MSW, 27 years counselling experience, 7 years in EAP]

*"I am told by one company in particular that I shouldn't tell clients how many sessions they have but that we are simply in the business of offering short-term counselling and there is pressure to keep the total of sessions at 4 hours or less even if they do have access to more."* [MSW, 17 years counselling experience, 1 year in EAP]

*"EAPs promise one type of service but appear to deliver much less."* [MSW, 43 years counselling experience, 30 years in EAP]

While EAP vendors are selling programs with stated caps averaging six sessions in Canada<sup>1</sup> the respondents continually noted that they were under ongoing pressure to minimize the number of counselling sessions they provided.

*"They (state) they allow up to six or seven sessions but they say the average should be only 3 and so several months ago they threatened to stop the referrals if we did not limit the sessions to 3. I immediately complied but had some people already scheduled beyond that and I informed my manager that I already had several people that were beyond that number and some had scheduled appointments that put them over that number, however from that point on I would stop at 3 sessions. I did not think that this was in the client's best interest. This all occurred in May 2013. About 6 weeks later some of us got more threats about limiting (counselling) to 3 (sessions). I emailed*

*my manager and assured her that I was complying. I got a very terse reply back stating in red that my average for June was 4.1. It did not seem to matter that I had advised her earlier of the clients that were already over the 3 sessions in May. Starting in April my referrals took a definite decline and so I became trained in telecounselling.” [MSW, 21 years counselling experience, 2 years in EAP]*

This can be further complicated when there is a schism between the counsellor expertise and what the vendor expects.

*“Another company used to give the client the impression that they could have as many sessions as needed. This same company which I have since left did not initially insist on certain short term approaches in their booklet but later on insisted on cognitive or solution focused approaches. I am a relational psychoanalytic therapist and while I will adjust to the time limits, even though I feel it is inadequate, but I will not take on approaches that I do not believe in or that in effect minimize the client’s problems and their awareness of their problems.” [MSW, 39 years counselling experience, 8 years in EAP]*

*“Brief solution focused therapy is rarely sufficient for the clients that present.” [MSW, 15 years counselling experience, 7 years in EAP]*

*“...(the client had) very complex medical problems, i.e., having to take a leave of absence due to constant sweating that compromised (the) client in a sales position role. I was told to do solution focused therapy, i.e., miracle questions with the client. The supervisor did not understand the difficulties the client was having – social, emotional, psychological, financial, etc. and I was told to do basic solution focused therapy.” [MSW, 20 years counselling experience, 3 years in EAP]*

*“Corporations don’t understand the value of it (counselling) and choose the cheapest possible model and service, not being able to measure the impact of their decisions. Those who purchase EAP or set these up internally need more training, education on how to design or match service to org (organization) needs, and to measure ROI and defend it to senior levels.” [MSW, 30 years counselling experience, 28 year in EAP]*

### **Benefits of the EAP Affiliate Role**

So then why do this type of work? Why do counsellors stay in EAP work if there is such a degree of frustration, inadequate compensation and ethical issues? Two themes emerged in this regard. What affiliate counsellors most valued for themselves about their EAP role was the range of client issues and the distinctive nature of EAP work from their full-time or other private practice work.

*“The wide variety of issues presented. Working with people who are motivated to change and actually seeing progress & change. A great referral base.” [MSW, 21 years counselling experience, 2 years in EAP]*

*“As I am an adult crisis worker full time serving SMI (the seriously mentally ill), it is a nice break to counsel mild to moderate issues which typically are seen via EAP.” [MSW, 25 years counselling experience, 23 years in EAP]*

Affiliate counsellors also valued the meaning the work gave them. Their counselling gave access to services that otherwise many working men and women would never have.

*“I believe this is a wonderful benefit and enables many people to attend counselling.” [MSW, 13 years counselling experience, 13 years in EAP]*

## Discussion

The first question to ask in contextualizing this qualitative study is who completes a voluntary survey with no inducement? Typically this type of survey is completed by those with very positive experiences or those with very specific concerns. Now add to the mix counsellors (primarily social workers) who as part of their education and professional mandate are trained and obligated to be advocates for their clients and their profession, and the reason for the slant of the responses may become apparent. However, qualitative research also informs us that when a theme is repeated throughout the sample, regardless of how it was collected, especially one with 145 respondents you have reached a point of data saturation – the quantitative equivalent of validity.

Respondents indicated that there were positive vendors that employed them under fair terms and allowed them to provide best practice within the parameters of an EAP. However, there is also little doubt that there are substantive issues felt by affiliate counsellors regarding their ability to provide optimum service in all situations, and in fact their professional practice standards are being compromised. However, for those considering becoming an affiliate counsellor they need to be aware that EAP operates under a business model that has a far greater focus on monetary considerations than do most social service agencies they trained in during their university internships or worked for in the public sector. Affiliate counsellors are not part of the corporate structure; they are on the outside looking out. This then is perhaps why their concerns focused primarily on the negatives; they were acting as look outs for future clients given their inability to be able to fully serve past clients. As researchers and readers of research this then

places an onus upon us, particularly those who view advocacy as part of their professional mandate, to also make aware not only future practitioners of these issues but also the purchasers of services.

*“I think our work has been increasingly devalued over the years. I have worked for many companies and in particular I was an affiliate with Company A for many years. Systematically as the company got bigger the counsellors were treated increasingly disrespectfully. To the point that I severed my association with that company several years ago...they are despicable in my opinion.” [MSW, 34 years counselling experience, 25 years in EAP]*

It would be interesting to conduct another study that asked the vendors of EAP services for their thoughts on the third party affiliate providers they hire, who they are looking for, their expectations of external counsellors, and the goals for their affiliates once they become part of the organization. Similarly, it would be interesting to survey Human Resource professionals to learn the issues they have and if they are aware of the concerns raised by those who are working on the “front line” of providing EAP services to their employees.

The findings of this study revealed significant practice issues in the EAP field currently, at least from the perspective of the part-time affiliates who provide most of the individual clinical services for Canadian EAP vendors. Sharing these kinds of issues more widely can contribute to possible future changes in these areas so that the initial goal of Employee Assistance programming can be achieved to help organizations to create healthier employees and healthier workplaces.

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