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/ A QUALITATIVE CROSS-SITE DATA ANALYSIS
OF
EMPLOYEE ASSISTANCE PROGRAMS /

by

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B. S., Emporia State University, 1980

A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Family and Child Development

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1985

Approved by:



Major Professor

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The opinion of several program developers and directors of Employee Assistance Programs (E.A.P), is that seldom do any two programs look or work exactly the same (Wrich, 1974). The differences in employment environments, organization, labor-management relations, resources, goals, objectives and tasks, all have a bearing on the final composition of the program. The purpose of this study is to categorize, compare and contrast some of these differences and/or similarities. This qualitative cross-site study examines answers and responses to eight main questions by Employee Assistance Program directors. It is hoped that the findings from this study will provide a better understanding of attitudes, philosophies, beliefs and components of some Employee Assistance Programs today.

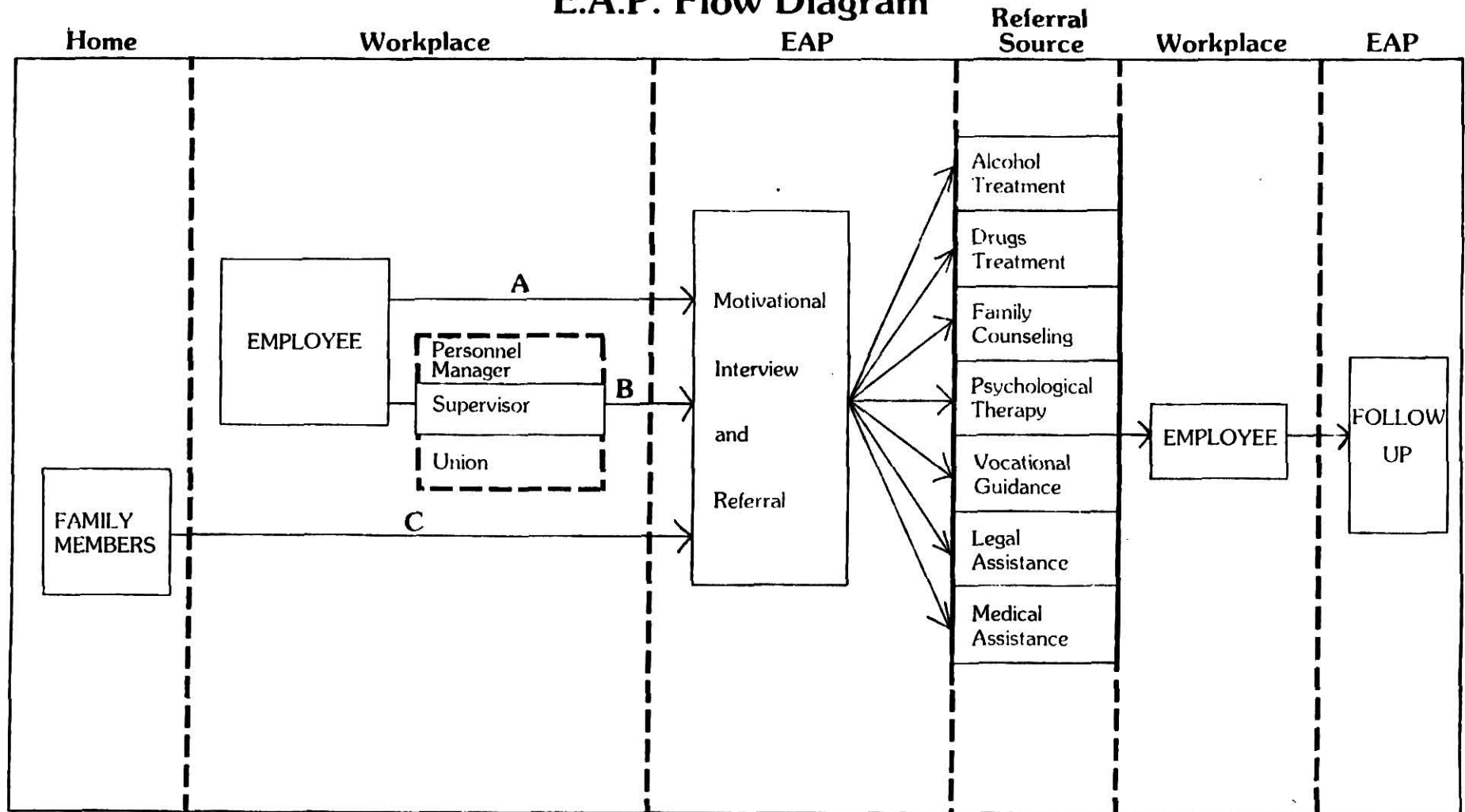
The limitations of this study include the fact that interviews were conducted with a small sample size of seven Employee Assistance Programs. These programs are all located in the Kansas City area, which limits generalization to programs in other areas. This study is also broad in scope and attempts to only touch upon several issues. With the one-time interview format, time constrictions limited the investigator's ability to gather any further follow-up detail with the questions. Although this method had these limitations, the findings should offer valuable insights into many aspects of currently operating Employee Assistance Programs.

LITERATURE REVIEW

Seldom do any two Employee Assistance Programs, look or work exactly the same. For this reason, it is difficult to accurately derive one, all inclusive definition for all programs. However, a good general definition would be the following: A program designed to work with organizations in helping employees cope with personal problems that impair or have the potential to impair their job performance. The flow diagram on the next page, shows the typical process involved with an Employee Assistance Program. Besides alcohol and drug abuse, a variety of problems including marital and family, physical, psychological, social, emotional, spiritual, legal, financial and vocational misplacement, are often causes of unacceptable job performance. The focus of this paper is mainly on services that are offered by the Employee Assistance Program itself rather than discussing community resources.

The very title, Employee Assistance Program, is intentionally broad. The reason is two-fold: first, the program is intended to assist employees in any way possible regardless of what the problem may be. Consequently, identifying the program with a single disorder or problem would be inappropriate. Secondly, one of the major concerns is to help alcoholic people, and experience has shown that one of the best ways to drive

E.A.P. Flow Diagram



- A — Employee Self Referral**
B — Supervisor Referral
C — Family Self Referral

Beitz, D. Supervisor Training Manual. Manhattan,
KS: Pawnee Mental Health Center, 1982.

alcoholics to cover is to label the program and staff with the term "Alcoholism or Alcoholic" program or counselor; the employees who need the program most will stay away in droves if the title includes the term "alcohol" (Wrich, 1974).

Components of EAPs

Typical program components of Employee Assistance Programs include both education and counseling/treatment. Components involved with this process include the EAP consultant, management, supervisors, labor unions, policies and procedures, the employee, the family, and community resources.

A review of the components of EAPs provides insight into poor utilization by professional groups. Traditional EAPs are based upon the identification of employees with personal problems through documentable deterioration in job performance (Comstock, 1983). One major problem is that the job performance approach does not incorporate a preventive component in the Employee Assistance Program. As current research indicates, problems often develop over a long time span. This indicates that observable warning signs are present long before a person is sanctioned for poor job performance and enters treatment. Late entry into treatment is expensive to the employee and to the health care industry because the problem has become entrenched and more deeply rooted. Consequently, business

incurs costs because of the continuous drop in job performance. In this context, there is truth in the saying, "An ounce of prevention is worth a pound of cure."

Qualifications of EAP Directors

Sorenson (1978) suggests that the ideal EAP director is a leader who understands business, politics, unions, management styles, alcoholism, drug addition, mental health, equal employment regulations, affirmative action and resources. He also admits that finding a director with all of these qualifications is practically impossible. However, the closer a director comes to meeting these qualifications, the better the chance of developing a first-class program. He also adds that because there is little experience in the employee assistance field, there is small chance that the program director is going to find a sufficient number of experienced Employee Assistance Program counselors. Other persons in the field have this same opinion (Birkland, 1983).

Marketing EAPs

Steiner (1983) asserts that there is a great deal of misinformation and misconceptions among EAP marketer/salespersons as to what marketing actually is. He says, unfortunately, that there are numerous articles

in professional journals that contribute to and support such misconceptions. He found that many EAP marketers have not even read the most basic marketing text. With the lack of thought into the marketing/sales process, the salesperson often tries to sell a product or service for which the consumer is not convinced and sees no demand, thus the sales process is terminated without the sale. Steiner strongly suggests, "...there is an abundance of sales people going from company to company attempting to sell EAP contracts who are totally and blissfully ignorant of the marketing process."

Prevention

According to Comstock (1983), as EAPs are addressing a variety of needs in industry and health care institutions, they are becoming more preventive in nature. The development model, a new variation of an old EAP theme, is one step further toward reaching impaired professionals, a group never before effectively reached by traditional EAPs. This model recognizes the concept that job performance deterioration is not as observable among professional employees because this group functions primarily in an unstructured environment. Hopefully, future programming will include a unique combination of prevention concepts through health promotion, a sensitive system of diagnosis and referral once problems have set in, and an eventual cost savings to both businesses and

the health care industry.

Research indicates that less than 2% of the total amount spent for health care has been devoted to prevention (Albee, 1985; Cohen, 1985). Evidence about prevention is notoriously problematic, because proof is sought that something did NOT happen on account of something that was deliberately done to prevent it. Yet, there is an ever-expanding body of evidence, much of it from the behavioral and social sciences, that shows that investments in health promotion and prevention offer returns not only in reduced health care bills, but in longer life, increased productivity, and an enhanced ability to deal with the pressures of modern life (Cohen, 1985).

The National Institute of Mental Health (NIMH) reported that almost 1 in 5 of American adults are mentally ill (Albee, 1985). Albee states: "To lessen the incidence of mental disorders through prevention, we must reduce problems in the three areas -- organic factors, stress, and exploitation of various kinds -- and increase in three others--coping skills, self-esteem, and support groups" (Albee, 1985).

American business is becoming increasingly sold on the importance of prevention and health promotion. American business currently pays approximately one half of the nation's health care bills. As a consequence, programs for employee health promotion are beginning to appear in businesses across the country. Japan, which has the most advanced employee fitness programs, is also first in life

expectancy and productivity. In order to encourage and expand what is still just an emerging trend in this country, Senator William S. Cohen has introduced legislation, the Preventive Health Care Incentive Act (S.1618,1983), to provide a tax credit to employers who provide preventive health programs for their employees (Cohen, 1985).

Religious Values

In the January 1985 issue of "Journal of Counseling and Development," a recent study showed that more than two-thirds of the respondents preferred religious counseling for family-oriented problems. Almost four-fifths thought that religious values were an important topic to be discussed in psychotherapy. Furthermore, 91% believed that a pastoral counseling center should be made available, and 53% indicated that they would seek counseling at a pastoral center if one were available (Quackenbos, 1985). This would seem to indicate a real need for religious-oriented therapy to be included in Employee Assistance Programs.

A Gallup poll study found 79% of the general public indicating they had made a commitment to Christ and 36% of the general public stating that they attend church weekly or more (Gallup, 1981). A study by Connecticut Mutual Life revealed 47% of the general population indicating they had made a personal commitment to Christ and 44% saying that they attend church frequently (Connecticut Mutual Life Report, 1981). Larson (in press), presented

evidence indicating that one's religiosity is not only positively associated with the maintenance of marriage, but also that religiosity is positively associated with the satisfaction within one's marriage. In yet another study, while family commitment was shown to be a high priority in many American families, this family commitment was frequently accompanied by a concomitant factor of religious commitment (Kennedy, Cleveland, Schumm, 1983).

Other research, especially that of Stinnett (1982), shows that commitment to a spiritual lifestyle (religious orientation) is a key component in strong families. Stinnett's research indicated that this component is one of six common qualities found in strong families. To study the family in our culture today without taking into account the religious factor is to ignore one of the most persistent of all social forces: "A person's religion is his framework of meaning, the source of his priority scale of values, the measure of his hopes, the wellspring of his most secure joys" (Pike, 1954). In this context, Employee Assistance Programs that do not offer services in the spiritual dimension or who have no knowledge or understanding of resources available in this area, would surely be missing a very important element in helping individuals and families. A program cannot be truly holistic if it does not seriously take into account or offer services in dealing with the spiritual needs of people.

METHOD

The sample group consisted of seven EAP directors with programs in the Kansas City area. The educational background of these directors included clinical psychology, business and marketing, social work, marriage and family counseling, and industrial psychology. Selection for the sample group came from the ALMACA directory, the Yellow Pages and leads from interviewed EAP directors as to other programs in the area. Of these seven directors, six were interviewed by appointment on site, while one was interviewed over the telephone. Four of the Employee Assistance Programs interviewed are among the largest such programs in the Kansas City area.

Interviews were based around eight main questions. The detail and depth of the answers were restricted by time limitations of the EAP directors interviewed. The following is a list of the eight interview questions with a brief elaboration as to why they were included:

(1) "What have been the main reasons why companies decided to incorporate an EAP in their organization?"

This question attempts to find out possible company motives for incorporating an EAP in its organization from the EAP director's viewpoint. Special consideration here is focused on humanitarian vs. utilitarian motives. It was hoped that the responses to this inquiry would aid in formulating

future marketing strategies for Employee Assistance Programs.

(2) "How effective has your EAP program been?"

The focus of this question was to compare utilization rates across sites, to look at cost/benefit statistics and to discover different evaluation procedures used.

(3) "To what extent is your EAP and/or companies concerned with helping employees in a holistic way?"

This question was asked to gain understanding as to the range of current services or lack of services offered when considering a complete holistic perspective including mental, physical, spiritual, social, and emotional dimensions.

(4) "What do you consider to be the main components of providing EAP services?"

The aim here was simply to find out what EAP directors considered to be the major aspects of their programs.

(5) "What is your major competition? And, what are some challenges you face in marketing your EAP?"

The purpose of these questions was to examine views and opinions in light of marketing issues.

(6) "How do you promote EAP services with existing contracts?"

This question was asked to find out different methods for keeping EAP services visible to the consumer.

(7) "How involved has your EAP been in prevention?"

The objective for this question was to examine current EAP services with an educative, preventive focus. Special attention here is in consideration of the extent EAPs are involved in prevention.

(8) "What qualities do you feel are important for a good EAP consultant?"

This question attempts to find out different attitudes and beliefs toward professional and personal attributes considered important for a good Employee Assistance Program consultant.

Most of the findings were set up in site-ordered, descriptive matrices. In this type of a qualitative analysis, sites are sorted from high to low on some important variable or variables (Miles & Huberman, 1984). Data in each matrix was categorized in an effort to compare and contrast findings to determine ranges of generality, uniqueness, differences and similarities across sites.

RESULTS

The responses categorized in matrix #1 have been drawn from the question: "What have been the main reasons why companies decided to incorporate an EAP in their organization?" These responses have been placed according to content and meaning in three categories -- Humanitarian, Utilitarian Competitive and Utilitarian Problem Management.

The first category, Humanitarian, refers to company motives as a devotion to helping the employee and his/her family primarily because of concern for their wellbeing. The second category, Utilitarian Competitive, refers more to a "bottom line" financial motive. This category considers more of the cost/benefit issues involved with a company's decision to use an EAP. Special consideration here is staying competitive with other companies and benefits that these other companies may offer their employees. The third category, Utilitarian Problem Management, refers to company motives being mainly that of needing ways to handle problem employees.

Four of the seven EAP consultants felt that company motives leaned more toward humanitarian rather than utilitarian reasons. There were strong opinions for both. As shown in matrix #1, one consultant made the statement: "Altruism is commendable but money is dependable." Another consultant made the statement: "Companies give lip service to cost/benefit, but the reasons are mostly humanitarian."

MATRIX #1

EAP CONSULTANT'S PERCEPTION OF COMPANY MOTIVES

	HUMANITARIAN	UTILITARIAN COMPETITIVE	UTILITARIAN PROBLEM MANAGEMENT
1.		BOTTOM LINE, EAPS ARE COST EFFECTIVE / 'ALTRUISM IS COMMENDABLE, BUT MONEY IS DEPENDABLE'	
2.	COMPANIES GIVE 'LIP SERVICE' TO COST/BENEFIT, BUT MOSTLY HUMANITARIAN		FRUSTRATED UPPER MANAGEMENT DON'T KNOW WHAT TO DO WITH PROBLEM EMPLOYEES
3.	COMPANIES DECIDE FOR EAP MOSTLY FOR HUMANITARIAN REASONS	OUR COST IS AFFORDABLE AND COMPETITIVE	
4.		GOOD BUSINESS SENSE / BOTTOM LINE	COMPANIES WANT TO IMPROVE MORALE / PAST EXPERIENCE WITH PROBLEM EMPLOYEES
5.	UPPER C.E.O. REALIZES HUMANITARIAN CONCERN FIRST, THEN ULTIMATELY HELPS RETURN ON INVESTMENT	LOWER LEVEL MANAGEMENT MORE COST/BENEFIT ORIENTED SINCE UNDER PRESSURE OF UPPER MANAGEMENT	
6.	FRINGE BENEFITS FOR EMPLOYEES 'PEOPLE ARE STICKING WITH JOBS LONGER WHICH RESULTS IN NOT AS MUCH A FOCUS FOR THE EAP TO BE A COMPETITIVE EDGE'		PROVIDES SUPERVISORS OPTION TO DEAL WITH PROBLEM EMPLOYEES
7.		EAPS ARE IN VOGUE / COMPANIES WANT TO BE COMPETITIVE SO THEY HAVE AN EAP FOR A COMPETITIVE EDGE	PROBLEMS

This obviously reflects two opposing views toward perceived company motives. There was no observed difference in the type of program motivation between comprehensive programs (programs that are more holistic in nature) and limited programs (programs that are less holistic in nature). The term holistic, refers to how equipped the EAP is in providing services in all five dimensions of personal needs; physical, mental, spiritual, social, and emotional.

Responses to the second question, "How effective has your EAP program been?", were given in light of utilization rates, cost/benefit statistics, and measurement procedures used. Quoted average utilization rates averaged 7% to 10% of employees. One director quoted a low utilization rate of 6.5% and one other director quoted a high of 15%. This single high figure of 15% is not including an extraordinary 30% utilization rate quoted by the same director from a newly-added company with an extremely high percentage of alcohol abuse. Another director reported that after supervisor training at a company, the utilization rate for that company peaks. There was a general consensus among all of the consultants interviewed, that the companies' utilization rates for EAP services generally follows that of a "basic life curve" -- a peak the first year dropping to a low rate, then an increase to a leveling off thereafter.

Measurement procedures included a sophisticated main frame computer program for one EAP. This EAP uses their

computer program for evaluating program effectiveness and analyzing utilization rates with a detailed distribution of the utilization. In addition to record keeping functions, this program has been a useful tool for marketing their EAP. With the use of the computer program, they have been able to show companies measured reduced absenteeism and reduced health care costs, ascertained from baseline data previously acquired from the company. Another EAP uses a much smaller computer program which can do functions such as calculate comparisons of marketing representative calls to number of sales. Other EAPs interviewed, use simple questionnaires to collect data on program effectiveness.

In matrix #2, a few of the major unique qualities have been listed. These qualities have been listed in order of "most comprehensive" EAP to "limited" EAP. The rank order is the same as in matrix #1. Like matrix #1, rank order has been based on how many resources the EAP has for serving human needs in a holistic sense. Consideration is given to the preventive or educative focus as well as the counseling and therapeutic aspect.

As indicated in matrix #2, the most comprehensive program offers services from a separate mental health center in conjunction with a large hospital located directly across the street. This EAP for example, has resources to offer many different services as part of its own program. Most if not all of the EAPs interviewed currently do not have the resources to address spiritual

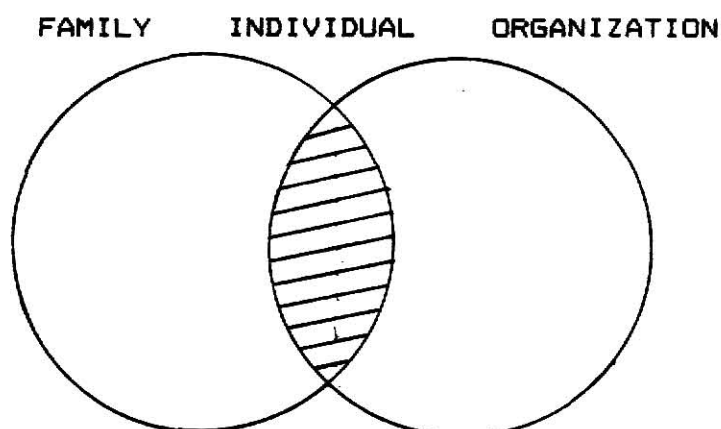
MATRIX #2

UNIQUE QUALITIES OF EMPLOYEE ASSISTANCE AGENCIES

-
1. HOSPITAL COMBINED WITH MENTAL
HEALTH CENTER / OWN ALCOHOL TREAT-
MENT FACILITY / PRACTICAL LIVING
CLASSES
 2. HOSPITAL BASED PROGRAM / SOPHISTI-
CATED MAIN FRAME COMPUER EVALUA-
TION PROGRAM / DEMOGRAPHIC FOCUS /
OWN CHEMICAL DEPENDENCY FACILITIES
 3. HOSPITAL BASED PROGRAM / EMPHASIS
ON SHORT TERM COUNSELING
 4. CONSORTIUM OF PRIVATE PRACTICES /
OWNED BY OUTSIDE PARENT COMPANY
 5. SEVERAL LOCATIONS DEMOGRAPHICS /
CEILING LEVEL COST ON SERVICES
RENDERED / MENTAL HEALTH CENTER
BASED
 6. PART OF 'TOTAL HEALTH CARE' PLAN
GET REFERRALS FROM DOCTORS ON SAME
PLAN / MENTAL HEALTH CENTER BASED
 7. OLDEST IN THE CITY / NO MARKETING,
REFERRALS ONLY / ALCOHOL TREATMENT
ONLY
-

needs, whether this is a perceived need or not. Only one director mentioned that his program previously had a chaplan and another director mentioned that he had a list of ministers as a referral resource. From the information, resources to address the spiritual element, when considering a truly holistic program, are virtually non-existent for these EAPs.

In response to the question about main components of an EAP, management and supervisor training was mentioned the most. Other more frequent responses included: a good policy procedure; needs assessment; consultation and referral; and a well-coordinated model. One director described organization development as a main component for his program. He used the example of how a company merger can cause a company to go through much change and stress. He believes for example, that it is important to consider the impact of this change and stress on the employee, in addition to considering any personal problems in relation to his/her family system. The diagram below perhaps explains this idea more clearly.



When asked, "What is your major competition?", most

EAP directors responded by mentioning other agencies specifically. One hospital-based EAP was mentioned by three different directors as a major competitor. A director from one of the smaller EAPs commented: "I never worry about competition...people are going to buy quality anyway." The directors who seemed to have a strong business and marketing orientation and who were keen on competition, were associated with the larger programs.

The following include responses to the question, "What are some challenges you face in marketing your EAP services?":

1. Working with a limited budget.
2. Maintaining staff competency.
3. Marketing an intangible item.
4. Continuing to be innovative and growing.
5. Dealing with the "crazy people" image of mental health.

In summary, as to different ways that EAP services are promoted, the most common responses included: posters, flyers, newsletters, supervisor training, word of mouth and presentations. More unique responses included: using a computer program printout of utilization and distribution statistics, quarterly reports, membership in community service groups and brown bag lunches.

Most responses to the question about EAP involvement in the prevention area, included stress management seminars and non-smoking clinics. One EAP director stated: "I feel the EAP model in and of itself is

preventive because counseling is made available before crisis situations." The hospital-based programs offered more in the prevention area than non-hospital-based programs. The most comprehensive EAP offers, as a part of their educational services, "Practical Living" classes. These classes include such topics as parenting, diet and exercise and just setting personal goals. Outside of the "Practical Living" classes mentioned by one program, preventive education addressing more of a family life focus was not mentioned as a part of the services for most of the EAPs interviewed. Family life education activities such as marital communication workshops, were not an emphasis for most of these agencies.

Matrix #3 shows a listing of responses to the question: "What qualities do you feel are important for a good EAP consultant?" The EAP directors/consultants were asked this question in light of their own careers. Most of the categories have been borrowed from an article by Grossman (1984). These categories were listed as recommended professional and personal attributes for Occupational Program Consultant (OPC) placements, but fit nicely with the purposes of this study. Categories for matrix #3 include:

MATRIX #3

	(1)	(2)	(3)	(4)	(5)	(6)
	PROFESSIONAL AND CLINICAL SKILLS	ORGANIZATIONAL AND ADMINISTRATIVE SKILL	INTERPERSONAL SKILLS	PERSONAL RESOURCES	BUSINESS AND MARKETING SKILLS	MISCELLANEOUS
1.	HYBRID BETWEEN BUS. AND CLINICAL BACK- GROUND	ABILITY TO WORK AS A TEAM / ABILITY TO DEAL WITH UNCERTAINTY AND AMBIGUITY	SENSITIVITY TO OTHERS / KNOWING HOW TO APPROACH PEOPLE	ENTHUSIASM AND INITIATIVE	MARKETING SKILLS / CERTAINTY OF WHAT YOU ARE MARKETING / HYBRID BETWEEN BUS. AND CLINICAL BACK- GROUND & EXPERIENCE	
2.	DRUG & ALCOHOL KNOWLEDGE		AGGRESSIVENESS BUT CONTROLLED		MOTIVATOR WITH NO NONSENSE / NEED TO MOTIVATE PEOPLE TO CHANGE AS QUICKLY AS POSSIBLE SO JOB PERFORMANCE DOES NOT SUFFER	
3.	CLINICAL DEPENDENCY KNOWLEDGE	THOROUGHNESS OF RECORD KEEPING AND REPORTS	TOUGH YET KIND	RISK TAKER / ASSERT- IVENESS IN A PROFES- SIONAL MANNER	BUSINESS MIND	
4.	CAREFULLY UNDERSTAND CLIENT NEEDS		ABILITY TO LISTEN / GOOD COMMUNICATOR / INTEGRITY AND ETHICS WITH FOCUS ON CLIENT NEEDS FIRST, AS PRIMARY FOCUS	INTEGRITY AND ETHICS WITH FOCUS ON CLIENT NEEDS FIRST AS PRIMARY FOCUS	PERSUASIVE / SIMPLE MARKETING SKILLS	
5.			WORK WELL WITH PEOPLE / WORK WELL AT DIFFERENT LEVELS OF MANAGEMENT AND LABOR (FLEXIBILITY)	ABILITY TO BE CREATIVE		'CLINICAL BACKGROUND IS NOT NECESSARY WITH THE POSITION I AM IN' / ORIENTATION TOWARD RESEARCH AND EFFECTIVENESS TOWARD PROGRAM
6.	COUNSELING ON FEET, CRISIS INTERVENTION	COMFORT IN UNSTRUC- TURED SETTING / GOOD SPEAKING SKILLS	PUBLIC RELATIONS SKILLS	LOOKS / ASSERTIVE- NESS / 'CANNOT BE OBSESSIVE COMPULSIVE	MARKETING SKILLS	'FULL TIME CLINI- CIANS WOULD BE BAD MARKETERS'
7.		ATTUNED TOWARD ORGANIZATIONAL MAN / ORGANIZATIONAL IN- SIGHTS AND ABILITIES	PUBLIC RELATIONS TEMPERED WITH SIM- PLICITY / ABILITY TO READ PEOPLE	ASTUTE - 'LOOKING TO BUILD A BETTER MOUSETRAP' / A GOOD HEART / ATTRACTIVE TO A LARGE CROSS- SECTION OF THE POPULATION		

(1) Professional and Clinical Skills

- *Degree of confidence and experience in clinical skills including a working knowledge of the brief treatment model.
- *Basic skills in assessment and referral.
- *Education and working knowledge of alcoholism and the addictions as an illness.
- *Familiarity with systems theory.

(2) Organization-Administrative Skills

- *Ability to organize and control work flow.
- *Demonstrated verbal and written skills.
- *Ability to work in a setting with less support than typically found in social service agencies.
- *Ability to function autonomously and to make needs known.

(3) Interpersonal Skills

- *Maturity and self-confidence.
- *Ability to deal tactfully and effectively with others in a variety of situations.
- *Ability to perceive and react sensitively to the needs of others.
- *Willingness to work with a team.
- *Ability to accept and successfully use the supervisory relationship.

(4) Personal Resources

- *Degree of willingness to take risks based on ones judgments.
- *Initiative to influence events and actively participate in reaching goals.
- *Suitable business appearance and presence.
- *Tenacity in problem solving.
- *Creative, innovative style.
- *Sustained, positive attitude toward oneself and others.

(5) Business and Marketing Skills

- *Ability to understand and deal with competition.
- *Persuasion skills.

*An appreciation and understanding of bottom line company concerns.
 *Ability to fit product or services to customer needs and objectives.

(6) Miscellaneous

*Responses that do not fit clearly in other categories.
 *Responses not directly related to a single category.
 *General remarks.
 *Unique responses.

A breakdown of the categories from most to least responses are as follows:

Interpersonal Skills	(12 responses)
Personal Resources	(10 responses)
Business and Marketing Skills	(8 responses)
Organizational Administrative Skills	(7 responses)
Professional and Clinical Skills	(5 responses)
Miscellaneous	(3 responses)

DISCUSSION

Results of this study indicate, company motives for incorporating EAPs in their organizations vary between different humanitarian and utilitarian reasons. If the EAP salesperson is aware of these customer objectives or "hot buttons" when trying to sell to different companies, he will surely be more successful. For the EAP salesperson to discover what these "hot buttons" are, he must have an understanding of marketing strategies and how to implement these strategies. Future researchers may want to research reasons for the different company motives

in using Employee Assistance Programs.

One EAP director indicated organizational development as a major component of his program. There are many different opinions today concerning EAP involvement with organizational development. Is this a positive direction for Employee Assistance Programs to move? This is a question future research may need to address.

Stress seminars were mentioned the most, in response to EAP involvement in prevention. Albee (1985) mentions that ability to cope with stress is a key issue for prevention to lessen the incidence of mental disorders. The question here is, who attends these stress seminars? If only the employees attend, how effective are these seminars when considering stress related to marital and family problems? The divorce and increase of reported family violence today may be related to increased stress at home. If these be the case, unless there is more of a family focus to help the whole (the family) rather than only one part of that whole (the employee), how effective are these stress seminars in the long run?

Future preventive efforts hopefully will be in primary prevention--helping individuals and families before problems or crisis situations develop. Steps in this direction might include some of the following: helping families deal creatively with conflict; communication skills training for couples; parent education programs; organized Bible studies; company-sponsored outdoor activities for employees and families; and marriage

enrichment seminars. In 1953, 32 years ago, the Family Service Association of America addressed health in families through a pamphlet titled, "What Makes For Strong Family Life." That document closed with this paragraph:

"The family is important because it shapes us. More than any other force, it determines the kind of people we are and the kind of people tomorrow's citizens will be...The family...will be the most powerful influence in the development of peoples' personality and character."

Literature indicates that businesses are beginning to realize the importance of prevention. It is also believed that EAPs are beginning to have more of a preventive focus. Research shows only a very small percentage of money spent on health care (2%) is spent in the prevention area. Clearly, this research statistic as well as the findings in the study at hand, show that we have a long way to go if we want to be the most effective in helping the most people. Albee (1985) suggests that instead of spending most of our time, money and energy on one to one treatment, we should develop large scale preventive efforts along the lines developed by public health pioneers in dealing with organic diseases such as polio, smallpox and measles. It is accepted public health wisdom that widespread pathological conditions affecting millions cannot be brought under control or eliminated by treating affected individuals. No number of heart transplants will reduce the incidence of heart disease.

Based on information gathered from the interviews, one of the most significant findings in this study is that most, if not all, of the Employee Assistance Programs

interviewed, do not seem to have resources to address spiritual needs. One director commented that he had a list of ministers and seemed to imply that by having this list, he was addressing spiritual needs. In this case, wouldn't any program that has a telephone book with Yellow Pages, be able to offer basically the same thing? It makes sense that the holistic-oriented Employee Assistance Program which adequately offers resources in the spiritual realm, as well as mental, physical, social, and emotional, would be more equipped and thus more effective in serving human needs. It would also make sense that this type of program would ultimately be the most competitive among programs that did not offer the full holistic spectrum of services.

As research has indicated, a large proportion of society places a high value on family and a high value on religious commitment (Kennedy, Cleveland, Schumm, 1983; Gallup, 1981; Connecticut Mutual Life Report, 1981; Stinnett, 1983; Larson, in press). This research, as well as increasing awareness of the positive aspects of prevention, indicates that our most effective resources would be those for building family strengths within the family's value system.

To quote a well-known psychologist, Paul Tournier, from his book "To Understand Each Other," "In order to understand completely, we need to realize that man is a four part being including: body, emotion, mind and spirit.

I believe the spiritual part of man, often the missing dimension, is the most significant of the four. Unless this spiritual dimension is filled by a personal relationship with God, man is condemned throughout his lifetime to an endless treadmill of activity in an attempt to fill it. Some try to educate it out of existence, others attempt to ignore it, and still others seek a variety of self-gratifying experiences--but all to no avail." Perhaps these self-gratifying experiences that Paul Tournier mentions could include alcohol and drug abuse. With this being the case, the Alcoholics Anonymous organization is a good example of a program which recognizes and includes the spiritual dimension as an important component in helping people recover from alcoholism and live happy, successful lives.

Employee Assistance Programs have come a long way since the early Occupational Alcoholism Programs in the 1940s. With the "broadbrush" approach, programs are now offering services and resources for a wide variety of human service needs. With expanding awareness and increasing knowledge in the Employee Assistance field, the future looks hopeful for even better, more effective programs. As with almost anything though, there is always room for improvement. Continuing to build on strengths, realizing and compensating for limitations, and finding better, more effective ways in helping people, are challenges which the EAP field is faced with. If Employee

Assistance Programs realize that these challenges are a continual, ongoing process and their underlying motives are to honestly help people in the best way possible, then these programs are bound to be successful.

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A QUALITATIVE CROSS-SITE DATA ANALYSIS
OF
EMPLOYEE ASSISTANCE PROGRAMS

by

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B. S., Emporia State University, 1980

AN ABSTRACT OF A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Family and Child Development

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1985

This qualitative cross-site study examined responses of seven Employee Assistance Program (E.A.P.) directors to interview questions designed to categorize, compare and contrast their human service approaches and program components. Programs were classified on a continuum from most comprehensive to least comprehensive and were analyzed as to corporate motives for their EAP, program components, degree of approximation to a holistic approach, perceptions on EAP effectiveness, marketing approaches, promotion of utilization of services, involvement in prevention, and perceived qualities necessary for an EAP consultant.

Major findings include omission of the spiritual component and a limited focus in the area of prevention. These results were discussed in the context of a review of related professional literature.