The Business Value of EAPs

The main benefit of EAPs and employee mental health programs is fairly straightforward. It's the same idea that has businesses across the world flocking toward wellness initiatives. When used appropriately, they can make a workforce happier, healthier, and more productive – and save a lot of money over time.

EAPs have long been criticized for their ability to report concrete outcomes. There's an ongoing debate about the monetary return on investment (ROI) these programs deliver. But let's simplify the discussion and focus exclusively on the value they bring in terms of productivity:

❖ Statistics show that roughly 1 in 4 adults suffers from a diagnosable mental illness in a given year. Most of these are relatively mild.

❖ The majority of people that have a mental illness live and function fairly normally – and they continue to show up to work. However, a given individual suffering from mental illness is going to have trouble performing their job to their full potential.

❖ The *Harvard Business Review* found that workers suffering from depression lose the equivalent of 27 working days each year – 9 because of sick days or time taken out of work, and another 18 due to lost productivity.

The exact dollar amount of what this productivity is worth is wildly variable and dependent on the individual, but the core idea is easy to see.

Every company has employees suffering from mental health issues. These issues affect performance and productivity. So if companies can reasonably help employees improve their mental health, they have an incredibly strong incentive to do it.

Protection against tragedy and subsequent litigation is a very small piece of what EAPs and mental health support programs can do. The real reason why businesses need these programs is twofold. They provide qualified help to employees that need it – and they can help employers gain back a percentage of the working days that are currently being lost to mental illness.

If you're a business leader, these are the outcomes that will influence your balance sheet on a monthly basis. ■

Additional source: The Huffington Post.

Marijuana... *cont'd from Page 5*

7. The company has zero-tolerance if an employee chooses to utilize prescription medical marijuana during work hours, resulting in impaired job performance.

8. The company has a zero tolerance for positive marijuana drug-test results.

9. The company holds the right to have a mandatory EAP referral or "last-chance agreement" if the manager deems necessary.

10. The employer needs to determine the role of the EAP in working with employees with marijuana use and/or abuse.

Dr. Masi can be reached at dalemasi@eapmasi.com. ■

EMPLOYEE ASSISTANCE REPORT

supporting EAP professionals

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Workplace Outcome Suite

WOS Tool Showing that EAP Leads to Gains in Effectiveness

By David Sharar

As employee assistance professionals, it's time we spend less energy and money on measuring *processes* and invest more time in measuring *outcomes* and demonstrating results.

A relatively new approach – an outcome-based survey tool known as the Workplace Outcome Suite, or "WOS" – is illustrating real workplace effectiveness from an EAP by translating the impact of EAP services on productivity related measures.

The WOS, developed by Chestnut Global Partners in collaboration with Burke Consulting and Richard Lennox, a research psychologist and psychometrics specialist, uses a short, precise, and easy to administer survey that collects employee feedback, both before and after EAP services provided, on five key aspects of the effects of personal issues on workplace functioning: *absenteeism; presenteeism; work engagement; life satisfaction*; and *workplace distress*. (More info on these factors appears later in this article.)

In other words, EAPs must make the business case to employers that the EAP's interventions will have positive influences on workplace effectiveness (e.g. less absenteeism and presenteeism, higher levels of work engagement and life satisfaction, and lower levels of distress at work). The WOS is a tool that helps EA professionals do just that in a credible way.

About the Study

The specific evaluation examined in this article included roughly 8,100 EAP users (subjects) from 20 different EAP providers who submitted data on Pre- and Post- measures of the workplace effects of EAP intervention. The sample is a heterogeneous mix of EAP users from a convenience sample of EAP providers using the WOS outcome measurement tool.

The data from the 20 internal and external EAP providers was "pooled" to offer a picture of the workplace effects of EAP intervention. Data is broken out as follows:

❖ **Design**. The correlational design examined the relationship between EAP intervention and specific workplace effects. The design is really the "workhorse" of practice evaluations, and it is not disruptive to the EAP process and client experience. EAP users were given the pre-test BEFORE introducing the EAP intervention and then AFTER the intervention (usually about 90 days later to see if the EAP intervention had a sustained impact). It was important to see if there was any change over time, so the post-test was not administered immediately after the final EAP visit.

❖ **Measure – the Workplace Outcome Suite (WOS)**. In addition to the commonly understood need for validity, reliability, and demonstrated

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Featured Inside

psychometric properties, The WOS is also able to detect change over time and has a manageable administrative and respondent burden. The WOS is short, precise, and well suited for Pre/Post EAP use or longitudinal measurement. It uses a self-report "Likert" scale that examines various components of the effects of personal issues in relation to workplace functioning. The WOS is copyrighted but "free of charge" to EA providers with the signing of a license agreement. The tool can be found at www.eapresearch.com.

The original WOS was specifically designed for EAPs and contains five-item measures of five scales that are popular and lie at the heart of understanding EAP effectiveness:

- *Absenteeism* (looks at the number of hours absent due to a personal problem taking the employee away from work).
- *Presenteeism* (measures decreases in productivity even though the employee is not absent per se but not working at his or her optimum due to unresolved personal problems).
- *Work engagement* (refers to the extent to which the employee is invested in or passionate about his or her job).
- *Life satisfaction* (addresses one's general sense of well-being).
- *Workplace distress* (examines the degree of anxiety or stress at work).

(**Editor's note**: Presenteeism is examined in greater detail in this month's *Brown Bagger* insert.)

All but the absenteeism scale are effect-indicators derived from classic psychometric theory. The absenteeism scale used a formative measurement model that captures the individual components of being away from the job site due to personal concerns.

Two separate validation studies tested the reliability of the scales, the structural validity of the items, and the construct validity of the unit-weighted scale scores.

The results of these studies support the use of the WOS to evaluate the workplace effects of EAP counseling and provide evidence that the WOS does indeed measure its intended construct (Lennox, Sharar, Schmitz, Goehner, 2010).

The WOS can assess relevant individual differences that focus on workplace outcomes that are specifically related to EAP interventions and are likely to show changes if the intervention works, or no change if it does not.

❖ **WOS Five-Item Version**. There is also a "super-short" 5-item version of the WOS that is simply a single item for each of the five constructs. *This 5-item version was the measure used for the "pooled" results presented in the table on page 3*.

❖ **Recruitment**. Recruitment involved finding employees (subjects) willing to participate in the evaluation of 20 different EAP providers using the 5-item WOS as they entered the EAP and again at about 90 days following completion of EAP. Subjects were always employee clients of an EAP service (and not family members or dependents) since the test is about the relationship between EAP intervention and improved work performance. Subjects were not offered an incentive to participate and were allowed to "drop out" of the evaluation at any time. The collective response rate for the 20 EA providers submitting WOS data is unknown.

❖ **Data Analysis**. The data was submitted to the authors with each subject's data on a single line in an Excel spreadsheet and transferred to SPSS. The data analysis aspect of the evaluation involved calculating descriptive statistics, such as mean and standard deviation, for the individual five items. A paired t-test was used to compare the pre- and post-means.

❖ **Results**. Each of the five designated areas in the table showed *statistically significant* improvement post-EAP intervention. Post-intervention results showed employees

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EMPLOYEE ASSISTANCE REPORT

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Or she applies for a job, and prospective employers look for her on Facebook (and we know many will,) and they don't hire her, because, why take a chance that her attendance and job performance may be affected by her "mental problems."

Bob, on the other hand, should never respond to an inappropriate client post in a public Facebook setting. In doing so, he violated this clueless client's confidentiality.

The irony is that I am absolutely positive that if Abby's employer called Bob at his office, and asked "*Are you seeing Abby for counseling?"* he would respond, as we have all been taught, "I can neither confirm nor deny that I am seeing Abby for counseling."

But on Facebook Abby and Bob seem to have lost their perspective.

Social Media Responsibility

Bob is not alone. Studies show that many therapists do not understand the confidentiality issues raised by social media. Here are some best practices to avoid breaching confidentiality online:

1. **It is important for EA professionals to recognize that their "private" online activity may intersect with their professional competence**. Indeed, online self-disclosures may represent the intersection where dilemmas surrounding personal and professional roles meet – and in some cases signaling the start of boundary violations.

2. **Self-disclosure online is almost inevitable**. Often it is initiated by clients who want to learn more about their therapists. Some clients may do more than a Google search: They may join social networking sites and professional listservs/chat rooms, or pay for online background checks or online firms to conduct illegal, invasive searches.

3. **EA counselors need to create and maintain a formal social networking site as part of the informed consent process**. Informed consent processes should at the very *least* acknowledge the risks and benefits of using social media and other technologies. In addition, such policies should articulate practitioner expectations for using such sites, specifically that counselors will not "friend" or interact with clients on social networking sites.

4. **EA counselors should develop online technological competence**. They must understand the nature and essential technology of social networking sites. They should proactively set controls that limit who can access their personal information.

5. **EA clinicians should contact both professional and personal liability insurance representatives**. This is necessary because they need to find out whether their professional and personal liability insurance covers social networking sites.

6. **EA clinicians should avoid using certain types of speech online**. This holds true even if they use high privacy restrictions and other protections (such as pseudonyms). These communications might include breaches of confidentiality – speech that is potentially libelous and which denigrates the reputation of their field.

Above all, I urge EA clinicians to develop online technological competence. This can be done by:

❖ Reviewing the "Ethical Framework for the Use of Technology in EAPs" co-authored by EAPA and the Online Therapy Institute, and posted on EAPA's website: http://onlinetherapyinstitute.com/ethical-framework-for-the-use-of-technology-in-eaps

❖ Reading relevant articles on the topic such as *"A therapist and coach guide to encryption,"* which covers how to use encrypted e-mail services and the relationship between encrypted e-mail and HIPAA compliance. http://issuu.com/onlinetherapyinstitute/docs/tiltissue21

❖ Taking a formal course such as "E-Therapy Certification": https://www.allceus.com/e-therapy-certification

Summary

The bottom line: if you are not sure you understand Facebook's privacy settings..... don't use Facebook. ■

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Supporting Our Veterans

AboutFace is New Resource

AboutFace is a website created by the VA's National Center for PTSD to improve the lives of veterans with post-traumatic stress disorder (PTSD).

AboutFace offers ways for veterans to learn about PTSD, explore treatment options, and, most importantly, hear real stories from other veterans and their family members via videos. They can also get advice from VA clinicians who have treated thousands of cases of PTSD.

The site is a great resource for clinicians who want to learn more about veterans with PTSD and who want to share a resource to veterans about PTSD and treatment.

The videos present veterans from different eras of service, branches of the military, race and ethnicity, and gender. In their own words, these veterans share the stories of what caused their PTSD, how it affected them, and what they did to get their lives back on track.

To learn more, visit http://www.ptsd.va.gov/apps/AboutFace/Index.html. ■

On the Job

The Perils of Public Facebook Posts

By Marina London, LCSW, CEAP

The other day, I logged onto Facebook, and I came across the following public post and comments (all names and identifying information have been changed):

First, the post – Abby, a potential EA client wrote: *"Hi Bob, do you accept Aetna insurance?"* (Note: Abby's post included her full name and her photo.)

In response, Bob, a psychotherapist and EA clinician wrote: *"Hi Abby. Can you send me a copy of your insurance card? What about using your EAP benefit? I'm affiliated with a number of Employee Assistance Programs. I would be happy to work with you."*

Abby responded to Bob: *"The Acme Widget Company, where I work, has an EAP. I have an EAP counselor assigned to me. But he wants me to see you due to our previous work together. He says I need more help with my issues than can be offered through the EAP. Do you know Dr. Phil in Oak Grove, IL? He is my new psychiatrist."*

The Perils of Public Posts

I doubt Abby or Bob realized that this exchange was publicly posted and viewed by hundreds of people who should never have seen it. We have a duty as EA professionals to understand and use the appropriate social media privacy settings and to educate our clients about the danger of publicly exposing their mental health issues.

Abby should be told about the potential negative ramifications to her professional and personal life when she publicly revealed:

1. That she has a mental health issue (or implies she has a mental illness)
2. That she is seeing a psychiatrist
3. The name of her insurance plan
4. That she is seeing an EAP counselor
5. That she wants to see Bob for counseling

Unfortunately, we know all too well from hundreds of examples that information individuals make public can, and often will, be used against them. For example, what if someone at Acme sees this post and circulates it around the company? Abby may not get that sought-after promotion because her boss read her post and decided she is "too unstable" for the promotion.

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Outcome Suite *cont'd from Page 2*

reported being less distracted at work (*presenteeism*) due to a personal concern (the average lowered from 3.28 for pre-intervention to 2.39 post-intervention). Employees reported being less anxious about going to work *(work distress)* as the average lowered from 2.21 on pre-intervention to 1.91 post-intervention. The correlation between EAP intervention and overall improvement of *life satisfaction* was also strong (up from 2.97 pre-intervention to 3.64 post-intervention). The correlation for improvement in *absenteeism* was also significant at a reduction of 2.92 hours per month post-EAP use.

Even though the EAP intervention was not well defined or specified and was highly variable, these outcomes suggest that EAP intervention is generically effective at improving workplace variables.

Summary

Employers have not traditionally viewed EAP outcome measures as highly persuasive or credible, leaving low price as the one measure they understand. While not foolproof, the WOS is in fact demonstrating that EAP intervention produces statistically significant improvements in workplace outcomes in relatively large samples of employees. ■

Dave Sharar, PhD, is a provider and evaluator of EAPs and related services with Chestnut Global Partners.

Editor's Notebook

Five years ago, Dave Sharar and his colleagues with Chestnut Global Partners first implemented the Workplace Outcome Suite (WOS), a workplace outcome approach that represented a departure from conventional measures used to address the age-old question of whether EAPs actually work.

With thousands of subjects or clients in several hundred different EAP providers since the inception of the WOS, it's obvious that Dave and his associates have had the attention of their professional colleagues with their inventive tool. This month, we're pleased to share some of their most recent findings with *EAR* readers.

Several additional articles on this topic have appeared previously in *EAR* – in the August 2011 and February 2010 issues to be exact.

In summary, the EAP field has needed a way to improve the empirical basis of claims about the effectiveness of its programs. The WOS – an easy-to-administer tool – has offered a credible way of doing just that.

***

Ever have a day where you were physically present at work, but really didn't get anything done? Who hasn't? But what if this was a problem day after day? That would be a BIG issue wouldn't it? Indeed it is. Presenteeism, one of the factors in the WOS, is examined in greater detail in this month's *Brown Bagger* insert. Until next time.

Mike Jacquart

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Lennox, R., Sharar, D., Schmitz, E., and Goehner, D. (2010). Development and validation of the Chestnut Global Partners Workplace Outcome Suite. *Journal of Workplace Behavioral Health*, 25(2), 107-131.

Results for Workplace Outcome Suite Pre and Post Test Scores Pooled across versions

WOS Scale	Pre Score	Post Score	N	Raw Difference Score	t^a	*p*-value	Difference Percentage
Absenteeism 5-item WOS version*	**5.30**	**2.38**	**4333**	**-2.92**	**-25.43**	**0.000**	**-55%**
Presenteeism*	**3.28**	**2.39**	**8124**	**-0.89**	**-53.49**	**0.000**	**-27%**
Work Engagement**	**3.23**	**3.43**	**7757**	**0.20**	**13.27**	**0.000**	**6%**
Life Satisfaction**	**2.97**	**3.64**	**8109**	**0.67**	**46.24**	**0.000**	**23%**
Workplace Distress*	**2.21**	**1.91**	**8103**	**-0.30**	**-21.75**	**0.000**	**-14%**

Notes. *Lower scores are a better outcome; **Higher scores are a better outcome. Significant results are bold.

Is Telemental Health the Future of Therapy?

For many, psychotherapy is still a rarefied, face-to-face encounter outside the normal rhythms of the world, a time in which cell phones are turned off, and we're uninterrupted by an ever-replenishing email inbox.

But we no longer live in a world in which we can so clearly partition ourselves off from the electronic information grid. Many occupations no longer require a clearly defined workplace or a physical presence. Many employees never see their boss in person. Increasingly, surgeons are slicing patients open from hundreds or even thousands of miles away. Why should psychotherapy be any different?

Services from the Comfort of Your Home

More and more clinicians today are adapting to meet the demands of the digital world and fit into the schedules and lifestyles of clients no longer willing to follow the traditional pattern of once-a-week sessions in a therapist's office. In a consumer-driven mental health marketplace, individuals with anxiety disorders want services from the comfort of their homes.

For veterans living in rural areas, remote group and individual psychotherapy for trauma offers treatment possibilities that weren't available even a few years ago. But although telehealth has been around for decades, many clinicians are still unsure about the clinical, ethical, and legal issues that emerge as distance therapy becomes a more accepted practice.

Telemental healthcare can include emails, texts, web chatting, and video-conferencing. In a 2013 meta-analysis of a decade's worth of research on telemental health, published in *Telemedicine and e-Health*, Donald Hilty and colleagues found that across many populations and disorders, its effects are comparable to in-person care. For populations wary of the physical immediacy of face-to-face encounters, such as young people and autism-spectrum patients, remote services might even be preferable.

Digital Platforms Differ

But adapting effectively to the use of digital platforms for therapy involves recognizing the ways in which these platforms differ from face-to-face interaction, especially being mindful of what's known as the disinhibition effect.

Communicating with a professional via Skype or text may lower one's reservations and reduce the social restrictions that might be present inside the therapist's office.

Another growing problem is a loss of focus and a dilution of the therapeutic alliance. A therapist conducting a video session from the backseat of a car or checking a client's dashboard in line at airport security can't give the full attention demanded by a face-to-face encounter.

But our technological distractions aren't going away. The app company Locket reported that the average smartphone user unlocks his or her phone 110 times a day. This means that interruptions can be expected to equate to fewer time spent in any one session, although the total number may increase. That isn't necessarily good, or bad, it just "is." ■

Additional source: The Rise of Distance Therapy.

Should Companies Test for Alcohol?

With alcohol having legal status as an intoxicant, workplace testing for alcohol usage isn't as clear cut as illicit drug testing (which isn't that clear cut, either).

What is legal in one state is prohibited in another, making laws about alcohol testing in the workplace a veritable minefield across the country that can cause problems for those who are unprepared and even those who think they are prepared.

Alcohol Prevalence

But, considering the numbers on alcohol abuse, it could be worth the effort for some companies to test for it. According to the *2013 National Survey on Drug Use and Health*, 66% of full-time employed adults aged 18 or older drank, while 30% said they had engaged in binge drinking within the past month. Among the 58.5 million adults who were binge drinkers, 44.5 million (76%) were employed either full- or part-time. Among the 16.2 million adults who were heavy drinkers, 12.4 million (76%) were employed.

"If a workplace does not have a comprehensive drug testing program that includes alcohol testing then they are subjecting their workplace to the potential of more accidents, more disability claims, more injuries on the job, and more harassment claims — just because they do not have a comprehensive testing program," said Gus Stieber, director of clinical outreach services at Kiva Recovery.

However, simply enacting an alcohol testing policy is no simple task, particularly with alcohol being a legal substance.

Separation

Companies should keep alcohol testing and drug testing policies separate, says Daniel Finerty, a management-side labor and employment attorney with Lindner & Marsack, S.C. in Milwaukee, Wis.

"Problems typically arise when an employer's policy fails to recognize that alcohol is lawful to purchase, possess, transport and consume," Finerty said.

As a first step toward creating an alcohol testing policy, Finerty recommended companies check for any federal, state and local laws that could potentially affect their proposed policy. To help with this, they should engage the help of a knowledgeable employment lawyer who has experience advising companies.

As an example of the varying laws that companies have to look out for, Finerty points to Illinois, Minnesota, Missouri, Montana, Nevada, North Carolina, Tennessee, and Wisconsin, which all have laws to protect people from termination or discipline for alcohol usage (or usage of any lawful product) outside of working hours based on its legal status. ■

Marijuana Policy Needed in Workplace

"Whether it is legal or not," Dr. Dale Masi, a noted EA professional and researcher told the *Bermuda Royal Gazette*, "you have to have a policy protecting the rights of the employer and the employee regarding marijuana in the workplace. People don't realize that they can still be fired or referred to the EAP if medical marijuana affects their job."

Here is the ten-point point policy as presented by Dr. Masi.

1. The company will inform all of its employees on its marijuana policy.
2. The company will insure that the policy on marijuana has included input from its various stakeholders.
3. The company will train supervisors on their responsibility in implementing the policy on marijuana in the workplace.
4. The company will educate its employee assistance program on its policy.
5. The employer can request evidence of a prescription for marijuana if an employee states he/she is taking cannabis for a medical reason.
6. The company may have a zero-tolerance policy for marijuana use by employees during work hours. "*Medical marijuana may be legal, but workers should beware that employment protections may not extend to marijuana use in the workplace*." (Bononi Law Group, LLP)

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