EAP Services, Programs and Delivery Channels

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ABSTRACT. This Research Note reviews the major types of services that are provided by employee assistance programs (Individual, Managerial, Organizational and Administrative), the different kinds of service delivery models that are possible (Internal, External, Blended and “Free”), and the different communication channels used to provide EAP services (In-person, telephone and Internet).

What Are EAPs? Employee Assistance Programs (EAPs) are employer-sponsored programs designed to alleviate and assist in eliminating a variety of workplace problems. EAPs typically provide screening, assessments, brief interventions, referrals to other services and case management with longitudinal follow-up for mental health concerns and substance abuse problems. The source of these employee problems can be either personal or work-related. Those who work for EAPs come from many different professions including social workers, psychologists, counselors, substance abuse specialists, occupational nurses, and others. In Canada, the services are called Employee and Family Assistance Programs (EFAPs).

Individual Services. Services delivered to individual employees at the organization and their covered family members are by far the most commonly provided EAP services. Some of these services include conducting clinical case assessments, providing short-term problem solving and counseling, making referrals, ensuring follow-up, suggesting educational resources for self-help, and collaboration with other areas. The most common single kind of service provided by EAPs is individual assessment and referral with brief problem-focused counseling.

Examples of EAP Individual Services

- Assessment of the problem or need for EAP use
- Short-term problem solving and brief counseling
- Treatment planning for individual clinical issues
- Referral to community or benefit providers for clinical mental health or specialty services
- Referral to legal and financial assistance services
- Referral to work-life resources
- Referral to other health benefit programs/services
- Collaboration with treatment facilities, managed care organizations, managers, HR staff, and others regarding case planning and outcomes
• Follow-up with users of EAP
• Education and information for self-help resources

Managerial/Supervisory Services. EAP services can also be delivered to managers and supervisors at the organization. Some of these services include providing guidance about how to appropriately support employees, supporting return-to-work and work accommodation efforts, offering performance management guidance for managers concerning their employees, training and education and other management consulting and coaching.

Examples of EAP Managerial/Supervisory Services
• Supervisor training and education
• Assistance in how to refer employees to the EAP
• Guidance on appropriately supporting employees with personal or work issues
• Assistance with employees with return-to-work and work accommodation needs (e.g., disability, workers’ compensation)
• Guidance on employee work performance review, disciplinary issues, and drug testing results
• Management consulting and skills development
• Dealing with work-teams and group dynamics

Organizational Services. EAP services are also provided at the organizational level, either to the entire company or to smaller business units within the organization. Some of these services include advance planning and immediate response services for crisis events (e.g., accidents, violence, natural disasters), leading group interventions and support groups, company-wide educational programs, and supporting other internal areas with planning and implementing changes. Other organizational roles for EAPs involve interacting with unions and other benefit programs and services, such as work-life, health and wellness, drug-free workplace training and mandatory referrals, outplacement services, disability management, and risk management.

Examples of EAP Organizational Services
• Violence prevention and response
• Crisis and disaster preparedness management
• Traumatic and critical incident services
• Group interventions and support groups
• Employee orientation
• Educational services and programs, health and wellness presentations
• Organizational change management (e.g., layoffs, reorganization, downsizing, and mergers)
• Organizational development (e.g., leadership, work culture, employee engagement, inter-group conflicts)
• Specialty and auxiliary services (e.g., work-life, drug-free workplace, outplacement services, disability management, disease management, etc.)

Administrative Services. The fourth area of delivery involves basic administrative services that directly support the EAP program operations. Some of these kinds of administrative and account management services include the development of related policies and procedures, promotions, account management, customer service, website materials, staffing, professional development, clinical quality assurance, budgeting, referral resource development and maintenance, program reporting and involvement with various teams within the organization.

Examples of EAP Administrative Services
• Program structure and design (e.g., budget, advisory committees, leadership)
• Development of and adherence to organizational policies and procedures, and regulations
• Outreach, marketing and publicity for EAP
• Evaluation, reporting, and quality improvement
• Website development and maintenance
• Staffing and professional development/HR
• Referral resources development and maintenance
• Involvement with other committees, groups, and administrative teams within the organization
Of course, not all EAPs deliver all of these different kinds of services. The actual mix of services delivered by a particular EAP depends on many factors and most significantly on the delivery model.

EAP Program Models

Perhaps the most important question guiding the search for an EAP provider is to determine which type of program delivery model is the best for the organization. Most of the variability in this area is around the dimension of whether or not the program has dedicated EAP staff and management who are paid by the organization it serves (called Internal programs) or has staff and management who are paid by an outside vendor (called External programs). Many EAPs also combine different aspects of internal and external model features (which are called Blended or Hybrid programs). The four major types of organizations with internal EAP models are large corporations, government functions, hospitals, and universities and colleges. This model is also called a Member Assistance Program (MAP) when it is purchased by a union or by other types of member-based organizations.

Model 2: External Programs

External programs are defined primarily by having a vendor that is external to the organization that is hired to provide all or most aspects of the EAP program. An external vendor company employs the clinical staff who provide the support to the organization. Depending on how it is arranged, the degree of onsite presence for the External EAP is variable – but often lower than with Internal programs. The use of phone-based EAP counseling sessions for clinical cases may be emphasized. Telephonic 24-hour access and triage is available as needed. The use of the EAP for management consultations and other organizational services tends to be low compared to other program models. Website information and services for the EAP may be integrated into part of the company’s own website or may be established by the external vendor and utilized by all the vendor’s customers, though often with separate branding. Promotion of the EAP is low or moderate, often with limited local worksite events and trainings, and use of multiple mailings.

Comparison of Internal and External Models.

Experience shows that there are some distinct pros and cons of each type of delivery model. For example, there is no denying the higher levels of program utilization by employees that an Internal program typically experiences. Yet, utilization by family members of employees is not as high in Internal programs as it tends to be in External programs. Further, the internal model EAP staff does typically not provide the 24-hour immediate access for an Internal program, but rather this function is outsourced. In contrast, 24/7 access is readily available directly from the staff at External programs. Handling client confidentiality is a more difficult challenge for Internal programs than for External programs. Worksite trauma response services can be more immediately facilitated in an Internal program, and on-going/follow-up services are generally more substantial in an Internal program. The
sophistication of web-based materials and the depth and breadth of educational and community resources tend to be greater in External than for Internal programs.

**Model 3: Blended Programs**

Another common form of EA program delivery is a mix of the internal and external kinds of models – often called a blended or hybrid model. This model features a small staff employed by the organization that directs the EAP and provides some onsite clinical and management related services. In the blended model, most of the clinical services are typically provided by affiliate counselors who work for an external EAP vendor but coordinate their activities through the internal EAP staff.

Another form of the blended EAP approach is called a Joint EAP Model. It is associated with the EA program supporting the organization in general and also the union in particular. Unions have a long history of working closely with EAPs as unions were some of the early adopters of the workplace alcohol programs that preceded the modern EAP.

**Model 4: The “Free EAP”**

Another type of EAP model has become available in the last decade. In this model, the cost of the EA program is presented as being “free” to the purchasing organization. In actuality, its operating costs are just embedded in the fees paid for other insurance product(s) that are purchased by the organization from the same vendor that offers the EAP. Little is known from a research perspective about the quality of service and outcomes from these kinds of “free” EAP programs. Preliminary investigations reveal that the onsite presence of the EAP is usually minimal, with telephonic 24-hour triage and telephonic counseling services being the most common services provided by the EAP. The overall level of utilization tends to be much lower than the other three EAP models. Often the goal for having this kind of EAP is simply to provide access to emergency counseling and critical event response resources and to offer a minimal level of counseling services as an employee benefit.

Organizations work with EAPs for different reasons and thus there are different delivery models for how EAPs provide their services. Consequently, there is no one model that is superior to others. What is most important for the purchasing organization is to determine which aspects of the different delivery models are most needed and then to find out which kind of model can offer these services.

**EAP Delivery Channels**

EAP clinical services are most often delivered in-person or over the telephone, with web chat or e-mail exchanges over the Internet also used in some circumstances. Only a few studies have examined the experiences of EAP cases from in-person sessions compared to telephone sessions with counselors. The results of these studies found few meaningful differences between the two delivery channels. However, in these studies the cases were not randomly assigned to use the in-person or phone conditions and the cases in the phone condition had to meet clinical criteria for appropriateness and problem severity level.

The differences between in-person and phone delivery modalities for EAP contact thus appear to depend more on the goals and purpose of the program than on the delivery channel involved in the client to counselor contact. For example, some EAPs feature brief assessment of the employee’s problem in one or two sessions and if needed, a referral to other resources whereas other EAPs feature the use of multiple sessions of traditional psychological counseling.

The role of the Internet and website-based services has increased dramatically in the delivery of EAP. Online resources from EAPs commonly include information about the program, screenings, mental health and work-life education and trainings, search tools for services, and links to other resources. Web-based services have allowed many employees to become more familiar with the purpose of EAPs. Websites for EAPs are becoming more elaborate and offering access to provider lists, tip sheets, online health and wellness presentations, live Webinars, and self-assessment tools. Some EAP websites are embedded within the larger company intranet or HR website.
One advantage of a web-based approach is a lessening of the reluctance some people have about using EAP services. Offering clinical services and prevention over the Internet, where it can be accessed at any time with relative anonymity and complete privacy, might also reduce the stigma normally associated with mental health concerns and substance abuse problems. For example, at Ernst & Young, when they combined the website functions for the EAP, Work-Life and HR/benefits into one website, the result was an increase in the use of the EAP and of the Work-Life services – from 8% and 12%, respectively as separate services, to a combined 25% annually versus 20% for the year before when combining both services.

The use of online or web-based tools for the delivery of clinical counseling between EAP clinicians and employees is advancing as new practice model. With careful attention to ethical and privacy issues, the online method of counseling is being used successfully at some EAPs and its use is likely to only increase in the future.

Conclusions

There are four major types of EAP services: Those for individuals, for managers, for the organization, and administrative kinds of services. There are four major types of delivery models for EAP services: Internal, External, Blended and Free models. Most EAP clinical services are delivered through the traditional channels of face-to-face contact with counselors or over the telephone. The Internet is also becoming an important new channel for creating awareness of the EAP and for the delivery of information and clinical services.

References


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