Perspectives

# The Telephone:

## One Part of a Successful EAP

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All employee assistance professionals (EAPs) offer telephone access to their services. But when the telephone is the *only* way to receive EAP services, there is a problem. Two issues need to be explored when evaluating EAPs who deliver services telephonically. First, does telephonic assessment give the employee assistance professional the same information as a face-to-face assessment? Second, are EAPs who market only telephonic services delivering the same service as traditional EAPs?

### The Pros

The telephone is a quick and convenient way to access EAP services. The telephone provides:

- Immediate access in times of crisis.
- Anonymity.
- A way for employees to ask embarrassing questions.
- A way for family members to ask for guidance without identifying the employee.
- Access to EAP services for employees who would not otherwise come in for a "psych session."

### The Cons

The use of the telephone for EAP sessions clearly has its limitations. Traditionally, EAPs offer easy access to services through the telephone. During the initial call, a screening is performed by an employee assistance professional. The purpose of that screening is to determine eligibility and to explore the presenting problem and/or complaint. The goal of this exploration is to match the appropriate level of care with the client and the potential EAP provider. This matching takes into account client ethnicity and culture as well as other demographics, location and the presenting problem.

Screening results in a referral to an employee assistance professional who does an in-depth clinical

assessment in a face-to-face session. A clinical assessment includes appearance, affect, eye contact and body language. This is particularly true in the area of chemical dependency and substance abuse. Substance abuse remains a primary focus for employee assistance professionals. Face-to-face assessment is imperative because denial and minimization characterize the disease. The recent U.S. Department of Transportation alcohol and drug testing regulations, which affect 7 million employees, specifically prohibit telephone assessments for that very reason.[1]

This same argument, of course, can be made for any psychological assessment. The clinician relies on a wealth of meta-communication and visual cues that take place during any clinical evaluation. Telephone-only EAPs may work well with self-motivated employees who have insight into their problems, and may provide excellent information and referral (I+R) services, but they are not a replacement for employee assistance programs. Telephone-only services perform an initial screening, and may even provide several sessions of telephonic counseling and then refer employees into services covered by their medical benefits. Substance abuse is the area in which the employee's presenting complaint varies most widely from the professional's diagnosis. Telephonic services operate at a distinct disadvantage in this area.

Telephone-only services also fall short in regard to supervisory referrals that are based on declining job performance. Organizational interventions and intervention with troubled employees whose problems are affecting their productivity are unique services that only EAPs offer. This is a core component of EAPs service. Working with a non-motivated, non-insightful employee who has been referred to the EAP by a supervisor is difficult enough on a face-to-face basis, but is nearly impossible on a telephone-only basis. Telephone-only programs become information and referral services rather than EAPs, because management of supervisory referrals is a significant benefit that the EAP provides to the work organization.

## Conclusions

Telephonic services definitely have their value. They are integral parts of crisis intervention. They encourage access by employees we might otherwise never hear from. But they also have serious limitations. Telephonic services should be a component of every comprehensive EAP, but they should never be marketed as a full EAP or as a replacement for high quality, face-to-face, direct EAP services.▼

**Telephonic services definitely have their value. They are integral parts of crisis intervention.**

### References


1. *EAP Association Exchange,* March 1995.



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