

EAP Identity Crisis

Deciding Which Model is Best is Difficult

By Dave Worster and Pam Ruster

EAPs are struggling with an identity crisis. Should our focus be on workplace-based performance improvement programs? Should EAP's role be as a gatekeeping support for insurance products used by businesses? This confusion mirrors discussions in other related professions such as Training and Development and Human Resources.

This process is not necessarily bad. In fact, the EAP profession must evolve if it's going to maintain its relevance and value to today's business clients. Brown (2004) notes, "We often forget the importance of monitoring the business development cycle... we may find ourselves in a reactive mode, possibly failing to identify future challenges and priorities." Brown observes that not understanding business cycles may lead to activities that may have been solutions at an *earlier* stage but could actually be problems *later* on.

EAPs continually have to juggle serving two masters. EAPs have traditionally helped management increase employee productivity and address concerns related to performance and employee relations. Recently, managed care and/or insurance-based EAPs have increasingly been seen as supporting employees with issues that affect their work performance. But the introduction of an insurance-based component brings into play additional factors (i.e. the insurance company's need to provide services in line with their benefits design model while focusing on managing costs).

In fact, Kraft (2004) contends that, "The true value of EAPs has been lost in the muddle of managed care over the past several years. A 'commoditized' EAP product whose value has been narrowly defined as a behavioral health cost management tool is subject to the harshest competition..." He adds that, in order to survive, "EAPs can and must change the dialogue from how they can reduce behavioral health claims to how they can deliver value as a tool to maintain and improve the performance of the workforce".

While there are strong arguments and opinions on both sides of this issue, there is little available research that supports a definitive answer to this dilemma. However, Bjornson and Sharer (2004) noted a number of possible positive and negative features of insurance-based products. Positive aspects include:

- Wide area of coverage/ network;
- Clinical infrastructure;
- Lower prices/ economies of scale;
- Centralized functions, data base for documentation;
- "Single source" benefit plan; and
- Appealing array of new products and services.

Potential negatives of this model include:

- Lack of supervisor training and focus on supervisory consultation;
- Lack of systems focus vs. focus on individuals;
- Reactive rather than pro-active stance;
- Telephone or online EA services may add to anonymity for the client, but it doesn't protect client companies for managing "at risk" behaviors;

- Insurance-based EA products tend to “pathologize” contacts with EAP (you only call your insurance when you’re sick). Traditional EAPs tend to portray themselves as problem-solving support to address life and work concerns;
- Insurance-based products lead to confusion over which benefit should be utilized and focus attention on the sessions used rather than the problem; and
- EA ethics suggest that EAPs should not provide long-term care or psychotherapy; rather those services should be referred elsewhere. However, this boundary disappears when clinicians perform the assessment and referral activity of EAP and then continue to see the client for treatment.

Another major area of concern is that if EAPs are seen as an insurance product or a healthcare benefit, the door is opened to issues about ERISA and COBRA, among others. Recently, the Employee Assistance Professionals Association (EAPA) was successful in influencing the Treasury Department/IRS guidelines regarding EAPs and Health Savings Accounts (HSAs). EAPA’s position states that, Employee Assistance plans, among others, generally do not disqualify an otherwise eligible individual from contributing to an HSA. John Maynard, EAPA CEO, adds that, “EAP is not a ‘health plan’ under section 223(c)(1) because it does not provide significant benefits in the nature of medical care or treatment.” Viewing the EAP as part of an insurance benefit program may cloud this understanding.

In more traditional models, EAPs work best when they are part of management’s decision-making process. However, one size does not fit all. Failure to recognize the individual nature and concern of each workplace may lead to inappropriate or ineffective intervention. Therefore, EAP should be tailored to the specific needs of the company with local control over variables. EAP consultation and services should be structured for pro-active use.

EAPs can play a crucial role in identifying service gaps for employees as well as working collaboratively to design benefit/support programs; and helping guide selection of local managed behavioral health providers and other resources. Sullivan and Collins (2004) argue that, “(Employers) ... don’t need to choose between brief treatment or productivity, they can have both! Worksite models that use on-site counselors are highly effective in identifying depressed employees and those with drug and alcohol problems because they prioritize the role of the supervisor referring low-functioning employees. Network model programs are an effective means of providing readily accessible, no-cost, short-term counseling.”

There are no easy answers, but we recommend that insurance-based EAPs use a number of “best practices.” Specifically, clinicians used as affiliates are requested to:

- Subscribe to the EAPA code of ethics;
- Demonstrate understanding of personnel management techniques, EAP processes, and organizational development, as well as clinical expertise including diagnosis and treatment of substance abuse;
- Make periodic site visits to form relationships with management, supervisors and employees while gaining a better understanding of the workplace and its culture;
- Take an active role in employee education; and
- EAP affiliates and client companies should create an advisory committee (including various constituencies) that meets regularly to review programs and suggest changes.

We believe it is time for our profession to stand up and define who we are. There are numerous methods to provide quality services that match clients' expectations. EAPs need to research methods and outcomes to assure development of and/or continuation of best practices in service delivery. We need to explore business cycles to assure that our activities are effective. In addition, we have to continue efforts to standardize clinical definitions in order to streamline documentation and enhance ease and accuracy of research.

Noted author and training speaker Jack Zenger is quoted as saying, "Our historical pattern of progress has been one of reactive response to outside forces and events. It is time to deliberately and thoughtfully apply all we know." Perhaps it is time for Employee Assistance Professionals to heed this advice.

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