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EVALUATION OF OCCUPATIONAL ALCOHOLISM AND DRUG ABUSE PROGRAMS

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Comprehensive evaluation is virtually non-existent in the Occupational Alcoholism field, although some programs have moved to analyzing basic information. Few have conducted rigorous program studies which would include control groups and time series trend analysis. This paper presents a broad overview of the subject of evaluation.

There are three important reasons why companies should evaluate their Occupational Alcoholism and Drug Abuse Programs. The first is accountability. It is critical to insure that professional standards are being met. The next is for legal reasons. An evaluation can help assure that the program is operating within the law. Ensuring the protection of client confidentiality is one example, and seeing that appropriate release forms are utilized is another. Survival of the program is a third reason. If budgets are to be cut, showing that a program is effective goes a long way to protect it from being discontinued. The evaluation will hopefully document that the program is meeting its objectives[1]. If it is not, there will be an opportunity for improvement.

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[1]Walker, Paul. "Evaluating Your EAP," EmployeeAssistance Magazine. December 1989, pp.19-24.

Occupational Alcoholism Programs, subsequently known as Employee Assistance Programs (EAPs), have flourished during the past twenty years due to changes in modern society and to industry's response to these changes. Increasing numbers of employees are hindered from productive job performances because of a wide range of personal problems, especially addiction. As a consequence, industry is realizing the humanitarian and economic benefits which often result from effective EAPs. It is critical that programs be objectively evaluated since they are not yet formally accredited by any professional association or licensed by government agencies.

Over the past several decades, Employee Assistance Programs (EAPs), as they are now identified, have been developed to deal with employee problems which may affect workplace performance. Specifically, EAPs are a professional assessment/referral and/or short-term counseling service offered to employees with alcohol, drug or health problems that may be affecting the job performance.

Most comprehensive evaluation studies in the past have focused on the treatment of alcoholism problems. Until recently, few had addressed the efficacy of workplace substance abuse programs. The focus on measurable goal attainment scales as a framework permitted a study of the results of different treatment modes, however, they proved insufficient and incomplete since they emphasized only the treatment outcome and had no relation to cost or work performance. It was through the occupational alcoholism models, which were identified with work performance as a criteria for success, that the early evaluations were done, especially by the U.S. Federal government's evaluation of its

model program[2].

There are three methods of evaluation. Process evaluation develops as the program evolves. This is not quantifiable, but records more of the events in the program's life. Impact evaluation measures the effectiveness of the program. Outcome evaluation measures the result of the program in relation to cost. This implies deducting the program's operating costs from the savings accrued under the program. These methods are flexible enough to assess a program's ability to deal with a range of employee problems that cause work productivity to deteriorate. In addition, the benefits of the EAP in meeting the needs of troubled employees and restoring them to full productivity may be measured in economic terms that provide a basis for program modification where necessary.

The following represents specific applications of evaluation methodology to Occupational Alcoholism programs.

(1.) Total quality management programs place a high on employee or customer satisfaction as essential. Employee opinions should be solicited by every program. Quarterly reports summarizing the employee participation forms reflect both administrative and counseling activities. Questions as to rapport with the counselor, confidentiality, professionalism of staff, convenience and accessibility, as well as overall satisfaction with the program, should be included. A periodic review of these data will assure quality control of what is reported.

(2.) The Management Information System (M.I.S.) collects

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[2]Masi, Dale and Teems, Lisa. "Employee Counseling Services Evaluation System: Design, Issues and Conclusions," Evaluation and Program Planning. Vol.6, pp.1-6, 1983.

demographic data on who is using the program. Information on supervisory training, employee orientation sessions, outreach activities, contract and agreement activities, and employees who use the program are provided in these reports. For example, this data enables the program administrator to determine whether appropriate numbers of alcohol and drug cases are being seen. It is also important to ensure that the program is reaching different categories of employees in proportion to their numbers as represented in the company population.

(3.) The facility's factors, such as its proximity to the company facility, its soundproofing capability, office equipment and furnishings are important and should be evaluated. The facility evaluation also includes reviewing the case maintenance system, i.e., where cases are kept and the policies on access. Protocols can easily be developed to include the above categories.

(4.) The peer review process utilizes nationally recognized experts in the fields of psychiatry, psychology and social work (the core mental health professions) to examine a significant number of individual case records, chosen with the use of a random number table. Using an evaluation instrument consisting of approximately sixty items for a complete review. The ratings are tabulated, providing a statistical and clinical review of the program. All evaluations are confidential. The author has conducted reviews that have evaluated thousands of clinical records over the past eight years. One of the major findings include the difficulty in appropriate alcohol/drug assessments. This is an example of a practical application of program evaluation that has encouraged many U.S. programs to train staffs extensively in alcohol and drug abuse.

(5.) A cost-effective analysis addresses the question of whether an organization can expect a reasonable return for the investment of its resources into a program in terms of identifiable cost reduction. The evaluation estimates a dollar value for the benefits the program provides the organization. Cost-benefit analysis measures the direct and indirect costs, including program operational expenses and costs attributable to the employee's problem(s), in order to determine the total dollar expenditure for implementation of the program as compared to the cost that would be incurred without it. Ways of measuring money saved include measuring such personnel items as absenteeism and accidents before and after entering a program.

An example of a major cost-effective study done in the United States was at the U.S. Department of Health and Human Services (USDHHS) Employee Counseling Services (ECS). This was done using data from 15 USDHHS ECS program sites in major cities including Boston, New York, Philadelphia, Atlanta, and Chicago. The impact of the ECS on an employee's job performance was measured using a five-point supervisory rating scale that was translated into monetary terms by using the employee's salary. These forms were completed at three points in time--at ECS intake, three months after intake and nine months after intake. Outcomes of ECS were measured in terms of reductions in administrative costs. A list of 132 personnel data bits were also reviewed for feasibility of study. Five of these were chosen for review: (a) sick leave, (b) advanced sick leave, (c) leave without pay, (d) administrative leave and (e) absent without leave. ECS counselors were trained to pull all pertinent information from employee personnel records for the ECS clients. This data was then compared to the aggregate personnel data from each of the 15 units to provide the control. The results of both of the above cost-effective studies yielded a 1:7 return (for every dollar invested there was a return of $7 per employee).

This was done *after* subtracting the actual cost of the entire program ($2.2 million per year).[3]

(6.) An EAP counselor's credentials are verified by reviewing his/her resume, professional license and malpractice insurance. The counselor's clinical background is reviewed for the academic degree and alcohol and drug training. Not having qualified professionals staffing a program can expose an employer to liability.

It is important to remember that the evaluation of Occupational Alcoholism programs is not a case of the evaluators wearing the white hats and the providers wearing the black hats. Evaluation is a positive and helpful process for all involved. It shows the employer the positive aspects coming out of the program and, once providers are comfortable with the process of evaluation, allows for better implementation of changes. Quality assurance is essential for the employee, the employer and the provider. The most significant contribution of all is the ability of the evaluation to meet the consumer's needs for quality care and the employer's needs of legal protection while providing the program. Smaller companies, not only the larger ones, also benefit from evaluation[4]. Evaluation is the introduction of quality assurance into the field. As professionals, it is our responsibility to monitor ourselves. That is the true hallmark of a mature profession.

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[3]Masi, Dale and Goff, Michelle. "The Evaluation of Employee Assistance Programs," Public Personnel Management. Vol. 16, No.4, 1987, pp.324-325.

[4]op.cit. Walker, Paul. December 1989, pp.19-24.