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EAP DECISION-MAKERS

EXPLORATORY FOCUS GROUP RESEARCH

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I. INTRODUCTION

A. Background

As an area of special interest related to its 25th anniversary conference, in Chicago, November 1996, EAPA (Employee Assistance Professionals Association) decided to take steps to learn more about the needs of key decision-makers. For the purposes of this study, “decision-makers” are defined as people with management responsibility and decision-making authority *over* Employee Assistance Programs (EAPs) who do *not* work directly in the EAP.

To support this effort, EAPA’s Chicago Project Task Force developed a plan to conduct qualitative research.

B. Objectives

The main objective of this focus group study was to learn how EAPs are understood and viewed from the perspective of key labor and management decision-makers in the acquisition, implementation, management and operation of EAPs. Specific objectives were to learn more about decision-makers in terms of the following:

- Decision-making factors in establishing an EAP;
- Perceived current and future contributions of EAP to their business objectives;
- Perceptions of EAP’s directions for the future;
- Informational needs to help manage/evaluate EAPs;
- General perceptions of EAP professionals and of EAPA as an organization and as a resource for EAP information.

Information from this study will be used to help EAPA develop means of more effectively communicating to key decision-makers regarding current EAP issues, such as developing new services, addressing quality issues, calculating added value to an employer, measuring outcomes, and providing models of EAP and options for staffing.

Also, specific information about EAPA will be used as a beginning point for further study and strategic planning aimed at promoting attendance at EAPA conferences and promoting EAPA as a respected conduit of EAP information.

C. Methodology

Four focus groups were held in September, 1996. There were two mixed labor and management groups (one each in San Francisco and Baltimore), one management-only group (in Atlanta) and one labor-only group (in Chicago). All of the groups were conducted by Linda LaScola, MSW, of LaScola Qualitative Research. Each group lasted one-and-a-half to two hours and consisted of 7 to 9 respondents. There was a total of 32 respondents, 17 men and 15 women, including 27 Whites, 4 Blacks and 1 Hispanic. All respondents had management responsibility and decision-making authority over EAP in their organizations and represented organizations with various types of EAPs (15 external programs, 3 internal, 2 combined internal/external and 12 union programs, not otherwise classified). There were 12 respondents from unions (including local, national, international, and health funds) and 20 from private corporations of various sizes and representing various types of businesses and industries.

Complete recruitment criteria and a copy of the discussion guide are appended to this report.

The sessions began with a discussion about important current issues in human resources and proceeded to a specific discussion about EAP. Respondents were asked about the decision to establish an EAP, their thoughts on management and oversight of EAP, thoughts about the future of EAP and their perceptions of EA (employee assistance) professionals and EAPA.

Though discussion topics were carefully planned before the group, the discussion guide itself was structured loosely to allow for individual thinking and a natural flow of conversation during the group session. Every effort was made to encourage spontaneous conversation among respondents, with the thinking that spontaneously expressed opinions are more indicative of a person's true thoughts than are responses to direct questions.

It should be mentioned that, as is customary in focus groups, neutral questioning techniques were used. The moderator also used "devil's advocate" questions to challenge respondents' thinking while at the same time indicating the absence of a correct or favored response.

D. Purpose and Limitations of Qualitative Research

The purpose of focus groups, a form of qualitative research, is to develop insight, in-depth understanding of attitudes and behavior and direction for planning or further research. Because of the small number of people interviewed and the non-random method of recruitment, the findings cannot be evaluated quantitatively.

II. SUMMARY STATEMENT

EAP seems to be entrenched in the American workplace as a benevolent, inexpensive and most of all, practical program. While both management and labor appreciate and value EAP, they do not necessarily pay very close attention to it, nor do they have a common or particularly deep understanding of it. EAP is perceived as one of many worthwhile employee benefits that has become available in recent years and that is expected in a decent employee benefit package. There seems to be no likelihood of extinction of EAP but a great likelihood of evolution, as EAP, like other programs, is affected by the myriad changes that are accepted as commonplace in business today.

The Employee Assistance Professionals Association (EAPA) is an unknown entity among the labor and management decision-makers who participated in this study. As such, EAPA faces the challenge of promoting itself and providing services to EAP decision-makers to help them make sound choices about EAP.

III. FINDINGS

A. Overview

1. Characterization of the Groups

a. Labor and Management

Respondents were easy to engage and were willing to talk about EAP and related issues. With the exception of the all-labor group, the group interaction was somewhat subdued; that is, although the conversation flowed easily and their interest was evident, the discussion did not prompt much controversy, dissension or passion. In contrast, respondents in the all-labor group, while less sophisticated about EAP, were much more avid proponents of it. They spoke passionately about helping their members and negotiating for better benefits. In the mixed labor and management groups, it was common for labor respondents to bait management respondents in a friendly way or to give what could be characterized as a pro-union “stump speech.” They had a more “micro” view of employee benefits as meant to improve the lives of individual workers. Labor respondents were employee advocates, plain and simple. Management (i.e., human resource) respondents, while clearly concerned about employees, had more of a broad, “macro” view of employee well-being and productivity as it affects corporate well-being and the bottom-line.

b. Differences Among Types of Organizations

In planning the study, we made a point of including respondents from a variety of workplace settings - large and small, manufacturing and services, labor and management. Some obvious differences were noted in terms of type of EAP:

- In-house EAPs, while rare, were only found among large companies, while an “outsourced” EAP or a “1-800” EAP was more the norm for smaller companies.
- Organizations with a lot of blue-collar workers were more likely to have programs that focused mainly or solely on substance abuse.

However, in terms of attitudes and understanding of EAP, the differences did not seem to be related to the superficial type of business as much as to the more subtle issue of company or union culture and tenure of the EAP. For instance:

- In a hospital with a history of taking care of its employees, having an EAP was a given. An established EAP was very much part of the woodwork, in the positive sense that it performed its function without close or critical management oversight.
- In a real estate company focused specifically on fiscal survival, an EAP served as a means of attempting to control health costs through increased management oversight of use of mental health benefits.
- In a large national manufacturing company, the Director of Human Resources touted the EAP as a company benefit. Meanwhile, the “program” was a printed list of referrals handled by a human resources manager. The director seemed to understand EAP and realized much more needed to be done in his program.
- In a union with an EAP paid for by management, the union representative valued the EAP as an employee benefit without necessarily understanding how it worked. The EAP was something to get and keep from an employee advocacy point of view.
- In a small union with an “in-house” EAP, the recording secretary, who does counseling and makes referrals, did not believe that any program sponsored by management would truly be confidential and aimed at employee well-being.

c. Differences among cities

Although I noticed some differences among cities, I believe that the differences were due more to the individuals and companies represented in the groups rather than to any major regional differences. While finding and keeping qualified employees was a national issue, this concern seemed more pronounced in Atlanta, which was still feeling the effects of the business boom of the 1996 Summer Olympics. San Francisco and Atlanta were most similar in terms of having a medium level of EAP understanding and interest. As a group, Baltimore respondents represented the most active and established EAPs.

2. Implicit Assumptions - The Dissonance Factor

To most effectively discuss the findings, I feel it is important to set the stage by acknowledging certain *implicit assumptions*, not directly addressed or formally identified in the study objectives, which nonetheless strongly affect understanding and analysis of this study.

These implicit assumptions come from my interpretation of concerns that task force members expressed during project planning, as well as from my own past experience as an EA professional. The implicit assumptions, all interrelated, are as follows:

- EAPs are not well understood or properly valued as an employee health benefit.
- EAPs are perceived as being too expensive and therefore vulnerable during budget reviews.
- EAP is in danger of significant cutbacks due to changes in health care delivery, specifically managed care.

In discussions with the EAPA task force members while planning the study, they seemed fairly sure about the implicitly assumed state of affairs and understandably apprehensive about what this would mean to the EAP field. My own experience suggested their concerns might be well founded.

Contrary to expectations, during the focus groups, respondents representing a wide variety of workplace settings and EAP types explicitly stated very different opinions:

- They understand EAP or *think* they understand it, and they certainly value it.
- EAPs are considered to be a cheap program - too cheap and too valuable to employee morale to consider dropping.
- Combining EAP with managed care is perceived as an efficient and logical way of providing health benefits. EAP's relationship to managed care is not an important issue.

Still, upon analysis, it is not evident if this point of view refutes or supports EA professionals' assumptions. Instead, what becomes evident is that decision makers have a different take on the situation — a very different perception of the significance of the assumptions than the perception that EA professionals hold. Respondents' message seems to be the following:

- EAP is not as *unimportant* as we think — there is little danger of losing this valued employee benefit.
- EAP is not as *important* as we think — it is not highly visible and it is not being evaluated closely. Those in oversight positions do not have high expectations or requirements for EAP performance. They did not know that EAPA existed. If they had, they might have used it as a resource.

In other words, respondents were basically happy with EAPs, but not, perhaps, in a way that would quell EA professionals' concerns about the future of the field. This premise is expanded upon in the next section, which addresses key concepts that emerged during the study. These concepts, for the most part, were not implied or anticipated during study planning.

B. Key Emerging Concepts

[Note to the reader: In this section, respondent verbatim quotes are used to illustrate points. Wherever possible, respondents are identified by city, title and type of organization. Each sub-section ends with an observation, which is intended as stimulus for further thought about the issue.]

1. Diminishing Stigma and Inherent Low Visibility

In the last five years, there is more of an acceptance of something that's there and needs to be fixed, dealt with. But in the past, there was this stigma, where you couldn't talk about the employee problem.... [Management, Baltimore]

I think we've been de-sensitized, because the [outsourced EAP] sends us quarterly a flyer to put up on the bulletin boards, and when they first came, they would say "Depression." And then there would be a discussion about depression. I remember thinking, "I can't put that on my bulletin board!" I really didn't know why, but the whole point was that this is a buried thing and I don't want to bring it out. "Stress" wouldn't be so bad, but "Spousal Abuse," you know! I can't put that on the bulletin board. And now...it's out there, and we know it's happening, and everybody knows it. [Human Resource Manager, medium-sized manufacturer, Baltimore]

We have videos to introduce it to the employees. It was presented in a very positive way: if your kids have problems in school, you can get help with that; if you have problems with child or elder care, you can get help with that; if you have financial difficulty, credit problems.... [Human Resources Specialist, medium-size law firm, Atlanta]

As indicated in the above comments, the stigma attached to discussing personal problems at work is diminishing. Talking about personal problems has become much more common and much more acceptable. While such problems may never be thought of as pleasant subjects, they seem to have been successfully recast as common and manageable issues to which there are positive solutions.

Even drug abuse, a major problem now that was barely an issue when EAPs started 25 years ago, has been destigmatized among respondents by the acceptance of drug testing at the workplace.

These changes, in which personal, emotional and substance abuse problems are "out of the closet," have made EAP less of a hard sell and more an integral part of the workplace. Still, some respondents made the point that, irrespective of the "stigma" issue, they viewed increased EAP visibility as potentially problematic, in that it would overly emphasize employee problems. Regardless of concerns about visibility, EAP seemed like an inherently low-profile program - used only by a small proportion of employees.

Are we encouraging it, kind of combing the waters, trying to encourage people to use it? Or are you trying to discourage them, or are you afraid that if you give it some publicity, you're going to find out you have a bigger problem than you first realized? So maybe you don't kick that sleeping dog. [Management, Baltimore]

Except that you don't really have a bigger problem than you had. It's just now identified, and you're trying to treat the problem. The problem is there. [Human Resource Manager, Medium-sized manufacturer, Baltimore]

[The EAP is] older than I am; not sure why they put it in. We get low utilization.... It's sort of: "You're darned if you do, and darned if you don't." I don't want a lot of our employees to go to the EAP, but I do want them to see the value in it. We're still getting the highest usage in drug and alcohol problems. [Benefits manager, medium retail company, Atlanta]

It's not a particularly visible benefit, unless you need it. [Management, Atlanta]

Observation: Decreased stigma is not all good news. It may contribute to another problem — management concern about overuse of EAP and undue emphasis on employee problems.

2. The EAP “Mantra” - It Makes Sense

That's why you find most employers that are involved in EAPs, because it is cost-effective. By getting to a person with a problem and getting it resolved, then this person is more productive during his working life, and they recognize that. That's why it's not a hard-sell job to get the EAP in. [President, Local Union, Chicago]

If you feel it's fair, you'll fight to defend it and never give it up...I don't think we would ever give up mental treatment or the drug and alcohol [benefit]. We are going to see more and more construction sites where there is pre-entry drug testing and maybe random testing.... [Business Agent, small local union, construction, Chicago]

It helps employees build their self-esteem, and for some, it helps them figure out, "Do I want to work here, or do I want to be doing something else in my life?" One of our job requirements is that they are healthy enough to come and do the job and to work. So it helps them be able to accomplish that part of the job. And it's not used very often, but when it's needed, it can be a real good supervisory tool. [Director of Human Resources, medium-size retail firm, San Francisco]

When a company provides an EAP, it is really a self-serving benefit, because in helping fix the employee, the company is getting rid of a lot of its own problems, and then it hopefully becomes more productive. [Benefits Manager, Large company, Baltimore]

During the group sessions, it was commonplace for respondents to sing the praises of EAP. It was as if they were believers who enjoyed explaining to others what they saw as a great thing. The central message was simply that EAP is an all-around good idea, helpful to both the employee, the employee's family and the workplace.

An exception to this attitude was a Director of Human Resources for a national real estate firm, that had just begun a managed care-related EAP as a means of controlling health costs. She was wary about the ultimate effectiveness of a “feel-good” program that required the company to become involved in employees' personal problems. Other respondents, speaking from years of experience, reassured her that the program would work.

Also, as noted above, unions perceived management's motives for having an EAP as strictly bottom-line oriented. However, the fact that management was not focused on employee advocacy did not deter from labor's positive perception of EAP's value. This is because in the process of serving management's interests, EAP was also obviously helping employees.

Observation: Strong support that both Labor and Management feel for EAP seemed to be based on general and broad acceptance that it made sense, not on extensive understanding of EAP. This leads to speculation about what type of promotion and education about EAP would be most beneficial.

3. EAP's Defense - It's Cheap

If you merge two organizations, you want the new company or bank to have something more than the old group had. So here is a benefit which sells well, photographs extremely well and it doesn't cost much. So that's something you get. But what it turned out to be was a real salvation for us, in that 10% of the people used it in the first year. In fact, it helped our employee relations situation; it gave people some place to go to talk about their kids, their wives, what have you. [Executive VP, large financial institution, San Francisco]

When we were looking at cost-containment, one of our managers said "I don't think we can afford EAP." But every manager in the place was ready to stone that woman, because it was like, "This is one of the greatest things we have ever done for ourselves and our workers, and don't get rid of it!" And it's cheap — our total cost for EAP out-of-pocket is \$40,000 for a population of 2,000 — \$20 a head. [Director of Human Resources, medium size hospital, San Francisco]

It's really inexpensive when you look at the big picture, when you look at the whole package of medical, dental, vision, supplemental etc., it is a very small piece. I'd show the utilization. I made a list of how many people had used it and how much it's costing us. I came up with an hourly rate - the value of the service and what we're getting. For \$25 an hour, it resolved real problems. [Director of Human Resources, small technical firm, Baltimore]

The value of it is great, but the actual physical cost is not that great. A lot of the participation is not with substance abuse, and a lot of the other stuff is much, much cheaper, and a much higher rate of success. So you're probably dealing with it once. You don't have the greater recidivism. [Director of Human Resources, medium size construction company, Baltimore]

They [management] put it on the table. It's a throw-in...that's not a cost factor on our side...because we look at it as saving them money. When it's something that you're giving my members, that's costing you money. But the bottom line is that EAP is saving you money now. [Executive VP of local telecommunications union, Baltimore]

It's sort of blind faith. It's a magnitude issue; you spend \$50,000 on EAP. What do you spend in total? \$4.5 million. [Management, Atlanta]

There it is. Suppose you spend all day and you improve your EAP from \$50,000 to \$40,000. You have saved \$10,000. You do a few little tweaks on the big picture, and you've saved \$500,000. Now, where are you going to spend your time? [Management, Atlanta]

The cost of EAP almost seemed to be a non-issue in companies where an EAP was firmly established. While it may be difficult, if not impossible to accurately track savings, the fact that EAP is perceived as such a minuscule part of the budget, seemed to secure its place as an ongoing

benefit. It seemed peculiar, not to mention stupid, to question a program that was appreciated by employees, intuitively good, helpful to management and also cheap. In contrast, in companies or unions where EAP was not firmly established, cost was mentioned as a definite concern.

We put our program in place as a means of controlling our health care dollars. To date, I can't tell you if it has been successful or not. I am somewhat skeptical as to whether it is actually saving dollars. It was put in within the last year. We had really high utilization in our chemical dependency unit. ...it is a gatekeeper whereby you may not [use insurance benefits], until you get a referral through your EAP. [Director of Human Resources, medium-size real estate firm, San Francisco]

EAP is a wonderful program; there is a need there and all...you have a cost effective issue too. And who is on the other side of the negotiating table? Management is there, and they are looking at it with a sharp pencil: "How much of a need is this? How much is it going to cost? Prove to me it is going to really help me and keep my men on the job." It's a challenge. [Fund Administrator, medium-size health fund, engineering, Chicago]

Observation: The perceived cheapness of EAP in organizations that are already familiar with it suggests that changes in EAP (e.g., managed-care involvement) are not necessarily introduced primarily as a means of cutting costs. Still, concerns expressed about costs in new EAPs suggest that cheaper EAP options may be selected without attention to or awareness of differences in quality.

4. Switching Programs - Switching Outcomes

A few respondents raised discussion about their concerns or experience in switching programs. In one case, a human resource director in a hospital proactively changed the program to an apparently more expensive program, which paid off in increased employee satisfaction and utilization. In another case, a local union Executive VP lamented the change to a cheaper program that obviously cut costs by cutting services. A third respondent, a human resource director in a construction materials firm was currently grappling with the loss of a retiring internal counselor who could not be replaced due to downsizing. Because of the human resource director's positive experience with the current arrangement, he felt strongly that any change would seriously compromise the program's effectiveness.

We used to have what I call the "1-800 EAP." It was so bad and so poorly utilized that [when I took this job]...we designed this format to be confidential, off-site, removed from HR, so that there was no feeling that Big Brother was watching.... Once we changed over, the utilization rate just doubled, and the satisfaction with the program doubled.... It was an endorsed program by the hospital, but separate in terms of it not being someone on our payroll. [Director of Human Resources, medium-sized company, hospital, San Francisco]

When vendors come in and they say, "We'll cut your cost for this by 30% in the next two years," there's only a few ways to cut that, and they will guarantee their year or two contract against that. And you have a rough idea how they're going to cut those costs: you are not going to have utilization. You're just not going to have people treated as often. ...I still believe that it works a lot better, looking at it long-term, when you have the oversight internally. You don't get [personal, ongoing follow-up] with a vendor. It's there; you use it, and if you don't contact us, the union or the employer, no one knows. [Executive VP, local telecommunications union, Baltimore]

I am coming to a crossroads, because I have had the luxury of having a part-time and full-time internal counselor and three regional counselors.... But my internal counselor is retiring...[and] I still want to have some kind of internal touchstone, someone that employees can reach out to. I can't hire; we are downsizing...I have to come up with a different approach. We have a 6-7% utilization rate, but it is changing. We're getting away from chemical dependence and alcohol into the less toxic stuff. ...[If I could], I would get that capability inside. I would do it in a heartbeat, because I've seen it work. I've seen good employees saved; I have seen marginal ones improved. [Director of Human Resources, medium-sized construction materials firm, Baltimore]

Observation: The above decision-makers understood the issues involved in making changes in programs. However, to emphasize the point made in the previous observation, the potentially strong negative or positive results of change may not be foreseen by decision-makers who, while very supportive of the concept of EAP, are unsophisticated about differences between types of programs.

5. Major Information Sources - Consultants and Marketers - Not EAPA

They were recommended by the broker-consultant that we use for insurance. And so when we were changing insurance programs, we were electing to go self-insured as an option. The EAP is actually affiliated with the counseling arm of a local hospital, that primarily does work in drug rehab and has spread out into other areas. They also contract with lots of other companies as well. [Director of Human Resources, medium size retail company, Atlanta]

I might have [consulted EAPA, if I knew about it], but I might not - simply because when the balls were rolling with us, we were already working with the benefits consultant, and it was just so easy to use that person for the EAP as well. [Human Resources Manager, small professional services firm, Atlanta]

I think when we were first starting to search the process and doing the shopping, it would have been nice to have talked to someone independently who would say: "OK, there are ten things you ought to look at in evaluating EAP programs." I mean, we knew nothing. When I started researching, I talked to HR people. It was OK, but it probably took too long and it could have been better and more efficient. [Management, Baltimore]

[I would want, from EAPA] communication and information about EAPs in general - what are the latest trends? What new programs are coming down? Training issues. What's involved with your certification program? I'd look at that information. I don't know that I'd memorize it, but I'd look at it. [Management, Atlanta]

A striking finding was that decision-makers' major source of information about EAP was either people not in the EAP field (e.g., benefits consultants, other human resource professionals) or marketers of EAP services. While apparently satisfied with the quality of information received, respondents were aware that the information was likely to be limited or biased. It seemed as if it had simply not occurred to them to seek out more comprehensive or less biased information. However, when informed about EAPA (which had a zero awareness level in the groups) respondents immediately saw the value of receiving information from a professional, rather than a commercial, or tangential source.

They seemed incredulous that they had not heard of EAPA. Still they assumed that the information likely to be available from EAPA would be relevant, of high quality and most importantly, objective.

Observation: The fact that decision-makers recognize and value objective information about EAP, but have neither sought nor found it, suggests that such information must be readily available for them to take advantage of it.

6. Evaluation - Important, but Sketchy

A discussion of evaluation issues is included here to set forth respondents' ambivalent views about it.

The only feedback we get is the number of people who participate. That's one way to quantify it. Number two, you look at your employee relations experience — Is it getting any better? We think it is. Can you put that in dollars and cents? Probably not. But you get a sense that our relationships are better. You get fewer grievances. What's the time-off situation? There's a lot of ways you could quantify it, but I don't know that we really got down there to the nuts and bolts. [Executive VP, large financial institution, San Francisco]

We get quarterly reports from this outside service that we use that breaks it down in every possible way — numbers of employees who came in, numbers of family members, whether they were office employees, whether they were shop employees — a whole list of what the problems were — whether they were marital or child or drug or alcohol or whatever. It's a 4-5 page voluminous report, all statistically done.... [Human Resource Manager, medium-size manufacturer, Baltimore]

But the accountant will say, "Show me the numbers," and most of the time you can't. You could show what you believe the numbers would reflect if you could capture them. [I tell the accountant], "Trust me." [Management, Baltimore]

We tweak our program based on membership appeals and letters. If you get enough letters saying a certain benefit is wrong, we will look to modify it. [Business Agent, small local union, construction, Chicago]

In some cases, evaluating the EAP was a regular and ongoing part of the human resource or contract-negotiating process. In other cases, evaluation was more of an intuitive knowing that the programs worked. Because there was no movement to discontinue programs, there was no pressing need to evaluate them closely.

Even respondents who received detailed reports about usage were aware that they had no dependable way of knowing that the programs were actually saving money. While they would love to be able to go into budget meetings or union negotiations with "hard numbers" indicating the cost/benefits of EAP, they doubted such numbers would materialize and doubted that their lack would endanger the EAP.

Observation: Respondents seem to disregard or work around the lack of convincingly justifiable evaluation tools. At the same time, it appears they would welcome a mechanism that provided more “bottom-line” confidence about their EAP.

7. Labor - A Special Case

As noted above in Section A.1.a. (Labor and Management), labor respondents were strong advocates of EAP without understanding it very well, and in many cases, not appearing to have access to very sophisticated programs. There seemed to be much more support for the concept of employee assistance than there was for actually developing programs. What was billed as a highly valued EAP could be ad hoc counseling done by a steward, a recording secretary making referrals to chiropractors or an arrangement with a hospital providing health care to also handle all of the union’s substance abuse cases.

As a business agent, I am a baby sitter, a counselor, I am a you-name-it. We don't have a formalized EAP, but we will get somebody to help. [Business Agent, small local union, construction, Chicago]

We have our own...hospital, so our members from the local use that hospital for everything physical and mental.... We have them admitted, or we recommend they go there for out-patient treatment.... There's a contact person there, and we have a nurse outside my office. She talks to them about the benefits and what's available, and [the Doctor at the hospital] takes care of them.... [VP, large international service union, Chicago]

I'm with a union group, and our main emphasis is advocacy for the workers in the industry right now. We also have incentive benefit programs... A lot of the [workers] come to us needing advice on making Worker's Comp claims. They don't know how to file those or not. They are not equipped to handle certain bureaucracies, so we do some counseling and some referrals to chiropractors...and it's difficult for us to help with medical expenses in health programs. But we try to give as much time as we can to our members.... [Recording Secretary, local union, transportation, San Francisco]

...a member who has a problem will come up to the union meeting or bring it up on the floor, so it's an on-going thing...drug problems, personal problems. Maybe he had privately gone to talk to the union reps about his kid or maybe himself.... So then we would find a social agency, the city or something. Then we realized what an important thing that was, what a problem it was becoming with our members and their families...and we'd go to our trust funds and our trustees, and to the HMO and say that we need a drying-out type of program for alcoholics and drug abuse, and here's what's available, and here's what it costs. We'd negotiate the best we can for it...It came directly from the members. [Secretary/Treasurer, international union, construction, San Francisco]

It should be noted that labor respondents used the term “EAP,” rather than “MAP” (Member Assistance Program). Still, they described programs that included a peer referral process, a feature which is typically associated with member assistance programs. In many cases, labor respondents spoke a somewhat different language than human resource people. Sometimes it was a matter of having different terminology or using different meanings for words. For example, when asked at the beginning of the session about “major issues in human resources today,” labor participants in the Chicago group responded in terms of the hiring function of human resources.

In the building trades, we're somewhat transient. We go from multi-employer to multi-employer. So HR depends on the union pretty much for dispatching of jobs.

Right now I'm dealing with the HR because I just had a layoff from the city, so I am talking daily with HR for the city, to try to find members that have been laid off jobs and go through them to see if they can put them someplace else with the city....

Other times the differences in language seemed more like a misuse of words or concepts.

[EAPs] are contracted with the International. It's all different contractors, so we use a lot of social services and clinical scientists. They come into our program and we buy into their services. [Fund Administrator, medium-size health fund, engineering, Chicago]

They look at how much money you would have wasted had you not been taken care of, and how much money you've saved us by going to this program....This is part of what the actuarial [sic] was doing, They do a marketing analysis. [Union, Chicago]

I started a project about six months ago, and I'm very proud of how it works. When we see someone that is mentally stressful, we don't have a conversation with them or attack them head-on; we do a personal, private mailing that goes out, literature that says "This is just for you." It goes to their homes. And more people have come in.... It takes a little psychology to see how this person's level is and how they are going to receive certain things. [Fund Administrator, medium-sized international union, service workers, Chicago]

In addition, a complicating factor in some unions is that their members work for multiple employers. A business representative from a local construction union in Chicago emphasized how this situation, as well as the "macho" attitude of most of the workers, made it difficult to link up with EAP services.

I'll be honest with you — we have [an EAP], and being in the building trades and given the male ego, no one ever wants to admit that they have a problem. Ours is in place to get drug and alcohol abusers out of the workplace, to make it safer. It's the last hammer for a contractor, short of firing him. And most union brothers can use our drug policy to say, if they smell alcohol on his breath, "Look, I don't want to have you have to go there." So they go home. It's a deterrent, just to go home and get rid of the guy.

EAPs seem to stem more from corporations. They got involved in unions...I tried to implement an adoption assistance program, and I ran through so many "what-ifs" from our administrator and our numbers cruncher, and it's basically that we are not AT&T.... EAPs are better in unions where [employees] are still in the same office for 20 years than in our case. There is nothing that really suits the multi-employer. ...It's harder to implement, I am telling you, with transient guys. We have snow birds that go to Florida for the winter.

There are no contractors in the building trades that are going to pay someone to [see an EAP counselor]

[The members] are the last to look in the mirror and say, "I have a mental problem."

Observation: Strong advocating does not necessarily translate to strong understanding or strong implementation. Corporations and unions seem to be worlds apart in their attitudes and knowledge about EAP.

C. Response to Specific Study Objectives

This section directly addresses the study objectives that were developed by the task force.

1. Decision-Making Factors in Establishing an EAP

- In some cases, respondents were not aware of how the EAP got started as they were not with the organization when it began, and information about the program’s history had not filtered down.
- In other cases, it was a classic example of sudden awareness and perceived need due to a top executive needing help with a very visible substance abuse or emotional problem that was causing obvious and substantial problems for the organization.
- Some of the newer programs were established as part of a drug testing program. This was especially true in organizations with a lot of blue-collar workers and/or organizations where industrial accidents are a big issue.
- Regardless of the timing or the specific precipitating reason for establishing a program, it also seemed like the obvious thing to do. EAP’s seem entrenched at the workplace, at least in organizations that have them. The inference was that “everybody’s got one” and so should we. Within an industry, the fact that a competitor had a program, was reason enough to establish and/or keep an EAP.
- EAP is considered to be a competitive benefit, i.e., a means of attracting employees. For unions, it is a member benefit to seek and fight for.
- Besides, it is considered to be a cheap program or even a program that pays for itself.
- EAP is recommended by benefits consultants and actuaries as a program to cut health care costs. A suggestion from these outside consultants can be enough to make a decision to establish a program.
- In terms of actually choosing what type of program to have, it is commonly through contact with marketing representatives from EAP providers. In-house programs, because they lack a marketing arm, have few champions. EAPA is not influential because it is unknown.

2. Perceived Current and Future Contributions of EAP to Their Business Objectives

- EAP is perceived as being instrumental in employee retention and productivity- both major issues in human resources today.
- Respondents were convincingly expressive about EAP’s intuitive benefit to employees and to their business - it simply “makes sense.”
- As noted above, it is a valued employee benefit. It is a selling point in hiring employees and maintaining the image of the organization as a good place to work. It could not be removed without an outcry from both employees who use it and decision-makers who understand its value.
- Because it is perceived as cheap and effective, EAP is an easy and attractive program to have. In a crunch, it would certainly not be the first thing to go — that would more likely be training (in non-industrial or technical settings) — and is likely not to be in danger at all.

3. Perceptions of Their EAP’s Directions for the Future

- Although respondents were willing to think about their EAP’s direction, they did not seem to have given it much thought in the past. It is a given — a nice feel-good program that could continue as is and be very beneficial.
- Respondents see less of a stigma attached to EAP over time, as public discussion about drug abuse and emotional problems becomes more commonplace.
- Offering eldercare services was a popular suggestion for future EAP services. Because it is a universal issue for all employees of a certain age, it has no stigma attached to it. Another reason for its popularity in the focus groups may be that eldercare is a personal issue for many of the respondents. The fact that EAP decision-makers are personally supportive of this idea may bode well for its success.
- When thinking about future needs, they don't distinguish between traditionally EAP-appropriate needs (e.g., employee psycho-social issues) and general needs of their company or union (e.g., dental care, flu shots, information and referral services for selecting colleges for employees’ children). It is as if EAP’s reputation for providing assistance on an as-needed basis is what stands out the most in terms of a desirable future direction. EAP could evolve to be the first place you check for services when you “don’t know where to go.”
- In addition to not being focused on their EAPs direction, respondents’ ability to make decisions about their EAP’s future is sometimes impeded by not having a clear understanding about the significance of the differences among types of EAPs. Their

knowledge derives from their own limited experience in choosing a program or from their experience in having a certain type of program over a period of years. While EAP decision-makers do talk to some extent with each other and may keep up with professional literature, their main source of outside knowledge is from EAP vendors, who have a vested interest in the type of program they are selling. EAP counselors, especially in external programs, seem to be practically invisible as information sources about EAP. In contrast, internal counselors could be in the position of trusted consultant, or at least be a valued part of the team. While such a person may subtly “sell” their own program, they are not perceived as active marketers of EAP.

- In order for decision makers to have a better sense of the future of EAP, it seems they need a better understanding of the present situation.
- Even though some EAPs have become much more visible in the workplace, it is perceived as an inherently low-profile program because it is low-budget and low-usage (at any given time).
- Respondents do not concern themselves about the overlap of EAP with other programs. They do not perceive controversy or feel a struggle between EAP and managed care. From their perspective, EAP involvement with managed care is a natural blending of health care delivery systems.
- Those who have switched from an effective program, regardless of type, to a less effective one, do notice the difference and acknowledge that changes made in EAP services based on cost-cutting are negative for the employee and for the company.
- An observation in terms of differences between management and labor when thinking about the future of EAP: Management thinks more in terms of *macro* changes, e.g., EA professionals doing organizational development consulting or preparing a national trends report on EAP. In contrast, Labor thinks more in terms of *micro* changes, e.g., providing employees with additional direct services, such as child care.
- One “macro-related” suggestion about future contributions of EA professionals as a group, was to make use of their combined insider’s knowledge of workplace problems to provide trends information to human resources professionals. Such information, because it would be aggregate across organizations, would not involve compromising individual or corporate confidentiality, but could be very useful to organizations in understanding and approaching current and future human resources issues.

4. Informational Needs to Help Manage/Evaluate Their EAP

- Respondents’ evaluation needs were not so clear, as they seem content with anecdotal information about the success of their EAP and with utilization reports received from providers.

- Also, some respondents did mention that in general surveys about employee satisfaction with various organization programs, EAP always received high ratings. In no case did a respondent suggest lack of supportive data being a problem in justifying their EAP.
- Still, effectiveness reports on how well the EAP is working (not just how many people are using it) would be welcome by human resource professionals. Some way of showing the cost benefits of the EAP would enhance their ability to defend upgrading their program or maintaining the quality of their current program.
- In terms of ongoing education on EAP, decision-makers in companies expressed an interest in short, one to two hour local seminars on how to evaluate different types of EAPs. They are not interested in an elementary course on “What is an EAP.” They are not interested in attending a national conference on EAP. It is perceived as being too expensive, too time consuming and too narrow to appeal to their broad human resources point of view.
- They are very receptive to seeing articles about EAP in their trade and professional publications and presentations about EAP at conferences. Though they have some recollection of hearing about EAP through these sources, their perception is that EAP-focused information is sparse.
- Although, like many employees, they feel overloaded with professional reading, they are also used to perusing it and feel obliged to keep up with it. Because they respect the idea of a professional organization for EA professionals, they would be likely to read flyers from EAPA that came across their desks.
- One respondent suggested that EAPA prepare a handbook of terms used in the EAP field so human resource professionals could more easily understand EA issues.
- A couple of respondents mentioned that they would expect EAPA to have an Internet presence. While few respondents currently use the Internet, having a “web presence” is getting to be an presumed element in any serious business-related organization.

5. General Perceptions of EAP Professionals and of EAPA as an Organization and as a Resource for EAP Information

- EA professionals (specifically, those who provide direct EAP services, not those who are marketing liaisons) are positively regarded, but are usually not well known to decision makers except in in-house programs. Marketing liaisons, much better known to decision-makers, also seem to be positively regarded.
- As mentioned earlier, it seems appropriate for EA professionals to have a low-profile. This is because of EAPs confidential nature, its low utilization compared to other organization-wide programs and the fact that it is an adjunct program - not directly related to the organizational mission.

- EAPA is an unknown entity to respondents. Mention of EAPA as sponsor of the focus group study was met by deafening silence and blank stares. Still, with the exception of some labor respondents (who did not seem to comprehend the concept of a professional association), respondents were very interested in EAPA as source of unbiased information about EAPs. They were also mildly interested in the idea of accreditation and were happy to know that EAPA had a certification program. Another area of interest was EAPA as a source of information to locate and rate prospective EAP providers.

- Respondents generally assumed the study was sponsored by an EAP provider and were surprised to hear that the sponsor was EAPA. While they feel EAPA has been remiss in not making its presence more widely known, they were in favor of EAPA's current effort to appeal to their needs.

III. RECOMMENDATIONS

[Caveat: These implications are based strictly on research findings, without regard for financial, political or strategic considerations and without specific knowledge of programs already in place.]

A. Recommendations for Action

A main message from this research to EAPA is that its lack of image among decision makers and decision-makers' receptivity to EAPA services presents a significant opportunity to create a positive image and provide useful services. A major marketing effort is called for if EAPA wishes to confront this opportunity. The following recommendations are made as a starting point in EAPA's thinking.

1. Use EAPA members to get the word out about EAPA to decision makers in their organizations, for example:
 - Provide them with relevant articles and information about EAPA activities.
 - Talk to decision makers in their work settings about the type of information wanted, then pass on that information to EAPA.
 - Add a one or two page “pull-out” section in the EAPA magazine on national issues and broad trends that is intended for EAP staff to give to decision-makers.
2. Conduct EAPA-sponsored local/regional workshops aimed at EAP decision-makers. Sessions should last no longer than two hours, should focus on national EAP trends and issues (not “How to Select an EAP 101”) and should emphasize the non-biased, objective, non-sales oriented nature of the session.
3. Include EAPA-sponsored talks on the agenda at regional and national conferences of organizations with some relationship to EAP.
4. Publish EAPA-sponsored articles in professional journals and association magazines and newsletters with some relationship to EAP.
5. Begin developing guidelines on how to select an EAP, explaining all types of programs and giving equal time to programs (i.e., in-house programs) that are not currently touted by vendors.
6. Retain the services of a marketing consultant to guide EAPA in developing and implementing a marketing plan.

B. Suggestions for Further Research

1. Quantitative Research (e.g., mail or telephone surveys)

To attempt to project findings from this focus group study, conduct a survey with the same kinds of key decision makers on EAP. Examine issues such as the following

- The relative importance of EAP compared to other employee benefits
- The influence of various information sources regarding EAP, e.g., brokers, consultants, EAP counseling and marketing staff
- EAPs' rating in organizations that conduct employee satisfaction surveys
- Decision-making factors in selecting an EAP
- Perception of “cheapness” of EAP in EAPs that have been established different lengths of time
- Interest in receiving information from EAPA, e.g., written materials about different types of evaluation, national trends in EAP and types of EAPA-sponsored workshops and seminars
- Interest in program accreditation
- Perceptions of future trends in EAP, e.g., eldercare, the concept of EAP as a one-stop information and referral source for a broad spectrum of employee concerns.

2. Qualitative Research (e.g., focus groups, in-depth interviews)

- a. Because labor and management concerns and approach regarding EAP are so different, do not combine labor and management respondents in future focus group research.
- b. Carefully choose respondents for the next study to represent the types of programs about which EAPA wants a deeper understanding, e.g., established in-house programs in large companies, managed-care based programs, “1-800” programs, etc.
- c. Use EAPA resources to ferret out certain kinds of hard-to-find respondents (e.g., people from organizations considering changing their type of program; people from organizations that recently made a change).

- d. In future research with decision-makers, bring in currently available EAPA materials for respondents to review in terms of perceived quality and relevancy to their needs.
- e. Consider further studies with the following groups:
- Decision-makers at companies and unions that do not have EAPs, to gain insight into the differences between them and organizations that do have EAPs, e.g., perceptions of cost, perceptions about the value and functions and different types of EAPs.
 - Decision-makers at companies that have switched types of EAPs, to learn the process used, their reasons for making the switch, and their perceptions of its success.
 - Chief financial officers, to explore their perceptions about the bottom line as it relates to EAP, their interest in evaluation and national trends in EAP, and their perceptions of the relevance of learning about different models of EAP when selecting a program.
 - Employee benefits consultants and actuaries, to learn how they receive and present information about evaluating and selecting EAPs.
 - EAP staff, to explore the concept of EA professionals providing organizational development consulting or national trend analysis to decision-makers.
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APPENDIX

RECRUITMENT CRITERIA

Mixed Labor/Management Group:

- people with management responsibility and decision-making authority *over* Employee Assistance Programs (EAPs) and Member Assistance Programs (MAPs), who do *not* work directly in the EAP/MAP. Titles, responsibilities such as:
 - Management: medical director, Human Resources (HR) VP, risk management director, employee benefits director)
 - Labor: Fund administrator, fund trustee, elected union officials (e.g., President, VP, secretary-treasurer), Negotiation committee chairperson or representative who bargains for benefits).
- mix of labor and management (mainly management, no more than 3 or 4 labor, total recruited)
- no more than 2 respondents with less than 2 years experience at their current level in some company
- mix of types of companies, (e.g., financial services, information, health care, manufacturing, etc.)
- some mix of types of EAP/MAP (e.g., internal [Staff], external [outside vendor])
- Management respondents should all *be* from private-sector, for-profit companies with EAPs that include a mix of large (5000+), medium (500-5000) and small (<500 employees) companies.
- Labor respondents should all *represent* private-sector for-profit business sectors that are a mix of large (5000+), medium (500-5000) and small (<500 employees) companies
- Labor respondents should include people from international and local unions, and health funds (union only and joint)

Management-only Group

- Criteria listed above that apply to management

Labor-only Group

- Criteria listed above that apply to labor

MODERATOR'S GUIDE - EAP Decision-Makers, 9/96

I. Introduction: focus group ground rules & format; Respondent introduction: name, occupation, company; General topic - Employee health benefits

[NOTE: The discussion will flow naturally, with interventions from the moderator to keep the conversation on track and to probe specific subject areas. The purpose of the following questions/subject areas is to stimulate thought. They may not be presented verbatim or in order, and in subsequent groups, different or additional issues may be included.]

II. Warm Up: General Discussion of important issues in Human Resources today. [E.g., What do they see as the changing nature of the employment relationship, their expectations from the work force, and how their human resources function will need to respond. [Listen for and follow-up on mention of EAP]

III. Main Discussion [Introduce EAP as major focus of discussion]

A. The Decision to Establish an EAP

1. General Discussion - How long have they had an EAP: their involvement in establishing it.
2. What (specific) factors influenced your organization's decision to have an EAP
3. Role of/relationship to risk management, disability management, workers' comp
4. Role of/relationship to managed behavioral health care, threat of violence response, alcohol and drug policies.
5. How did they decide what model of EAP (internal/external; stand-alone/integrated with managed behavioral healthcare) to select, and what configuration of services to include?

B. Perceptions of EAPs

1. What is the current role/perception of EAP in their organization?
2. What needs are EAPs meeting for them now? (e.g., in terms of business objectives, human resources)
3. Given the nature of the changing workforce, what future needs might be appropriately addressed by an EAP? [E.g., business objective needs met by the EAP]
4. Knowledge of EAP compared to other programs; How do they compare to other programs -- If you had a 25% budget cut in programs, how would you view EAP?

C. Management/Oversight of EAP

1. How do they evaluate whether EAP is doing the job it should?
2. Where do they currently get info used to evaluate the EAP and how valuable is it?
3. How do they set standards? How do they perceive the value of uniform data reporting?
4. What further info would assist them in evaluating or managing the EAP function?
5. Have they tried to get this information? If so, what were the results of these attempts?
6. What would be the most useful way (content and presentation) to get this information?

D. Perceptions: EAP workers & EAPA [Mention as research sponsor, if not done already]

1. Knowledge of/experience with/feelings about EAP professionals
2. Knowledge of/experience with/feelings about EAPA, local or national [e.g., mission, size of organization, CEAP credential, value of membership, conferences and workshops, EAP Program Standards, possible accreditation of programs (as distinct from certification of professionals)]
3. What do they think EAPA has done for them, or can or should do for them
4. Would they consider attending a conference whose major thrust is EAP?

IV. Conclusion: Final comments, Summary, Thank You's, Good bye's.

