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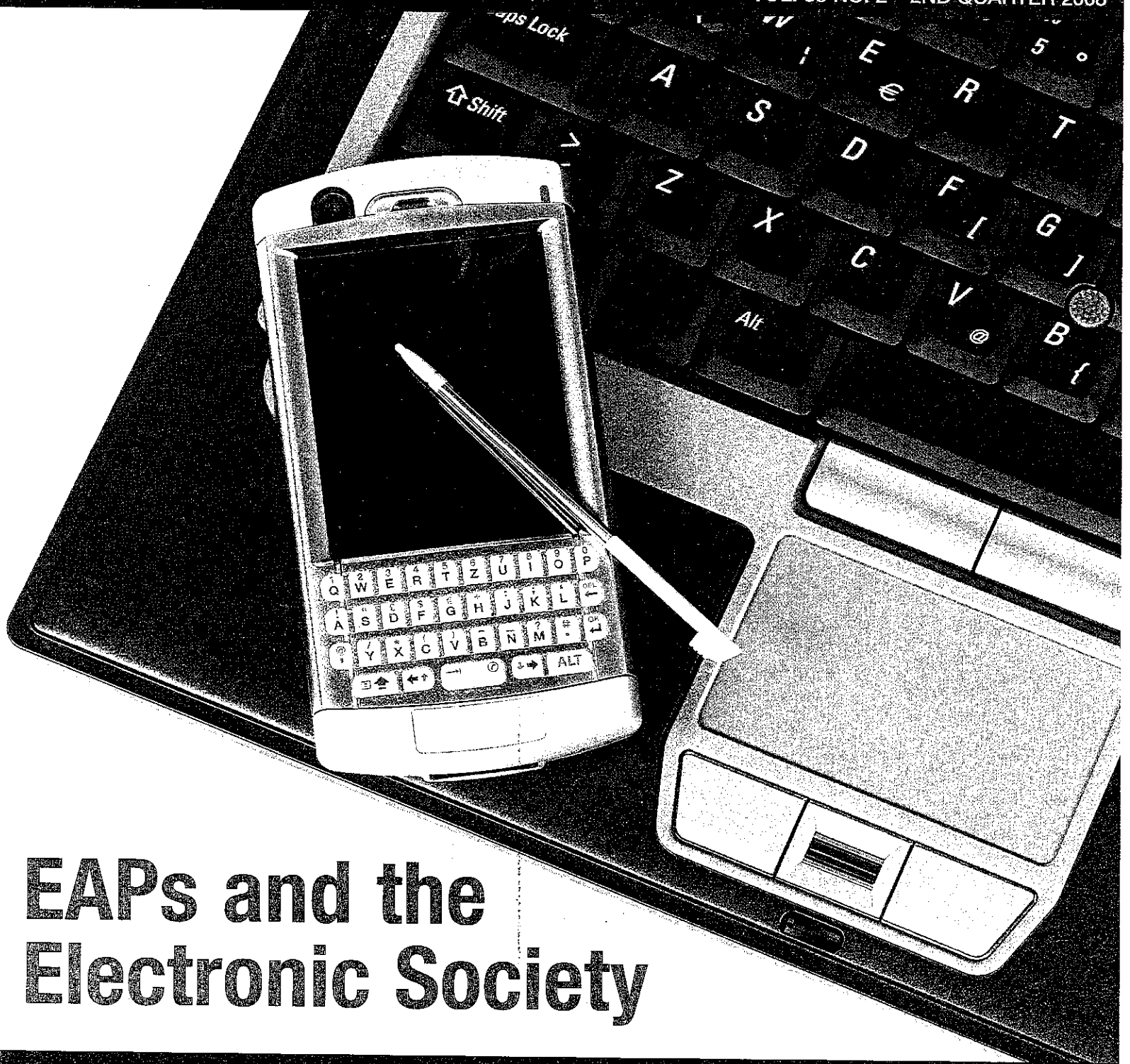

EAPs and the Electronic Society

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Employee Assistance Professionals Association

Preparing for the Challenges of Research

While nearly all employee assistance professionals agree on the need for more research, proving the business value of EAPs will pose fundamental challenges for our industry.

By John C. Pompe, Psy.D., CEAP, SPHR, and David Sharar, Ph.D.

Much fanfare surrounded the inaugural meeting of the Employee Assistance Research Foundation (EARF) at the 2007 EAPA Conference in October. The naming of Paul Roman, distinguished professor of sociology at the University of Georgia, as senior advisor to the EARF board of directors and a pledge of matching financial support from the Carl Tisone Family Foundation formalized the presence of this organization within the EAP world. The event was a true milestone for the EAP field, and Carl Tisone deserves our recognition for organizing this initiative.

Although congratulations are certainly in order, Tisone's call to action (excerpted in the 1st quarter 2008 issue of the *Journal*) should be viewed as a wake-up call. While we have been busy doing our good work, the world of employee assistance has moved, without guidance, from under our feet—and in the wrong direction.

IS RESEARCH A CURE?

Few will disagree with Tisone's indictment that there is an absence of significant empirical evidence showing that an EAP—in any of its shapes and sizes—offers measurable business-relevant value. This is not to suggest that EAPs offer no value; rather, we can't prove that they do. The gold standard of research, the randomized controlled study, does not exist in the contemporary EAP world.

When was the last time attorneys, accountants, or human resources professionals were required to conduct a randomized control trial of their daily activities to justify their existence and command respect? It's not likely that they ever have. What matters is that businesses could not operate without these functions, and that is the evidence of their value.

EAPs, however, cannot make that claim. EAPs don't convey the same immediate business impact as an accounting or legal department. Employee assistance is not recognized as a "discipline" and does not have its own unique academic training, license to practice, or highly developed body of knowledge. Therefore, the future of EAPs is much more tenuous.

DEFINING AN EAP

EAPs are rooted in medicine, as is the entire field of mental health. While the proper "place" of EAPs—in the "world of work" versus the "world of health"—can be debated, it is our observation that even the "Thundering Hundred" were trying to help employees recover from an illness. Successful recovery resulted from using employment as leverage to motivate and, occasionally, coerce resistant employees into receiving treatment and returning to full productivity.

In his call to action, Tisone describes the mission of employee assistance as "the application of our core competencies to the improvement of organizational productivity through the enhancement of individual well-being." He boils this down further by quoting two of the Thundering Hundred as saying, "Focus on job performance and the rest will take care of itself."

If only it were that simple.

Recent research by Sharar (2007) shows that contemporary EAPs, with their use of affiliate networks, overlap significantly with services provided through the employer's outpatient behavioral health benefit. The content of EAP interventions, as practiced by network affiliates, has drifted from Roman and Blum's original EAP Core Technology. There has been significant "leakage" from routine general practice counseling into EAPs, to the point that many EAP clients simply receive brief treatment in an EAP setting.

Some employers (though certainly not all) may be paying two premiums for similar or identical services. A few savvy purchasers will connect the dots to see the broad business-relevant value of an EAP, but most purchasers view them as a type of employee counseling benefit designed to lessen the burden of employees' mental health, substance abuse, and behavior problems on their ability to operate a business.

Therein lies the good news—we know how to address these personal and medical problems. There is even empirical evidence demonstrating that we know how to treat illnesses such as substance abuse and depression with tools that we are trained and licensed to use.

John Pompe is manager of behavioral health programs for Caterpillar, where his responsibilities include direction of the company's global employee assistance programs, behavioral healthcare benefits, and psychiatric disability and disease management programs. He can be reached at pompejc@cat.com.

Dave Sharar is the managing director of Chestnut Global Partners, an international employee assistance and expatriate support firm that is based in Chestnut Health Systems. He is also a research scientist with Chestnut's Research Institute, where his focus is on program evaluation, outcomes, and consumer and ethical issues in EAP. He can be reached at (309) 820-3570 or dsharar@chestnut.org.

Depression is now one of the leading causes of disability and performance decline worldwide, and employers are seeking solutions. But here's the irony: companies large and small are spending top dollar for products such as disease management or "care management" for depression. As the EAP profession has floundered to find its identity and invested little in developing evidence-based practices, industries such as managed behavioral healthcare (MBH), disease management (DM), health promotion, wellness, and disability management have walked right in and adopted the identity we have been futilely searching for yet are so unwilling to accept.

All of these industries have proposed solutions to address the problem of mental health in the context of the workplace, albeit with varying levels of supporting data. Some are investing resources in randomized controlled trials to demonstrate their impact on business-relevant metrics.

AN END TO COMMODITIZATION

What does this mean for EAPs?

Tisone's compelling call to action has occasional references to *we* and *what*. The *we* refers to those who sell EAPs, manage accounts, work in call centers, develop work-life resources, see EAP clients in private practices, hold offices in union halls, conduct training, and operate internal EAPs. The *what* refers to all of the things we promise to do for the consumers of EAPs.

The "we" and "what" of employee assistance are still too vague and still far too undervalued. Only through the development of a body of empirical research can we demonstrate clear proof of the value of what we do. Out of that evidence will come greater respect for our work, an end to marginalization and commoditization, and a transformation of the world of EAPs.

There is clearly a paucity of empirical research supporting contemporary EAP products and practices. Research in employee assistance is dominated by proprietary vendor program evaluations that do not subscribe to levels of rigor commonly seen in studies funded by the National Institutes of Health. Notwithstanding the lack of sound empirical outcomes, the EAP field has thus far been able to avoid scrutiny of its lack of evidence. As an industry, however, we have slowly and quietly been victimized by our lack of a business case.

There are many published studies looking at EAP-type services. Most are either fraught with methodological problems or focus narrowly on EAP process evaluations, single case studies, and measures of client satisfaction. We contend that the lack of an evidence base and business-relevant metrics have led directly to the erosion of the business and practice of employee assistance.

The power of sound science in a health-related industry can be demonstrated in the simple example of diabetes. A small body of sound empirical studies published in reputable scientific journals has made the connection between improved diabetes control and business-relevant measures, such as healthcare costs, absenteeism, disability, and retention (Wagner et al. 2001; Testa and Simonson 1998; Centers for Disease Control 2002). For example, studies conducted by Gilmer et al. (1997) demonstrate that when diabetics with no significant co-morbid illnesses reduce their Hba1c level by a single point through treatment compliance and a healthy lifestyle, their total healthcare costs can be reduced by as much as $1,205 per year.

It is most noteworthy that these studies demonstrate value for the clinical consumer and potential return on investment for the employer purchaser, thereby helping make the business case for products sold by a thriving industry. What if an EAP could demonstrate that a select few of its services resulted in a 50 percent improvement in depression symptoms, reduced absenteeism by nine days per year per employee client, and reduced total healthcare claims by $800 per year per client? How might such a study influence EAP sales presentations? How many more companies would reinvest in EAPs?

The EAP field is in need of scientific rigor that demonstrates evidence-based practices and outcomes that are both clinical and business-relevant. While the academic and financial infrastructure does not yet exist to accomplish this, the EARF provides an excellent first step. We are not suggesting that EAP vendors stop conducting studies of process measures that aid in quality management and evaluation. Our point is that the industry needs independent, multi-site, randomized control studies that demonstrate the impact of what we do.

SQUARELY FACING THE CHALLENGES

Fundamental to developing any research initiative is to (a) define a research question, (b) operationally define the construct to be studied, and (c) determine the methods available to study the question. There are two reasons why these fundamentals are the largest challenges facing the research initiative—so large they could undermine the mission of the EARF.

First, breaking the world of employee assistance into separate components to study effectiveness challenges the validity of each product, job, and service that comprise the industry. We imagine there may only be marginal support from large EAP vendors for research potentially demonstrating that pieces of their product show no financial benefit (e.g., return on investment) for purchasers. In addition, the results of such research may even be hidden from purchasers when they reflect unfavorably on product offerings.

Second, notwithstanding the EAP Core Technology, there is no consistent and well-defined operational definition of an EAP. Instead, we have a large array of products and practices that fall under the rubric of employee assistance. Therefore, rather than immediately setting out on a path to research the cost effectiveness of EAPs, we need to step back, break employee assistance into its fundamental components, and operationally define the individual activities that comprise its practice. Once we can articulate the exact "recipe" for an EAP, we can begin asking research questions.

It is to be expected that some, if not many, of the constructs that make up an

EAP will not "show" well under the scrutiny of well-controlled research. Still, this level of rigor will be necessary for EAPs to move to a higher level of professional credibility and reap longer-term financial benefits. The long-term results will reveal a list of "active ingredients" of an EAP that clearly show positive outcomes (that is, evidence-based practices).

Again, we must be prepared to challenge our definition of what is and isn't an EAP. It is possible that components of what we view as an EAP will show no improvements on the measures we view as important, such as clinical improvement, improved absenteeism, reduced accidents, or decreased healthcare costs. However, a demonstration of partial or limited benefits does not mean that we must stop doing some of the things we consider fundamental to EAP practice. A glance at a tube of toothpaste, for example, shows that only one of the 15 ingredients is "active," but the remaining 14 are still relatively important to the overall quality of the product.

A reasonable analogy to conducting EAP research would be for the medical community to study the benefits of hospitalization. Taken as a whole, it would be impossible to comment on the benefits of hospitalization because of its many discriminate parts and a lack of an operational definition. Broken down, however, the benefits of all the things that encompass a stay in the hospital can be evaluated.

For example, what is the efficacy of the medical care provided? Does a private room or a television hanging from the wall help patients recover faster? Is there evidence in favor of frequent visits by a nurse to the hospital bedside, or value in allocating real estate resources to an in-house gift shop? These questions seem tangential but they reflect the "ingredients" of hospitalization.

A TIME FOR CHANGE

In many ways, the practice of employee assistance is no different. Like toothpaste or a stay in the hospital, there are many "active" and "other" ingredients that comprise an EAP. Perhaps case management and follow-up lead to improved business-relevant measures, while referrals for childcare, pet sitting, or short-term couples counseling do not. The fact is, we just don't know.

No third party is going to force us to self-evaluate to the degree suggested in this article. If we choose not to, however, the value of EAPs will be out of our control and left to the whim of the economy and the purchaser. It is our responsibility to identify what works and get better at it, and stop doing what doesn't work. We must also, in an unbiased and objective fashion, disseminate this knowledge to purchasers.

At that point, and probably only at that point, the perceived financial value of an EAP will grow and no longer stagnate. At that point, employee assistance will be a practice, a product, and a profession that we can provide with unwavering confidence. ■

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