

# INTEGRATING EMPLOYEE ASSISTANCE AND WELLNESS: CURRENT AND FUTURE CORE TECHNOLOGIES OF A MEGABRUSH PROGRAM

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The current core technology of employee assistance programs (EAPs) is reviewed and described along eight dimensions, four of which are unique to EAPs and four of which are shared with worksite wellness programs. The current core technology of wellness programs is also described, including four dimensions shared with EAPs and six dimensions that are unique to wellness programs. The core technology of both EAPs and wellness programs addresses the coordinated implementation of services through the worksite which help employees access and utilize specific health-related programs. It does not include the technology for treatment of specific risks or diseases. Five future dimensions are discussed, which may be added to the core technology of EAPs and/or wellness programs if research shows that they are effective in furthering program objectives. The inter-relationships between EAPs and worksite wellness programs are described, and program ethics regarding participation and confidentiality are discussed.

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Employer efforts to help employees improve and maintain good health are quite common, and quite varied. In 1985 the U.S. Office of Disease Prevention and Health Promotion conducted a national survey of 1,358 worksites with 50 or more employees. The survey found that 24% of the companies had an employee assistance program (EAP), and 65% of them offered one or more types of health promotion or wellness activities (Blum, Roman and Patrick 1990). EAPs deal with substance abuse and mental health problems within the workforce, problems that often reach a state of crisis that affects work performance before any action is taken. Work-

site wellness programs deal with prevention, reduction, and control of physiological and behavioral health risks before such risks have developed into disabilities. The risks addressed by wellness programs may include risks for cardiovascular disease, some types of cancer, accidental injuries, AIDS, and various other health problems.

Concerns about health care cost containment are driving employers to consider all avenues of health improvement, including both wellness and employee assistance programs. There are important commonalities in the tasks of EAPs and wellness programs. Both programs are focused on behavior change, both utilize

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strategies for overcoming denial and reducing relapse, and both require organizational knowledge and skills.

However, there are strong arguments for keeping the two programs separate and distinct. The populations targeted by the two programs are quite different. EAPs deal mostly with the "walking wounded" (Shain, Suurvali, and Boutilier 1986), people with immediate health problems or concerns, who probably comprise something under 15% of the employee population. Wellness programs target the larger mass of people who are generally functioning well, but who have physiological or behavioral health risks that are likely to result in grave illness in the future, if unchanged. One program cannot substitute for the other.

The two programs use different methods of casefinding, in order to reach their respective target populations. Both programs utilize various types of promotional strategies to attract participants, but wellness programs can identify people at risk directly, through health screening, while EAPs generally must use indirect measures based on impaired job performance.

The problems addressed by EAPs are relatively stigmatic in nature, and require constant maintenance of confidentiality. While health-related information on participants in wellness programs is also kept confidential, health promotion activities are often public in nature, and carried out in the open. Indeed, for certain types of wellness programs (e.g., competitions), information on who is participating is often made public.

EAP and wellness program staff require different types of background and training. EAP staff must have an understanding of alcohol and other drug use, addictions, and mental/emotional problems. Wellness program staff require an understanding of health risks related to cardiovascular and other chronic diseases and how they are altered. The specific

health problems addressed by the two programs are quite different.

Finally, an EAP staff cannot be expected to take on wellness program tasks and at the same time continue their EAP duties adequately, and vice versa. At best, an EAP staff may be able to provide some promotional materials or schedule some health education classes, and wellness program staff may similarly provide general information about EAP-type problems, but there is no evidence that this level of programming has any impact. Each program requires its own staffing resources.

However, the two programs can be made to complement each other, if run cooperatively. Wellness programs can open up the opportunity for much earlier intervention, in a non-stigmatized context, with employees beginning to develop problems with drinking or the like. The EAP provides a place for wellness programs to refer employees in crisis, and the wellness program provides a place for the EAP to refer recovering people for more general health counseling. We discuss this complementary relationship in more detail below.

#### OBJECTIVES OF THIS PAPER

Wellness activities are more frequently found at worksites than are employee assistance programs. However, evidence indicates that EAPs provide a relatively consistent and coordinated set of services (a well-specified "core technology"), while in contrast, wellness programs are often neither consistent nor coordinated, and tend to be provided intermittently rather than continuously (Roman and Blum 1988a). The types of wellness activities offered may include health risk assessment, smoking cessation, blood pressure control, exercise/fitness, weight control, nutrition education, stress management, back care, and accident prevention, with no particular strategy for

integration or coordination of services (Fielding and Piserchia 1989).

There is, nevertheless, growing research evidence that a core technology of effective worksite wellness can be identified, even though this technology is less frequently implemented than the core technology of EAPs. The first goal of this paper is to review the current core technology of both employee assistance programs and worksite wellness programs. The paper draws heavily on existing literature describing both core technologies.

We do not address the large literature on treatment of specific health risks (e.g., weight loss, smoking cessation, alcoholism treatment, marital counseling). While there are technologies for each of these program areas, these are not part of the core technology for EAPs or wellness programs. Just as the core technology of EAPs does not include specific methods of alcoholism treatment, so the core technology for worksite wellness does not include specific methods of becoming physically fit.

Rather, the core technology for both programs addresses the coordinated implementation of services through the worksite which help people access and utilize specific health programs. By reviewing the current dimensions of both core technologies, the dimensions that are common to both programs are clarified.

The second goal of the paper is to identify and discuss a number of future dimensions of EAPs and worksite wellness programs. These include new ideas, as well as existing services or activities that have not been tested and reported in the research literature.

Finally, the paper organizes and summarizes the ways in which EAPs and wellness programs can link together to coordinate and support each other, leading to the improvement and maintenance of the overall health and well-being of employees at the workplace. This is a

natural development of worksite health programs. In the 1970's workplace substance abuse programs began expanding their services to help employees with a wide variety of problems in addition to alcohol and other drugs. These programs became known as "broad-brush" (a label subsequently replaced by the term "employee assistance program"). In this paper we describe what might be termed a further expansion from broad-brush to "megabrush."

In contrast to the expansion of the 1970's, however, the expansion to "megabrush" does not simply increase the array of problems addressed by a single program. Rather, it involves the coordination and integration of what are usually found to be disparate, and often competing, program services. We use the term "megabrush" throughout this paper to connote the overriding objectives of EAPs and worksite wellness programs to support and maintain employee health, and to identify the variety of overlapping activities and linkages that allow them to do this.

#### OVERVIEW OF THE CORE TECHNOLOGY OF MEGABRUSH

Table 1 describes fourteen current dimensions of the core technology of megabrush. These fourteen dimensions have been labeled "current," because they have been found through scientific research and practical experience to be necessary for program operations and/or related to overall program effectiveness. The first four dimensions (C1-C4) pertain exclusively to employee assistance. The next four (C5-C8) are applicable to both employee assistance and wellness services. The remaining six dimensions (C9-C14) pertain exclusively to the wellness side of megabrush. Together these fourteen dimensions provide a powerful core technology for an overall, compre-

Table 1  
Current Dimensions in the Core Technology of Megabrush—  
Employee Assistance and Wellness Programs Combined

**Current Dimensions Pertaining to Employee Assistance:**

- C1. Establishing a constructive policy focusing the EAP on employees' alcohol and other substance abuse problems.
- C2. Provision of expert consultation to supervisors, managers, and union representatives on how to take appropriate steps in utilizing employee assistance policy and procedures.
- C3. Identification of employees' behavioral problems based on job performance issues.
- C4. Availability and appropriate use of constructive confrontation to motivate employees.

**Current Dimensions Pertaining to Both Employee Assistance and Wellness:**

- C5. Micro-linkages with counseling, treatment, and other community resources; referral for appropriate treatment or assistance.
- C6. The creation and maintenance of working relationships (macro-linkages) with community resources.
- C7. Expert consultation with worksite systems regarding organizational policies relevant to health.
- C8. Periodic evaluation based on work performance and benefit usage.

**Current Dimensions Pertaining to Wellness Programs:**

- C9. Establishing a constructive policy for wellness.
- C10. Conducting screening of all employees for health risk factors and interests.
- C11. Providing health improvement interventions using a menu approach.
- C12. Personal outreach and follow-up counseling on a regular, on-going basis.
- C13. Plant-wide organization of wellness events to promote and support health.
- C14. On-going evaluation of program process and reductions in employee's health risks.

hensive health support system for all employees.

Table 2 presents five future technologies for megabrush (F1-F5). Unlike the current dimensions, these future dimensions have not been fully tested and demonstrated to result in greater program effectiveness. However, if they are found to be effective, they will provide broader program coverage than the current core

technology, as well as a clearer specification of some of the ways in which EAPs and wellness programs integrate their activities into "megabrush" services.

Such an overall system of nineteen dimensions would address all modalities of prevention: primary prevention—preventing the initial development of health problems, secondary prevention—early detection and resolution of health prob-

Table 2  
Future Dimensions to be Added to the Core Technology of Megabrush—Employee Assistance  
and Wellness Programs Combined

**Future Dimension Pertaining to Employee Assistance:**

- F1. Involvement of the family members of EAP clients in the EAP process, especially post-treatment follow-up to help reduce relapse.

**Future Dimensions Pertaining to Both Employee Assistance and Wellness:**

- F2. Post-treatment outreach and follow-up counseling with EAP clients by wellness counselors.
- F3. Primary prevention of substance abuse and mental health problems through wellness programs.

**Future Dimension Pertaining to Wellness Programs:**

- F4. Turning fitness centers into wellness centers.
- F5. Involvement of employees' family members in wellness program activities.

lems, and tertiary prevention—the treatment of developed problems and prevention of relapse (Erfurt 1990).

The core technology of both EAPs and wellness programs has been reported elsewhere, but without discussion of how the two programs are related. In 1985, Roman and Blum described six dimensions (the first six shown in Table 1) as being the state-of-the-art core technology of employee assistance programs, a description which they subsequently further elaborated (Roman and Blum 1985; Blum and Roman 1989). In 1988 another dimension was added (Roman 1988), shown as Dimension C7 in Table 1. Then in 1990 a final dimension was added to the basic core technology of EAPs (Roman 1990), shown as C8 in Table 1. The core technology of worksite wellness has been reported by Heirich, Erfurt and Foote (1992), which includes discussion of Dimensions C5 through C14.

The task of describing a core technology is not just of academic interest. There are a number of advantages that can accrue when agreement is reached about

what constitutes the core set of activities that define a new field:

- Agreement on a core technology places boundaries around the field, assisting practitioners in the field to avoid taking on tasks that are not part of the technology, while at the same time making it more difficult for people who are not carrying out the core technology to call themselves practitioners in the field.
- The statement of the core technology provides an outline for a training curriculum to train practitioners.
- The core technology provides guidance to decision-makers outside the field (e.g., personnel or medical staff in business and industry) who must select among different program models and service providers.
- The core technology specifies a set of concepts and service components that can then be subjected to research and evaluation.

In the remainder of this paper, we discuss the contents of the current and