Helping Troubled Employees: An Analysis of
Selected Employee Assistance Programs Under Management Auspices

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CHAPTER I

INTRODUCTION AND RESEARCH GOALS

The domain of social welfare and the domain of work are rapidly converging. (Ozawa, 1980: 466)

Due to an interplay of multiple economic, political, social and legal forces over the last two decades, employers have been under increased pressure to provide a growing number of health and social services to their employees (Spencer, 1979; Ozawa, 1980; 1982; Kamerman & Kingston, 1982; Kolben, 1982; Masi, 1982; McGowan, 1984). According to one author: "Over time, corporations have almost inexorably assumed more and more responsibility for the wants and needs of their employees...In ten years' time, corporations may be the prime deliverers of all human services in this country..." (Carlson, quoted in Barrie, et al, 1980).

The scope of the numerous personal services currently provided by industry is broad and in some ways seen as comparable to the personal social services funded and/or delivered by voluntary or governmental agencies (Kamerman & Kahn, 1976; Kahn, 1979; Akabas & Kurzman, 1982; Kamerman & Kingston, 1982; Masi, 1982).

The services currently offered by industry address a wide variety of needs of both the working class and executive personnel (Akabas & Kurzman, 1982). The personal services provided by various employers include: assistance with legal and financial problems (Slotkin, et al, 1971); stress and mental wellness programs (Masi, 1982); information, referral and counseling for family and personal problems (Kolben, 1982; Masi, 1982; McGowan, 1984); and diverse educational, physical fitness and recreational
programs (Thomas, 1982). Employer sponsored programs benefit the young, the middle aged and the old and range from child-care (Kamerman & Kingston, 1982; McGroskey, 1982) to pre-and post-retirement counseling (Thomas, 1982).

Within these varying and expanding personal social services provided by industry, the most rapid growth has occurred in the development of programs and services which are concerned with the identification, motivation, counseling, referral and follow-up of employees with personal problems (Maai, 1982). It is these programs, commonly referred to as employee assistance programs, that are the focus of this study.

Definition of Terms

A review of the literature reflects that in addition to the term "employee assistance programs" numerous other labels and program titles are given to such industrial personal services (See Appendix G). While some authors (McGowan, 1984) view the term "employee counseling program" as a more generic concept reflecting the range of workplace-related counseling and referral services, others utilize the terms "employee counseling" and "employee assistance" interchangeably (Leavitt, 1983) or synonymously (Schmidz, 1982; Fisher, 1983). National studies of work-based programs indicate that the term "employee assistance program" or "EAP" for short, is the most frequently used title for such employer sponsored personal social services or programs (Roman, 1980A; Weiss, 1980).

Thus, the term "employee assistance program" has become the generic label for all "programs established to assist employees in the resolution of personal and social problems that appeared as symptoms in deteriorating job performance" (Googins, 1976: 204); while the term
"troubled employee" is a frequently used label for employees whose personal problems impact upon their job performance (Pollmann, 1978; Filipowitcz, 1979; Kuzmitz & Hammons, 1979; Bolyard, 1983; Johnson, 1985). The development of these terms and the nature of employee assistance programs are discussed in the next chapter.

The Need for Employee Assistance Programs

The function of employee assistance programs is to address and remedy the social and health needs of troubled workers. The scope and the costs—both economic and social—resulting from the personal problems of employees are enormous. It has been estimated that 80 to 90 percent of all industrial accidents are related to personal problems, that 15 to 30 percent of the work force is seriously handicapped by emotional problems, and that between 65 and 80 percent of those fired are so due to personal rather than technical factors (Brown, 1973). A 1980 national study conducted by the Research Triangle Institute for ADAMHA found that the annual economic cost of alcohol, drug and mental disorders was $190.6 billion and that 56 percent ($50.6 billion) of the overall costs of alcohol abuse and $25.7 billion of the costs of drug abuse were related to reduced productivity at the workplace (DHHS, 1983).

The national picture is replicated in the State of New York. A 1983 study conducted by the Research Triangle Institute shows that lost production related to alcohol abuse and alcoholism cost New York employers $4.6 billion annually and that the costs related to lost employment amounted to over $400 million. An additional $430 million in lost employment and productivity was related to the use and abuse of drugs (NYSDAAA, 1985).

EAPs are increasingly being viewed as effective means of addressing
the drug, alcohol as well as numerous other personal problems experienced by employees (Schramm, 1978; Filipowicz, 1979; Masi, 1982). Consequently their utilization by industrial and labor organizations in both the private and public sectors has grown rapidly: The 50 programs in existence in the U.S. during 1959 increased by 1983 to an estimated 8,000 programs covering millions of workers (Pollman, 1976; Roman, 1983). During 1981, approximately 12 percent of all the New York State workforce had access to an employee assistance program (NYS Announces...1982).

The number of EAPs, as well as the number of professionals employed in these programs appears to be increasing rapidly (Francek, et al, 1985). The membership of ALMACA, the international association of professionals in EAPs, grew from a couple of dozen founding members in 1971 to almost 4,000 members by mid-1984 (O'Connor, 1984).


Despite the large number of programs and the increased literature, our understanding and knowledge of this field is still limited and further research is deemed essential (Jones, 1983; Roman, 1984; Trice, 1984).

Rationale and Purpose of Study

The growth of employee assistance programs has numerous implications for social workers and social welfare.
Employee assistance programs are the largest component of the rapidly growing field of industrial social work (Feinstein & Brown, 1982; Masi, 1982). While there is a lack of information regarding the number of social workers employed in such programs, it is generally agreed that employee assistance programs provide important training and employment opportunities for numerous social workers (see Efthim, 1976; Ozawa, 1980; Kurzman & Akabas, 1981; Madonia, 1983; Gould, 1984, etc.). Yet, there has been minimal research examining the skills needed or the roles and functions performed by social workers within these programs (Ozawa & Alpert, 1981). The growth of EAPs also raises questions regarding who is being served by these programs and are these programs duplicating existing community-based services and thus diverting clients as well as scarce financial resources from community-based human service programs (McGowan, 1984).

While there is an abundance of literature describing individual employee assistance programs (Skidmore, et al, 1974; Weissman, 1975; Miller, 1977; Akabas, et al, 1979; Rostain, et al, 1980; Smirnow, 1980; Feinstein & Brown, 1982; Leavitt & MacDonald, 1983, etc.), systematized research in this field has been minimal (Cohen & McGowan, 1982; Roman, 1984; Trice, 1984).

Thus far, no generally acceptable typology of the various employee assistance programs which are in existence today has been developed. Nor have there been any attempts at an analysis of the factors which may account for a company's decision to implement such a program. We also lack knowledge about the distinct characteristics and the advantages or

* A survey of social workers employed in industrial settings has been undertaken recently by NASW.
disadvantages inherent in the various program models existing currently (Cohen & McGowan, 1982), and whether certain program models are better suited to certain work organizations or to certain groups of employees. We also do not know how this relatively new human service delivery system interfaces with the already existing personal social service delivery system (Cohen & McGowan, 1982).

Although EAPs can be found in every state of the Union and in many other industrial countries (Ziegler, 1979; Shain & Groeneveld, 1981; Carmody-Sheehan and Terry, 1983; Bargal & Shamir, 1984; etc), a preliminary study of EAPs conducted by the author indicated that all the various program models identified in the literature and in discussions with experts are well represented in the Metropolitan New York area. Thus a sample selected from the EAPs in the Metro New York region can be considered to reflect the diverse types of programs found nationally.

Since, as indicated previously, there have been few research studies in this field, the general purpose of this study is to increase our knowledge and understanding of this new field and to provide baseline data which can be examined more systematically in future research. The primary objectives of this exploratory and descriptive study of employee assistance programs are:

1. To provide an overview of the scope and models of EAPs in existence in the Metropolitan New York area during 1982, and to develop a typology of EAPs which would encompass all the identified programs.
2. To increase our understanding of the nature and characteristics of private sector EAPs provided under management auspice.
3. To ascertain the possible advantages and disadvantages of in-house
vs. contracted-out EAPs.

4. To explore whether the utilization rate, the characteristics and the presenting problems of EAP users differ depending on the program model available to them.

5. To examine the linkage of this relatively new system delivery system to the existing social service delivery system.

6. To increase the knowledge base of industrial social work—a rapidly growing field in the training and employment of social workers.

The findings of this study are discussed in the five chapters following the review of literature and a chapter on methodology. These chapters provide: an analysis of the identified universe of employee assistance programs in the Metropolitan New York Area and a discussion of the characteristics of the organizations which were selected for detailed examination (Chapter IV); a comparison of past and current characteristics of EAPs (Chapter V); a comparison of in-house and contractual program models (Chapter VI); and a discussion of the linkages of EAPs with community facilities and the perceived value and actual roles of social workers in these programs (Chapter VII). The final chapter (VIII) provides a summary and discusses the implications of the findings of this research study.
CHAPTER II

REVIEW OF THE LITERATURE

No other technique for the conduct of life attaches the individual so firmly to reality as laying emphasis on work; for his work at least gives him a secure place in a portion of reality, in the human community. (Freud, 1930:27)

Although the focus of the social work profession has always been on the "human community", the workplace—the "crossroads of life" according to Bertha Reynolds (1975)—has frequently been an ignored component of this community. This is no longer true. Over the last fifteen years social workers, as well as other professionals, have rediscovered that the workplace "is not for work alone (but)...a unique and important site where employees can and should be informed about non-work related services and where actual diagnosis of selected needs and delivery of selected services can take place." (Spiegel, 1974:31). This chapter will provide a review of the literature dealing with the provisions and growth of non-work related services sponsored by employers and, in particular, the development and scope of programs and services for "troubled" employees in the form of employee assistance programs. It will also discuss the nature and models of EAPs and the current research issues in the field.

The Corporate Social Welfare System

According to the 1980 U.S. Census, two-thirds of the almost 100 million civilian employees, approximately 65 million Americans, worked in the private sector of the economy (BLS, 1982). Many of their employers offered these workers various social and health services and benefits which to a significant degree supplemented the wages and salaries of these
workers. These services and benefits cost the average employer around 30 percent of total wages and salaries (Masi, 1982; Kurzman, 1983) and comprise what has been termed the "occupational welfare" (Titmus, 1969; Weiner et al, 1971) or the "corporate social welfare" system (Kamerman & Kingston, 1982).

The development and nature of today's corporate social welfare system "represents the product of an evolving capitalist system, conditioned by particular American circumstances" (Kamerman & Kingston, 1982:150) and can be traced to the welfare capitalism prevalent in American industry during the late 19th and the early 20th century. The nature of welfare capitalism and its relevance to modern day employee assistance programs will be discussed below.

The Development of Welfare Capitalism

In his historical review of American welfare capitalism, Stuart Brandes (1976) defined welfare capitalism as "any service provided for the comfort or improvement of employees which was neither a necessity of the industry nor required by law" (p. 6). Not surprisingly, the first industries to adopt welfare practices were also among the largest. They were also "very profitable...and thus had two important ingredients for a positive attitude toward welfare: a large enough number of employees to justify a systematized welfare program and the wherewithal to pay for it quite comfortably." (Brandes, 1976:14). As will be discussed later, these two factors remain true in the development of modern employee assistance programs.

The motivations contributing to the development of welfare capitalism appear to have been a blend of several factors including: humanitarian and paternalistic concern for the workers (Carter, 1977; Nelson &
Campbell, 1972); an attempt to deal with some of the social problems caused by rapid industrialization (Brandes, 1976); avoidance of worker militancy and trade unionism (Popple, 1981); reduction of production costs (Nelson & Campbell, 1972); the acculturation of immigrants and young people into the labor force (Popple, 1981) and means of "indoctrinating workers into accepting corporations as the central institutions of modern American life" (Brandes, 1976:8).

While a discussion of much of welfare capitalism—the provisions of company stores, recreation programs, housing, education, religious activities, etc.—is beyond the scope of this study, two aspects of welfare capitalism are relevant to the development of today's employee assistance programs: the various attempts of employers to combat the drinking habits of their workers, and the employment of "house mothers" and social workers or social secretaries to deal with other personal problems of the employees.

The Use of Welfarism to Combat Employee Drinking

Prior to the early years of the twentieth century, drinking was deeply embedded in both the leisure and job behavior of American workers. Saloons were a frequent substitute for the homes and families left behind by immigrant men as well as for the numerous transient workers such as those constructing the nation's rail system (Menkel, 1908 in Brandes, 1976). Employees in many occupations drank on the job, frequently at the employer's expense and "often during specific times set aside for imbibing" (Trice & Schonbrunn, 1981:172)—the equivalent of modern day coffee break. One of the first recorded instances of concern regarding the drinking habits of employees is found in the writings of Dr. Thomas Dyott, a physician who established a glassworks factory in
1815 in Dyottsville, Pennsylvania. Deciding to produce "different habits" among his "intemperate" workers, he hit upon a multi-prong solution: the establishment of a "dairy, a chapel, a shop committee, and a school" (Dyott, 1833 quoted in Brandes, 1976:52).*

Numerous other employers also attempted to influence their employees' drinking habits and access to alcohol. For instance, when the president of the National Cash Register Company learned that a saloon was going to be opened across from the factory, "he purchased the cottage himself and began a kindergarten instead" (Brandes, 1976:12).

As the temperance movement began to gain momentum in the mid-1800's, drinking of alcohol became a decidedly moral issue and industrialists became caught up in the shifting attitudes toward alcohol: Abstinence rather than condoned drinking on the job became the prevailing ideology. (Pollman, 1976; Trice & Shonbrunn, 1981). The passage of the 18th Amendment to the United States Constitution in 1919 made it illegal to manufacture or sell alcoholic beverages--and added legal sanctions to the growing social sanctions surrounding alcohol consumption (Pollman, 1976; Rostein, et al, n.d.). Furthermore, the growing acceptance of Taylorism--carefully calculated studies of how jobs could be done most efficiently in the least amount of time--further decreased employers tolerance of unproductive workers (Nelson & Campbell, 1972; Trice & Schonbrumm, 1981).

In their historical review of job based alcoholism programs, Trice and Schonbrunn (1981) identified one other factor contributing to employers growing concern regarding the drinking habits of their workers: the

*It is interesting to note the similarity of his solution to the abuse of alcohol by his employees to that emphasized by Alcoholics Anonymous groups today: good nutrition, importance of spirituality, group interaction, and didactic education.
emergence of workmen's compensation laws during the early years of the 20th Century. Under these laws, employers were held financially liable for the injuries incurred by employees on the job, regardless of who was at fault. Since a worker who was under the influence of alcohol was at risk for causing accidents to himself or others, it was in the employer's interest to discourage its use by employees.

Thus, the combination of the Temperance Movement, Taylorism and Workmen's Compensation changed dramatically the long standing acceptance and even encouragement by employers of on-the-job drinking. As will be discussed later, this shifting ideology regarding the drinking by employees is to a large degree responsible for the development and nature of today's employee assistance programs.

Welfare Capitalism and Industrial Social Work

Alcohol use and abuse were not the only problems affecting the workers and impacting on their employers. The antecedent of the employment of industrial social workers in employee assistance programs today can be traced to the employers attempts to deal with the problems resulting from the rapid increase of women in the labor force following the Civil War. According to Brandes (1976:111): "The beginnings of industrial social work are rooted in what might well be considered a form of sexism...as businesses grew and employers faced growing numbers of female employees, they found themselves at a loss about treating their workers' peculiar 'female' problems; one answer was the hiring of 'specialists'. Probably the first was Mrs. Aggie Dunn, who was hired in 1875 as "social secretary" for the H.J. Heinz Company of Pittsburgh." (Popple, 1981:160). Dunn was probably the only welfare secretary in the U.S. until 1900 when the specialization began to grow. A 1919 Bureau of
Labor Statistics survey of 431 of the largest companies in the United States found that 141 companies employed a full-time welfare secretary and, an interesting precursor of today's contracting-out programs, 154 companies contracted with outside agencies for social work services. (Popple, 1981).

Most of the welfare secretaries were women with no professional social work training, but often educated as teachers or nurses. One such nurse, Mrs. Marion T. Brockway, was hired as the "house-mother" at Metropolitan Life Insurance Company. In announcing her appointment in the September 3, 1919 issue of the official publication of the company, Metropolitan Life's President Fiske described her duties as follows:

The House Mother's duties will be such as are involved in the title. Any female employee will be welcome to consultation as to her health, her work, her relations to her associates and superiors and her domestic relations, her personal affairs and worries, if any. Mrs. Brockway will look into the conditions of service in the office and will be glad to advise in case of any difficulties inside or outside of the office, and as to residence and its surroundings and board of those who do not live with near relatives.

While primarily our idea of the appointment of a House Mother was our feeling that our female Clerks would appreciate her services, yet Mrs. Brockway will be only too glad to advise with any male Clerks to whom she can be of help. Her mature years, her wide experience, her gift of common sense, her capacity for sympathy, fit her to advise with men as well as women. And all our Clerks will be welcome to consult with her.

In short, Mrs. Brockway will wish to be a real mother to any who need one. She will begin her service September 3. Mrs. Brockway will not be connected with any Division, but will be on the staff of the President.

In general, the roles of welfare secretaries fell into four categories (Carter, 1977):

Physical Welfare—which included responsibilities for the health, safety, sanitation and housing of workers.

Cultural Welfare—which covered areas such as recreation, libraries,
education and basic acculturation to the workplace and American values.

Economic Welfare—which included administration of loans and pensions and even the hiring, firing and wage setting of employees (Brandes, 1976).

Personal Welfare—which covered casework services for workers and their families and the utilization of such social work roles as "brokerage, support, advocacy and therapy" (Popple, 1981:252).

For a variety of reasons, including worker dissatisfaction, the changing economy and shifting social ideology (Brandes, 1976; Carter, 1977; Popple, 1981), the use of welfare secretaries decreased following the First World War. Many of their functions, however, did not disappear but evolved in two separate directions: one leading to the development of the field of personnel management (Nelson and Campbell, 1972; Popple, 1981), and the other resulting in the growth of the field of industrial health, and its off-shoot, occupational mental health. (Grieff, 1978; Graham, 1979; Rostein, et al, n.d.).

The fascinating aspect of today's work-based services is the re-convergence of some of the elements of the two fields, personnel management and occupational health, into the unique service programs under the rubric of employee assistance programs. The development and nature of these programs will be discussed in the following sections.

The Development and Growth of Occupational Alcoholism Programs

While, as indicated in the previous section, the provision of employer sponsored health and social services and the employment of specialists to provide such services has a long history, the sponsorship and provision of services in the specialized form of employee assistance programs is a recent phenomenon.

Most authorities in the field trace the origin of modern EAPs to
industrial efforts to cope with alcohol problems in the workplace in the years during and following the second World War (Masi, 1977; 1982; Trice & Schonbrunn, 1981). This section will discuss the development and growth of these occupational alcoholism programs.

As stated previously, during the late 19th and early 20th Century, American society underwent a dramatic shift in its views regarding drinking in general and on-the-job drinking in particular. Attitudes toward alcohol abuse changed from socially acceptable to morally reprehensible to a growing recognition of the disease of alcoholism (Rostein, et al, n.d.).

The establishment of Alcoholics Anonymous (AA) two years after the repeal of prohibition in 1933, heralded the beginning efforts of successful treatment of alcoholics. While in 1938 there were three AA groups with approximately 100 members, by 1944 AA had 300 groups with 10,000 members (Trice, 1958).

The establishment of the first alcoholism program designed to deal with "the alcoholic on the payroll", is generally credited to Dr. George Gehrmann, the Medical Director at E.I. DuPont de Nemours and Co. in 1943 (Rostein, et al, n.d.; Trice & Schonbrunn, 1981). Other companies, such as Eastman Kodak, Consolidated Edison, Bell Canada, etc., followed suit, and by 1959 there were approximately 50 different companies with formal programs. (Archer, 1977).

Almost all of the early programs were started by medical directors of their companies, usually with the assistance of a recovered alcoholic in the organization who frequently assumed the title and the role of "alcoholism counselor". The focus of all these programs was referral to AA, with some training of supervisors. The goal of this training was to
help first line supervisors recognize the symptomatology of alcoholism in their subordinates. The supervisors were taught to look for such symptoms as blood shot eyes, odor of alcohol on breath and trembling of the hands. (Von Wiegand, 1974). Although there were numerous employees who were identified and received treatment through this type of approach there were many problems with it. Perhaps the greatest drawback of this approach was that it focused on the late stage alcoholic who had the poorest recovery prognosis. Furthermore, the only people identified through this approach were blue collar, male, line workers—only a small part of the affected work force (Follmann, 1976). Another problem with this approach was that the program often looked like a “witch-hunt” (Wrich, 1980) with the alcoholic trying to cover up his symptoms. Moreover, since, by and large, alcoholics are skillful at denial and manipulation (Levinson & Strausser, 1978), supervisors were often caught up in the con games and rationalizations of the alcoholics and frequently came away feeling frustrated, angry, or sympathetic to the employee’s plight. Uncertain of their diagnosis, the supervisors frequently conferred with others in the company compromising the confidentiality of workers (Wrich, 1980).

During the early 1960’s, due to the above mentioned problems, the programs began to shift their focus from symptomatology of alcoholism to impaired job performance. The impetus for this shift came from the National Council of Alcoholism (NCA), a national voluntary organization, which originated the “job performance” approach following a series of studies of organizations with alcoholism programs (Follman, 1976;

*For a thorough discussion of the development of early occupational alcoholism programs see Trice and Schenbrunn, 1981.*
McGowan, 1984). The results of these studies indicated that many alcoholics exhibited a pattern of deteriorating job performance which could be "readily observed by any reasonably alert person, literally years before any overt symptoms of alcoholism appeared" (NCA, n.d:1). Furthermore, it was felt that the focus on job performance rather than alcoholism symptoms would be less stigmatic and would not get the supervisor involved in the uncomfortable role of diagnostian (Wrich, 1980).

In spite of the shift to a "job performance model", the only resource to which employees were referred was an alcoholism counselor, and the only problem for which there was a formal system of referral and rehabilitation was the problem of alcoholism. Consequently, the programs maintained their stigma and supervisors were still forced to make alcoholism diagnosis since workers with other problems would not benefit from such referral. Thus, in both the alcohol identification programs and the early job performance alcohol-oriented programs, the issue of correct identification and appropriate resolution of problems remained. Despite these problems, the recovery rates for alcoholic employees who were identified through the job were much higher in comparison to other forms of referrals, with recovery rates ranging from 50 to 80 percent, compared to 20 to 40 percent for non-industrial referrals (Wrich, 1980).

It is from the successful elements of these early alcoholism based programs that the concept of Employee Assistance Program had its genesis.

The Shift From Occupational Alcoholism to the Broadbrush Approach

As was seen in the previous sections, modern employee assistance programs did not develop overnight, but evolved gradually. Starting with
a couple of occupational alcoholism programs in the 1940's, the programs not only increased in numbers, but shifted in focus. This section will describe the growth and evolution of these programs.

As discussed previously, in spite of the shift from alcohol identification programs to the early job-performance alcohol-oriented ones, the programs were limited in nature and few in numbers. The 50 programs in existence in 1959 increased only to 200 by 1967 (Follmann, 1976). However, beginning in the early 1970's, the number of programs began to increase rapidly (DHHS, 1981). By 1975, there were 40 corporate programs operating in New York City alone covering more than 1.6 million people (Follmann, 1976). Nationally, there were over 5,000 programs covering 10 million workers by 1979 with 4,430 of these programs found in the private sector and 677 in the public sector (DHHS, 1982). The latest studies indicate that there are approximately 8,000 employee assistance programs in the United States and approximately 1,000 outside consultants providing such services (Roman, 1983).

Probably, the most significant impetus for this growth has been the passage of the 1970 Federal Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment and Rehabilitation Act (Masi, 1979; 1982). This act (also known as the Hughes Act, after its sponsor) called for the establishment of the National Institute of Alcohol Abuse and Alcoholism (NIAAA), one of which components was the Occupational Programs Branch.

The aim of the Occupational Programs Branch of NIAAA was to develop occupational programs in public and private sectors, and to fund demonstration projects and occupational program consultants in each state (DHEW, 1974: 1978). Although initially focused exclusively on developing occupational alcoholism programs, by the mid 1970's, the Occupational
Branch began emphasizing the "Troubled Employee" or the "Broadbrush" approach (Follmann, 1976; Keller, 1979; DHHS, 1981; McGowan, 1984). This approach aimed at identifying and helping all troubled employees, as opposed to providing assistance solely to problem-drinking employees.

The basic characteristic of the broadbrush approach is that the focus is on the job performance of the employee, with assistance provided to all employees with deteriorating work performance regardless of the cause of the problem. The supervisor is taught not to focus on any one symptom of dysfunction such as on the job drinking or blood shot eyes, but upon the total performance of the employee (Archer, 1977; Masi, 1982).

Typically, the most common job performance problems that are used as basis for supervisory confrontation and referral to the EAP are excessive absences, tardiness, decreased productivity and on-the-job accidents. Since, in addition to alcoholism, various other dysfunctions and problems in daily living can impair an employee's job performance, the broadbrush approach expanded the services offered to include counseling for drug abuse, psychiatric problems, family/life crisis, marital conflict and financial and legal problems (General Mills Forum, 1981).

Although many programs still focus on providing services aimed at a specific problem area such as alcohol or drug abuse, such comprehensive "broadbrush" approach appears to be the norm among present day EAPs (Roman, 1977, 1980A; Byers, et al, 1979). Moreover, many EAPs expanded their services to cover not only the employees, but also their families (Roman, 1980A).

The financial assistance provided by NIAAA was particularly important in developing union run alcoholism or broadbrush programs. Initially skeptical about management run employee assistance programs, during the
1970's many unions applied and received federal grants to develop their own programs which are generally referred to as member assistance programs or MAPS (Roman & Trice, 1976; Trice & Schonbrun, 1981). Unlike management sponsored programs, union based programs usually serve employees in small work organizations since these programs tend to develop "when small producers and contractors dominate the industry and the union provides the only possible organizational framework for generating and implementing a policy...and where the workers employment with any given employer was casual and short lived" (Trice & Roman, 1973:361).

The financial support of NIAAA can also be seen as being indirectly responsible for the development and growth of EAP contractors and consultants.

As part of its efforts to foster the development of EAPs at the State level, the NIAAA funded the cost of hiring two "Occupational Program Consultants" (OPCs) for each State of the Union for a period of three years. Their job was to provide technical assistance in the implementation of occupational programs in both the public and private sectors and in unions (DHEW, 1978; Roman, 1981). Some of these consultants were eventually hired by private organizations to develop and run their in-house EAPs (Stump, personal communication), while others formed their own EAP consulting/contracting firms.

Beginning in the early 1970's, family and community mental health agencies also became involved in the contractual provision of EAP services (see Mills, 1972, Brooks, 1975; etc). A recent survey of the National Council of Community Mental Health Centers indicated that 28 percent of the respondents are currently providing EAPs for outside organizations, and many others are considering doing so ("NCCMH
In addition to the push by NIAAA, other factors appear to have contributed to the recent increase of EAPs in the workplace. These include:

1. **Economic Factors**—numerous cost-benefit studies indicate that the personal problems of employees lead to high medical insurance costs, increased absenteeism and loss of productivity. Thus, the provision of an EAP is viewed as being cost-effective and leading to long-term financial savings to the employer (Schlenger & Hayward, 1975; Follmann, 1976; Jones & Vischi, 1979; Barrie, et al., 1980; Ozawa & Alpert, 1981; NY Governor's Report, 1982, Quayle, 1983, etc.).

2. **Legal Factors**—legislation and court decisions involving workers' compensation and affirmative action have increased employers' responsibilities for maintaining the mental health of employees and the hiring of the mentally disabled (Trice & Belasco, 1966; Gavin, 1977; Fleming, 1979; Spencer, 1979). The most important legislation in this area has been the 1973 Rehabilitation Act (especially sections 503 and 504) which protects the rights of handicapped persons, including alcoholics and drug addicts. Furthermore, a growing number of states now require that alcoholism and mental health insurance benefits and programs be made available to employees (Kemp, 1985), while federal statutes have mandated alcoholism programs for all federal employees, both military and civilian (Masi, 1982).

3. **Union Demands**—many unions have included alcoholism and mental health insurance benefits and programs as part of their
collective bargaining agreements with employers (Follmann, 1978; Perlis, 1980).

4. Social Factors—some authorities see a trend in an increasing sense of corporate responsibility to the community and workers' welfare and an increased social pressure to present a "progressive" corporate image (Bauer & Penn, 1972; Witte & Cannon, 1979; DHHS, 1981). The problems evidenced by the inexperienced, frequently minority group members, hired in the 1960's, the general increase in the use and abuse of drugs (Penn, 1981), and the growing labor force participation by women (Ozawa, 1980;1982)—especially those who were single parents (Ozawa & Alpert, 1981)—may also have contributed to the increase of EAPs.

Another social motivation for the current growth of EAPs may be due to a greater willingness among the general population to define personal problems in psychological or mental health terms and the increasing willingness to seek professional help (Kulka, et al, 1979).

5. Privatization of Social Services—the advent of the new federalism during the late 1970's and early 1980's brought with it increasing economic incentives and changing social expectations leading private sector corporations to assume greater responsibility in the provision of social resources. EAPs are viewed as one manifestation of such provisions of privately based social services by private industry (Abramovitz & Epstein, 1983; Googins & Godfrey, 1983).

6. Latent Motives—some people view the increase in EAPs as an
attempt by employers to undercut unionization efforts, or as a
less costly substitute for increasing wages or improving the
working conditions of employees (Spiegel, 1974; Carter, 1977).
Other possible latent motives for instituting a program include
employers attempts to: buy "industrial peace" (Shamir & Bargal,
1982); eliminate the need for additional legislative programs
(Witte & Cannon, 1979); and/or serve as a "safety valve" or
"parachute function" during a period of recession and retrench-
ment (personal communication to author by a key executive, 1984).
The combination of all the above mentioned forces provided a momentum
to the EAP movement that is continuing today. While the existence and
current expansion of EAPs is widely evident (McGowan, 1985), the nature
and the goals of these programs are still in flux. These issues will be
discussed in the following sections.

The Nature of Employee Assistance Programs

An EAP is not just a loose piece of program material that can be
wedged into the chinks of the armor that is the public face of
most organizations: it is a whole system of organizational
intervention with its own philosophy, theory, and practice
(Shain & Groeneveld, 1980:35).

As was indicated in the preceding sections, modern employee
assistance programs evolved from occupational alcoholism to "broadbrush"
programs, with many programs still evolving into what can be best termed
"megabrush" programs encompassing such primary prevention efforts as
stress management, smoking cessation and a variety of other interventions
under the umbrella label of "wellness programs" (Delaney, 1984). Thus,
reflecting the first two of the four stages as conceptualized by Ozawa,

*The author is indebted to Dr. Terry Blum for the use of this term
the programs have moved from focusing on specific problems such as alcoholism or drug abuse to a more comprehensive approach "that provides and integrates a variety of services" (Ozawa, 1980:468).

Current employee assistance programs vary widely. As pointed out by Pollmann, existing programs "differ considerably from one to the other, being responsive to the nature of the employment, the number of employees involved, the makeup of the employee roster, the presence of a centralized or decentralized organization, whether or not unions are involved, and the availability of treatment and rehabilitation resources in the community" (Pollmann, 1976:125). In spite of their differences, EAPs, by and large, exhibit a shared commonality in function (Erfurt & Foote, 1977) and a "core technology" which distinguish them from other industrial, social or mental health programs (Roman & Blum, 1985).

During the last decade numerous attempts have been made to define the ideal components of EAPs (see Shain & Groeneveld, 1980). The latest conceptualization stems from the work of Paul Roman and Terry Blum at Tulane University to develop what they term the "Core Technology of Employee Assistance Programs" (1985). Utilizing the term coined by the organizational theorist James Thompson, Roman and Blum are attempting to "identify the unique combination of inputs that constitute the "heart" of EAP performance...to describe both the individual ingredients and the combination of ingredients that are found nowhere other than in an EAP, either individually or in combination" (Roman & Blum, 1985:16). What Roman and Blum identified are the following six core technology components of employee assistance programs:

1. Identification of employees' behavioral problems based on job performance issues.
2. Provision of expert consultation to supervisors, managers and
union stewards on how to take the appropriate steps in utilizing employee assistance policy and procedures.

3. Availability and appropriate use of constructive confrontation.

4. Micro-linkages with counseling, treatment and other community resources.

5. The creation and maintenance of macro-linkages between the work organization and counseling, treatment and other community resources.

6. The centrality of employees' alcohol problems as the program focus with the most significant promise for producing recovery and genuine cost savings for the organization in terms of future performance and reduced benefit usage.

While the above conceptualization of core technology is still widely debated (Tramm, 1985), it is commonly agreed that, in general, the core functions of employee assistance programs include: the identification and referral of troubled employee, intake, assessment, counseling, information and referral to a community resource, case management or case coordination and monitoring, and follow up (McGowan, 1984).

These core functions are conceptualized in Chart I which represents a flow diagram of activities involved in a typical assessment and referral program. While individual organizations may modify this model or emphasize different referral sources—such as self referral as opposed to supervisory referrals—a review of the literature reveals that this process is fairly typical in management sponsored industrial-based EAPs (Kuwitz & Hammons, 1979; Wrich, 1980).

A different conceptual framework of employee assistance programs is provided by Erfurt & Foote (1977). Based on their study of 21 in-house
EAPs in the Detroit area, they conceptualize an EAP as being comprised of three distinct service delivery systems (Chart 2):

System A consists of the functions of the parent organization (either employer or union). It is responsible for maintaining the work performance records of all employees and for taking action when work performance is below minimum standards. It is then responsible for identifying employees who need or want assistance and for referring them to System B—which is the identifiable employee assistance program—located either within (in-house) or outside (contracted) the organization. System B is comprised of all the previously discussed functions (intake, assessment, counseling, etc.), and provides the link between the work context (System A) and the full range of community treatment resources (System C).

Thus, while the term employee assistance programs may mean many things to many people, an analysis of its functions reveals that it is both a program aimed at helping or assisting employees with a broad range of problems and a method used in the workplace to identify troubled employees and control alcoholism, drug abuse and other problems that adversely affect job performance (Trice & Belasco, 1966; Shain & Groeneveld, 1980).

The term, thus, encompasses both a rehabilitative and a disciplinary component and it is this dual focus that distinguishes employee assistance programs from other health and social services existing in and out of the workplace today (Shain & Groeneveld, 1980).

Although the stereotypical organization which is likely to have an EAP has been described as a "large mass producing assembly line manufacturing organization dominated by younger males with less than
CHART 2

An Occupational Program: The Integration of Three Systems

**SERVICE DELIVERY SYSTEMS**

**SYSTEM A:** Functions of the Parent Organization (Employer/Union)
- Identification of Work Performance Problems
  - Disciplinary Action
  - Referral to EAP
- Voluntary Referral to EAP

**SYSTEM B:** Functions of the Employee Assistance Program (EAP)
- Intake Counseling & Problem Evaluation
- Follow-up with Clients and Treatment Agencies
- Further Counseling or Referral for Treatment

**SYSTEM C:** Functions of the Treatment Agencies in the Community
- Inpatient Care: Medical, Detoxification (alcohol & drug), Psychiatric Counseling
- Outpatient Care: Alcoholism, Other drug abuse, Family problems, Marital problems, Personality problems, Aftercare
- Social Services: Vocational, Financial Counseling, Legal Aid
- Self-Help Groups: Alcoholics Anonymous, Other self-help groups

**TOTAL WORK FORCE OF PARENT ORGANIZATION**
- Employees Needing/Wanting Assistance
- Work Performance Information

**SYSTEM MAINTENANCE ACTIVITIES**
- * Publicity of Program Services
- * Training of Personnel in Parent Organization
- * Evaluation of Overall Program Procedures
- * Screening of Treatment Resources in Community
- * Periodic Review of Working Arrangements between Program and Agencies
- * Assessment of Performance of Treatment Agencies

college education" (Ford & McLaughlin, 1981:31), a review of the literature indicates that EAPs exist in all kinds of organizations. In addition to profit-oriented private companies, EAPs are found in voluntary organizations such as hospitals (Jacobs, et al, 1980; Jackson & Diaz, 1983) and universities (Roman, 1980B; Gould & McKenzie, 1984; Grimes, 1984), and in the public sector at the federal (Masi, 1982; Stein, 1984), state (Kemp, 1983) and local levels (Dunne, 1975; Rostein, et al, 1980; Wagner, 1982; Johnson, 1985). Whether in the public or the private sectors, EAP function under various auspices such as: unions (Gilstrap & Hoover, 1977; Akbas, et al, 1979; Tramm, et al, 1981; Feinstein & Brown, 1982; Sueiderman, 1983); peer groups (McClellan, 1982); management (Schleicher, 1982; Googins, 1984); joint labor-management (Weiss, 1980; Feinstein & Brown, 1982; Kolben, 1982); or under a consortium of several organizations (Masi, 1979; Timares, 1983) or unions ("Construction Industry...", 1983).

The programs vary in the comprehensiveness of their services and in the locations of their service delivery: While some programs consist only of information and referral services (Jones, 1975; Kolben, 1982), others provide short and long term counseling (Kolben, 1982). The focus of services provided may range from alcoholism only to inclusion of "smoking cessation clinics, cardio-vascular screening, health promotion, wellness, pre-retirement counseling, financial counseling, re-location assistance and re-training" (Delaney, 1983:2). Some EAPs even provide day treatment for alcoholics (Perham, 1982); child care services (Leavitt & MacDonald, 1983) and organizational development (Googins, 1984; Gould & McKenzie, 1984). While some employers provide these services with their own staff at the workplace ("in-house"), others contract-out or purchase
services from a private consulting firm or individual practitioner (Weisaman, 1979; Kolben, 1982), or from a non-profit community facility such as a hospital (Leehman, 1974); mental health center (Stone, 1979); family service agency (Mills, 1972; Abelson, 1982; Keohante & Newman, 1984); alcoholism council (Readon, 1976); chamber of commerce (Walker, et al, 1983), or a consortium of several voluntary organizations (Glen Cove..., 1985). It is not uncommon for a company to utilize a combination of both in-house and contracted EAPs (Kemp, 1985).

Unlike the early occupational alcoholism programs which were typically under the direct supervision of a company's medical director and staffed by a recovered alcoholic (Trice & Schonbrunn, 1981), studies indicate that current EAPs are more likely to be found within the personnel or human resource departments (Byers, et al, 1979; Ford & McLaughlin, 1981; Intveldt-Work, 1983), and administered by professionals such as social workers and psychologists (Erfurt & Poote, 1977; Byers, et al, 1981; Intveldt-Work, 1983). By and large, most programs rely on a small staff to service a large population of employees, typically having one counselor for every 2,500 employees (NYSDAAA, 1982).

As was true for the early welfare programs, EAPs are found mainly in large companies: A survey of the Fortune 500 corporations showed that 57 percent had some form of an EAP during 1979 (Roman, 1980). While it is believed that there has been a growth of programs in small and mid-size companies (Readon, 1976), valid data are lacking.

Models of Employee Assistance Programs

A review of the literature reveals that while there are numerous attempts to conceptualize the nature and models of employee assistance programs, there is no commonly acceptable typology of EAP models.
One effort to develop models of EAP has been undertaken by Erfurt and Foote (1977). Based on their study of 21 in-house programs in the Detroit area during the mid 1970's, Erfurt and Foote identified three program models:

Model 1 represents a program in which the identification of troubled employees, referral to a program, and the actual treatment are all performed by in-house staff.

Model 2 represents a program in which only the identification of a troubled employee and referral to a program is an in-house function, while the actual problem assessment and treatment is conducted by either an outside consultant or community referral. Model 3 resembles Model 1 in that the identification of troubled employees, problem evaluation and even counseling (probably referring to short-term counseling) is done in-house. On-going treatment, however, is conducted elsewhere.

White (1983) referring mainly to EAPs operated by independent for-profit or non-profit agencies, describes two different models of EAPs: the broker model and the full service model. The broker model is provided by agencies which contract with an employer to offer a full range of mental health services and who subcontract specific services to other providers. Under the full service model, the EAP agency directly provides all the clinical services to the company's employees. Under both models, the agencies take responsibilities for the training of supervisors and for acting as liaison between the company and other service providers.

A very different conceptualization is provided by Schmitz (1982) who differentiates programs based on their "focus" and "service provider options". These include:
Single-focus programs which provide information and referral, short-term counseling or alcohol and substance abuse services

Multi-focus programs which incorporate various aspects of short-term counseling, alcohol and substance abuse, and information and referral models, and

Comprehensive programs which cover full range of problems and services such as intake, assessment and diagnosis, counseling and brief psychotherapy, information and referral and follow-up.

Under the service-provider options, Schmitz differentiates between an "in-house option" and "off-site consultation option".

Corresponding to Schmitz's two service provider options listed above are the "two major forms" of EAPs identified by Ford and McLaughlin (1981). Their classification of "internal" and "external" forms of EAP was based on a study of 110 members of the American Society of Personnel Administrators with an EAP. While they found that few organizations have a "pure" internal or external program, their dichotomy resembles that described and further refined by Fleisher and Kaplan (1984) who identify four "ideal types" models of EAPs:

Model 1 consists of in-house staff providing a limited range of services on site.

Model 2 consists of in-house staff providing a comprehensive range of services on-site.

Model 3 is a contract consultant who provides a limited range of services on site.

Model 4 consists of contract consultant who provides a comprehensive range of services on and off site.

Similar conceptualization is provided by Sudduth (1984) who describes
three program models: local internal; local external, and long distance external.

Still another conceptualization is provided by Phillips and Older (1981) who describe four models of EAPs:

Model 1—Internal Program which may consist only of assessment and referral services or even ongoing counseling (Model 1A).

Model 2—Service Center Program in which the work organization contracts with an independent service provider or service center. This model may include an in-house coordinator (Model 2A) whose function is to identify and refer employees to the service center program.

Model 3—EAP Located in Treatment or Social Service Agency. This model resembles the "off site consultation option" mentioned by Schmidt (1982).

Model 4—Union Based EAP which provides services for union members. These services can be provided at union offices or the hiring hall.

Other conceptualizations of program models can also be found in the literature. Among them are: the consortium model (Masi, 1982); the service network model (DHHS, 1982); and the close and open ended models with lay or professional assessment/referral (Hellan & Tissone, 1983).

As can be seen from the above, no consensus regarding program models exists. Based on the findings of this study, a conceptualization of the EAPs in the New York area utilizing two main program models—in-house and contracted-out—has been developed and can be seen in Table 4 in Section IV.

Current Research Issues

In spite of the rapid growth of the EAP field—both in the number of programs and in the number of professionals involved—empirical research
on this subject has been minimal (Jones, 1983; Roman, 1984). Unlike mental health or drug and alcohol abuse fields, EAPs are not subject to the regulations and accountability requirements of any voluntary or governmental agency. Consequently, programs have not needed to document and report their activities to anyone other than company management (Jones, 1983).


While some empirical research studies have been undertaken, many of them are based on in-house alcoholism oriented programs (see Edwards, 1975; Mannello, 1979; Beyer & Trice, 1982; Steel, 1984, etc.). Studies of broadbrush programs have mainly focused on cost benefit and program outcomes (Foot, et al, 1978; Myers, 1984).

One effort at researching broadbrush EAPs has been undertaken by Donald Jones (1983) who attempted to develop "benchmarks" or standards for EAPs to which other programs may be compared. Included in these benchmarks are: the percentage of employees who should utilize a company's EAP (5 to 10 percent after the first year of operation); the percentage of clients with alcohol/drug problems either in themselves or
their family members (25 percent); the percentage of supervisory referrals (minimum 10 percent); the percentage of family members seen (20 percent); and the proportion of clients referred to community agencies or private practitioners (80 percent). While these benchmarks provide one of the few attempts at offering standards for comparison, their validity is questionable since they were based exclusively on data collected by one externally contracted, Minnesota based EAP serving several work organizations*. Whether these benchmarks are valid for in-house programs as well as for other contracted programs is a question which will be addressed in this study.

Thus, we are lacking in program standards in addition to, as indicated in the previous section, a conceptualization of a typology of existing programs. Nor have there been any attempts at an analysis of the factors which may account for the development of different program models: It is unclear what specific organizational or external variables influence the particular service delivery strategy or program model, i.e. what forces push a corporation to choose a given employee assistance program. It is also unknown what are the distinctive characteristics and the advantages and disadvantages inherent in the different program models (Cohen & McGowan, 1982): Are certain program models more suitable to some organizations than other models, and if so, what are the implications for this for future program planning and development?

While there are a number of articles listing the benefits of either the in-house or the contractual program model (Phillips & Older, 1981; Hahn, 1981; Hellan & Campbell, 1981; Kolben, 1982; Minter, 1983; Fleisher

*It is unclear how many companies were used in obtaining these figures. At one point the author mentions four companies (p. 10) and at another, three (p. 18).
& Kaplan, 1984; Stein, 1984, etc.), they are not based on empirical research findings, but purely on "conventional wisdom" or the authors' own practice experience. The single empirical study found on this subject was conducted by Ann Sudduth (1984) who evaluated data of 1,097 employees from six different companies in order "to determine what differences exist between types of programs in use (and)...to investigate the role of the alcohol component in current EAPs". The six EAPs were classified into three categories: one internal (in-house) EAP, three local external (contracted) EAPs, and two long distance external EAPs. Among the variables analyzed were: the number and percentage of employees utilizing each program model; the length of years of service for these employees; the number and percentage of employees who report alcohol/drug related problems, and those reporting "other" problems. Sudduth also examined the gender of program users, the gender of those reporting alcohol and "other" problems, and the referral source for each program model. A summary of her findings is provided in Table 1.

Overall, Sudduth found that while both male and female employees used the EAPs, the internal (in-house) program showed a more balanced distribution; that significantly more males than females reporting alcohol problems used the internal program; and that the internal program had significantly higher supervisory referrals than external programs. Among her conclusions are: that the more remote the EAP is from the company, the less the program is used by established (i.e. long term) employees, and the less management supports the programs.

In spite of the interesting findings of this study, this research has two serious limitations: The sample for the internal model of EAP consisted of only one company, and there is no information regarding the
characteristics of the workforce of the companies studied. Thus we do not know how representative the EAP users are of their workforce and whether the composition of the workforce is similar in the six companies. The findings of this study, therefore, have serious

TABLE I
Summary of Findings of Sudduth's (1984) Study

<table>
<thead>
<tr>
<th>Variable Examined</th>
<th>Program Model</th>
<th>Long</th>
<th>Local</th>
<th>Internal</th>
<th>Local External</th>
<th>Distance Ext.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Employees Seen</td>
<td>433</td>
<td>459</td>
<td>205</td>
<td>1097</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Years on Job</td>
<td>6.6</td>
<td>5.8</td>
<td>3.4</td>
<td>5.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% With Alcohol/Drug Problem</td>
<td>44.5</td>
<td>38.4</td>
<td>17.0</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% With &quot;Other Problems&quot;</td>
<td>36.2</td>
<td>44.7</td>
<td>19.1</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Males Seen</td>
<td>49.0</td>
<td>42.0</td>
<td>62.0</td>
<td>49.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Females Seen</td>
<td>51.0</td>
<td>59.0</td>
<td>38.0</td>
<td>51.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Males With Alcohol Problem</td>
<td>61.0</td>
<td>55.0</td>
<td>70.0</td>
<td>61.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Females With Alcohol Problem</td>
<td>39.0</td>
<td>45.0</td>
<td>30.0</td>
<td>39.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Males With &quot;Other&quot; Problem</td>
<td>45.0</td>
<td>40.0</td>
<td>61.0</td>
<td>45.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Females with &quot;Other&quot; Problem</td>
<td>55.0</td>
<td>60.0</td>
<td>39.0</td>
<td>55.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Supervisory Referrals</td>
<td>52.0</td>
<td>20.0</td>
<td>17.0</td>
<td>32.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Voluntary Referrals</td>
<td>45.0</td>
<td>70.0</td>
<td>72.0</td>
<td>61.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Family Members</td>
<td>0</td>
<td>10.0</td>
<td>11.0</td>
<td>6.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
limitations and questionable validity. The question of the advantages and disadvantages of the two main program models—in-house (or internal) and contracted-out (external)—thus remains unanswered and will be addressed in this study.

Since the literature on organizational theory indicates that the size of an organization is crucial in determining the nature of the organization (Hall, 1977; Kast & Rosenzweig, 1979), the organizational size can be presumed to be an important aspect in determining the nature of an EAP. Reviewing the findings of the Opinion Research Corporation's "Executive Caravan" Surveys of the leading 750 corporations in the U.S., Roman (1980) found that there was no linear relationship between the size of organizations and the choice between alcoholism or broad-brush program focus. However, there appears to be a lack of other research examining the impact of organizational size on the nature of EAPs.

Furthermore, as reflected in the conceptual framework of Erfurt and Foote (1977), one of the major aspects of an EAP is to provide a link between the employees and the community treatment resources. While there has been some focus on EAP referrals to alcoholism facilities (Filstead, et al, 1985), little is known about the perception of EAPs staff regarding community treatment resources. Furthermore, although many authors (e.g., Hellenbrand & Yasser, 1977; Googins, 1975; 1977; Akabas, 1978; 1982; Feinstein, 1978; Masi, 1979; Kurzman & Akabas, 1981; Akabas & Kurzman, 1982; etc.), feel that this arena is a "natural" one for the training and employment of social workers, it is unclear whether this view is shared by those running such programs, or whether social work roles and functions differ significantly under different program models. This study will address these issues.
CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

As indicated previously, the provision of employee assistance programs to troubled employees is a relatively new practice for which the state of the art is barely developed, empirical research has been minimal, and no generally accepted norm for programs or service delivery strategies exist. Consequently, rigorously designed controlled experimental studies seem premature and limiting at this time (Cohen & McGowan, 1982).

While the theories and studies presented in the previous chapter guided the selection of the approach and the formulation of the research questions, this study is essentially exploratory and descriptive in nature with no formal hypothesis formulated.


...those exploratory studies which seek to thoroughly describe a particular phenomenon. The concern may be with one behavioral unit, as in a case study for which both empirical and theoretical analyses are made. The purpose of these studies is to develop ideas and theoretical generalizations. Descriptions are in both quantitative and qualitative form, and the accumulation of detailed information by such means as participant observation may be found. Sampling procedures are flexible, and little concern is usually given to systematic representativeness (p. 49).

While maintaining the flexibility which is part of the exploratory methodology as described above, this study attempted to be as systematic as possible in its sampling procedure, data collection, and data analysis.

The study consisted of two distinct phases: Phase one was focused on
the identification of the universe of employee assistance programs in the New York Metropolitan Area; while phase two focuses on the selection and study of a sample of 23 private sector, management sponsored EAPs, 15 of which were located in-house and 8 contracted-out. These programs were selected on the basis of non-probability quota sampling technique stratified according to program model (in-house vs. contracted-out); type of industry sponsoring the program (finance and insurance; manufacturing; or service); and size of the organization (small; medium; or large).

Phase One: The Identification of EAPs in the Metropolitan New York Area

As indicated above, the first phase of this study consisted of the identification of all the EAPs in an area comprised of New York City (all five boroughs), Long Island (Nassau and Suffolk Counties) and Westchester County. In order to be included, the programs had to be fully operational by June, 1982.

This total universe of Metro New York based employee-assistance programs was identified on the following basis:*

1. All programs self-identified as EAPs in specialized literature (EAP Digest, ALMACAN, etc.), and in professional journals (i.e., personnel, social work, sociology and psychology related literature).

2. All program-members of the Metropolitan New York Chapter of the Association of Labor-Management Administrators and Consultants

* Due to a number of factors (political, financial, lack of universally accepted definitions of an EAP, rapid changes in this field, etc.), no listing of such programs in the Metro New York Region has ever been published. Although a figure of 89 programs (including union, private and public sector programs) has been cited (Kolben, 1982), this figure is questioned even by its authors (Personal communication to author from staff of NYSDAAA, Albany, August, 1982).
on Alcoholism (ALMACA).

3. All programs identified as EAPs by the staffs of the NYSDAAA/Occupational Branch, and of the Industrial Department of the New York Council on Alcoholism.

4. Through the utilization of key informants who were asked to examine the list of programs which was developed by the above described basis and to add any additional programs of which they were aware.* Any programs whose existence or date of inception seemed questionable were contacted by the author for verification.

This first phase of the study was begun in Fall, 1982 and lasted approximately one year. During this phase the author interviewed 52 well-known experts in the field of industrial social work and employee assistance programs (see Appendix F). The information obtained from these experts was instrumental in identifying existing EAPs and in formulating the questionnaire which was utilized during the second phase of this study.

A total of 125 employee assistance programs were identified during the first phase. The programs were located in the private (both for-profit and voluntary) and public sectors and in labor unions.

The special forces operating in the public arena (legal mandates, political factors, civil service regulations, etc.), and the unique nature of union and other membership-sponsored programs mitigated against lumping these EAPs together with those in the private sector.

* For a description of utilization of such key informant technique, see Paul Roman "Survey Methodology in Occupational Alcoholism Research", 1982.
Therefore, the second phase, and the major focus of this research, was limited to EAPs located in the private-sector, under management auspices.

**Phase Two: Selection of Study Sample**

The second phase of this research consisted of the selection and study of a sample of 23 management-sponsored employee assistance programs in the private sector.

**Sampling Procedure:**

An analysis of the 125 employee assistance programs identified during the first phase of this study revealed that 64 of these programs were located in the private sector and sponsored by management. In order to explore and understand the nature of the private sector organizations which sponsor such programs, the companies sponsoring these 64 EAPs were classified according to the nature of industry utilizing the U.S. Department of Labor Standard Industrial Classification Category and according to the size of their work force. The employee assistance programs sponsored by these organizations were also classified according to the two program models explored in this study— in-house and contracted-out (See Table 2).

Since an examination of the industrial classification of the companies sponsoring such programs revealed that 80 percent of the programs were found clustered within three industries—Finance/Insurance, Manufacturing, and Service—these industries were selected for the study. This universe consisted of 51 companies.

As indicated in Chapter II, the size of an organization is often a critical intervening variable in determining the nature of an organization (Hall, 1977; Kast & Rosenzweig, 1979), thus it can be presumed to be an important factor in determining the nature of an
TABLE 2
THE UNIVERSE OF MANAGEMENT SPONSORED EMPLOYEE ASSISTANCE PROGRAM STRATIFIED BY PROGRAM MODEL, TYPE OF INDUSTRY, AND SIZE OF COMPANY

<table>
<thead>
<tr>
<th>Program Model</th>
<th>IN-HOUSE</th>
<th>CONTRACTED-OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Size 2</td>
<td>N</td>
</tr>
<tr>
<td>Type of Industry</td>
<td>Small</td>
<td>Medium</td>
</tr>
<tr>
<td>Mining</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Construction</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Transportation &amp; Public Utilities</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Wholesale &amp; Retail Trade</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Services</td>
<td>7</td>
<td>2*</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>

2. Sizes of companies are defined as follows:
   Small—Less than 10,000 employees
   Medium—Between 10,000 and 30,000 employees
   Large—Over 30,000 employees

*Includes one consortium program.
employee assistance program. Currently, there is no single definition of industrial size. Among the classifications used to determine organizational size are annual sales volume, number of establishments, number of employees, and number of divisions. The most frequent definition of organizational size utilized by researchers has been the number of employees. Using this criteria, companies are typically divided into three categories: small—for companies with fewer than 100 employees; medium—for those with 100 to 999 employees; and large—for those with 1,000 or more workers (Bell, 1982). Since preliminary analysis of New York based organizations with EAPs revealed that none of these companies had fewer than 100 employees, and that most had over 10,000 workers, for the purposes of this study the size of companies was defined as follows: Small size companies were those with fewer than 10,000 employees; Medium size companies were those with 10,000 to 30,000 employees, and large companies consisted of those with over 30,000 employees.

Thus the universe of private sector EAPs in the Metro New York Area was stratified according to the nature of industry (finance/insurance; manufacturing; service); size of company (small; medium; and large) and program model (in-house and contracted-out). This stratification yielded 18 cells. In order to have a representative sample of all the cells, an attempt was made to study no less than one-third and no more than one-half of the EAPs within a cell. A total of 23 EAPs were chosen for this study representing 45 percent of all the management-sponsored private sector EAPs within the three industries studied (See Table 3).

The programs were contacted by letter requesting their cooperation and including a description of the study (See Appendix C). This was
TABLE 3
THE UNIVERSE AND THE EAPS STUDIED IN THREE INDUSTRIES
STRATIFIED BY PROGRAM MODEL, AND SIZE

<table>
<thead>
<tr>
<th>TYPE OF INDUSTRY</th>
<th>SIZE</th>
<th>IN-HOUSE PROGRAMS</th>
<th>CONTRACTED-OUT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S</td>
<td>M</td>
<td>L</td>
<td></td>
</tr>
<tr>
<td>Finance/Insurance</td>
<td>3*</td>
<td>5</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>(2)**</td>
<td>(3)</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(7)</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(0)</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3)</td>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td>Manufacturing</td>
<td>3</td>
<td>(1)</td>
<td>(1)</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>(1)</td>
<td>(3)</td>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td>(0)</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4)</td>
<td></td>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>7</td>
<td>(2)</td>
<td>(1)</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>(1)</td>
<td>(0)</td>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1)</td>
<td>(0)</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4)</td>
<td></td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>13</td>
<td>10</td>
<td>11</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
<td>(5)</td>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(15)</td>
<td>(5)</td>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0)</td>
<td>(3)</td>
<td>(8)</td>
<td>(23)</td>
</tr>
</tbody>
</table>

* Top number indicates total EAP universe in this category.
** Bottom number indicates number of programs studied.
followed by a phone call requesting an appointment. On the average it took two letters and three phone calls before an interview was granted. In in-house programs, the original letter was addressed, in most cases, to program directors, while contracted-out programs were usually contacted after the contractor was interviewed and provided the name and position of a contact person in the organization. In some cases, permission had to be obtained from top level management before program directors agreed to be interviewed or answered phone messages.

Of the programs contacted, 4 in-house programs refused to participate in this study--two of these because their programs were in the process of major reorganization. One contracted-out program also refused. Additionally, one self-employed contractor refused to return the investigator's numerous letters and phone calls and thus was not interviewed. However, since enough data regarding the program were obtained from top management of the organization, this program is included in this study.

The final sample studied consisted of 15 in-house programs (44 percent of the universe) and 8 contracted-out programs (47 percent of the universe) representing an overall 45 percent sample of the 51 programs.

Data Collection:

Since, as identified by Tripodi, et al., (1969), "The problem for researchers in exploratory studies is that of information overload...the investigator may not be able to assimilate large volumes of quantitative data; hence, he inevitably needs to resort to some device to categorize or code the data into manageable chunks of information..." (p. 46).
Thus, based on the review of literature, interviews with experts, and in line with the expressed purpose of this study, the following categories of data were identified as most relevant for this research:

1. Characteristics of Sponsoring Organization:
   This section consisted of questions dealing with nature of industry; number of employees; number of establishments; availability of medical services; and the organizational structure of the company sponsoring the EAP.

2. Characteristics of the Work Force:
   This section consisted of questions regarding the percentage of men and women in the company; ethnic/racial characteristics of employees; and the proportion of employees in different age and different occupational categories.

3. Program Development and Nature of EAP at Inception:
   This section focused on the planning process, development and characteristics of the EAP during its first 6-12 months of operation. It was comprised of questions related to the impetus and justification for the program; the process of program development; original goals; union involvement; range and type of services planned; financing and staffing; program location and administrative reporting structure; referral sources; nature of presenting problems; and perceived value of social workers at that time.

4. Characteristics of Current Program:
   This section focused on the nature of the EAP at the time of the interview. Questions related to administrative and physical location of the program; nature of written policy and manuals regarding the program; nature of records regarding employees seen; kinds of services provided
and hours of service provision; staffing pattern; financing of program and kinds of insurance benefits.

5. Role of Unions

This section, addressed to companies with a unionized labor force, focused on the role of the union(s) in the administration of the EAP; the views of the union(s) toward the program; referrals to the EAP by union representatives; availability of union-based EAP; and linkages between the union-based and the management-based EAPs.

6. Employee's Access to Program:

This section focused on eligibility requirements; time-off provisions; and nature of communication regarding the program to workers.

7. Referral Services and Nature of Presenting Problems:

This section focused on the sources of employee referrals and the kinds of presenting problems during the last 12 months.

8. Utilization (Take Up) Rate:

This section focused on the number of employees eligible for the program; the number of employees seen since program inception; the number of employees seen last month and during the last 12 months; and the annual percentage of employees utilizing the program as a proportion of all eligible employees.

9. Characteristics of Service Users:

This section focused on the gender, ethnic/racial, age and occupational status of all the employees utilizing the program within the last year.

10. Confidentiality Provision:

This section focused on the nature of arrangements made to protect the confidentiality of the employees, and on a description of any
problems or incidents regarding confidentiality.

11. Access and Program Utilization by Families:

This section consisted of questions dealing with the availability of the EAP to families of employees; nature of communication regarding the program to families; the number and characteristics of family members seen and the nature of their presenting problems.

12. Linkage with Employing Organizations:

This section consisted of questions relating to awareness of the program by top level managers; the perceived support by top management; coordination of program with other departments in the company; provision of training regarding the EAP to management; supervisors and/or employees; and any actual or potential problems in the linkage of the EAP to the company.

13. Program Assessment:

This section consisted of questions dealing with organizational assessment of the program as well as subjective assessment of the program by each of the respondents.

14. Linkages with Community Facilities:

This section dealt with questions relating to referrals of EAP clients to community facilities and/or private practitioners and vice versa. It focused on the percentage of referrals made; kinds of community resources utilized; basis for selection of specific resources; insurance coverage for various mental health professionals; and perceived problems and value of community resources.

15. Perceived Value of Social Workers

This section consisted of questions dealing with the respondent's views about social workers; the roles of social workers employed in these
programs; and the kinds of knowledge needed by social workers in order to
be employed by an EAP.

The research instrument consisted of both structured and open-ended
questionnaire items examining over 200 different variables for each
program. A copy of the questionnaire can be found in the Appendix. An
additional four page questionnaire was used to interview the
contractors. Any available literature, both published and unpublished
relating to the programs studied was also collected. The questionnaire
items, constructed on the basis of face validity (Nachmias & Nachmias,
1981), were pre-tested and modified through interviews with three
employee assistance programs, two in-house and one contracted-out, which
were not part of the final sample studied.

Data for this study were obtained from 22 program administrators;*
eleven top level executives, including four CEOs; seven medical and eight
personnel directors responsible for these programs; two program
initiators who were no longer employed in the companies; seven counselors
providing direct services and ten managers/owners or associates of
contracting firms. No attempt was made to interview service users or
union officials. The total number of individuals interviewed was 67:
three-six of the respondents came from in-house programs and 31 from
contracted-out programs.

Data were collected during Fall and Winter, 1983 and Spring of 1984
and are based on 1982/1983 figures.

With the exception of five telephone interviews--two with the CEOs of

*As indicated previously, one contractual program administrator refused
to be interviewed.
their respective companies and three with high level executives—all interviews were conducted in-person by the author. The interviews ranged from a minimum of half an hour to a maximum of two and a half hours depending on the position and role of the respondent in the program. The average interview lasted 75 minutes.

In the majority of the programs, parts of the questionnaire dealing with statistical and demographic information (e.g., sections of "characteristics of the work force", "nature of presenting problems", etc.), were left with the program administrators or personnel directors and returned to the investigator by mail at a later date. In most cases, a follow-up letter or phone call was necessary to obtain this information.

Data Analysis

All the data obtained were analyzed to explore the following questions:

1. What is the nature of companies sponsoring EAPs?
2. What is the nature of contractors providing EAP services?
3. What were the organizational and/or environmental factors which accounted for the development of an EAP?
4. What was the process of program development and implementation?
5. What were the characteristics of the EAPs at inception and have they changed over time?
6. What is the current nature of EAPs?
7. What are the characteristics of the employees utilizing the EAPs and how do they compare to the total workforce in their company?
8. What is the impact of organizational size and nature of industry on the EAPs?
9. What are the similarities and differences between in-house and contractual program models and what does each model maximize?

10. How do the EAPs interface with existing human service delivery system?

11. What is the perceived value and role of social workers in these programs and what skills are deemed essential for employment in this field?

Statistical Procedures

After the data were collected, they were quantified and coded. Most of the data could not be quantified beyond classification into nominal categories. Utilizing a computer, the analysis package from Statistical Package for Social Sciences was used to examine the data. Most commonly used were frequency tables. Cross tabulations were done of all the variables by the 3 independent variables which were controlled in the sampling process: program model (in-house vs. contracted-out); company size (small, medium, large); and nature of industry (finance/insurance; manufacturing; service). Where possible, chi-square tests of association were used to examine the relationship between categorical variables. Kruskal-Wallis one way analysis of variance by ranks and t-test for two dependent samples in matched group design were also utilized.

Limitations of Study

One major limitation of this study centers on the fact that in order to make this study feasible within limited time and financial resources the sample size and the geographic locations of the programs studied had to be narrowed. Thus, generalizations of the study’s findings to all private sector EAP’s have to be restricted. Additional consequence of the small sample size is that this fact severely limited the kinds of
statistical computations which could be used. Furthermore, since the programs studied were all located in the private sector, under management auspice, we don't know how much, if any, of these findings are applicable to EAPs in the public sector and to union or joint labor-management sponsored programs.

Another limitation relates to the reliability of the data. Some of the programs kept more extensive as well as seemingly more accurate data than others. The statistical information obtained, for example, the percentage of alcoholics seen, could not be checked for accuracy and had to be accepted as given. Moreover, some of the data were difficult to standardize across the different organizations and was thus lost. For example, while some programs had information regarding the age of program users, others kept records regarding how long the employee has been with the company, while still others did not have any information regarding either one of these variables. Similar pattern existed for other demographic information such as occupational status and ethnicity of program users. While all the programs were promised confidentiality, some companies still refused to divulge what they viewed as "sensitive" information. For some organizations, this consisted of data regarding the percentage of minority employees in the organization, while for others "sensitive" data related to the number of alcoholics seen or the number of supervisory referrals.

Additional limitation relates to the information regarding the rationale and the historical development of a program. Although an attempt was made to interview those individuals who were instrumental in establishing a given program, this was not possible in some cases, especially for the older programs. Moreover, as with the statistical
information cited above, it was impossible to verify whether the information obtained was accurate or not. In spite of the above mentioned limitations, this study yielded a large amount of interesting and significant data which will be discussed in the following chapters.
CHAPTER IV

EMPLOYEE ASSISTANCE PROGRAMS IN THE METROPOLITAN NEW YORK AREA AND THE ORGANIZATIONS PROVIDING THEM

This chapter is comprised of two major sections. The first part consists of an overview of all the employee assistance programs which were found to be operational in the New York area as of June, 1982. The second section consists of a description of the characteristics of the 23 organizations sponsoring the EAPs which were selected for a detailed study.

A. An Overview of Existing Employee Assistance Programs

As indicated in the previous chapter, the first part of this study consisted of identifying the total universe of employee assistance programs in the Metropolitan New York Area. For the purposes of this study, the Metro New York area was defined as consisting of New York City, Long Island and Westchester County.

This study found that in the Metropolitan New York area consisting of over 5 1/2 million employees (NYS, DOL, 1982), only 125 employee assistance programs were fully operational as of June, 1982. An additional 17 programs which were in the beginning process of implementation during the 1982 calendar year were identified, but were not included in this analysis.* This section provides an overview of the employee assistance programs found in this area and the nature of the organizations which sponsor them utilizing a typology developed for this study. An analysis of the 23 employee assistance programs which were

* The author also identified another 31 programs which were established between January, 1982 and December, 1984.
studied in depth is provided in the following chapters.

**Typology of EAPs**

Based on the identification of the universe of EAPs in the Metropolitan New York area, a typology was developed and is reflected in Table 4 and in Appendix A. The typology is based on stratification of all EAPs according to auspice (management or union/peer group) sponsorship (individual or consortium); program model (in-house or contractual), and sector (public or private). A detailed analysis of the employee assistance programs in the New York Metropolitan Area utilizing the above typology is discussed below. Since different authors define the terms "auspice" and "sponsorship" differently, a definition of these terms as used in this study is provided.

**Auspice of Program: Management or Union/Peer Group**

According to Akabas & Kurzman (1982), in the field of industrial social welfare, the term "auspice" has been defined as the "major institutional arrangements in the world of work" (p. 205) and refers to the trade unions and employing organizations under which industrial social work is practiced. In line with this definition, all the EAPs identified in this study were classified as being either under management or union/peer group auspice. The term "peer group" refers to an association of individuals in the same trade who are not necessarily members of an organized labor union.

While a review of the literature indicates the existence of joint labor-management programs (Weiss, 1980; Feinstein & Brown, 1982; Kolben, 1982, etc.), the programs identified in this study were generally classified by their own description or by informed experts as being either management or union based. Although some of the union based
TABLE 4

Metropolitan New York Based EAPs Operational as of June, 1982
Stratified by Auspice, Sponsorship, Program Model, and Sector

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>SPONSORSHIP: Individual</th>
<th>Consortium</th>
<th>MANAGEMENT</th>
<th>UNION/PEER GROUP</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-House</td>
<td>Contractual</td>
<td>In-House</td>
<td>Cont</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>42</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>64</td>
</tr>
<tr>
<td>For Profit</td>
<td>35</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>55</td>
</tr>
<tr>
<td>Voluntary</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Public</td>
<td>32</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>33</td>
</tr>
<tr>
<td>Federal</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>State</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>City</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>County</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Total Number</td>
<td>74</td>
<td>20</td>
<td>1</td>
<td>2</td>
<td>97</td>
</tr>
</tbody>
</table>

*More discrete classification is not applicable for union-based programs.
programs received funding from the industry in which the workers were employed, and thus tended to view themselves as joint labor-management programs, these programs were typically seen as being used by union members and not by management. On the other hand, while union members were generally eligible to utilize programs which were under management auspice, and in many cases their unions may have been supportive of such programs, these EAPs were established under the aegis of the company's management. In short, according to the findings of this study, joint labor-management programs are viewed as either management supported EAPs under union auspice, or company-based programs supported by unions but existing under management auspice.

Utilizing the above classification, examination of all identified employee assistance programs functioning as of June, 1982 reveals that ninety-seven or 78 percent of all the EAPs in this area were provided under management auspice, while 28 programs (22 percent) were under union/peer group auspice.

While a more detailed examination of EAPs under management auspice is provided later in this chapter, analysis of union/peer group EAPs reveals that the twenty-four individually sponsored programs and the four consortia programs (14 percent of all union based programs) under union auspices covered only 15 percent of the 263 unions in existence in the area studied (NYS, DOL, 1983).

Since the major focus of this research was on programs under management auspice, more detailed data regarding union based programs are lacking and further research studies are indicated.

Sponsorship: Individual or Consortium

The literature on EAPs does not provide a commonly acceptable
definition of the term "sponsorship". Frequently, both "auspice" and "sponsorship" are used interchangeably in the same article to indicate whether the EAP is responsible to management or union officials (see Akabas & Kurzman, 1982). At other times, "sponsorship" is defined in the same way as the previously discussed definition of "auspice", while the term "auspice" refers to a totally different concept (Kolben, 1982). In this study, the term "sponsorship" refers to whether the EAP is arranged by (and typically, paid for) either a single employing organization or union or through consortia in which several organizations pool their resources and jointly develop or sponsor a program.

An examination of the EAPs based on their sponsorship indicates that 94 percent or 188 of the EAPs were provided through the sponsorship of an individual company or union, while seven (6 percent) of the 125 EAPs in this area were sponsored through a consortia of several organizations, and 4 (57 percent) of the seven were under union auspices.

Given the need for cooperation among the sponsoring organizations, it is not surprising that there were no consortium sponsored programs among the highly competitive profit-oriented organizations in the private sector, and that the only two consortia programs existing in the private sector were both sponsored through cooperation among non-profit voluntary organizations. Further discussion of these programs is provided later on in this chapter.

The single public sector consortium program was sponsored by several federal agencies and covered the NYC based employees of these agencies.

Program Model: In-House or Contractual

As discussed in the review of literature, the two most frequently identified models of employee assistance programs are in-house programs
in which the program is administered by staff directly employed by the company or union sponsoring the EAP, or contractual programs which are administered by self-employed individual, a private firm, or a voluntary agency through a contractual arrangement with the sponsor.

An examination of the New York area EAPs based on their program model reveals that 102 (82 percent) of the 125 programs were based in-house and only 23 (18 percent) were contracted out. Eighty seven percent of the contracted-out programs were located in the private for-profit organizations. Only one union/peer group and one public sector EAP were contracted-out.

An examination of business literature indicates that contracting out for specific services is a common practice for private industries in the United States (Thomas, 1982). Thus, contracted-out EAPs are within the norm of industrial practices. Unions, however, have a long standing tradition of "taking care" of their own. For unions, an in-house EAP, (or, more accurately, MAP-member assistance program) provides a highly visible benefit to their members. To contract out, especially to a profit making organization, would certainly be against traditional union values.

It is an interesting question whether the large percentage of unionized labor force contributed to the preference for the in-house model that exists in the voluntary and public organizations. The impact of unionization on program model will be explored in greater detail in Chapters V and VI.

An examination of the seven consortia sponsored EAPs reveals that

---According to the Bureau of Labor Market Information, NYS DOL, approximately 90 percent of public sector labor force is unionized.
five (71 percent) of these programs were also based in-house. In light of the preceding discussion, it is important to point out that none of the union-based consortium programs were contacted-out.

Sector: Private or Public

Reflective of the national scene discussed in Chapter II, both management and union-based programs in the New York area were found to exist in the private sector (for profit and voluntary), as well as at all levels of the public sector. While management sponsored programs could be categorized on the basis of location in either the voluntary or for profit private sector companies, or at the municipal, state or federal level of the public sector, such distinction was not feasible for union based programs since a single union may cover employees working for different levels of government (e.g., American Federation of State, County and Municipal Employees) or those employed in for-profit as well as voluntary private organizations. A more detailed analysis of public and private sector employee assistance programs under management auspice is provided below.

Public Sector Programs Under Management Auspice:

Public sector EAPs appear to be growing rapidly and comprised over a quarter (26 percent) of all the employee assistance programs in the New York area. Public sector programs were found at all levels of government ranging from federal to local communities. Thirty-six percent of all the public sector programs were sponsored by various departments of the City of New York reflecting the current trend in New York City of each department developing their own employee assistance program (Schweitzer, personal communication).

As reflected in Tables 5 and 6, in comparison to employees in the
private sector, public sector workers are twice as likely to be covered by EAPs. Unlike the private sector programs, EAPs in the public sector can be mandated through legislative or executive order. Thus, the federal (Masi, 1982) and State (Kemp, 1985) employees have benefited from the recognition of the value of, and the need for, EAPs by their respective governmental units.

In spite of the large number of programs sponsored by the various New York City departments, Table 5 indicates that it is the employees of the State of New York who are the most likely to be covered by an EAP.

Private Sector Programs Under Management Auspice:

As reflected in Table 4 and as listed in Appendix A, this study identified a total of 64 private sector employee assistance programs under management auspices. These 64 programs comprised 51 percent of all identified EAPs in the Metro New York area.

New York City, as pointed out by Kalben (1982), is a city of contrasts: It is a city of predominately small industries, while at the same time it is the home for many of the largest of the nation's firms. As reflected in Table 6, during 1982 the largest number of companies and

<table>
<thead>
<tr>
<th>Governmental Level</th>
<th># Employees in NYC</th>
<th>#EAPs</th>
<th>% Workforce Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>77,200</td>
<td>5</td>
<td>.006</td>
</tr>
<tr>
<td>State</td>
<td>53,300</td>
<td>5</td>
<td>.009</td>
</tr>
<tr>
<td>City</td>
<td>386,600</td>
<td>12</td>
<td>.003</td>
</tr>
<tr>
<td>Total</td>
<td>517,100</td>
<td>22</td>
<td>.004</td>
</tr>
</tbody>
</table>

TABLE 6
Number and Percentages of Companies, Employees and EAPs in NYC by various Industries

<table>
<thead>
<tr>
<th>Industry</th>
<th># Companies*</th>
<th>% of Total Cos.</th>
<th># Employees*</th>
<th>EAPs by EAPs</th>
<th>% Co. covered</th>
<th>% Workforce covered by EAPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mining</td>
<td>81</td>
<td>.04</td>
<td>1,352</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Construction</td>
<td>7,801</td>
<td>4.2</td>
<td>83,830</td>
<td>1</td>
<td>.01</td>
<td>.001</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>17,466</td>
<td>9.7</td>
<td>450,678</td>
<td>21</td>
<td>.12</td>
<td>.005</td>
</tr>
<tr>
<td>Transportation &amp; Public Utilities</td>
<td>7,663</td>
<td>4.2</td>
<td>241,592</td>
<td>9</td>
<td>.11</td>
<td>.004</td>
</tr>
<tr>
<td>Wholesale &amp; Retail Trade</td>
<td>60,160</td>
<td>33.0</td>
<td>592,973</td>
<td>1</td>
<td>.002</td>
<td>.0002</td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
<td>23,738</td>
<td>13.0</td>
<td>480,327</td>
<td>19</td>
<td>.08</td>
<td>.004</td>
</tr>
<tr>
<td>Services</td>
<td>65,185</td>
<td>35.8</td>
<td>917,563</td>
<td>13</td>
<td>.02</td>
<td>.001</td>
</tr>
<tr>
<td>Total</td>
<td>182,074</td>
<td>100.0</td>
<td>2,768,315</td>
<td>64</td>
<td>.04</td>
<td>.002</td>
</tr>
</tbody>
</table>


The largest number of employees in the private sector in New York City were located in the service industries, followed by those in trade, finance/insurance, and manufacturing industries. While transportation/public utilities and construction industries had a similar number of establishments, the former had three times as many employees as the latter.

Table 6 reflects the fact that only a very small proportion (.002 percent) of the private sector labor force in New York City is covered by EAPs, and that such programs are most likely to cover those employed in manufacturing industries, followed by those working in finance/insurance and transportation/utilities industries. It is the New York City based workers employed in the wholesale and retail trade industry who appear the most underserved by management sponsored EAPs.
also reveals that less than one-half of one percent (.04 percent) of all the private sector companies in this area have an EAP.

An analysis of Table 4 indicates that nine (14 percent) of the private sector programs were sponsored by voluntary non-profit organizations. Eight of these EAPs were hospital based. The two consortium sponsored programs in the private sector were both sponsored by non-profit organizations: One was a joint venture of four hospitals and an university, while the other was sponsored by three civic and business oriented groups.

An analysis of private sector EAPs under management-auxpices based on the three independent variables examined in this study—nature of industry, company size, and program model—is provided below.

Nature of Industries with EAPs:

An examination of Tables 2 and 6 reveals that the largest number of programs (21 EAPs) were sponsored by manufacturing concerns, followed by firms in finance/insurance/real estate (19 programs) and service organizations (13 programs). The fewest programs were found in the wholesale and retail trades and construction industries (1 each)—industries characterized by numerous, small establishments, seasonal employment, and frequently a high percentage of unionized workforce ("Nonprofit firm...", 1979). No programs were found in the mining industry which has the fewest number of establishments and of employees of all the industries in New York City.

Size of Companies with EAPs:

An examination of the size of private sector firms with EAPs reveals that, ninety-four percent of all of the firms for which data were obtainable (62 out of 64 companies) can be classified as "large"
organizations, i.e. companies having more than 1,000 workers. The number of employees in firms sponsoring EAPs ranged from 120 to 847,768 workers with a mean of 41,561 and a median of 10,173 employees per firm. Thus, it is clear that EAPs in the private sector in the New York area tend to be found among large size organizations, and that those employed in smaller companies are underserved, although some of those employed in small firms may be covered by union programs.

Table 7 below indicates that almost half (47 percent) of the private sector EAPs were located in firms with fewer than 10,000 workers, while 33 percent were found among the largest of the nation's firms—those with 30,000 employees or more. This dichotomy was most characteristic of manufacturing concerns, and least common in service industries where 85 percent of the organizations fell into the "small" category ranging typically between 1,000 and 10,000 employees.

**TABLE 7**

<table>
<thead>
<tr>
<th>Industry</th>
<th>Number of EAPs by Company Size</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Small (&lt;10,000)</td>
<td>Medium (10,000-30,000)</td>
</tr>
<tr>
<td>Mining</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Construction</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Transportation/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Utilities</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Trade</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Finance/Insurance/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real Estate</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Service</td>
<td>11*</td>
<td>2*</td>
</tr>
<tr>
<td>Total Number of EAPs</td>
<td>30</td>
<td>13</td>
</tr>
<tr>
<td>Percentage of All</td>
<td>47</td>
<td>20</td>
</tr>
</tbody>
</table>

*Includes one consortium sponsored program.
EAP Models:

An analysis of program models chosen by management reveals that there were twice as many in-house as contracted-out programs (43 vs. 21). An examination of Table 2 further reveals that while the majority (66 percent) of all contracted-out programs were found among the smaller companies (i.e. those with fewer than 10,000 employees), the variable of size of the workforce does not appear to be a factor among in-house programs: The number of in-house programs did not differ greatly between small and large size organizations (15 EAPs vs. 17 EAPS or 35% vs. 39%). Medium size firms had the fewest number of EAPs—either in-house or contracted-out—and probably reflective of the smaller number of firms in New York with 10,000 to 50,000 employees. While in-house programs were more prevalent in every industry studied, the preference for the in-house over the contractual model was most striking for companies in the Transportation/Public Utilities category where 7 out of the 9 EAPs were based in-house. Given the public nature of these industries, it is not surprising that their preference in program model resembles that found in the public sector discussed previously.

Characteristics of Contractors

This study identified 9 EAP contracting organizations serving companies in the Metropolitan New York area during 1982 (see Appendix B). Due to difficulty in identifying them, the list does not include self-employed individuals who were serving as consultants or EAP contractors, although two programs serviced by such individual contractors/consultants were part of 23 programs examined in this study.

Of the nine contractors identified, five were based in non-profit organizations where the development of employee assistance programs is
beginning to be viewed as an important source of revenue and prestige (Leehman, 1974). It is interesting to note that two of these are family service organizations and a third is a school of social work.

Three of the four for-profit contracting firms were headquartered in New York City. One of the four served companies in the Metro New York area only, while the other three were national, and even international, in scope.

**Summary of Findings**

This study identified a total of 125 employee assistance programs in existence in the Metropolitan New York area during mid-1982. The identification of the universe of EAPs in this area allowed for the formulation of a typology of EAPs based on their auspice, sponsorship, program model, and sector.

An examination of auspice of the identified programs revealed that ninety-seven (78 percent) of these programs were functioning under management auspice, while 28 programs were under union auspice. Sixty-six percent of the programs under management auspice were located in the private sector. Ninety-four percent of all the programs were provided through the sponsorship of an individual company or union. The few consortium sponsored programs were found to exist under union auspice or in the voluntary sector reflecting the less competitive nature of these organizations.

While private sector programs under management auspice were found to exist in every industry in New York City except mining, only one program each was found in the Construction and in the Trade industries. Due to the nature of these industries—numerous small size establishments, seasonal employment, etc.—it is not surprising to find that it is in
these industries that union-based EAPs are prevalent. This study thus confirms the 1973 findings of Trice & Roman. However, the findings of this study indicate that only 15 percent of all the unions in this area have EAPs.

Analysis of the public sector programs indicated that these programs comprised over a quarter of all the EAPs in the New York area and were found to exist at every level of government. Public sector employees were found twice as likely to be covered by EAPs as those employed in the private sector.

Among the Metropolitan New York based EAPs, there was a definite preference for in-house program models which accounted for 82 percent of all the programs. With the exception of one consortium, all of the public sector management based EAPs utilized the in-house model as did 96 percent of the union based programs. The majority (67 percent) of the private sector programs were also based in-house. Contracted-out program models were most typically seen in the manufacturing and finance/insurance industrial categories.

In line with historical development and more recent national studies (Roman, 1980C), EAPs in the New York area tend to be located in large organizations. The average number of employees in private sector firms with EAPs was 41,561. While the majority (66 percent) of contracted-out programs were operating in those industries which were classified in this study as small (i.e. less than 10,000 employees), there was no correlation between in-house programs and size of the workforce.

Further analysis of the variables of size, program models, and nature of industry within management based, private sector employee assistance programs is provided in the following chapters.
B. Characteristics of Organizations Studied

The main thrust of this study was to examine the development and nature of selected management-sponsored employee assistance programs within private industry. A secondary aspect of this study was to examine the linkage of EAPs with the existing community health and social service delivery systems, and the perceived value and actual roles of social workers in these programs.

As described in Chapter III, this study examined 23 employee assistance programs selected on the basis of a threefold stratification: nature of industry (finance/insurance; manufacturing; and service); organizational size based on number of employees (small; medium; and large); and program model (in-house and contracted-out). This section describes the characteristics of the 23 organizations sponsoring the EAPs and provides data regarding the size and demographic characteristics of the workforce, number of establishments, unionization, and provision of medical services to employees.

Nature and Size of Organizations Studied

As reflected in Table 8, an examination of the 23 companies by nature of their industry reveals that 43 percent of the companies studied were located in the finance/insurance industries, while 39 percent were in manufacturing and 17 percent in service. Compared to the universe of EAPs in this area, this study oversampled insurance/finance organizations by 6 percent and undersampled service organizations by 5 percent. Small size organizations were undersampled by 6 percent, while large companies were oversampled by 5 percent. The proportion of manufacturing concerns and medium size companies reflected the universe.

The companies in this study ranged in size from 2,000 to 213,000
employees, with a mean of 30,522 and a median of 11,000 workers. Thus,

TABLE 8
NUMBER AND PERCENTAGE OF COMPANIES
STUDIED BY SIZE AND NATURE OF INDUSTRY

<table>
<thead>
<tr>
<th>Industry</th>
<th>Small</th>
<th>Size</th>
<th>Large</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance/Insurance</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>13</td>
<td>13</td>
<td>43.4</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>4</td>
<td>22</td>
<td>39.2</td>
</tr>
<tr>
<td>Service</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>4</td>
<td>0</td>
<td>17.4</td>
</tr>
<tr>
<td>Total Number</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>22</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

\[ x^2 = 4.52 \quad p = n.s. \]

while the median number of employees in these firms corresponded to that found for the universe of private sector companies with RAPs described in the previous chapter (10,173), the companies studied had a smaller range and mean number of employees than found in the universe.

The largest number of programs studied (10) was in the "small" size category (i.e. companies with less than 10,000 employees) reflective of the fact that the smaller firms had the largest number of RAPs (see Table 7). A chi-square test showed no significant correlation between size of organization and the nature of industry among the companies studied.

Nature of the Work Force

Data regarding the gender of employees were available for 17 of the 23 companies studied. The mean percentage of male employees exceeded
that of females by only four percent: 52 percent male vs. 48 percent female. Compared to census data for gender of those employed in New York City during 1982, the percentage of males in the companies studied was slightly lower than the 56 percent listed for New York City as a whole, while the percentage of females was slightly higher than the 44 percent found by the Bureau of Census (NYS DOL, 1982).

Available data regarding the occupational status of employees in the companies studied, indicate that 31 percent of the workforce fell into the professional/managerial or official category. This percentage approximated the 33 percent of those employed in professional, technical, managerial and administrative positions in New York City during the same time frame (NYC CEE, 1982).

Data regarding the ethnic/racial characteristics was obtained for only 45 percent of the organizations, and had to be consolidated into two categories: white and minority employees. Analysis of this data reveals that the minority population in these companies ranged from 8 to 44 percent, with a mean of 23 percent minority workforce. This is a much lower percentage of minority workers than the 40 percent found in census studies (NYS DOL, 1983). This finding may indicate that minority employees are more likely to be found in the public sector, and are underrepresented in the private sector, especially in finance and insurance organizations which comprised the largest number of companies in this study.

Unionization

Over half (52 percent) of the companies studied were unionized. The percentage of unionized labor force in these 12 companies ranged from 10 to 70 percent, with a mean and median of 41 percent. Unions were most
likely to exist in manufacturing industries (35 percent), followed by
service organizations (13 percent). Only one organization in the
finance/insurance industrial category was unionized.

The role of the unions in the development of the EAP in their company
and union views regarding the programs will be discussed later on.

Number of Establishments

Data for 22 of the 23 companies studied reveals that, by and large,
these were organizations with numerous establishments. The range of
establishments per organization varied from 1 to 11,000, with a mean of
629 and a median of 34 sites per company nationwide. The number of
establishments in the Metropolitan New York area ranged from 1 to 100,
with a mean of 13 and a median of 3 sites.

The numerous establishments reflect the large size of these
organizations, as well as the characteristics of finance and insurance
companies in which numerous dispersed establishments are typical.

Availability of Medical Services

As indicated in the review of literature, an important force in the
development of an EAP in numerous organizations was its medical
department. Thus, an examination of the availability and nature of
medical services seem relevant to the understanding of and development
and nature of EAPs. Twenty one of the 23 companies studied provided
medical services to their employees. Only two of these were contractual
services. Four (17 percent) of the organizations had a combination of
in-house and contracted medical provisions, typically having an in-house
medical staff in the corporate headquarters, while contracting for
services in other sites. One of these firms was in the midst of shifting
from a fully contractual service to one based totally in-house due to
legal concerns related to health and safety issues which, according to the company's CEO, required "corporate direction".

The staff in the in-house medical departments in the 19 organizations was large, ranging from 2 to 150 employees, with a mean of 28 and a median of 10 people. Thus, 83 percent of all the companies with EAPs had an in-house medical department, usually with a large staff. Based on the findings of this study, it appears that companies with EAPs tend also have a medical department. However, there is no correlation between the provision of an in-house medical staff and EAP program model.

A Profile of the Organizations Studied: Summary of Findings

The majority of the companies sponsoring the EAPs examined in this study were finance or insurance companies, followed by manufacturing and service organizations. The average number of employees per company was 30,522. Reflective of the universe of companies with an EAP, almost half (43 percent) of the organizations studied fell into the "small" size category of less than 10,000 employees. There was no correlation between the size of an organization and nature of industry.

Fifty-two percent of the companies studied were unionized. Unions were most commonly seen in the manufacturing industries, and rarely in finance or insurance companies. Ninety-one percent of the companies provided medical services to their employees, with majority of these services being in-house.

Reflective of their large size, the organizations studied had numerous establishments with a nationwide mean of 629 sites, and a mean of 18 sites in the Metropolitan New York area. The largest number of sites were most common for finance and insurance organizations.

The percentage of women in the organizations studied was slightly
higher than that found in New York City as a whole while available data regarding minority employees indicates that the companies studied had a much lower percentage of minority workforce than found in New York City.
CHAPTER V

THE NATURE OF EAPS STUDIED: PAST AND PRESENT

This chapter focuses on describing the development and nature of the 23 employee assistance programs studied examining the impetus and rationale for their development, the general characteristics of these programs, role of unions, and significant changes in these EAPs since their inception. Significant differences in the programs related to nature of industry and size of the organization are identified. Differences related to program model will be discussed in a separate chapter.

Development, Implementation and Original Nature of Programs

This section examines the process of development and implementation of employee assistance programs, and the nature of these programs during their inception.

Year of Program Inception:

The oldest EAP in this study was established in 1947, while three of the programs studied were implemented during 1982.

Table 9 reflects the overall youth of these programs with 78 percent of all the EAPs having been established since 1975. It also confirms the impact of the NIAAA push for development of EAPs following the passage of the 1970 Hughes Act.

<table>
<thead>
<tr>
<th>Year of Inception</th>
<th>Number of Programs Established</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947-1969</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>1970-1974</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>1975-1979</td>
<td>12</td>
<td>52</td>
</tr>
<tr>
<td>1980-1982</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>100</td>
</tr>
</tbody>
</table>
Impetus and Rationale for Program Development:

Senior executives who were interviewed for this study were questioned about the purpose of their rationale for the development of their company's EAP, as well as whether there was any specific impetus which led to the formation of a program.

While the rationales provided for program development varied among the various work organizations, the most frequently stated reason for the establishment of an EAP related to health and welfare concerns of employees. Other rationales, in order of importance listed were: impact of personal problems on job performance; attempts to improve or maintain employee relations; assessment of cost-benefits of the program to the company; legal requirement; and public relations.

The most common impetus to the establishment of a program was change in key management. This was true for 7 (30 percent) of the organizations studied. In one case, the company was bought by new owners who saw the establishment of an EAP as a way of improving workers' morale and showing concern for the employees. The other 6 companies had changes of a key executive responsible for either the medical or personnel/human relations departments. These new executives, either because of their previous experience, or assessment of the current work environment, (e.g., review of discharge or disciplinary procedures; awareness of increasing divorce rates among higher level employees, etc.) were instrumental in starting the EAP.

Four of the programs (17 percent), were started due to alcoholism among high level executives. In one company, a key executive died of
alcoholism after an unsuccessful attempt by several top executives to help him. In another company, a top executive had to be fired due to inappropriate behavior while drinking on the job.

In three of the companies (13 percent) the EAP was developed due to concern about industrial accidents related to drinking and/or drug abuse among lower level employees. In one case, an employee was mutilated and killed while operating machinery when drunk.

Three of the programs were developed as a consequence of the 1973 Rehabilitation Act and federal EEO requirements. Two of these companies had trouble maintaining newly hired disabled workers and thus established the EAP as a component of their affirmative action function of personnel department. One company became concerned about its growing number of minority female employees who had numerous problems related to housing, babysitting, health and schooling of their children and who appeared unable to negotiate the various social systems on their own behalf.

Three of the companies studied started their programs because other companies in their industry were doing so, and two programs were started because of the involvement of the chief executive officer (CEO) on the board of directors of community agencies which were discussing or sponsoring an EAP. One program traced its beginning to alcoholism and recovery of the wife of a top executive.

Thus, an examination of the impetus and rationale for the development of an employee assistance program confirms the various humanistic, personal, economic and social motives described in the literature and discussed in Chapter II.

By and large, the establishment of an employee assistance program
reflects the "top down" process of decision making characteristic of many American companies (Kanter, 1983). In most of the companies studied, while the idea for the establishment of an EAP may have been suggested by a lower ranking individual within the company, or by an outside consultant, the final decision to implement such program was made at the highest level of that organization.

The Process of Program Implementation:

The development of any new program takes planning, time and money. This study revealed that seventy percent of the companies developed a formal, written, proposal describing the need, and to some degree, the nature of the proposed EAP. In most cases, the proposal was developed by either medical directors (35 percent) or personnel staff (30 percent) within the organization. In 19 percent of the companies, an outside technical consultant was utilized. These outside consultants were usually staff members of a local council on alcoholism, occupational program consultants employed by the State, or staff of a private consulting firm.

Once a company showed interest in developing an EAP the time needed for the development and implementation of a program ranged from 3 to 30 months. On the average, it took about one year (mean = 12.3 months) from the time a company decided to have a program to its actual establishment.

While there is much focus in the literature on the need for joint labor-management involvement in the development of an EAP, over half (58 percent) of the companies with unionized work force had no union
involvement. A quarter of the unionized companies had some union input into their program, and in only 17 percent of the companies were unions fully involved in the planning and development of the EAP.

In 22 out of the 23 organizations studied, all the funding for the establishment of the EAP came from management. In one case the money came from a special fund established previously by the auxiliary board of the organization.

Original Program Budget and Administrative Reporting:

Data regarding original budget were available for 15 out of the 23 companies. The budget allocated began an EAP ranged widely from $10,000 to $270,000 reflecting the different goals, staffing patterns, and number of employees covered at program inception. The mean sum allocated to the establishment of an employee assistance program was $62,400 with a median of $45,000—generally a minute proportion of the multi-million budgets of these organizations.

Twenty-six percent of all the programs had their own separate budgets. For the majority of the others, the EAP budget was a component of the personnel budget (39 percent), while for 26 percent of the companies studied it was part of the medical department. For two of the companies (9 percent), the program budget came from "other" departments.

The majority of the programs (57 percent) reported to the personnel/human relations divisions of their organization, while over a third (35 percent) reported to the company's medical director. Eight percent of the EAPs were components of the company's employee relations of industrial-labor relation divisions.
Over half (57 percent) of the programs had a separate on-site office from the very inception of the program.

Staffing:

Available information regarding original staffing (N=14) showed a range of 0 to 9 full time EAP staff. The mean number of full time EAP staff members per company was 1.4. Six of the 14 organizations (43 percent) started their program with part-time staff only.

The original administrators for 47 percent of the in-house EAPs came from the personnel division of their company. One of these was a recovered alcoholic. In addition, three of the programs (20 percent) were administered by recovering alcoholics previously employed in various other positions in the company (one was the chauffeur to the company's CEO). Five of the organizations (33 percent) hired outsiders to administer their program, three of whom were recovered alcoholics with some business background. Only one program, a hospital based EAP, was established by a social worker, and close to half (47 percent) of the in-house EAPs were developed by recovered alcoholics.

Original Program Goals:

In line with the various reasons cited for the development of a program, the original goals or program foci varied. The programs were divided between those which started as broadbrush programs dealing with various kinds of personal problems (48 percent) and those which started as alcohol programs only (43 percent). The original goals of nine percent of the programs were listed as "other", with most of these focused on affirmative action issues.

The majority of the original programs (52 percent) were available
to both mandated (i.e. company referred) and voluntary, self-referred employees. Over a quarter of the EAPs (26 percent) were opened only to mandated employees, that is, those workers who were referred by their supervisors, medical, or personnel department officials and whose jobs depended on their participation in the EAP. Twenty-two percent of the programs were considered to be exclusively voluntary in nature which meant that the employees were either self-referred and/or the retention of their job was not dependent on their participation in the EAP.

Fifty-seven percent (13 programs) were planned to cover all of the company's workers, while the others began as either pilot programs at selected sites, or were aimed at certain groups of employees. EAPs which were started as pilot programs were most commonly seen in large, manufacturing organizations.

Original Referral Sources and Presenting Problems:

Data regarding the referral sources during the first 6-12 months of the program's existence was available for 14 of the 23 companies.

Forty-two percent of the original referrals came from employer of supervisor; 33 percent were self-referred, and 22 percent were medical referrals. Three percent of the original referrals came from "other" sources such as unions, family or fellow workers.

The most common presenting problem (N=19) was alcoholism which accounted for almost half (48 percent) of the original referrals. Marital/family problems accounted for 13 percent, while work-related problems (11 percent) and mental health issues (10 percent) followed closely. Drug abuse, financial, and medical problems accounted for 4 percent each, while legal and "other" problem categories comprised 2
percent each of the the presenting problems seen at program inception. As will be pointed out later, there was a significant change in the nature of many of the presenting problems over time.

Characteristics of Current Programs

This section examines the current program characteristics, analyzing such variables as program title and goals, administrative location, staffing, financing, insurance provisions, role and views of unions, nature of services provided, access and utilization by employees and families, referral sources, nature of presenting problems, characteristics of service users, linkage with employing organizations, confidentiality issues, and self assessment of programs.

Changes undergone by the employee assistance programs over time are identified and discussed in the next section.

An examination of the titles of the twenty three programs studied reveals that 61 percent of the programs were labelled "employee assistance programs", while the title of the other 39 percent were idiosyncratic to the organization. Two of the programs utilized the term "advisory" and only one used the term "counseling" in its title.

Coverage of Work Force and Current Program Goals:

Over two-thirds (70 percent) of the programs studied offered services which could be used by all of the company's workers, while the rest were available to only part of the workforce. In one case, EAP services were restricted to those in the corporate headquarters. In comparison to their origins, there was a definite trend from partial coverage at
program inception toward a more comprehensive coverage over time. In line with this greater comprehensiveness, all of the programs viewed themselves as being broadbrush currently in contrast to 48 percent at program inception.

Administrative Location and Organizational Hierarchy:

While the changes were not statistically significant, there was a definite decrease in the percentage of programs located in the personnel/human relations divisions (48 percent vs. 57 percent originally) and an increase in industrial-labor/employee relations (13 percent vs. 8 percent originally) and in "other" category which included free-standing and social services departments (13 percent vs. 0 percent originally). In spite of the changes, nearly half of the programs studied fell within the domain of the personnel department while over a quarter remained part of the medical division of their organization.

Almost all of the respondents (96 percent) expressed satisfaction with their current program location.

An analysis of the hierarchical reporting structure of the companies revealed that EAP administrators tended to report to high level officials within a company. The level of those administratively responsible for an EAP ranged from the second in command of a company to a person located five levels below the chief executive officer (CEO). The mean managerial level for those responsible for all the EAPs studied was 3.4 below the CEO. Since the organizations studied were generally large-sized companies which tend to have a long hierarchical chain of command in
which more than 11 layers are not unusual (Peters, 1985), this finding indicates that the EAPs were administered at a high organizational level. As will be discussed later, there was a significant difference in reporting level between in-house and contractual program models.

Few of the programs studied (17 percent) had a separate governing or a policy making body. By and large, the policies relating to the EAPs tended to be developed through the same managerial procedures employed by the companies for their other programs.

Seventy percent of the respondents felt that the top management of their company was "very supportive" of the EAP, and only 4 percent felt "no support". Twenty-six percent viewed the top management as "somewhat supportive".

Policy Statement and Brochure:

Most of the programs (83 percent) had a written policy statement relating to the employee assistance programs. While the policy statements varied among the various companies, they were most likely to include the following three items:

1. The confidential nature of the program (75%).
2. The recognition of alcohol abuse and alcoholism as a treatable "problem" (45%) or "disease" (25%).
3. Connection between personal problems and job performance (35%).

Less common was the inclusion of a statement regarding the treatability of drug abuse (20 percent), or mental health problems (10 percent); the role and/or support of union (15 percent); and a discussion of the disciplinary process in relation to the EAP (10 percent).
Typically, in programs which covered all of the company's workers, such policy statement was likely to be signed by the company's chief executive officer (president or chairman of the board); while in programs covering only selected sites the policy signer tended to be the medical director.

Seventy-eight percent of the programs had a written brochure describing the EAP. This brochure, distributed to the employees, typically discussed the purpose of the EAP, eligibility criteria, and referral process including the telephone number of the EAP.

Only 30 percent of the 23 EAPs had a written program manual specifying the functions of the program and staff.

Office Location and Staffing:

Seventy percent of the programs studied had a separate on-site office, a 13 percent increase over time. Seventy percent of the EAPs also had a separate telephone line. However, only a quarter (26 percent) of the programs had their own secretarial staff reflective of the small size of the programs and their general attempts to minimize program costs.

The number of full-time staff members in in-house programs (N=15) ranged from 0 to 8 with a mean of 2.1 and a median of 1.3 workers. Thus, while the in-house programs continued to be small, in comparison to the original programs, there was a slight increase in the mean number of full-time staff by 0.7 employees per program. Three (20 percent) of the in-house EAPs continued to be staffed by part-time employees only—a decrease of 23 percent over time. The number of MSWs employed in the
programs increased from 1 to 17. The number of full-time staff employed by contractors (N-6) ranged from 1 to 25, with a mean of 10.7. There were 16 MSWs employed by contractors.

Only 22 percent of the EAP staff were covered by separate professional liability, although all believed that they were covered under their company's general liability insurance.

Financing:

The annual budget allocated for the EAP (N-19) during the last fiscal year varied greatly ranging from a low of $9,000 for a program staffed by one part-time employee located in the personnel department, to a high of $400,000 for a program staffed by 3 full-time workers, a number of part-time consultants, and providing a variety of services. The mean cost of the 19 programs for which figures were obtainable was $109,842 with a median of $72,000.

The cost per eligible employee (N-20) ranged from a low of $1.4 for an in-house program with a part-time staff member without a separate EAP office, to a high of $66.7 for a contracted-out program providing a full-time on-site counselor with a separate office. It is interesting to note that it is this most costly (per capita) program that had one of the highest utilization rates among all the programs studied. The questions of program utilization will be addressed later on in this chapter.

The mean cost per eligible employee for the 20 EAPs for which data was available was $14.7 and the median was $8.7 per employee per year. Table 10 provides a breakdown of the cost per employee by the number of companies paying within such range.

Sixty five percent of the program administrators felt that the program was financed adequately, while 35 percent were dissatisfied with
the allocated budget.

TABLE 10
Cost Per Employee by the Number of Companies

<table>
<thead>
<tr>
<th>Cost per Employee (In Dollars)</th>
<th>No. of Cos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4.9</td>
<td>4</td>
</tr>
<tr>
<td>5.0-9.9</td>
<td>7</td>
</tr>
<tr>
<td>10-14.9</td>
<td>1</td>
</tr>
<tr>
<td>15-19.9</td>
<td>2</td>
</tr>
<tr>
<td>20-24.5</td>
<td>4</td>
</tr>
<tr>
<td>&gt; 25</td>
<td>2</td>
</tr>
</tbody>
</table>

Nature of Services Provided:

Fifty two percent of the services provided by EAPs changed over time. These changes were usually due to changing organizational and employee needs. They also reflected the shift from single focus to broadbrush programs.

Table 11 below indicates the variety of services offered and the percentage of companies providing these services. All of the companies provided information and referral and most (96 percent) provided "motivational counseling" aimed at dealing with initial resistance to seeking help, especially for alcohol related problems. While 91 percent of the EAPs provided training and/or consultation to management, only 42 percent of the EAPs in unionized organizations provided such services to unions.

Statistical analysis correlating services by nature of industry revealed that long-term counseling was most likely to be offered in service organizations ($\chi^2 = 6.37$, df = 2; p < .05); while correlation of services by organizations size indicated that large size companies were more likely to offer additional "other" services such as child care, smoking cessation, blood bank, etc. ($\chi^2 = 6.53$, df = 2; p < .05).
TABLE 11

Number and Percentages of EAPs Providing Specific Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Number of Companies</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information &amp; Referral</td>
<td>23</td>
<td>100</td>
</tr>
<tr>
<td>Motivational Counseling</td>
<td>22</td>
<td>96</td>
</tr>
<tr>
<td>Consultation/Training with Management</td>
<td>21</td>
<td>91</td>
</tr>
<tr>
<td>Formal Follow-Up</td>
<td>21</td>
<td>91</td>
</tr>
<tr>
<td>Diagnoses/Evaluation</td>
<td>20</td>
<td>87</td>
</tr>
<tr>
<td>Short-Term Therapy/ Counseling (≤ 6 sessions)</td>
<td>17</td>
<td>74</td>
</tr>
<tr>
<td>Family/Significant Others Counseling</td>
<td>15</td>
<td>65</td>
</tr>
<tr>
<td>Emergency Coverage</td>
<td>14</td>
<td>61</td>
</tr>
<tr>
<td>Self-Help</td>
<td>14</td>
<td>61</td>
</tr>
<tr>
<td>Consultation/Training with Unions*</td>
<td>5</td>
<td>42*</td>
</tr>
<tr>
<td>Didactic/Educational Lectures</td>
<td>9</td>
<td>39</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>Long-Term Therapy/Counseling (&gt; 6 sessions)</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>24 Hour Hot Line</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Smoking Cessation; child care; financial assistance, etc.)</td>
<td>7</td>
<td>30</td>
</tr>
</tbody>
</table>

*Refers only to unionized companies (N=12).
Insurance Benefits:

Since most EAPs provide only information and referral services or short-term counseling, insurance coverage for alcoholism and mental health treatment in the community is a vital component of EAP service provision. An examination of the benefits provided indicates that 22 out of the 23 organizations studied provided insurance coverage for in-patient alcoholism treatment. Almost half of them (48 percent) covered 80 percent of the costs, and over a third (39 percent) covered 100 percent.

Psychiatric coverage was, by and large, more limited than for alcoholism. In-patient psychiatric coverage was provided by 18 (78 percent) of the companies studied, with the majority (52 percent) covering 80 percent of the cost and 13 percent providing 100 percent coverage. Out-patient coverage, either for alcoholism or mental health, varied tremendously among the companies and, typically, was much more limited than in-patient benefits.

A number of the firms in the study were in the midst of reevaluating their insurance package with some switching to a "cafeteria-style option" plan which would allow each employee to choose among several possibilities the kind of insurance package best suited to their needs.

Role of Unions:

As indicated previously, 12 of the 23 companies were unionized. However, only one of the programs studied could be considered to be a joint labor-management program.

A quarter of the unions had their own union-based EAP (or MAP). These
were most likely to be found in service organization ($x^2 = 12.75, df = 4, p < .01$).

According to the respondents, 50 percent of the unions viewed the FAP provided by their company positively, while 33 percent viewed them negatively. Seventeen percent held mixed views. Only one of the unions refused to refer any employees to the program, while the rest played some, at times minimal, role in case finding and referral. Since few union officials were interviewed for this study, detailed information regarding union perceptions of these EAPs and coordination between the EAPs and union-based programs is lacking.

Access and Utilization by Employees:

The majority of the programs (59 percent) were available to all company employees. Of the remainder, 9 percent excluded part-time workers and 23 percent excluded temporary employees. Nine percent had other restrictions.

In the majority of the organizations (62 percent, N=21), time off provisions to visit the EAP staff depended on the supervisor, while 24 percent of the companies did not permit any time off during working hours. Only three companies (14 percent) provided unlimited time off to visit the EAP.

The number of employees seen by the EAPs since their inception (N=17) ranged from 34 to 11,000 reflecting the differing length of time the programs have been in operation.

The number of employees seen over the last 12 months (N=21) ranged from 34 to 2,000, averaging 435 employees per program with a median of
239 employees. The number of employees seen per month ranged from 3 to 125 with a mean of 36. The annual utilization rate for the 21 programs for which data was available ranged from 1.1 to 10.0 percent of the eligible employees in the organization, with a mean of 4.4 percent. Thus the EAPs in this study had a somewhat lower utilization rate than the 5 to 10 percent "benchmark" recommended by Jones (1983) and discussed previously.

According to staff members from the various EAPs who were interviewed for this study, the number of employees coming to an EAP tended to increase dramatically following an increase in program visibility resulting from the mailing of reminders regarding the EAP or, more typically, through an article about the program in the company paper. Thus, it appears that there is a direct correlation between program visibility and program utilization.

In an effort to ascertain other factors which may account for high and low rates of program utilization, the following variables were correlated with the percentage of employees being seen by the EAPs: nature of industry; size of organization; number of establishments covered; year of program inception; percentage of males and females in the workforce; percentage of high and low level employees; services provided by the EAP; percentage of employees seen with mental health problems; percentage of employees seen with alcohol problems; percent of females seen; program model; self and supervisory referrals; and percentage of unionized workforce. The single variable showing significant correlation with utilization rate was the percentage of
self-referrals ($\chi^2 = 14.3$, df = 6, $p < .05$): Thus, the programs having a higher rate of utilization tended to have a higher percentage of self-referrals.

The focus of this study made it impossible to ascertain whether an emphasis on self-referrals decreased the stigma associated with a program and thus encouraged a greater number of employees to seek help. Or conversely, whether having a larger number of supervisory referrals meant that the problems of the employees seen were more serious, required a greater amount of staff time, and thus made the limited program staff less available to other employees. Further research in this area is recommended.

Referral Sources and Nature of Presenting Problems:

Tables 12 and 13 provide data regarding referral sources to the EAPs, and the kinds of presenting problems seen.

Examination of Table 12 reveals that the majority of the employees seen by EAPs were self-referred, and a quarter came to the EAPs via their employers or supervisors. Thus, while the percentage of supervisory referral decreased from that found during the beginning years of the program (42 percent vs. 25 percent), it is still higher than the 10 percent benchmark recommended by Jones (1983). As indicated in Table 13, the most common presenting problem is alcoholism. While the percentage of clients with this problem equals that offered by Jones (1983) as a benchmark (25 percent), it is much lower than that seen during the early years of these programs. A more detailed discussion of the changes of referral sources and presenting problems will be provided later on in this chapter.
TABLE 12
Sources of Referral to the EAPs

N = 21

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage of Total Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>54</td>
</tr>
<tr>
<td>Employer/Supervisor</td>
<td>25</td>
</tr>
<tr>
<td>Medical</td>
<td>13</td>
</tr>
<tr>
<td>Other (union, family, etc.)</td>
<td>8</td>
</tr>
<tr>
<td>Total percentage</td>
<td>100</td>
</tr>
</tbody>
</table>

TABLE 13
Nature of Presenting Problem of Employees Seen

N = 21

<table>
<thead>
<tr>
<th>Presenting Problem</th>
<th>Percentage of Those Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism</td>
<td>25</td>
</tr>
<tr>
<td>Mental Health</td>
<td>21</td>
</tr>
<tr>
<td>Marital/Family</td>
<td>18</td>
</tr>
<tr>
<td>Work Related</td>
<td>9</td>
</tr>
<tr>
<td>Financial</td>
<td>7</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>5</td>
</tr>
<tr>
<td>Medical</td>
<td>5</td>
</tr>
<tr>
<td>Social</td>
<td>5</td>
</tr>
<tr>
<td>Legal</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Total percentage</td>
<td>100</td>
</tr>
</tbody>
</table>
Characteristics of Service Users:

One important area of this research was to examine who uses these programs and how representative they are of the workforce.

As indicated in Chapter IV, the workforce in the companies studied was composed of 52 percent males and 48 percent females. Data regarding service users (N=13) indicated, however, that 49 percent of the users were males and 51 percent were females, the exact same percentage as found in Sadduth's (1984) study discussed previously. A statistical analysis of the differences between the means (N=14) utilizing a two-tailed t-test for independently matched samples, indicated a significant difference (p = .02) between the percentages of men and women in the organization and program users. Thus, like most counseling and treatment settings, EAPs tend to be over-utilized by females and under-utilized by males (Kahn & Kamerman, 1982). However, in comparison to typical users of a mental health or a social agency, EAPs tend to see a much greater proportion of males.

Data regarding occupational status and ethnic/racial characteristics of users was too limited for valid statistical analysis. However, as reflected in Table 14, while the occupational status of program users did not differ greatly from that found in the organization, the proportion of minority employees tended to be over-represented in the EAPs. As will be discussed in Chapter VI, this was particularly true for in-house programs.

Access and Utilization of Program by Families:

Employees, like most people in society, are first and foremost members of a family. They are affected not only by their own problems,
but also by the problems of their family members. In turn, their problems impact on their families. Thus, access and utilization of EAPs by members of employees' families is an important EAP function.

This study revealed that while 83 percent of the EAPs were available to families, in 39 percent of the programs the families were seen only in relation to a problem experienced by, or related to, the employee. Thus, only 10 out of the 23 EAPs (43 percent) in this study were accessible to family members whose problems did not focus directly on the employee.

Data regarding the percentage of caseload consisting of workers' families was available for only 12 (52 percent) of the EAPs studied. The percentage of cases in which members of families seen were ranged from 3 to 50 percent of the cases, with a mean of 22 percent and a median of 16 percent—a higher mean than that indicated by Jones (20 percent) or found by Sudduth (6 percent). A discussion of the differences in the number of family members seen related to program model will be provided in Chapter VI.
Impressionistic data of program staff suggests that most of the family members seen were wives of employees who were concerned with their husbands' drinking, or with problems exhibited by a child. In most cases the family members found out about the EAP through the employee. In some cases they learned about the program through a payroll insert or a company newsletter.

Linkages Between EAPs and Employing Organizations:

As reflected in the conceptual framework proposed by Erfurt & Fotea (1977) and discussed previously, in order to service the workers, EAPs must be linked with the employing organizations. An analysis of the linkages between EAPs and the organizations sponsoring them focused on an examination of the nature of the communication between the program and the employees as well as management, and the nature of the training provided to supervisors and higher level managers.

Table 15 indicates the various ways in which companies communicated with their employees regarding the establishment or existence of their employee assistance program, with many organizations using more than one approach. The most typical method of communication was through an article or an announcement in the company's paper or house organ. Compared to other methods, this approach was the least costly while being highly visible. Payroll insert, while the most likely method of reaching the greatest number of employees (as well as spouses), was also the most expensive and was thus utilized by only 18 percent of the companies studied.

Training of supervisors and managers is another method of linking and communicating regarding the program to the organization. Seventy eight
percent of the EAPs studied provided supervisory training, typically to first line supervisors only. Only 41 percent provided any training or orientation to higher level managers.

The training regarding the program and referral process was most frequently (44 percent) provided by EAP staff in conjunction with personnel/training staff or medical staff. In over a third of the companies (39 percent), such training was provided by personnel or training department staff without any EAP personnel. In only 9 percent did the EAP staff provide its own training program.

Feedback Regarding Employees Seen and Confidentiality Issues:

The issue of confidentiality is a common concern in this field and numerous discussions regarding this topic can be found in the literature (Wrich, 1980; Kurzman, 1983, etc.).

This study found that all of the program administrators interviewed were highly aware of the sensitive nature of a work-based program which dealt with the personal problems of an employee, and all of the programs had a policy of not revealing any information regarding a self-referred employee. While 75 percent of the programs provided feedback to a

---

**TABLE 15.**

Communication to Employees Regarding EAP

<table>
<thead>
<tr>
<th>Method</th>
<th>% of Companies Using It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co. Paper/House Organ</td>
<td>86</td>
</tr>
<tr>
<td>Orientation to New Employees</td>
<td>82</td>
</tr>
<tr>
<td>Special Letter/Memo</td>
<td>68</td>
</tr>
<tr>
<td>Bulletin Board/Posters</td>
<td>59</td>
</tr>
<tr>
<td>Payroll Insert</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>31</td>
</tr>
</tbody>
</table>
referring supervisor, this feedback was typically limited to the fact that the employee followed through on the referral. All of the programs kept their records under lock and key, with a number of them having installed highly sensitive alarm systems. While EAP staff had access to medical and personnel records of the employees, none of the programs studied provided access to their records to company's personnel staff.

In twenty-one percent of the organizations, EAP records were partially or totally available to the medical department.

While only one of the respondents indicated that they or their staff ever broke the confidentiality of any employee, 39 percent indicated that they had an actual or potential problem related to confidentiality. Among the examples cited were the following: a demand by a high level executive for information regarding a self-referred employee with a gambling problem; a supervisor informing other employees that a worker was being seen by the EAP; a medical director pressuring EAP staff for information regarding an employee; a self-referred employee threatening suicide; and a medical department staff member revealing to a supervisor that a self-referred employee was hospitalized for alcoholism. Other problematic incidents indicated by EAP staff included: a self-referred employee threatening to sue the EAP for misdiagnosis of alcoholism; and a self-referred employee threatening the EAP staff.

The single admitted incident in which employee's confidentiality was broken occurred when a boyfriend of a self-referred employee threatened to hurt the EAP worker; this necessitated the involvement of the company's security staff and the filling of an official incident report.
including the employee’s name.

The above cited examples indicate that in spite of the sensitivity of
the EAP staff to the issue of confidentiality, problems regarding
confidentiality exist. As will be pointed out later, they are more
likely to be present in in-house programs.

Self-Assessment of Programs:

Only half (52 percent) of the EAPs studied conducted an evaluation or
self-assessment of their programs. In most cases this was used to
validate the value of the program to management.

When program administrators and company executives were asked to
describe the positive and negative aspects of their program, the
responses in order of frequency cited included:

Positive aspects of a program:

- Provides a resource to supervisors/frees supervisors to do their job
- Helps employees to recover from alcoholism
- Easily accessible to work population
- Saves employees jobs and helps them cope with stress
- Program is well integrated in the corporate mainstream
- Program is utilized by all levels in the company
- Improves morale in the company/gives a message that the company cares
- Saves money to the company in the long run/limits disability leaves
- Improves company’s benefits
- Provides safe, professional and confidential service
- Avoids law suits

Negative aspects of a program:

- Limited training to supervisors and managers
- Limited staff for program to be truly effective
- Not accessible to decentralized work force/limited effectiveness
  outside corporate headquarters
- Lacks 24 hour coverage
- Does not reach all levels of employees
- Supervisors not using program as should
- Poor insurance benefits for psychiatric treatment/limited
  out-patient coverage
- Services limited to information & referral/doesn't meet need of
  employee
- Does not reach family members
- Poor coordination with company's medical department/conflict with medical regarding goals
- Program resisted by some executives
- Program resisted by unions/viewed as management tool
- Minimal follow-up
- Program has low priority in the company
- Isolation of EAP staff from others in the organization
- Program lacks clear lines of command
- Difficulty selecting best treatment resources
- No focus on prevention
- Limited utilization

Overall, the self-assessment of the EAPs indicated that while the programs were viewed as being beneficial to the company in terms of cost-benefits, employee relations and recovery of alcoholic workers, by-and-large, most respondents felt that the supervisory training was too minimal for the program to be truly effective; that the program staff was too small for optimal functioning; that there were serious problems in reaching a dispersed work force and those working during non-standard shifts; and that insurance benefits for out-patient treatment were minimal. An assessment of the EAPs based on their program models will be provided in Chapter VI.

Changes Over Time

Like most components of an organization, EAPs change and adapt over time to the needs of both management and employees. This section summarizes the changes experienced by the EAPs from their inception to the time of this study when the median age of the programs was 5. These changes included:

Program Goals. While less than half (48 percent) of the programs originated as broadbrush, at the time of the study all (100 percent) of
the programs were so characterized.

Staffing. The number of in-house staff increased from a mean of 1.4 full-time staff members per program, to a mean of 2.1. The total number of in-house social workers (MSWs) increased from 1 to 17.

Program Costs. Table 16 below lists the range, mean and median costs of current programs and at inception. While the mean budget allocated to the programs increased by 76 percent, it is important to keep in mind that the rate of inflation over the five years prior to 1982 amounted to 56 percent (personal communication, NYS DOL, 1986).

### TABLE 16

<table>
<thead>
<tr>
<th></th>
<th>Range</th>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Budget</td>
<td>10,000—270,000</td>
<td>62,400</td>
<td>45,000</td>
</tr>
<tr>
<td>Current Budget</td>
<td>9,000—400,000</td>
<td>109,800</td>
<td>72,000</td>
</tr>
</tbody>
</table>

Administrative Location. A comparison of original and current program locations indicates a 9 percent decrease in both personnel and medically based programs, paralleled by an increase in "self standing" and "other" administrative locations. The number of EAPs with a separate on-site office increased from 57 percent to 70 percent.

Services Provided. Fifty-two percent of the programs changed the services which they offered. The most common changes involved moving from long-term counseling mainly for alcohol-related problems to a short-term counseling model for a variety of problems, and an increased focus on preventative programs such as smoking cessation and stress
management.

Referral Sources. Table 17 identifies the percentage of employees referred to the EAP through various sources during the first year of program's existence and currently. Statistical analysis indicates significant decrease in supervisory and medical referrals over time, while the percentage increase of self-referrals approaches significance.

TABLE 17
Original and Current Sources of Referral
(in percentages)

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Original</th>
<th>Current</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Referral</td>
<td>33</td>
<td>54</td>
<td>n.s</td>
</tr>
<tr>
<td>Employer/Supervisor</td>
<td>42</td>
<td>25</td>
<td>.001</td>
</tr>
<tr>
<td>Medical</td>
<td>22</td>
<td>13</td>
<td>.002</td>
</tr>
<tr>
<td>Other (peer, family, etc.)</td>
<td>3</td>
<td>3</td>
<td>n.s</td>
</tr>
</tbody>
</table>

*Level of significance approached at p = .07.

Nature of Presenting Problems. As indicated in Table 18, there were a number of significant changes in the presenting problems of those seen in the EAP. Reflective of the changing focus of the programs, different referral sources and societal changes, the percentage of employees with work related and alcoholism problems decreased significantly, while those with mental health, drug abuse, financial and legal problems increased. These findings confirm the belief (and sometimes fear) of some authors (Roman, 1981; 1983) who feel that as the EAPs become more broadbrush, they are less likely to reach those with alcohol problems. At the same time, these findings reflect the broad nature of EAPs and their ability
to attract and help employees with numerous problems stemming from their
daily life.

**TABLE 18**

Original and Current Nature of Presenting Problems

(in percentages)

*N = 20*

<table>
<thead>
<tr>
<th>Nature of Problem</th>
<th>Original</th>
<th>Current</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Related</td>
<td>11</td>
<td>9</td>
<td>.01</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>48</td>
<td>25</td>
<td>.01</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>4</td>
<td>5</td>
<td>.03</td>
</tr>
<tr>
<td>Mental Health</td>
<td>10</td>
<td>21</td>
<td>.001</td>
</tr>
<tr>
<td>Marital/Family</td>
<td>13</td>
<td>18</td>
<td>n.s</td>
</tr>
<tr>
<td>Social</td>
<td>3</td>
<td>5</td>
<td>n.s</td>
</tr>
<tr>
<td>Financial</td>
<td>4</td>
<td>7</td>
<td>.001</td>
</tr>
<tr>
<td>Medical</td>
<td>4</td>
<td>5</td>
<td>n.s</td>
</tr>
<tr>
<td>Legal</td>
<td>2</td>
<td>4</td>
<td>.01</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
<td>n.s</td>
</tr>
</tbody>
</table>

To summarize the changes undergone by the RAPs over time, it is
important to note that while the programs did not increase greatly in
staffing or costs, they have changed to a broadbrush, short-term service
program model with a growing number of self-referred employees with
mental health related problems, in contrast to the original supervisory
or medically referred employees with alcoholism or work-related
problems. The number of social workers employed in the RAPs also
increased, a finding which will be discussed further in Chapter VII.

**The Nature of EAPs: Summary of Findings**

This study of 23 employee assistance programs indicates that the
prototypical program would have been established between 1975 and 1979,
most likely as a result of change in key executives or due to the recognition of alcohol problems among a high level executive, or an industrial accident resulting from drinking or drug use by a lower level employee. The program would be entitled "Employee Assistance Program" and established within a year of the development of a formal written proposal with minimal union involvement.

The average budget allocated for the development of a program (on the average, during the years 1977/78) would have been around $62,000, while the current (1982/83) budget would be around $109,800, reflecting a mean of $14.7 per eligible employee per year. The program would typically fall within the domain of the personnel/human relations department. The program would probably have its own on-site office with a separate phone line, it would have a small staff of approximately two full-time workers and share secretarial staff with other departments.

The prototypical EAP would have evolved from an alcohol-focused program covering only a part of the workforce, to a short-term, broadbrush program covering most of the organization's employees. The program would be utilized by an average of 4.4 percent of the workforce with 36 employees seen per month. While the original referrals were likely to come from supervisors, currently, the majority of those seen would be self-referred.

While the largest proportion of program users, a quarter of all the employees seen, continue to be those with alcohol problems, the percentage of alcoholic employees seen by the EAPs decreased significantly over time. This decrease corresponded to an increase of employees with
mental health, drug, financial and legal problems.

In proportion to their percentage in the workforce, the programs would be over-utilized by women and minority employees. The typical program would not be accessible to family members unless the problem was focused on the employee. Nor, where accessible, family members make extensive use of these services.

Communication to the employees about the program would typically be through a company paper, while supervisory training regarding identification and referral of problem employees would be conducted by personnel or training staff in conjunction with EAP staff. Such training would be minimal once the program was established. The minimal training and limited communication regarding the availability of the program tended by keep the EAP utilization rate down. However, this also protected the limited EAP staff from being overwhelmed by clients.

Any information obtained by the EAP from the employee would be kept confidential; however, supervisors referring an employee would be notified that the employee followed through on the referral. Efforts to protect worker's confidentiality would be taken seriously, however numerous dilemmas and conflicts relating to confidentiality do arise, nevertheless. Clearly, this is an ongoing problem for employee assistance programs.

Overall, the programs would be most effective for centralized workforce in day shifts by providing supervisors and self-referred employees with options and resources for numerous personal and work-related problems affecting today's workers.
CHAPTER VI

COMPARISON OF IN-HOUSE AND CONTRACTED-OUT PROGRAMS

A major aspect of this study was the examination of the two program models commonly found in private industry—in-house and contracted-out. As indicated in previous chapters, 15 (65 percent) of the 23 employee assistance programs studied were based in-house, while 8 (35 percent) of the programs were contracted-out. An analysis of the data indicates that while the two program models share many similarities, they also show a number of statistically significant differences. This chapter compares and contrasts in-house and contracted-out programs based on the analysis of the major variables which are summarized in Tables 19 through 22.

Statistically Significant Differences Between In-House and Contracted Programs

This section discusses statistically significant differences between the two program models. Additional differences and similarities are discussed later on in this chapter. Among the significant differences related to program models are:

Date of Program Inception:

The majority of contracted programs (63 percent) were established after 1980, while the majority of in-house (67 percent) programs were established between 1975 and 1979. Thus, while there were almost twice as many in-house programs as contractual, the fastest growth in recent years appears to be among the contracted-out programs with only one in-house compared to five contracted programs established between 1980 and 1982. Whether this trend is due to increased marketing by various
contractors, the current prevailing managerial philosophy, growing concerns about potential legal or confidentiality issues, or some other factors, needs to be explored in future research studies.

**Program Goals at Inception:**

In-house programs were more likely to start as single-focused, alcohol-oriented programs, while contracted programs were more likely to start as broadbrush programs. It is possible that this finding is a function of the date of program inception, with newer programs tending to be more broadbrush than the older programs.

**Level of Reporting:**

Contracted programs tend to report to a higher level within the organization than in-house programs. Thus, while the difference is not significant, it is not surprising to find that the top management of contracted-out programs is viewed as more supportive than the management of in-house programs (88 percent vs. 60 percent), a finding which contradicts Sudduth's (1984) conclusion.

**Cost Per Employee:**

As indicated in Table 22, the mean cost per eligible employee was more than three times as high in contracting programs than in-house ($25.6 vs. $7.5 per employee per year). While it is possible that in-house programs did not include their overhead costs as part of their budget, or tended to underestimate such costs, the differences between the costs of the two program models is so wide that if the standard 40-45 percent overhead costs are included for all the in-house programs, great differences between the costs in the two models remain. This finding is particularly notable in light of the minimal differences in the services provided by the two program models as seen in Table 19.
Services Provided:

While the majority of services provided in the two program models tended to be similar, analysis of the data revealed three statistically significant differences in service provisions (see Table 19):

1. Availability of 24-hour hotline. This service was provided by 63 percent of the contractors, but only by 7 percent of in-house programs.

2. Emergency coverage during weekends, holidays and/or evenings: While all of the contractors which did not provide 24-hour hotline, had provisions for emergency coverage during off-hours, weekend and holidays, this was true for less than half (43 percent) of the in-house programs.

3. Consultation/Training to Unions. While more than half (56 percent) of the in-house EAPs with unionized work force provided consultation or training to unions, none of the contractors with unionized work force provided this service.

The provisions of a hotline and emergency coverage indicate that contractual programs were more accessible to employees experiencing problems or seeking help during non-standard working hours. This may partially account for the higher rate of utilization of these programs—a finding which is discussed later in this chapter.

The lack of consultation or training to unions by contractors may reflect a general pro-management focus of contractors who need the support of high level management in order to stay in business.

Union Views Regarding the EAP:

In line with the above mentioned lack of involvement with union by contractors, it is not surprising to find a correlation between program
model and union views regarding the EAP. As reflected in Table 19, unions were not involved in the development of any of the contracting-out programs and their views regarding the programs were typically unknown by contractors. Where such views were known, they were more positive toward in-house than contracted-out programs (56 percent vs. 33 percent).

Record Keeping and Computerization of Records:
While the nature of records kept by the programs did not vary by program model, contractors were much more likely to have computerized data retrieval systems than in-house programs.

Referral Sources:
Kruskal-Wallis One-Way ANOVA by ranks revealed significant differences among the referral sources for the two program models studied. While the percentages of self-referrals was almost twice as high for contractors as in in-house programs (75 percent vs. 44 percent), the percentages of supervisory, medical, and "other" category of referral sources were higher in in-house programs. Thus it appears that contracted-out EAPs are much more likely to appeal to self-referred and possibly more highly motivated employees, while in-house EAPs are more likely to be used as a resource by supervisors and other managerial staff for "troubled" and/or "troubling" employees.

Nature of Presenting Problems:
Given the greater percentage of supervisory referrals, it is not surprising that the percentage of employees with alcohol problems was higher in in-house programs (31 percent vs. 12 percent), while the percentage of those with mental health problems was significantly higher in contracting programs (32 percent vs. 15 percent).

This finding is especially notable since, as reflected in Table 21,
### TABLE 19

**Major Variables Studied by Program Model**

*(in Percentages)*

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>In-House</th>
<th>Contracted-Out</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nature of Industry:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance/Insurance</td>
<td>47</td>
<td>38</td>
<td>NS</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>33</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>20</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td><strong>Size:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small</td>
<td>33</td>
<td>63</td>
<td>NS</td>
</tr>
<tr>
<td>Medium</td>
<td>33</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Large</td>
<td>33</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td><strong>Year of Inception:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1947-1969</td>
<td>20</td>
<td>0</td>
<td>.02</td>
</tr>
<tr>
<td>1970-1974</td>
<td>7</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>1975-1979</td>
<td>67</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>1980-1982</td>
<td>7</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td><strong>EAP Title:</strong></td>
<td>53</td>
<td>75</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Unionization of Company</strong></td>
<td>60</td>
<td>38</td>
<td>NS</td>
</tr>
<tr>
<td><strong>All Establishments Covered</strong></td>
<td>80</td>
<td>50</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Provision of Medical Services</strong></td>
<td>93</td>
<td>87</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Union Involvement in Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>44</td>
<td>100</td>
<td>NS</td>
</tr>
<tr>
<td>Some</td>
<td>33</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Full</td>
<td>22</td>
<td>0</td>
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<tr>
<td><strong>Original Program Goal:</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Alcohol Focused</td>
<td>60</td>
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<td>.02</td>
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<tr>
<td>Broadbrush</td>
<td>27</td>
<td>88</td>
<td></td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Administrative Location:</strong></td>
<td></td>
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</tr>
<tr>
<td>Personnel/Human Relations</td>
<td>33</td>
<td>74</td>
<td>NS</td>
</tr>
<tr>
<td>Medical</td>
<td>34</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Employee/Industrial-Labor Relations</td>
<td>13</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>29</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Separate On-Site Office</td>
<td>80</td>
<td>50</td>
<td>NS</td>
</tr>
<tr>
<td>Separate/Confidential Records</td>
<td>100</td>
<td>100</td>
<td>NS</td>
</tr>
<tr>
<td>Computerized Records</td>
<td>7</td>
<td>57</td>
<td>.05</td>
</tr>
</tbody>
</table>
TABLE 19 (continued)

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>In-House</th>
<th>Contracted-Out</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services Provided:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information &amp; Referral</td>
<td>100</td>
<td>100</td>
<td>NS</td>
</tr>
<tr>
<td>Motivational Counseling</td>
<td>93</td>
<td>100</td>
<td>NS</td>
</tr>
<tr>
<td>Diagnoses/Evaluation</td>
<td>80</td>
<td>88</td>
<td>NS</td>
</tr>
<tr>
<td>Formal Follow-Up</td>
<td>93</td>
<td>88</td>
<td>NS</td>
</tr>
<tr>
<td>Consultation/Training with Supervisor</td>
<td>93</td>
<td>88</td>
<td>NS</td>
</tr>
<tr>
<td>Short-Term Therapy (≤ 6 Session)</td>
<td>73</td>
<td>75</td>
<td>NS</td>
</tr>
<tr>
<td>Family/S.O Counseling</td>
<td>53</td>
<td>88</td>
<td>NS</td>
</tr>
<tr>
<td>Self-Help</td>
<td>73</td>
<td>38</td>
<td>NS</td>
</tr>
<tr>
<td>Consultation/Training with Unions (asked of unionized companies only)</td>
<td>56</td>
<td>0</td>
<td>.05</td>
</tr>
<tr>
<td>Didactic/Educational Lectures</td>
<td>47</td>
<td>25</td>
<td>NS</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>47</td>
<td>0</td>
<td>NS</td>
</tr>
<tr>
<td>Long-Term Therapy (&gt; 6 sessions)</td>
<td>33</td>
<td>13</td>
<td>NS</td>
</tr>
<tr>
<td>24-hour Hot Line</td>
<td>7</td>
<td>63</td>
<td>.02</td>
</tr>
<tr>
<td>Emergency Coverage</td>
<td>43</td>
<td>100</td>
<td>.03</td>
</tr>
<tr>
<td>Other Services</td>
<td>33</td>
<td>25</td>
<td>NS</td>
</tr>
<tr>
<td>Services Changed Over Time</td>
<td>67</td>
<td>25</td>
<td>NS</td>
</tr>
<tr>
<td>Program Available to Families</td>
<td>73</td>
<td>100</td>
<td>NS</td>
</tr>
<tr>
<td>Problems with Confidentiality</td>
<td>47</td>
<td>25</td>
<td>NS</td>
</tr>
<tr>
<td>Support of Top Management:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very supportive</td>
<td>60</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Somewhat</td>
<td>33</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Feedback to Referring Supervisors</td>
<td>85</td>
<td>57</td>
<td>NS</td>
</tr>
<tr>
<td>Union View re Program:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>56</td>
<td>33</td>
<td>.02</td>
</tr>
<tr>
<td>Negative</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td>44</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Referral Sources:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>44</td>
<td>75</td>
<td>.01</td>
</tr>
<tr>
<td>Employer/Supervisor</td>
<td>31</td>
<td>14</td>
<td>.01</td>
</tr>
<tr>
<td>Medical</td>
<td>15</td>
<td>9</td>
<td>.02</td>
</tr>
<tr>
<td>Other (union, peer, etc.)</td>
<td>10</td>
<td>2</td>
<td>.03</td>
</tr>
</tbody>
</table>
TABLE 19 (continued)

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>In-House</th>
<th>Contracted-Out</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of Presenting Problems:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Related</td>
<td>1.0</td>
<td>7</td>
<td>NS</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>31</td>
<td>12</td>
<td>.03</td>
</tr>
<tr>
<td>Marital/Family</td>
<td>18</td>
<td>17</td>
<td>NS</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1.6</td>
<td>32</td>
<td>.01</td>
</tr>
<tr>
<td>Financial</td>
<td>7</td>
<td>7</td>
<td>NS</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>5</td>
<td>5</td>
<td>NS</td>
</tr>
<tr>
<td>Medical</td>
<td>5</td>
<td>3</td>
<td>NS</td>
</tr>
<tr>
<td>Social</td>
<td>3</td>
<td>8</td>
<td>NS</td>
</tr>
<tr>
<td>Legal</td>
<td>3</td>
<td>9</td>
<td>.02</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2</td>
<td>NS</td>
</tr>
<tr>
<td>Annual Utilization Rate</td>
<td>3.9</td>
<td>5.7</td>
<td>NS</td>
</tr>
<tr>
<td># Employees Referred-Out</td>
<td>100</td>
<td>100</td>
<td>NS</td>
</tr>
<tr>
<td>Preference of Resources:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Agencies</td>
<td>43</td>
<td>29</td>
<td>NS</td>
</tr>
<tr>
<td>Private Practitioners</td>
<td>57</td>
<td>71</td>
<td>NS</td>
</tr>
<tr>
<td>Clients Given Choice of Referrals</td>
<td>36</td>
<td>86</td>
<td>.01</td>
</tr>
<tr>
<td>Basis of Selection of Resource:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>60</td>
<td>85</td>
<td>NS</td>
</tr>
<tr>
<td>Skills of Provider</td>
<td>47</td>
<td>27</td>
<td>NS</td>
</tr>
<tr>
<td>Insurance Coverage</td>
<td>20</td>
<td>86</td>
<td>.01</td>
</tr>
</tbody>
</table>

and later discussed in this chapter, the percentage of male employees was higher in companies with contracting-out EAPs than those with in-house programs, and work organizations with higher proportion of men tend to have a higher percentage of alcoholic employees (Polman, 1976). It thus appears that contracted-out EAPs are less likely to reach alcoholic employees existing in their companies than in-house EAPs.

Further examination of the nature of presenting problems also reveals that employees with legal problems were three times as likely to be seen by contractors than by in-house program staff (9 percent vs. 3 percent). This may indicate a general reluctance of employees to voluntarily reveal
sensitive and stigmatizing problems to a program which is closely identified with their workplace.

TABLE 20

Rationale for Program Development and Levels To Top of Organization by Program Model (Mean Rankings 1-Highest)

<table>
<thead>
<tr>
<th>Variable</th>
<th>In-House</th>
<th>Contracted-Out</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale for Program:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health/Welfare of Workers</td>
<td>1.7</td>
<td>2.0</td>
<td>NS</td>
</tr>
<tr>
<td>Job Performance</td>
<td>2.3</td>
<td>1.6</td>
<td>NS*</td>
</tr>
<tr>
<td>Employee Relations</td>
<td>3.1</td>
<td>2.9</td>
<td>NS</td>
</tr>
<tr>
<td>Cost-Benefit</td>
<td>3.6</td>
<td>3.6</td>
<td>NS</td>
</tr>
<tr>
<td>Legal/Affirmative Action</td>
<td>4.8</td>
<td>5.0</td>
<td>NS</td>
</tr>
<tr>
<td>Public Relations</td>
<td>5.1</td>
<td>5.6</td>
<td>NS*</td>
</tr>
<tr>
<td>Levels to Top of Organization</td>
<td>3.8</td>
<td>2.4</td>
<td>.001</td>
</tr>
</tbody>
</table>

*Approaches significance at .07 level.

TABLE 21

Gender, Occupational Status and Ethnicity of Employees in the Organization and Program Users by Program Model

<table>
<thead>
<tr>
<th>Variable</th>
<th>In-House</th>
<th>Contracted-Out</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: (N=18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50</td>
<td>57</td>
<td>47</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>43</td>
<td>53</td>
</tr>
<tr>
<td>Occupational Status (N=13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Official/Profesional</td>
<td>29</td>
<td>32</td>
<td>43</td>
</tr>
<tr>
<td>Non-Managerial</td>
<td>71</td>
<td>68</td>
<td>57</td>
</tr>
<tr>
<td>Ethnicity/Race (N=7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>77</td>
<td>74</td>
<td>82</td>
</tr>
<tr>
<td>Minority</td>
<td>23</td>
<td>26</td>
<td>18</td>
</tr>
<tr>
<td>Variable</td>
<td>In-House</td>
<td>Contracted-Out</td>
<td>P</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------</td>
<td>----------------</td>
<td>----</td>
</tr>
<tr>
<td>Number of Employees in Co.</td>
<td>34,000 (N=15)</td>
<td>24,000 (N=8)</td>
<td>NS</td>
</tr>
<tr>
<td>Number of Eligible Employees</td>
<td>16,900 (N=15)</td>
<td>8,200 (N=8)</td>
<td>NS</td>
</tr>
<tr>
<td>Number of Establishments</td>
<td>865 (N=15)</td>
<td>79 (N=7)</td>
<td>NS</td>
</tr>
<tr>
<td>in New York</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Employees Seen Last Year</td>
<td>25 (N=13)</td>
<td>7 (N=8)</td>
<td>NS</td>
</tr>
<tr>
<td>Number of Employees Seen Last Month</td>
<td>546 (N=14)</td>
<td>177 (N=8)</td>
<td>NS</td>
</tr>
<tr>
<td>Annual Program Budget</td>
<td>$129,000 (N=12)</td>
<td>$77,000 (N=7)</td>
<td>NS</td>
</tr>
<tr>
<td>Cost Per Eligible Employee</td>
<td>$7.5 (N=12)</td>
<td>$25.6 (N=8)</td>
<td>.001</td>
</tr>
<tr>
<td>Cost Range Per Employee</td>
<td>$1.4-23.3 (N=12)</td>
<td>$9-66.7 (N=8)</td>
<td></td>
</tr>
</tbody>
</table>

Referrals to Community Resources:

In comparison to in-house programs, contractors were significantly more likely to offer a choice of referral resources to a client (36 percent vs. 36 percent). This may be a function of the smaller percentage of alcoholics seen by these programs since providing a choice is not always in the best interest of an alcoholic client (Levinson & Strausser, 1978). Contractors were also more likely to select a community resource based on insurance coverage than were in-house programs.

Summary of Significant Differences:

Analysis of the significant differences between in-house and contracted-out programs indicates that contracted EAPs tended to be newer, were more likely to originate as broadbrush programs, reported to a higher level within the organization and cost more per employee. They
were also more likely to provide either 24-hour or emergency coverage, and to have a computerized data retrieval system. Contractors were more likely to see self-referred employees with mental health or legal problems, and to offer employees several community referral resources based on their insurance coverage.

In contrast, in-house programs, while more numerous, tended to be older, were more likely to have originated as alcohol-based programs, reported to lower level in the organization and cost less per employee. They were also more likely to provide consultation and training to unions and were viewed more positively by the unions in their company. In-house programs received a higher percentage of supervisory and medical referrals as well as referrals from other sources, and were more likely to see employees with alcohol problems than were contractors.

Additional Differences Between Program Models

Some differences between in-house and contracted EAPs seem important even though, possibly due to the small number of programs studied, these differences did not prove to be statistically significant. This section examines the non-statistically significant differences between the two program models.

Nature of Industry and Size of Organization:

Neither the nature of industry nor company size were correlated with a program model. However, while contracted-out programs were most typical for small organizations, in-house employee assistance programs were found evenly distributed among small, medium and large size companies (See Table 2). Thus, while a company may select an in-house EAP regardless of the number of employees, those companies selecting to contract-out tend to have smaller workforce.
It is important to keep in mind that even the smallest sized company in this study had 2,000 employees. Thus, the above mentioned findings may not be generalizable to those organizations which are, traditionally, considered to be "small-sized".

Rationale For Development Of Program:

While concerns for the health and welfare of their employees was seen as the primary rationale for the development of in-house EAPs, job performance was seen as the main reason for the development of contracted-out programs. Public relations as a rationale for the establishment of an EAP, while ranked the lowest in both program models, seems to be a more important rationale in in-house than contracted programs. Interestingly, the issue of cost-benefit was ranked equally in the middle by both program models.

Selection of Program Model:

The decision whether to select an in-house or contractual EAP model seems to be a function of several factors. According to respondents from companies with in-house EAPs, the most frequently stated reason for selecting an in-house program was the unavailability or lack of knowledge, regarding other options. This was especially true for those programs which were established prior to mid-1970's when few contracting EAP firms were in existence. Other reasons for selecting an in-house program model, in order of frequency cited, were: availability of internal staff with interest and/or knowledge regarding EAPs; lower program costs; traditional managerial philosophy of providing internal services; the belief that such models could reach higher proportion of alcoholic employees; the belief that in-house programs would be more accessible to all levels of employees; the pattern found in other
companies in the same industry; greater control over program; and the belief that such program could offer greater protection of confidentiality.

According to executives of those companies which selected to contract-out, the most frequently stated reason for their choice of the contractual program model was the belief that contracted-out EAPs would be viewed by their employees as being more confidential. Other explanations for selecting the contractual EAP model, in order of frequency cited, were: recommendations of officers in other firms; lack of in-house staff knowledgeable about EAPs and/or alcoholism; belief in greater legal liability of in-house program; and concern regarding the inability to provide a career ladder for in-house EAP staff.

Thus, while contractors were most typically selected due to perceived greater confidentiality and the recommendations of peers, in-house EAPs were developed due to actual or perceived lack of other options, and the availability of internal staff capable of developing and/or overseeing such a program.

Only one of the 23 companies in this study changed their program model—from in-house to contracted-out—over the years. This change resulted from the decision of the in-house EAP administrator to establish his own contractual firm. The company then became his first client.

Based on the interviews with top level executives, it is the author's impression that in-house programs tend to be viewed as a "company EAP" existing for the benefit of the organization, while contracted-out EAPs are perceived as a management program established for the benefit of employees. This hypothesis needs to be validated in future studies.
Number of Employees and of Establishment:

As indicated in Table 22, the mean number of employees in companies with in-house programs was slightly higher than for companies which contract-out for EAP services. While these differences were not statistically significant, it is important to note the much higher percentage of eligible employees in in-house programs than in those which were contracted-out: Fifty percent of all employees in companies with in-house programs were eligible for the EAP compared to 34 percent of those with contracted programs. In essence, companies which have an in-house EAP tend to be larger and are more likely to cover a higher percentage of their workforce. In contrast, companies with contracted-out programs have slightly fewer workers and tend to cover a smaller proportion of their workforce.

Further research is needed in order to ascertain whether those companies who wanted to cover a larger proportion of their workforce chose the in-house EAP model, or whether once an in-house EAP is established it is then made available to all of the company's workforce.

An analysis of the number of establishments per company reveals that organizations with in-house EAPs tend to have a greater number of establishments. While this finding may be a function of the greater number of larger-sized companies which have an in-house EAP, it contradicts the frequently stated belief that companies with numerous establishments prefer to contract-out for EAP services.

While both the annual and monthly number of employees seen appears higher for in-house programs, these figures have to be viewed cautiously since in-house EAPs are more likely to see employees for non-typical EAP services such as smoking cessation, blood bank, second-opinion medical.
Annual Utilization Rate:

Table 19 indicates that the annual utilization rate, defined as the percentage of eligible employees who utilized the EAP within a period of 12 months, was somewhat higher for contracted programs than in-house (5.7 percent vs. 3.8 percent). However, since in-house programs had a larger number of employees who were eligible to use the EAP, the absolute number of workers seen was higher in in-house programs (see Table 22). In-house EAPs also saw a higher number of alcoholic employees.

Unionization:

While not statistically significant, in-house programs were more likely than contractors to be found in companies with unionized workforce (60 percent vs. 38 percent); moreover, as indicated previously, in-house EAPs were much more likely to have some degree of union involvement in the program unlike contracted programs which seem to be totally under the directive of management.

Administrative Responsibility and Office Location:

While in-house EAPs appear to be evenly divided between personnel and medical division of a company, contracted programs were most commonly under the direction of the personnel/human relations department (74 percent). While 80 percent of the in-house programs had a separate on-site office, surprisingly so did half (50 percent) of the contractors with staff available on-site in the workplace on the average of three days a week.

 Provision of Self-Help and Group Therapy:

As indicated previously, the services provided by the two program models were basically similar. However, in-house EAPs were much more
likely (73 percent vs. 38 percent) to be involved in the establishment of a self-help group for employees than contractors. Such groups included an on-site version of AA, Al-Anon, Overeaters Anonymous, and various short-term groups aimed at dealing with specific issues such as smoking cessation or stress management. Formal group therapy was also offered by some in-house EAPs, but not by contractors. Such groups were most commonly focused on reintegrating alcoholic employees who were returning to work after rehabilitation at an alcoholism facility or detoxification in a hospital. Other in-house groups focused on issues relating to single parents, coping with stress, or pre-retirement counseling.

Availability to Families:

While all of the contracted EAPs were available to family members of the employee, this was true for 73 percent of the in-house programs. However, in 50 percent of those in-house programs the problem had to center exclusively on the employee. There were no restrictions on the kinds of problems for families contacting contractual EAPs.

Change of Services Over Time:

In comparison to contracted EAPs which were bound by their agreement with a company to provide a given set of services, in-house programs showed greater flexibility in changing or modifying their services in order to meet the exigencies of the business world. In-house EAPs were utilized to help the company and the employees cope with such issues as reorganization, retrenchment and/or other common concerns of employees such as child care.

Feedback to Supervisors and Confidentiality Issues:

While 85 percent of in-house programs provided feedback to referring supervisors, this was true of only 57 percent of contracted-out programs.
who tended to view even supervisory referred employees as being voluntary. Whether this is the cause or the consequence of the previously discussed lower rate of supervisory referrals and/or of alcoholics seen by contracted-out programs needs to be researched further.

Actual or potential problems regarding confidentiality were almost twice as likely (47 percent vs. 25 percent) to occur in in-house programs than in contracted EAPs.

Gender, Occupational Status and Ethnicity:

As reflected in Table 23, the gender of the workforce and of those utilizing the programs varied by program model, even though the differences were not found to be statistically significant. While companies with in-house EAPs (N=11) were evenly divided between a male and female workforce, those with contracted-out programs (N=7) had a larger proportion of male than female workers (57 percent vs. 43 percent). Whether this finding is related to the larger percentage among contractors of manufacturing organizations which tend to have a higher proportion of men than do finance/insurance and service organizations, or to some other factors need to be explored further.

An examination of program users indicates that in-house programs saw proportionately the same percentage of males and females as existed in their workforce; however, contracted-out programs saw an over-representation of women and were underutilized by the men in their companies. The gender of users of contractual programs thus tends to replicate the pattern found among users of community-based mental health and family agencies. It appears that women are more likely to self refer, while men tend to get to an EAP through a supervisory referral.

Data regarding occupational status and ethnic/racial characteristics
of employees and program users were too limited for statistical analysis. An examination of the percentage of in-house program users (N=6) indicates that they reflected the occupational status of the workforce, however, contracted-out programs (N=5) tended to be over-represented by higher level employees and under-represented by lower level workers.

While the ethnic/racial characteristic of employees was similar for companies which had either in-house or contractual programs, analysis of program users indicates that whites tended to use contracted-out programs (82 percent vs. 55 percent), while conversely, minority employees, who were most likely also lower level employees, tended to use (or be referred to) in-house programs (45 percent vs. 18 percent).

Thus, an examination of program users in the two program models indicates the possibility that in-house and contracted-out EAPs appeal to different levels of workers with contractors more likely to be used by higher level, white, female employees than in-house programs. Further research in this area utilizing a large number of programs seems essential.

Summary of Non-Statistically Significant Differences:

Analysis of the non-statistically significant differences between the two program models found that in comparison to in-house programs which were found in all sized companies, contracted-out EAPs tended to be found in smaller size organizations, and were more likely to cover only a portion of their workforce. Contracted-out EAPs were less likely to be found in unionized companies, and were more likely to report to the personnel/human relations division of their organization. They tended to have a higher annual utilization rate, to be more available to families
of the employees, and to be over-utilized by higher level, white, and female employees.

In-house EAPs, on the other hand, were more likely to be found in unionized, and/or paternalist companies which viewed the establishment of the EAP as an expression of their concern about the welfare of their employees, and to the benefit of their organization. These programs were available to a larger proportion of the workforce, but fewer family members. While their utilization rate was lower than for contractors, they saw a large number of employees. They were more likely to provide such services as self-help and group therapy, as well as to change or modify their services to meet emerging needs of the company or workers. In-house programs were more likely to provide feedback to referring supervisors and to have a higher likelihood of problems regarding confidentiality. While the in-house programs studied were utilized by men and women in proportion to their number in the workforce and were reflective of the occupational status of the workers, they were under-utilized by white employees and over-utilized by minority workers.
CHAPTER VII

INTERFACE WITH COMMUNITY-BASED SERVICES AND ROLES OF SOCIAL WORKERS

This chapter analyzes the linkages of EAPs with community based social services and examines the perceived value and actual roles of social workers employed in the programs studied.

Linkages With Community Resources

The growth of employee assistance programs, while lauded by many social workers, was also seen as a potential danger to the provisions of community based services. Concern has been expressed about the possibilities of EAPs draining working class clients away from social agencies and possible diversion of increasingly scarce resources available to community based social services programs (Kolben, 1982; McGowan, 1984).

In order to focus on this issue and assess the linkages of EAPs with existing community facilities, respondents were asked to indicate whether they referred clients to community agencies and/or private practitioners, the percentage of clients so referred, their basis for selecting a referral source, and which professionals were covered under their insurance policies. This section provides a summary of their responses.

Number of Referrals:

Data collected indicated that while all 23 EAPs in this study referred employees out, the percentage of those referred ranged widely from 5 to 100 percent, with a mean of 67 percent and a median of 72 percent. The largest percentage of referrals came from manufacturing organizations, while service organizations were least likely to refer
reflective of their tendency to provide on-site counseling as discussed in the previous chapter.

Selection of Referral Resources:

The majority (52 percent) of referred employees were provided with a choice of several resources while the rest limited referrals to one facility or practitioner. Two-thirds (64 percent) of the EAP staff preferred private practitioners over community agencies. The most common basis for selecting a given referral resource was location (68 percent), typically close to employee's home. Fifty percent of respondents chose a resource based on skills or specialty of the treatment provider, while 41 percent were primarily concerned with selecting those resources which were covered under the employee's insurance policy. Typically, a referral resource was selected on the basis of a combination of location, specialty and coverage.

Coverage of Community Based Practitioners:

Data regarding insurance coverage indicated that all companies with mental health benefits (22 out of the 23) covered psychiatrists; 90 percent covered licensed psychologists; and 38 percent covered licensed or certified social workers. Additionally, 5 percent covered legal services, and a couple of the companies were in the process of evaluating coverage provisions for financial or debt services.

Nature of Community Resources Used:

Although as indicated previously, many of the EAPs preferred private practitioners, most made some referrals to community mental health centers and family agencies. Referrals to shelters for battered women, legal and financial management services, and to information centers dealing with child-care and assistance to the aged were also provided.
All of the EAPs in this study referred employees to appropriate community-based self-help groups such as Alcoholics Anonymous, Al-Anon, Pills Anonymous, etc. All of them also made referrals to voluntary and/or proprietary alcoholism treatment facilities. Given the working-class nature of their population, few EAPs made referrals to public agencies although some low-income—mainly female—employees were referred for SSI, Medicaid, Legal Aid as well as public housing. Referrals to BCW and family courts were also mentioned by some of the respondents.

Assessment of Community Agencies:

Respondents were questioned regarding their positive and negative assessments of community agencies. The positive aspects of community facilities, in order of frequency cited, included: Convenient locations; flexible fee; and comprehensive provision of services. The negative aspects of community facilities included: Poor feedback regarding referrals; uneven quality of service providers; lack of knowledge regarding alcoholism/misdiagnoses of substance abuse; duplication of intake provided by EAP; too much focus on long-term treatment; services geared more toward low-income and not working or middle-class clients (especially in terms of hours of service availability); lack of knowledge of work-related issues; lack of immediate appointments for those referred; and lack of comprehensive services for multi-problem or multi-addicted employees.

By and large, existing community resources were deemed adequate to meet the needs of employees. This was particularly true for those employed in the New York area; somewhat less so for those employed or residing in smaller communities outside New York. Several of the
respondents indicated that they tended to confer with members of ALMACA (Association of Labor-Management Administrators and Consultants on Alcoholism) in order to find the best referral resource for a given problem.

Summary and Implications:

This chapter analyzed the linkages of EAPs with community facilities. In contrast to the expressed fears that EAPs would channel working and middle class clients away from community-based agencies, this study indicated the opposite—that EAPs provide a potentially large source of referrals with an average of 67 percent of those seen being referred out. While the majority of EAP staff preferred private practitioners, community based social, family, and mental health agencies were commonly utilized, as were self-help groups and public agencies.

Referral resources were generally selected on the basis of a combination of location, expertise and insurance coverage. While community agencies were appreciated for their convenience and sliding-fee structure, they were also criticized for such aspects as poor feedback, lack of knowledge regarding substance abuse and work environment, and their long-term treatment orientation.

It is interesting to note that while the majority of EAPs made extensive use of community resources, only two respondents indicated that they had ever received a referral of an employee from a community facility. Thus, the current linkage of EAPs with community facilities appears somewhat unilateral, and may reflect a lack of knowledge of EAPs on the part of community based workers.

The extensive referrals by employee assistance programs point to the importance of, and the need for, comprehensive knowledge of community
resources and of the referral process by EAP staff members. It is in these areas that the strength of the social work profession is most evident.

Perceived Value and Actual Roles of Social Workers in EAPs

As indicated in the review of the literature, while EAPs are seen as important facilities for the training and employment of social workers, as yet there has been minimal research focusing on the perceived value of social workers, the knowledge which is deemed essential in such non-traditional settings, and the actual roles of those employed in EAPs. These issues are addressed in this section.

The Number of Social Workers in EAPs Studied:

The number of social workers employed in employee assistance programs has grown significantly over the years: While only one in-house EAP had a social worker during its inception, the study found 17 MSWs employed in the 15 in-house employee assistance programs, and 16 MSWs were employed by the six contractors examined in this study, for a total of 33 MSWs. While not all of the social workers employed by contractors dealt with the EAPs studied in this research, employees whose company contracted-out for EAP services were more likely to be seen by a social worker than those in in-house programs (75 percent vs. 47 percent). Seven (30 percent) of the 23 EAPs studied were administered by a social worker.

The in-house employee assistance program directors or administrators who are social workers were more likely to be found in voluntary service organizations than in finance or manufacturing companies. Three out of the four in-house EAP administrators who were social workers were female, while only one of the three social workers who were administrators/owners of an EAP contractor firm was a female.
Perceived Value of Social Workers:

Program administrators and top level respondents were asked their views regarding the employment of social workers in programs such as theirs. Sixty-one percent of the respondents expressed essentially positive views, 13 percent had definite negative views, while 26 percent had basically mixed views of social workers in EAPs. Interestingly, the most negative views were expressed by medical directors whose knowledge of social work appears limited and based on stereotype (e.g. "I can see them working at Bellevue, but what kind of help could they offer our employees?").

Among the positive views regarding social workers, in order of frequency cited, were: Good clinical skills; knowledge of resources; knowledge/awareness of systems; generalist/flexible training which can be adopted to the setting; skills in networking; ability to deal with wide range of problems; and willingness to help people with "small" problems.

Among the cited reasons for not considering social workers were: prefer someone with business experience; social workers are too focused on treatment/counseling; prefer someone with higher status such as a psychologist; prefer someone from within the organization; social workers' lack of knowledge regarding alcoholism; prefer someone with rehab experience; social workers tend to identify too much with the employees; they tend to over-extend themselves into areas which they don't belong/they get involved in power struggles.

Overall, social workers were seen as appropriate for clinical and referral roles, while business people and psychologists were seen as more appropriate for program administration.

Knowledge Needed by Social Workers:
Table 2.3 lists the areas of knowledge which respondents felt were most essential for social workers working or planning to obtain positions in an EAP. The most frequently cited area was focused on knowledge of the business world, including business language, corporate politics, and work-related stress. The next most frequently cited area of knowledge focused on substance abuse which included assessment, diagnoses, confrontation and role of self-help groups and spirituality in the treatment of alcoholism. Another frequently listed response centered not on acquired knowledge, but on personal qualities deemed essential for those employed in the EAP field. These qualities included: maturity; flexibility; ability to think on one’s feet; ability to work independently; organizational savvy; ability to integrate a variety of skills and knowledge; and ability to deal with people from different levels of the organization.

Roles of Social Workers in EAPs:

Social Workers employed in the programs studied and program administrators were questioned regarding the actual roles or functions of social workers in their current positions. These roles and the percentage of those performing them are listed in Table 24. As reflected in this table, the most typical roles for social workers were those of counselor and broker. By and large, the greater number of staff in an EAP, the more specialized the role of the social worker, while the smaller the EAP the more varied the roles with social workers assuming multiple roles and job responsibilities. Generally, social workers employed in in-house programs had more varied, non-traditional roles, while those employed by contractors were more likely to function as intake and referral agents.
### TABLE 23

Areas of Knowledge Needed by Social Workers in EAPS
(Ranking 1 = most frequent)

<table>
<thead>
<tr>
<th>Area of Knowledge</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business World/Work Issues</td>
<td>1</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>2</td>
</tr>
<tr>
<td>Differential Assessment/Diagnoses</td>
<td>3</td>
</tr>
<tr>
<td>Short-Term Treatment/Crisis Intervention</td>
<td>4</td>
</tr>
<tr>
<td>Counseling/Treatment Skills</td>
<td>5</td>
</tr>
<tr>
<td>Engagement Skills</td>
<td>6</td>
</tr>
<tr>
<td>Consultation Skills</td>
<td>7</td>
</tr>
<tr>
<td>Family Dynamics</td>
<td>8</td>
</tr>
<tr>
<td>Legal Issues/EEO Requirements</td>
<td>9</td>
</tr>
<tr>
<td>Role of Unions/Labor Relations</td>
<td>10</td>
</tr>
<tr>
<td>Public Speaking</td>
<td>11</td>
</tr>
<tr>
<td>Community Resources</td>
<td>12</td>
</tr>
<tr>
<td>Training Skills</td>
<td>13</td>
</tr>
<tr>
<td>Program Evaluation/Research</td>
<td>14</td>
</tr>
<tr>
<td>Writing Skills</td>
<td>15</td>
</tr>
<tr>
<td>Financial Management</td>
<td>16</td>
</tr>
<tr>
<td>Collaboration Skills</td>
<td>17</td>
</tr>
<tr>
<td>Group Dynamics</td>
<td>18</td>
</tr>
<tr>
<td>Systems Theory</td>
<td>19</td>
</tr>
</tbody>
</table>
Summary and Conclusion

This study found that 47 percent of the in-house EAPs and 75 percent of the contractors had social workers on staff. Thirty percent of the 23 EAPs were administered by a social worker. The majority of program administrators and company executives held positive views of social workers who were especially valued for their clinical skills and knowledge of community resources. Social workers, however, were perceived as lacking the necessary prestige and skills for program administration.

The areas of knowledge required by social workers in EAPs included knowledge of the business world and of substance abuse, especially of alcoholism. However, personal qualities, such as maturity and independence, were often viewed as important as specific areas of knowledge. Negative stereotyping of social workers was evident in the views of a number of corporate medical directors and company executives who expressed concern that social workers would align themselves with employees against management.

In conclusion, while the numbers of social workers increased greatly in the EAPs studied, they are more likely to be employed by contractors than in-house programs and their roles tend to be limited to the traditional social work functions such as assessment, short-term counseling and referrals.
CHAPTER VIII

SUMMARY AND IMPLICATIONS OF STUDY

The current political, economic and social values are reflected in the growing privatization of social services and by increasing pressure on employers to assume a greater share of responsibility for meeting the health and social needs of their workers. One manifestation of the changing human service delivery system has been the rapid growth of employee assistance programs—work-based programs which aim to identify, motivate and help those employees whose personal problems actually or potentially may interfere with their job performance.

The development and the recent growth of EAPs reflect a fascinating combination of humanistic concerns and cost-control measures on the part of employers, and their utilization by employees seems to reflect a service which is meeting a felt need. While today's EAPs are utilized by hundreds of thousands, and possibly even by millions of workers and their families, and their existence has provided increasing training and employment opportunities for social workers, research into their development and the nature of such programs has been minimal.

The purpose of this study was to expand the present state of knowledge regarding these programs by examining the existence and the nature of employee assistance programs in the Metropolitan New York Area. This final chapter summarizes the study's major findings and discusses their implications in light of the issues and concerns expressed in the literature on this subject.

Summary of Methodology

This was basically an exploratory and descriptive study comprised of
two distinct phases.

The first phase of this research consisted of the identification of the universe of employee assistance programs operational as of June, 1982 in the Metropolitan New York Area which, for the purposes of this study, was defined as consisting of New York City, Long Island and Westchester county. Fifty-two experts in this field were interviewed during this phase.

The second phase of this study consisted of a detailed analysis of 23 EAPs functioning under management auspices in the private sector. These programs were selected on the basis on non-probability quota sampling technique stratified according to program model (in-house and contractual); type of industry of the organization providing the program (finance/insurance; manufacturing; and service); and size of the company (small; medium; and large). The research instrument utilized consisted of both structured and open-ended questions examining over 200 different variables. Data were obtained from 67 respondents employed by the organizations sponsoring and providing EAP services. These included program administrators and representatives of top management of the companies and of contracting firms.

The specific goals of this study were:

1. To identify the universe of EAPs in the Metropolitan New York area and provide an overview of the scope and models of existing EAPs.
2. To develop a typology of EAPs.
3. To provide baseline data regarding private sector EAPs under management auspices.
4. To identify the current nature of such EAPs and analyze the
kinds of changes they underwent over time.

5. To examine the characteristics of program users.

6. To examine the advantages and disadvantages of in-house and contracted-out employee assistance programs.

7. To examine the linkage of EAPs with existing community based services and to ascertain the views of EAP staff regarding such services.

8. To examine the perceived value of social workers and the knowledge base which they need in order to function in employee assistance programs.

Summary of Findings

Phase One--Overview of EAPs in the Metro New York Area:

During the first phase of this study, a total of 125 EAPs were identified and classified according to a typology based on program auspice (management or union); sponsorship (individual or consortium); program model (in-house or contractual); and sector (public or private).

Most of the identified programs were located in large size companies in the private sector, and were based in-house under individual management sponsorship. The existing EAPs were most likely to cover those employed in manufacturing industries, while those in trade industries were least likely to have access to an EAP under management auspice.

Employee assistance programs located in public sector organizations comprised over a quarter of all the EAPs and covered a larger proportion of their workforce than private sector programs.

Union-based programs were most likely to exist in industries characterized by numerous, small size establishments and seasonal
employment, such as trade and construction industries.

The contractual EAP model was most likely to be found in private for-profit companies with fewer than 10,000 employees. However, no correlation was found between in-house program model and size of the workforce.

Consortium sponsored programs were most likely to be provided under union auspices or by voluntary organizations. No consortium sponsored programs were found to exist among the private for-profit companies.

Phase Two: Analysis of the 23 EAPs Studied:

A. Characteristics of the Programs

Analysis of the 23 private sector EAPs found that the majority of the EAPs were established between 1975 and 1979, typically due to change in key executives or due to a recognition of alcohol or drug problems among either executives or lower level employees.

The typical program evolved from single focus to broadbrush EAP, and shifted from seeing supervisory referred employees with alcohol problems to self-referred workers with mental health concerns. Nevertheless, alcoholic employees continued to comprise the largest category of all program users, especially in in-house programs.

The programs were utilized by an average of 4.4 percent of the workforce, and cost an average of $14.7 per eligible employee per year. In proportion to the workforce, EAPs tended to be over-utilized by women. However, the proportion of male users was large and substantially greater than seen in community agencies. The limited data which was available on the ethnic characteristics of program users indicated that EAPs tend to be over-utilized by minority employees, however, this may be
a function of which program model is utilized. Available data on the
number of families seen by the EAPs (N=12) show that they comprised 22
percent of the total caseload.

The programs studied were typically based in the personnel/human
resource division of their company, and had their own on-site office and
telephone line. They were staffed, on the average, by two full-time
workers. The services provided were usually limited to information and
referral and motivational or short-term counseling with only 26 percent
of EAPs providing on-going treatment. Supervisory training was usually
provided during program inception, but was minimal during later years.

While all programs were found to be sensitive to confidentiality issues,
various dilemmas regarding confidentiality were evident.

B. Linkages with Community Facilities

This study found that 67 percent of the employees seen were referred
to community facilities or private practitioners. Referral choices were
typically based on a combination of location, expertise and insurance
coverage. Contractors were found to be significantly more likely to
offer a choice of referrals, whereas in-house EAPs were much more limited
in providing referral options.

Current referral linkages between EAPs and community facilities
appear to be uni-directional since very few employees seen in community
agencies are ever referred to their company's EAP.

C. Perceived Value and Roles of Social Workers

The number of social workers employed in EAPs has increased rapidly
with almost half of the in-house EAPs and 75 percent of the contractors
employing social workers. The roles of social workers in EAPs resembled
that in other settings where such traditional functions as assessment,
short-term counseling and referrals are utilized. Stereotyping of social workers and their perceived low status limited their employment and professional mobility in EAPs.

D. Comparison of In-House and Contracted-Out EAPs

While fewer in number, contracted-out EAPs were found to be the fastest growing among all recent programs. Contractual EAPs were also found to report to a higher level within the organization than did in-house programs, and were viewed as being somewhat more supported by top management. Other important differences between the two program models related to:

Size of the Workforce:—While in-house programs were found to be evenly distributed among small, medium, and large size organizations, contracted EAPs were most commonly found in small size companies.

Costs:—Contracted-out programs were found to cost over three times as much as in-house EAPs ($25.6 vs. $7.4 per eligible employee per year).

Services:—Contractors were more likely to provide 24 hour or emergency coverage, while in-house programs showed greater flexibility in developing short-term programs dealing with specific employee or organizational need.

Union Views:—In-house programs were more likely to provide training and consultation to unions and to be viewed somewhat more positively by union officials.

Overall Utilization and Referral Sources:—While the differences were not significant, contractual programs had a higher annual utilization rate than in-house EAPs (5.7 percent vs. 3.8 percent). However, significant differences in referral sources were found with three-quarters of all employees seen by contractors coming on the basis
of self-referral; while in-house programs were more likely to see supervisory and medical referrals.

Nature of Presenting Problems:—In-house programs saw a significantly higher proportion (and actual higher number) of employees with alcohol problems (31 percent vs. 12 percent), while contractors saw a significantly larger proportion of employees with mental health (32 percent vs. 16 percent) and legal problems (9 percent vs. 3 percent).

Gender, Occupational Status, and Ethnicity of EAP Users:—While the available data were limited, the study found that companies which utilized the contractual program model tended to have a higher proportion of male to female employees in the workforce, while their EAPs saw an over-representation of women. These contractual programs were also over-utilized by higher level employees and under-utilized by minority workers. In contrast, companies with in-house EAPs tended to have a more equal proportion of men and women, and their EAP utilization reflected the gender and the occupational status of their employees. In-house programs, however, were over-utilized by minority employees and under-utilized by white workers.

Implications of Findings

While the number of employee assistance programs has grown rapidly since 1975, this study found that the proportion of employees covered by EAPs remains miniscule, and thus the overwhelming majority of workers do not have access to such work-based programs but remain dependent on any available community-based services.

The private sector companies providing EAP services tend to resemble those which were, historically, in the vanguard of providing welfare
capitalism—large, somewhat paternalist, companies wishing to maintain
the goodwill and prevent the unionization of their workers, and with the
wherewithall to pay for these programs. In essence, the companies
sponsoring these programs are already in the forefront in the provision
of fringe benefits. Thus, EAPs tend to be made available to workers who
are already likely to have access to numerous other employer and/or union
-sponsored benefits. This issue of equity must be taken into account when
considering any future public policies benefiting EAPs.

The rapid growth of EAPs in the public sector and in non-profit
organizations points to additional forces which may be operating in this
field including: The belief in the potential cost-benefit or
cost-containment value of such programs in this era of fiscal stress; the
substitution of EAPs for increased benefits for out-patient psychiatric
treatment; the growing social awareness of, and concern for, people with
alcohol and drug problems; the increasing publicity about EAPs in the
mass media; and the increased sophistication in the marketing of such
programs by private for-profit contractors and by voluntary agencies—
especially well-known teaching hospitals and family service agencies.

Today's EAPs tend, by and large, to reflect an increasing
standardization of programs with broadbrush EAPs staffed by professional
counselors, frequently with a social work degree, becoming the norm. The
shift from occupational alcoholism to broadbrush programs and the growing
trend toward utilization of the contractual program model can be both
beneficial and problematic. The nature of today's EAPs, as identified in
this study, need to be examined in light of the expressed concerns of
some of the early proponents of EAPs that "instead of serving as a
vehicle for organizational change in dealing with performance problems, the EAP may become a dumping ground for problem personnel as well as a free counseling service for minor problems in living that have little relationship to work performance" (Roman, 1983:11), and that the "centrality of employee's alcohol problems as the problem focus..."(Roman & Blum, 1985:18) will diminish. While it is unclear whether EAPs have become "dumping ground for problem personnel", it is clear that they are increasingly being utilized as sources of information and referral and some counseling focused on "problems in living". The potential problem with this increased mental health focus of current EAPs is that it may lead to greater difficulty in verifying their value through the utilization of cost-benefit studies which were based on costing-out decreasing productivity and medical expenses of workers with alcohol problems. Moreover, the shifting focus of EAPs already has and may further decrease the value of these programs in identifying and providing early intervention to alcoholic workers—the raison d'être for many of the programs.

Thus, the "core technology" of EAPs as conceptualized by Roman and Blum (1985) which is predicated on work-based intervention with alcoholic employees, seems of limited validity when applied to today's EAPs—and in particular, to those provided by outside contractors.

However, the increasing utilization of EAPs by self-referred workers with various mental health, family and other problems points to the value of these programs in meeting the acute needs of workers living in a complex social system which provides such fragmentary social and health services. Today's EAPs seem to resemble a work-based version of the British Citizen's Advice Bureaus (Kahn, 1969), which, like the EAPs,
provide free, easily accessible information and referral services for a wide variety of personal and social problems.

The provision of EAP services by employers can be viewed as legitimizing workers' right to seek assistance for personnel problem and thus as destigmatizing help seeking behavior. This may, in part, explain the high rate of utilization of these programs by male employees who, traditionally, have been found to be reluctant to seek help.

The comparative analysis of in-house and contractual programs indicates that each program model tends to serve different groups of workers. As described previously, in-house programs are more likely to reach employees with alcohol problems, males, and minority workers; while contracted-out programs tend to be used more by women, higher level, white workers with mental health and family problems.

Since the small sample and lack of any input by program users limits the generalizability of these findings, further research comparing in-house and contractual programs is strongly recommended. Nevertheless, these findings provide important preliminary data regarding aspects maximized by each program model.

Given the historical tradition of in-house EAPs to begin as alcohol-focused programs which were administered by a recovered alcoholic, it is not surprising that they tend to see a higher proportion of employees with alcohol problems than contractual EAPs. While the proportion of alcoholics seen has decreased over time, the original supervisory referral, job-focus orientation remains the core of these programs. What is surprising, is the indication of the high utilization of in-house programs by minority employees or conversely, the comparative low utilization of contractual programs by black and Hispanic workers.
There are several possible explanations for these findings:

1. That they may reflect the original focus of some of the in-house EAPs which were established to serve the needs of disabled and minority employees.

2. The greater accessibility of in-house programs and the possible perceived lower phone and travel expenses, factors which are of greater importance to minority workers who are more likely to hold lower level positions and have less disposable income.

3. The great familiarity with and trust of in-house EAP staff who are more likely to be seen around the company.

4. The greater support of in-house programs by unions whose membership is more likely to be comprised of lower level, and minority workers.

5. The possible greater support of and/or familiarity with, the in-house EAPs by supervisors who may be the primary role model and information source to minority employees.

The higher utilization of contractual EAPs by women may be related to the resemblance of these programs to traditional community based services so frequently utilized by women; while the perceived greater confidentiality of such programs is more likely to appeal to higher level workers—both men and women.

Thus, each program model appears to serve the needs of different workers. In order to maximize the advantages inherent in each EAP model, the ideal employee assistance program may need to be composed of two separate components: One, exemplified by the in-house model, would encompass Roman & Blum's "core technology" by focusing on the identification of employee's behavioral problems based on job performance.
with the identification of alcohol and drug problems as its central focus. A separate component, exemplified by the contractual EAP model, would aim at reaching a different segment of the workforce through the provision of information and referral services and short-term counseling to self-referred employees with a variety of personal problems. Since such a proposed model can be expensive, companies with limited resources may provide one or both of the above EAP components with part-time staff and through the utilization of consortia arrangements.

The difference in the nature of employees utilizing the different program models implies that research findings based on studies of single program models such as those conducted by Erfurt & Foote (1977) and Jones (1983) have to be restricted to the model studied and should not be generalized to all EAPs. Based on the findings of this study, the following figures are suggested as benchmarks which can be used for comparison by other programs:

<table>
<thead>
<tr>
<th></th>
<th>All EAPs</th>
<th>In-House Programs</th>
<th>Contractual Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Workforce Utilizing EAP</td>
<td>4.4</td>
<td>3.8</td>
<td>5.7</td>
</tr>
<tr>
<td>% Self Referred</td>
<td>54</td>
<td>44</td>
<td>75</td>
</tr>
<tr>
<td>% Supervisory Referred</td>
<td>25</td>
<td>31</td>
<td>14</td>
</tr>
<tr>
<td>% Clients With Alc. Problem</td>
<td>25</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>% Clients Referred Out</td>
<td>67</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td>% Male Clients</td>
<td>49</td>
<td>50</td>
<td>47</td>
</tr>
<tr>
<td>% Female Clients</td>
<td>51</td>
<td>50</td>
<td>53</td>
</tr>
<tr>
<td>Number Clients Seen Per Month</td>
<td>36</td>
<td>45</td>
<td>1.6</td>
</tr>
<tr>
<td>Cost Per Employee (1982/83)</td>
<td>$14.7</td>
<td>$7.5</td>
<td>$25.6</td>
</tr>
</tbody>
</table>
The significant difference in program costs of in-house as compared to contractual EAPs can be explained on the basis that contractual programs have to cover not only such additional services as computerization of records, 24 hour and/or emergency coverage, and greater availability to family members, but they must provide a profit to the contractors. Even in non-profit agencies providing EAP services, this is one service area which brings income to the agency. This factor may explain the rapid increase in the provision of EAP services by non-profit agencies.

The high percentage of referrals from EAPs to community facilities should decrease some of the fears that EAPs will siphon off working class clients from community agencies. Moreover, social workers' knowledge of community resources appears to be an important aspect of their employment by private sector EAPs.

By and large, the role of social workers in these programs appears, thus far, to be restricted to the first two stages identified by Ozawa (1980)—the provision of direct services to employees "using mostly clinical approaches" (p. 468). The movement of EAPs toward the last two stages, which according to Ozawa involve organizational change and "facilitate the process of community organization in industry so that employees must be represented on the board of directors and management and employees may share decision-making..." (p. 469) appears to be minimal in in-house programs, and totally out of character for contracted-out EAPs. The nature of today's EAPs indicates that the focus of these programs is limited to viewing the locus of employees' problems as existing within the individual as opposed to the work environment. Few of the EAP staff interviewed saw their role as including advocacy for
the employees, and the ones that did so were found only in in-house programs. While many of the in-house EAPs were interested in establishing "prevention" programs, such programs were limited to didactic educational approaches dealing with anticipated life stresses of the employees. The typical mode of intervention was limited to either helping the worker adapt to his environment, or support the worker's own efforts to change the system; efforts by the EAP staff to directly change the environment to adapt to perceived needs of a worker were minimal. EAP staff members, especially social workers, are too new to the field, too few in numbers, too low in status, and too tangential to organizational power source to have any system-wide impact or to even perceive their role in a wider perspective.

While the current roles and functions of social workers in private sector EAPs appear to be limited, such limitation is functional since it protects them from some of the dilemmas pointed out by Babilinsky (1980) "between the profession's dedication to people's well being and industry's dedication to profits" (p. 471). EAP staff members are employed by a company to service their employees, and while employees may be serviced by changing the system around them, such changes are difficult to accomplish, highly stressful and threatening to the organization. Consequently, the focus tends to remain on helping the individual worker. Overall, the dilemmas experienced by social workers interviewed for this study were not dramatically different than those experienced by social workers based in other host settings such as schools, corrections or hospitals.

In spite of some existing prejudice against social workers assuming program leadership, the finding of this study indicates that there is a
role for traditionally trained social workers with some specialized knowledge of the workplace and of substance abuse. Social work students and practitioners interested in getting into this field, need to be made aware of the limited number of employee assistance programs and, consequently, of the few positions in this area; of the limited focus and short-term orientation of these programs; and of the differences between in-house and contractual EAPs. They also need to be sensitive to the potential conflicts between the needs of individual workers and of the organization, as well as the isolation of the typical EAP staff member from the corporate mainstream.

The establishment of EAPs and the employment of social workers in these programs are neither the salvation of employees nor of the social work profession, nor a scourge developed by industry with social workers as the "handmaidens" (Abramowitz & Epstein, 1983). The value of EAPs are increasingly being recognized as benefitting both employers and employees. EAPs, like any other employer provided benefits, have the potential of being used or abused in order to "control" or "cool out" troubled or troubling employees. However, they also have the potential for helping numerous employees find appropriate resources to meet their needs through a convenient, readily accessible, and relatively inexpensive service. As aptly stated by McGowan (1984:23): 'Like the earlier efforts of welfare capitalism, these programs cannot solve all the problems of the workplace; and, like community mental health services, they cannot solve the major social problems of our time. But employee counseling services can contribute to economic productivity and worker well-being by providing some help to some workers for some of their problems. This contribution alone justifies their receiving
continued support and attention."

As discussed in Chapter III, this study has a number of limitations including small sample size and geographic restrictions. Further research utilizing larger number of programs in various geographic locations is essential. Studies incorporating the views of employees utilizing such programs, as well as research on companies utilizing a combination of in-house and contractual program models; on consortia sponsored programs; and on union-based programs, are needed in order for us to have a more comprehensive picture of employee assistance programs.

The workplace, as pointed out by Spiegel (1974), is "not for work alone", but a place where many human needs can, and should, be met. The provision of employee assistance programs is one approach at meeting the human needs of those in the workplace."
BIBLIOGRAPHY


Jones, Donald. Performance Benchmarks for the Comprehensive Employee Assistance Programs, Center City, Mn: Hazelden Pdn, 1983.


———. "Overview--occupational alcoholism/employee assistance programs." Undated.


________. "From Employee alcoholism to employee assistance: An analysis of the de-emphasis on alcohol problems and prevention in work-based programs." Journal of Studies on Alcohol, Vol. 41, 1980C.


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APPENDIX A

EAPS IN METROPOLITAN NEW YORK AREA

Operational as of June, 1982
Sect.:  
Auspice: Union/Membership Org.  
Program Model: Contracted Out  

<table>
<thead>
<tr>
<th>NAME OF ORGANIZATION</th>
<th>CONTRACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actors Fund of America</td>
<td>BDS</td>
</tr>
</tbody>
</table>
**Sector:** Private-For-Profit  
**Auspice:** Management  
**Program Model:** Contracted Out (Off Site)

<table>
<thead>
<tr>
<th>NATURE OF INDUSTRY</th>
<th>SIC CODE</th>
<th>NAME OF COMPANY</th>
<th>SIZE</th>
<th>CONTRACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance, Insurance</td>
<td>6231</td>
<td>Amer. Stock Exch.</td>
<td>692</td>
<td>BDS</td>
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<tr>
<td>&amp; Real Estate</td>
<td>6311, 6331</td>
<td>Amer. Int'l Group</td>
<td>18,000</td>
<td>BDS</td>
</tr>
<tr>
<td></td>
<td>6211</td>
<td>Chubb Corp.</td>
<td>7,773</td>
<td>BDS</td>
</tr>
<tr>
<td></td>
<td>6211</td>
<td>Goldman, Sachs</td>
<td>2,000</td>
<td>Human Resources</td>
</tr>
<tr>
<td></td>
<td>6311, 6722</td>
<td>Marsh &amp; McLennan</td>
<td>10,173</td>
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<td></td>
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<td>6022</td>
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<td>2111, 2621</td>
<td>Phillip Morris</td>
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<td>3555, 3573</td>
<td>Xerox</td>
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<td>BDS</td>
</tr>
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<td></td>
<td>3612</td>
<td>General Electric</td>
<td>1,500</td>
<td>D. Bern</td>
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<tr>
<td></td>
<td>2051, 2038</td>
<td>Continental Baking (Rye)</td>
<td>484</td>
<td>D. Sandin</td>
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<td>Transportation &amp;</td>
<td>1622, 8911</td>
<td>Gibbs &amp; Hill</td>
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<td>BDS</td>
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<tr>
<td>Public Utilities</td>
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<td>Arthur Young &amp; Co.</td>
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<td></td>
<td>7311, 6711</td>
<td>Ogilvy &amp; Mather (Intl)</td>
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<tr>
<td></td>
<td>7311</td>
<td>J. Walter Thompson</td>
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**TRANSPORTATION & PUBLIC UTILITIES**

<table>
<thead>
<tr>
<th>NAME OF COMPANY</th>
<th>SIC CODE</th>
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<tbody>
<tr>
<td>Aer Lingus (NY Office)</td>
<td>1622, 8911</td>
<td>2,000</td>
<td>BDS</td>
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<tr>
<td>Gibbs &amp; Hill</td>
<td>8931</td>
<td>8,000</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Arthur Young &amp; Co.</td>
<td>7311, 6711</td>
<td>4,000</td>
<td>BDS</td>
</tr>
<tr>
<td>J. Walter Thompson</td>
<td>7311</td>
<td>1,200</td>
<td>Life Extent</td>
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<td>Nature of Industry</td>
<td>SIC Code</td>
<td>Name of Company</td>
<td>Size***</td>
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<td>6711, 6025</td>
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<td>6028, 6211</td>
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<td>Chemical Bank</td>
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<td></td>
<td>6025, 6711</td>
<td>Chase Manhattan Bank</td>
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<td>6711, 6025</td>
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<td>51,560</td>
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<td>3761, 3721</td>
<td>General Foods Corp.</td>
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<td>2641, 2441</td>
<td>Grumman Aerospace</td>
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<td>3661, 3662</td>
<td>International Paper</td>
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<td>Mobil Oil</td>
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<td>SCM</td>
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<td>2721</td>
<td>Reader's Digest</td>
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<td>3662, 3661</td>
<td>Western Electric</td>
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<td>Transportation &amp; Public Utilities</td>
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<td>Brooklyn Union Gas</td>
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<td></td>
<td>4931</td>
<td>Con Edison</td>
<td>23,467</td>
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<td>4832</td>
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<td>38,250</td>
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<td>4511</td>
<td>TWA</td>
<td>30,000</td>
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<td></td>
<td>4931</td>
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<tr>
<td></td>
<td>7391</td>
<td>Liko</td>
<td>9,699</td>
</tr>
<tr>
<td>Wholesale &amp; Retail Trade</td>
<td>5311, 5961</td>
<td>J.C. Penney Co., Inc.</td>
<td>185,000</td>
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<tr>
<td>Services</td>
<td>7391</td>
<td>Brookhaven Nat'l Labs</td>
<td>3,500</td>
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</tbody>
</table>

*Classification based on U.S. Dept. of Labor, BLS Standard Industrial Classification Category.

**Source: Dun & Broadstreet International, Principal International Businesses, 1983. Where several SIC codes are listed, only the first two are used.

***Number of employees nationwide. Sources: Standard & Poor's Register, and MacRae's New York State Industrial Directory, 1982.
**Sector:** Voluntary/Non-Profit  
**Auspice:** Management Consortium  
**Program Model:** Contracted Out

<table>
<thead>
<tr>
<th>NAME OF INDUSTRY</th>
<th>SIC CODE</th>
<th>NAME OF ORG.</th>
<th>SIZE</th>
<th>CONTRACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>7331</td>
<td>NYC Partnership Organization: Chamber of Commerce Economic Developmt Cul Serco</td>
<td>120</td>
<td>BDS</td>
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</table>
**Sector:** Voluntary/Non-Profit  

**Auspice:** Management  

**Program Model:** In-House  

<table>
<thead>
<tr>
<th>NATURE OF INDUSTRY</th>
<th>SIC CODE</th>
<th>NAME OF ORGANIZATION</th>
<th>SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services:</td>
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<td>Long Island Jewish/Hillside</td>
<td>4,400</td>
</tr>
<tr>
<td></td>
<td>806</td>
<td>Montefiore Hospital</td>
<td>7,000</td>
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<td></td>
<td>806</td>
<td>Mt. Sinai</td>
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</tr>
<tr>
<td></td>
<td>806</td>
<td>Northern Westchester Hosp. Center</td>
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<tr>
<td></td>
<td>806</td>
<td>Presbyterian Hosp.</td>
<td>6,000</td>
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<tr>
<td></td>
<td>806</td>
<td>South Oaks Hospital</td>
<td>800</td>
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</table>

**Sector:** Same as above  

**Auspice:** Management Consortium  

**Program Model:** Same as above  

<table>
<thead>
<tr>
<th>SIC CODE</th>
<th>NAME OF ORGANIZATION</th>
<th>SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>806</td>
<td>Cornell University Medical Center Employee Assis-tance Consortium</td>
<td>15,000</td>
</tr>
</tbody>
</table>
Sector: Private-Far-Profit
Auspice: Union
Program Model: In-House

NAME OF UNION

ACTWU
ILGWU
American Federation of TV & Radio Artists
Communications Workers of America, Local 1101
District Council 65—DWA
International Association of Machinists & Aerospace Workers
International Longshoreman's Association
Local 6 NY Typographical Union
Local 342 Meat Cutters Union
Local 32B-32J Building Service Employees Union
Local 338 Grocery Workers
Local 11 NABET (NBC, RCA, Nat'l Black Netw, Reeves Teletape)
National Maritime Union
United Steelworkers of America
Local 731 Building, Concrete, Excavating & Common Laborers Union
Joint Board Fur, Leather & Machine Workers Union
Local 3086 Taxi Drivers Union
International Brotherhood of Electrical Workers

Sector: Same as above
Auspice: Union Consortium
Program Model: Same as above

Joint Council 16 of Teamster—Teamster Service Center
New York Construction Industry Member Assistance Program
Westchester Building Trades Council
Central Labor Rehabilitation Council
Sector: Voluntary/Non-Profit

Auspice: Union

Program Model: In-House

NAME OF UNION

Sector: Public

Auspice: Union

Program Model: In-House

D.C. 37 American Federation of State, County and Municipal Employees
Civil Service Employees Association
United Federation of Teachers
Public Employees Federation
### LEVEL OF GOVERNMENT

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<th>Federal:</th>
<th>ORGANIZATION/DEPARTMENT</th>
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<td>HHS</td>
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<tr>
<td></td>
<td>Post Office</td>
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<tr>
<td></td>
<td>VA Hospitals:</td>
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<tr>
<td></td>
<td>Bronx</td>
</tr>
<tr>
<td></td>
<td>Brooklyn</td>
</tr>
<tr>
<td></td>
<td>Manhattan</td>
</tr>
<tr>
<td>State:</td>
<td>State Hospitals:</td>
</tr>
<tr>
<td></td>
<td>Central Islip</td>
</tr>
<tr>
<td></td>
<td>Creedmore Psychiatric</td>
</tr>
<tr>
<td></td>
<td>South Beach Psychiatric</td>
</tr>
<tr>
<td></td>
<td>Staten Island Dev. Center</td>
</tr>
<tr>
<td>Quasi Public:</td>
<td>Bridge &amp; Tunnel Authority</td>
</tr>
<tr>
<td></td>
<td>OTB</td>
</tr>
<tr>
<td></td>
<td>Port Authority of New York &amp; New Jersey</td>
</tr>
<tr>
<td>City of New York:</td>
<td>Bellevue Hospital</td>
</tr>
<tr>
<td></td>
<td>Board of Education</td>
</tr>
<tr>
<td></td>
<td>Department of Correction</td>
</tr>
<tr>
<td></td>
<td>Department of Transportation</td>
</tr>
<tr>
<td></td>
<td>Fire Department</td>
</tr>
<tr>
<td></td>
<td>Harlem Hospital</td>
</tr>
<tr>
<td></td>
<td>Human Resource Administration</td>
</tr>
<tr>
<td></td>
<td>Metropolitan Hospital</td>
</tr>
<tr>
<td></td>
<td>Police Department</td>
</tr>
<tr>
<td></td>
<td>Sanitation Department</td>
</tr>
<tr>
<td></td>
<td>Transit Authority</td>
</tr>
<tr>
<td></td>
<td>Transit Police</td>
</tr>
<tr>
<td>County:</td>
<td>Bedford School District</td>
</tr>
<tr>
<td></td>
<td>County of Westchester Employees</td>
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<tr>
<td></td>
<td>Nassau County Employees</td>
</tr>
<tr>
<td></td>
<td>New Rochelle Employees</td>
</tr>
<tr>
<td></td>
<td>Scarsdale Police Dept.</td>
</tr>
<tr>
<td></td>
<td>Scarsdale Village Employees</td>
</tr>
<tr>
<td></td>
<td>Suffolk County Employees</td>
</tr>
<tr>
<td></td>
<td>Town of Huntington</td>
</tr>
</tbody>
</table>

### Sector: Public

### Auspice: Management Consortium

### Federal: Federal Employees Counseling Service
APPENDIX B

FAP CONTRACTORS IN METROPOLITAN NEW YORK AREA
EAP Consultants/Contractors

<table>
<thead>
<tr>
<th>For-Profit</th>
<th>Non-Profit</th>
</tr>
</thead>
</table>
| Human Resource Group  
17 East 77 Street  
New York, N.Y. | Employee Counseling Programs  
JBFCS  
120 West 57 Street  
New York, N.Y. |
| Brownlee Dolan Stein Associates  
70 Pine Street  
New York, N.Y. | Industrial Department  
NYC Affiliate, NCA  
133 East 62 Street  
New York, N.Y. |
| Donald Sandin & Associates, Inc.  
19 1/2 East 62 Street  
New York, N.Y. | Central Labor Rehabilitation Council  
of New York  
Employer's Counseling Service  
386 Park Avenue South  
New York, N.Y. 10016 |
| Life Extension Institute/Control Data  
1185 Sixth Avenue  
New York, N.Y. | FSAA  
Employee Assistance Network  
44 East 23 Street  
New York, N.Y. 10010 |
|  | Adelphi University  
School of Social Work  
(Federal Employee Counseling Service)  
26 Federal Plaza  
New York, N.Y. |

*Between 1982 and 1984 six additional for-profit EAP contractors have been established and are managing private sector EAP program in the New York area.*
APPENDIX C

LETTER TO PROSPECTIVE RESPONDENTS
Dear __________:

I am currently conducting a study of selected EAPs in the New York area and would like to interview you regarding your program.

For your information, I am enclosing an abstract of my study.

I plan to call you during the week of __________ in order to discuss a convenient appointment time. In the meantime, I would be very grateful if you could send me any literature (publications, brochures, etc.), regarding your program.

Please feel free to call me should you have any comments or questions. I look forward to meeting with you.

Sincerely yours,
ABSTRACT OF PROPOSED STUDY

A. Overall Objectives

1. To provide an overview of the scope and models of Employee Assistance Programs (EAPs) in the Metropolitan New York area.

2. To ascertain what specific organizational and external factors influence firms to develop a given model of EAP.

3. To explore the distinctive characteristics of different programs and to ascertain the advantages and disadvantages inherent in EAPs that are based in-house vs. those that are contracted-out.

4. To examine the linkages of these EAPs with existing community facilities and explore how such linkages may be maximized in the best interests of the employees.

5. To examine the perceived value and actual roles of social workers in different program models.

B. Methodology

This is an exploratory study in which a number of in-depth case studies will be carried out and analyzed. The universe of EAPs from which cases will be selected consists of all private-sector, management sponsored, Metropolitan N.Y. based programs which have been in operation as of June, 1982. From this universe, a number of programs will be selected on the basis of non-probability quota sampling technique stratified according to the following variables:

1. **Program Model**: In-House vs. Contracted-Out.

2. **Industry of Company Sponsoring the Program**: Finance & Insurance; Manufacturing; Service.

3. **Size of Organization**: Small (less than 10,000 employees); Medium (between 10,000 and 30,000); Large (over 30,000 employees).

**Data to be Collected**

Based on a preliminary review of literature, interviews with experts, and in line with the expressed purpose of this study, the following categories of data have been identified as most relevant for this study:

1. **Characteristics of Employing Organization**

2. **Characteristics of Contractor**

3. **Characteristics of Work Force**
4. History of Program Development

5. Characteristics of Current Service Program:

Administrative Structure; Financing; Range and Type of Services Provided; Staffing Pattern; Access to Employees; Utilization (take up) rate; Nature of Presenting Problems; Access and Utilization by Family; Linkage with Employing Organization.

6. Assessment of Program

7. Linkages with Community Facilities

8. Perceived Value and Roles of Social Workers

C. Results Expected

It is anticipated that this study will:

1. Increase our understanding of the scope and the characteristics of current employer sponsored private sector EAPs in the Metropolitan New York area.

2. Ascertain the possible advantages and disadvantages inherent in in-house vs. contracted-out EAPs thus enabling employers to select program models best suited for their needs.

3. Explore whether the utilization rate, the characteristics, and the presenting problems of users differ depending on the program model available to them.

4. Identify the linkages between EAPs and community facilities and indicate how such linkages may be maximized in the best interest of employees.

5. Increase the knowledge base of industrial social work—a rapidly growing field in the training and employment of social workers.

NATURE OF STUDY

This study is basically exploratory and descriptive in nature with no formal hypotheses formulated and with theory developed inductively rather than deductively.

All the information obtained from participating programs will be treated as confidential and utilized only for the expressed purposes of this study.
APPENDIX D

Interview Schedule
## I. BACKGROUND DATA

1. **Name of Company (Code):**

2. **Nature of Industry:**
   - a. Finance & Insurance
   - b. Manufacturing
   - c. Service
     - 1. For Profit
     - 2. Voluntary

3. **Size:**
   - a. Small
   - b. Medium
   - c. Large
   - Total No. of Employees

4. **Location of Program:**
   - a. In-House
   - b. Contracted-Out

5. **Date of Program Inception:**

6. **Full Program Title:**
   - a. EAP
   - b. Other
     - Specify

7. **Is Company Unionized:**
   - a. No
   - b. Yes

8. **Geographic Dispersion:**
   - a. Total No. Establishments
     - 1. In Metro New York
   - b. Average Size of Establ.
     - 1. Range of Employees/Estab

9. **Establishments covered by Program:**
   - a. All
   - b. Hq
   - c. Others
     - Specify
   - d. Total No Estab Covered

10. **Medical Department Available:**
    - a. No
    - b. Yes
      - 1. In-House
      - No. Staff
      - 2. Contracted Out
## II. CHARACTERISTICS OF WORK FORCE

<table>
<thead>
<tr>
<th>1. Gender</th>
<th>Number Employed</th>
<th>% of Total</th>
</tr>
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<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
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<tr>
<td>18-30</td>
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<td>31-40</td>
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<td>41-50</td>
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<td>51-65</td>
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<td>65 and over</td>
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<td>Non-Managerial</td>
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<td>Technicians</td>
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<tr>
<td>Sales</td>
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<td>Office &amp; Clerical</td>
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<tr>
<td>Skilled Craftsman</td>
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<tr>
<td>Semi-Skilled Operatives</td>
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<td>Service Worker</td>
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<td>Unskilled Laborers</td>
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<table>
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<tr>
<th>4. Ethnic/Racial</th>
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</tr>
<tr>
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<td>Native American</td>
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<tr>
<td>Other (specify)</td>
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<td>N/A</td>
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</tr>
</tbody>
</table>
III. PROGRAM DEVELOPMENT/CHARACTERISTICS OF PROGRAMS

1. Impetus for Program Development
   a. Individual initiative
      Who
   b. General perception of problem or need
   c. Availability of new funds
      From where
   d. Union Pressure
   e. Other influences (Specify)

2. Justification for Program
   a. Employee relations
   b. Public relations
   c. Job performance
   d. Behavioral/Health Concerns
   e. Affirmative Action
   f. Cost--Benefit
   g. Other (specify)

3. Why was the program started when it was
   a. Executive affected by problem (specify)
   b. S.O affected by problem (specify)
   c. New management
   d. Legal mandate
   e. Thing to do in the industry
   f. Other (specify)
5. Location of Program
   a. Was program planned as an in-house program? Yes \[ \] No \[ \]
   Why? Were other options considered?

   b. If contracted out, why was the particular contractor chosen?
      Who made this decision?

6. Program Development
   a. Was a formal proposal developed? Yes \[ \] No \[ \]
      If yes, who was involved in preparing this proposal:
      How long did it take for the proposal to be formulated?
      Is there a copy of the proposal available? Yes \[ \] No \[ \]

   b. If no formal proposal was developed, was there some other kind of
      formal or informal planning?
      Yes \[ \] No \[ \]
      If yes, what form did it take? Who was involved in it?

   c. Was there any outside technical assistance utilized? Specify.
      Yes \[ \] No \[ \]

   d. Was the union(s) involved in program development?
      Yes \[ ] (specify)
      No \[ ]
      Somewhat \[ ] (specify)
      N/A\[ ]
7. Goal(s) of Program:
   a. What were the original goals of the program?
   b. Nature of planned referrals
   c. Who was covered at inception?

8. Range & types of Services Planned
   a. 24 Hr. Hot Line
   b. Information & Referral
   c. Diagnosis/Evaluation
   d. Motivational Counseling
   e. Short-term therapy (less than 6 sessions)
   f. On-going counseling/therapy
   g. Group counseling
   h. Family/S.O. Counseling
   i. Didactic/Educational Lectures
   j. Self Help
   k. Follow up (formal)
   l. Consult./Training with Management
   m. Consult./Training with Unions
   n. Other (specify)

9. Financing
   a. Did the program have a separate budget? Yes No
   b. If no, what department was it part of? Personnel Medical Other (specify)
b. What was the original budget/cost of program: ____________________

N/A

10. Staffing (first 6 months):

a. Total Number of staff
   Full-time
   Part-time
   % time devoted to prog.

b. Staffing Pattern

<table>
<thead>
<tr>
<th>Title</th>
<th>Ed Bkgd/Degree</th>
<th>Date Hired</th>
</tr>
</thead>
</table>

11. Administrative Structure

a. Location of program at inception
   1. Free standing
   2. Personnel/human relations
   3. Employee relations/Ind. Labor Relations
   4. Medical
   5. Social Service
   6. Other (specify)

b. To what level in the company did the program report?

---

Co. Code
Source of Data

N/A

Yes
No

Yes (describe)
No
c. Physical Plant

1. Did the program have its own office space? Yes ______  No ______

If not, where was it located?

2. Why was this particular location selected?

12. Referral Sources (first 6 months)

<table>
<thead>
<tr>
<th>Check all that apply</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Self</td>
<td></td>
</tr>
<tr>
<td>b. employer/supervisor</td>
<td></td>
</tr>
<tr>
<td>c. medical</td>
<td></td>
</tr>
<tr>
<td>d. family</td>
<td></td>
</tr>
<tr>
<td>e. other (specify)</td>
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</tbody>
</table>

13. Nature of Presenting Problems

<table>
<thead>
<tr>
<th>Item</th>
<th></th>
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<tbody>
<tr>
<td>a. work related</td>
<td></td>
</tr>
<tr>
<td>b. alcoholism</td>
<td></td>
</tr>
<tr>
<td>c. drug abuse</td>
<td></td>
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<tr>
<td>d. mental health</td>
<td></td>
</tr>
<tr>
<td>e. marital/family</td>
<td></td>
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<tr>
<td>f. social</td>
<td></td>
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<tr>
<td>g. legal</td>
<td></td>
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<tr>
<td>h. financial</td>
<td></td>
</tr>
<tr>
<td>i. medical</td>
<td></td>
</tr>
<tr>
<td>j. other (specify)</td>
<td></td>
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</tbody>
</table>

14. Any other information re program development and its inception that may be relevant to this study.

15. What was your organization's perceived value of social workers at inception of program?
IV. CHARACTERISTICS OF CURRENT PROGRAM

A. Administrative Structure

1. Location of Program
   a. Is there a central location for the program?
      Yes ______ Where?
      No ______
   If no, how many locations are there? ______
      Where? Why?
   b. Administrative location of program within organization
      check one
      1. Free standing
      2. Personnel/human relations
      3. Employee relat/Indust Labor
      4. Medical
      5. Social Services
      6. Other (specify)
      c. Are you satisfied with this location within the org.?
         Yes ______
         No ______
            Why?

2. Organizational Hierarchy
   a. To what level in the org. does the program report?
   b. How many levels are there to the top?
   c. Can I obtain a copy of the organizational chart?
      Yes ______
      No ______
      (or draw a chart below)
3. Physical Plant
Does the program have:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. separate room(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. separate telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. separate files</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. separate secretarial/ clerical staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Policy Making Body

a. Is there an official administrative/policy setting body for this program?
   Yes
   No (go to § 5)

b. What is its nature?
   advisory only
   policy making
   other (specify)

c. Who comprises this body?

d. Who Chairs it?

e. Number of people involved _____

f. Does it meet on a regular basis?
   Yes
   No

g. What is the full title of this body?
5. Written Documents
   a. Do you have a written policy statement? Yes No (go to "c")
      If yes, can I have a copy? Yes No
   b. Who is/was responsible for development of this statement?
   c. Do you have an operations manual? Yes No
      If yes, can I have a copy? Yes No
   d. Do you have brochures re the program? Yes No
      If yes, can I have a copy? Yes No

6. Client Records
   a. Do you keep records for each client in the program? Yes No (go to $7)
   b. Are your records computerized? Yes No
   c. Where are the records kept? Who has access to them?
   d. When is a case considered closed?
   e. What happens to the records once a case is closed?
   f. Do clients have access to their records? Yes No
g. What is the nature of these records? check all that apply

1. Client characteristics (demographic information)
2. Intake information (source of referral, nature of problem)
3. Program recommendations
4. Diagnostic & Treatment Information (from staff)
5. Diagnostic & Treatment feedback from community facility
6. Interviews with family
7. Follow up contacts with employee
8. Follow up contacts with people in employing org. (supervisors, medical unit)
9. Systematic documentation of client's work performance
10. Other records (specify)

7. Provision of Services

a. Range and Type of Services Provided:
   i. 24 Hour Hot Line
   2. Information & Referral
   3. Diagnosis/Evaluation
   4. Motivational Counseling
   5. Short-term therapy (less than 6 sessions)
   6. Ongoing counseling/therapy
   7. Group counseling
   8. Family/S.O. Counseling
   9. Didactic/Educational Lectures
   10. Self Help
   11. Follow up (formal)
   12. Consult./Training with Mngt
   13. Consult./Training with Unions
   14. Other (specify)

b. Hours of Service

   Daily
   Weekend
   Holidays

   Emergency Coverage Provisions:

   Yes ____ No ____ Describe:
8. Staffing

a. Total number of staff
   - Full Time
   - Part Time
   - % time devoted to program

<table>
<thead>
<tr>
<th>Title</th>
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<th>Date Hired</th>
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</table>

c. Describe any role differentiation among professional staff.

e. Is the staff insured against professional liabilities?
   - Yes
   - No

If yes, who? Who pays for it?
B. Financing

1. What is the current budget/cost of program?
   Total Budget $ _____ Year _____
   Cost/Covered Employee $ _____
   N/A: _____

2. How is the budget/cost determined?

3. What are the current sources of funding? check % of total $
   a. Company
   b. Other (specify)

4. How much out-of-pocket expenses does an employee incur?
   a. Alcoholism:
      In-Patient Coverage:
      Out-Patient Coverage:
   b. Psychiatric:
      In-Patient Coverage:
      Out-Patient Coverage:
   c. Other

5. Do you feel that this program is financed adequately?
   Yes _____
   No _____
   Specify

6. Other information regarding financing.
C. Role Of Unions

1. Are any of the employees covered by this program unionized?
   - Yes
   - No (go to next section)

2. What percentage of the employees are unionized?
   - D.K.
   - %

3. How many unions are involved?
   - Which ones?

4. What is the view of the union(s) toward this program?
   - Positive
   - Negative
   - Mixed
   - Unknown
   - Explain:

5. What role does the union play in the administration of this program?
   - None
   - Some (explain)

6. What role does the union play in case finding and referrals?
   - None
   - Some (explain)

7. Does the union(s) have its own EAP?
   - Yes
   - No
   - D.K.
   - If yes, what's the nature of the interaction between these programs?

8. Other information re. union.
D. Access and Utilization by Employees

1. Who is eligible for the program?
   a. All employees
   b. Only permanent employees
   c. Only full time employees
   d. Other (specify)

2. Time off provisions
   a. None
   b. Depends on supervisor
   c. Other (specify)

3. Communication regarding program
   check all that apply  frequency
   a. Special letter/memo
   b. Payroll insert
   c. Company paper/House Organ
   d. Brochures
   e. Orientation Lecture
   f. Bulletin Board
   g. Other (specify)

4. Current Referral Sources
   % of total
   a. Self
   b. employer/supervisor
   c. medical
   d. family
   e. co-worker/peer
   f. business agent
   g. shop steward
   h. social services/worker
   i. other (specify)
   N/A

5. Nature of presenting problems
   % of total
   a. work related
   b. alcoholism
   c. drug abuse
   d. mental health
   e. marital/family
   f. social
   g. legal
   h. financial
   i. medical
   j. other (specify)
6. Utilization (Take Up) Rate

a. Number of employees eligible for program

b. Total number seen since inception

c. Total number of emp seen last 12 mos.

d. Total number of employees seen last month

Utilization rate/year

7. Characteristics of Service Users

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number Seen</th>
<th>% of total</th>
</tr>
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<tbody>
<tr>
<td>Males</td>
<td></td>
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<tr>
<td>Females</td>
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<td>N/A</td>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Number Seen</th>
<th>% of total</th>
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<tbody>
<tr>
<td>Under 18</td>
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<tr>
<td>18-30</td>
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<td>51-65</td>
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<td>65 and over</td>
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<tr>
<th>Occupational Status</th>
<th>Number Seen</th>
<th>% of total</th>
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<tbody>
<tr>
<td>Official/Managerial</td>
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<tr>
<td>Professional</td>
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<tr>
<td>Non-Managerial</td>
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<tr>
<td>Technicians</td>
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<td>Sales</td>
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<tr>
<td>Office &amp; Clerical</td>
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<tr>
<td>Skilled Craftsman</td>
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<td>Semi-Skld Operatives</td>
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<tr>
<td>Service Worker</td>
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<tr>
<td>Unskilled Laborers</td>
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<tr>
<td>Other (specify)</td>
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<td>N/A</td>
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<tr>
<th>Ethnic/Racial</th>
<th>Number Seen</th>
<th>% of total</th>
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<tbody>
<tr>
<td>White</td>
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<tr>
<td>Minority</td>
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<td>Black</td>
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<tr>
<td>Hispanic</td>
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<td>Oriental</td>
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<tr>
<td>Native American</td>
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<tr>
<td>Other (specify)</td>
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<td>N/A</td>
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</table>

a. What arrangements do you have to protect the confidentiality of clients?

1. Of client's records

2. How are appointments confirmed?

b. Have you ever had any problems/incidents relating to confidentiality? Describe.
E. Access and utilization by Family

1. Is program available to families of employees?
   Yes
   No (go to next section)

2. Must the problem be related to the employee?
   Yes
   No
   Explain.

3. How do family members find out about the program?
   check all that apply
   a. Individualized letter/memo
   b. Payroll Insert
   c. Special Newsletter/Brochure
   d. Company paper
   e. Other (specify)

4. Number of Family/S.O. seen
   a. Since program inception
   b. Last 12 months
   c. Last month
   d. % of total caseload

5. Characteristics of Family Members
   a. Relationship to employee
      Number % of total
      1. spouse/lover
      2. parent
      3. child
      4. whole family
      5. other (specify)
      N/A. N/A.
   b. Gender
      1. male
      2. female
      N/A. N/A.

6. Costs
   Is there a separate fee for family members?
   Yes (Describe)
   No
7. Nature of Presenting Problem of Family (rank order—#1 most frequent)
   a. Alcoholism ________  d. Child ________
   b. Drugs ________  e. Other (specify) ________
   c. Marital ________

F. Linkage with Employing Organization

1. With Top Management

   A. How is senior management kept informed of the activities and accomplishments of this program?
      a. Written Reports
         1. Monthly
         2. Quarterly
         3. Semi-Annually
         4. Annually
         5. Ad Hoc
         6. Other
      b. Presentations (specify)
      c. Other (specify)

   B. How supportive is top management of this program?
      a. Very supportive
      b. Somewhat supportive
      c. Not supportive

      How does it show its support?

2. With Other Departments/Divisions

   What's the nature of the coordination between the program and
   a. Medical Department
   b. Personnel/Human Resource
   c. Labor Relations
   d. Social Services
   e. Training & Development
   f. Other Departments (specify)
3. With Supervisors
   a. How is supervisory personnel kept informed regarding a referred employee?

   b. What feedback is provided regarding a self-referred employee?
      1. None
      2. Some (specify) __________

4. Training
   a. Do you provide training to management?
      1. Yes __________
      2. No
         If yes, specify its nature, frequency and duration.

   b. Do you provide training to supervisors?
      1. Yes __________
      2. No
         If yes, specify its nature, frequency and duration.

   c. Do you provide training to employees?
      1. Yes __________
      2. No
         If yes, specify its nature, frequency and duration.

   d. Who provides the training?
      check all that apply
      1. EAP staff only __________
      2. Personnel/Training Dept. Staff __________
      3. EAP with other Co. Depts (Specify) __________
      4. Consultants/Guest Speakers __________
      5. Other (specify) __________
5. What actual or potential problems do you see in the interaction or linkage of this program and the company?

6. Other information regarding the linkage of program with the employing organization.
G. Assessment of Program

A. Self Study

1. Do you have any self studies or evaluations of this program?
   Yes ______ (go to B)
   No ______ (go to B)

2. Who authorized the study? Who conducted it?

3. What's the nature of the study? Its findings?

B. What's your own assessment of this program?

1. Positives:

2. Negatives:

C. Other information regarding assessment.
V. LINKAGES WITH COMMUNITY FACILITIES

1. Do you refer clients to community agencies and/or private practitioners?

   Yes
   No ____ (go to question #5)

2. Number of clients referred:

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>% of those seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. since program started</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. last 12 months</td>
<td></td>
<td></td>
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<tr>
<td>c. last month</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

3. What is your standard referral procedure?

   Phone calls
   Letters
   Other (specify)

4. Referring resources used:

   check all
   that apply
   #/% of total
   referred

   a. Public Agencies
      1. Public Assistance
      2. Housing
      3. Hospitals (specify)
      4. Other (specify)

   b. Voluntary agencies
      1. In Patient Facilities
         Medical
         Detoxification
         Psychiatric
         Other (specify)

      2. Out Patient Facilities
         Medical
         Alcohol
         Drugs
         Mental Health
         Family Agencies
         Social Agencies (specify)
         Other (specify)
Link W. Comm.--2
Co. Code __________________

check

<table>
<thead>
<tr>
<th>c. Private Facilities/Practitioner</th>
<th>#% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospitals (specify)</td>
<td></td>
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<tr>
<td>2. Psychiatrists</td>
<td></td>
</tr>
<tr>
<td>3. Physicians (M.D.)</td>
<td></td>
</tr>
<tr>
<td>4. Psychologists (Phd)</td>
<td></td>
</tr>
<tr>
<td>5. Social Workers (MSW)</td>
<td></td>
</tr>
<tr>
<td>6. Lawyers</td>
<td></td>
</tr>
<tr>
<td>7. Marriage Counselors</td>
<td></td>
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<tr>
<td>8. Other (specify)</td>
<td></td>
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</tbody>
</table>

d. Self Help Groups
   1. AA
   2. Al anon/Alateen
   3. PA
   4. OA
   5. Other (specify)

5. Insurance Coverage
   Do you provide coverage for:
   check all that apply

   a. Psychiatrists
   b. Psychologists
   c. Social Workers
   d. Lawyers

6. Do you have any formal (written) policies regarding referrals?
   Yes _____
   No _____

   If yes, describe

7. Do you have any formal policies regarding feedback about clients?
   Yes _____
   No _____

   If yes, describe.

9. What's your basis for selecting a given community facility/practitioner?
   a. Insurance coverage
   b. Location of office
   c. Specialized skills
   d. Other (specify)

9. Who makes these decisions?
10. Is the client given any choices regarding referrals?
   Yes (describe) ____
   No ____

11. What do you see as some of the problems in referring clients to community agencies or practitioners?

12. What are some of the positive aspects of community facilities?

13. If you do not refer clients to community facilities, or do so rarely, explain why?

14. Do you ever receive referrals from community agencies?
   Yes ____
   No ____
   If yes, describe their nature.

15. Any other information regarding the linkage of this program with community facilities which may be relevant to this study?
VI. PERCEIVED VALUE OF SOCIAL WORKERS

1. Are you currently employing social workers?

   Yes ______ (go to #4)
   No ______ (go to #4)

2. Total number of social workers employed ______

<table>
<thead>
<tr>
<th>Degree</th>
<th>Full time</th>
<th>Part time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSW</td>
<td></td>
<td></td>
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<tr>
<td>MSW</td>
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<tr>
<td>BSW</td>
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</tbody>
</table>

3. What roles do social workers perform currently check all that apply % of total duties

   a. Program administrators
   b. Intake/Triage Workers
   c. Primary Counselors
   d. Broker/Referral Agent
   e. Family Worker
   f. Group Leader
   g. Trainer/Educator
   h. Other (specify) N/A

4. What is your/program's view regarding the value of social workers in programs such as yours?

5. If you are not currently employing social workers, would you consider hiring some in the future?

   Yes ______
   No ______

   Why?

6. What do you think social workers need to know in order to work in a program such as yours?
BACKGROUND AND CHARACTERISTICS OF CONTRACTOR

1. Full Name of Organization

2. Location
   A. Total Number of Locations
   B. Number of Locations in NY Area
   C. Main Location/Co Hq.

3. Sector
   A. Voluntary
   B. For Profit

4. Do you offer other services in addition to EAP?
   Yes ___
   No ___
   If yes, describe.

5. When was the EAP component first established?
   _______ month ________ year

6. When did you obtain your first EAP contract?
   _______ month ________ year

7. How many EAP contracts do you currently have?
   A. How many of these are in the New York area?

8. Fees
   A. How are your fees determined?
      check all that apply
      1. Flat rate/company
      2. Number of services provided
      3. Number of Employees/Company
      4. Number of clients seen
      5. Other (specify)
   B. How are your fees paid?
      1. Monthly
      2. Quarterly
      3. Annually
      4. Varies with the company
      5. Other (specify)
9. Staffing
   A. Total Number of Staff
      Full Time
      Part Time
   B. Number of Professionals
      1. Psychiatrists
      2. Psychologists
      3. Social Workers
      4. Alcoholism Counselors
      5. Other (specify)
   C. Is there a role differentiation among professional staff?
      Yes
      No
      If yes, describe.

10. Salaries
    A. Range of salaries paid to managerial staff
    B. Range of salaries paid to clinical staff

11. Training & Insurance
    A. Is staff insured against professional liabilities?
       Yes
       No
       If yes, who pays for the insurance
       1. Self
       2. Contractor
       3. Other
    C. Does the staff receive any in-service training?
       Yes
       No
       If yes, describe.

12. Location of Staff
    A. On Site in the Company
    B. Contractor's Office(s)
    C. Other (specify)

13. Records
    A. Do you maintain records for each client? Yes No
    B. Are your records computerized? Yes No
14. Services Provided

A. Do you provide the same service(s) to all your companies?
   Yes _____  No _____  N/Apl ____

B. What services are you able to provide
   check all that apply
   1. 24 Hr. Hot line
   2. Information & Referral
   3. Diagnosis/Evaluation
   4. Motivational Counseling
   5. Short term therapy (less than 6 sessions)
   6. On going counseling/therapy
   7. Group counseling
   8. Family/S.O. Counseling
   9. Didactic/Educational Lectures
   10. Self Help
   11. Follow up (formal)
   12. Consult./Training with Management
   13. Consult./Training with Unions
   14. Other (specify)

C. Do you offer all of these services to _____________
   (name of co.)
   Yes _____  No _____
   (see p. 11)

D. Who decided on these services?
   1. Company
   2. Contractor
   3. Joint decision
   4. Other (specify)

E. Where are those services provided?
   1. On Co. Site only
   2. Contractors office only
   3. Both
   4. Other (specify)

F. Who decided on these sites?
G. Have the services provided to this company changed over time?

Yes

No

If yes, specify.

H. Which staff services this company?

1. Whoever is available
2. Specific staff assigned
3. Other (specify)

I. On what basis is this staffing decided upon?

15. What information do you share with the company re. employees?

1. Demographic data only
2. Confirmation that employee came
3. Both of the above
4. No information at all
5. Other (specify)

16. Other relevant information regarding contractor:
APPENDIX E

EXPERTS INTERVIEWED
Names and Affiliation of Experts Interviewed

Miriam Aaron—NYS Division of Alcoholism & Alcohol Abuse, Occupational/Industrial Bureau (NYSDAAA, OIB), NYC
Patti Abeles—Employee Counseling Programs, JBFCS
Shelly Akaha—Industrial Social Welfare Center, CUSSS
Ray Andrews—AFL-CIO, Washington, D.C.
Mary Bernstein—Special Health Services, TWA
Terry Blum—Department of Sociology, Tulane University
Richard Braun—Human Resources Group
William Byers—NYSDAAA, OIB, Albany
Sheila Cane—HRA, Previously, NYC Counseling Service
B.R. Challenger—NYSDAAA, OIB, Albany
Mark Cohen—American Express
Paige Cook—D.C. 37
Gene Cooper—Phillip Morris
Walter Davis—Department of Community Services, AFL-CIO, Washington, D.C.
Laz Diaz—Family Service Association of America
William Dunkin—Labor-Management Services, National Council On Alcoholism
Steve DuVall—Life Extension Institute
Andrea Foote—Worker Health Program, University of Michigan
Jim Francek—Exxon Corporation
Audrey Freeman—Conference Board
James Garvin—Union Carbide
Betty Goldstein—Teamster Service Center
Olive Jacob—NYSDAAA, Albany
Robert Karsnek—Dept. of Industrial Engineering & Operations Research, Columbia University
Nancy Kolben—Human Resource Consultant, Previously, CUSSS and CSWE
Paul Kurzman—Hunter College School of Social Work
Hilton Leibowitz—Graduate School of Social Services, Fordham University
David Lewin—Graduate School of Business, Columbia University
Irving Lukoff—CUSSS
Maggie Jacobson—Brownlee Dolan Stein Association
Daniel Malloy—National Maritime Union
Dale Masi—Office Of Employee Counseling Services, DHHS, Washington, D.C.
P.J. Maye—Local 147 Tunnel Workers
Miriam Ostow—Center For Conservation of Human Resources, Columbia University
Walter Reichman—Dept. of Psychology, Baruch College
Florence Pine—OTB
Margaret Reagan—NY Chamber of Commerce
Muriel Reed—CUSSS
Victoria Sanborn—Seaman’s Church Institute
Don Sandin—Donald Sandin & Associates, Inc.
Mel Sandler—American Airlines
Harold Schmertz—Con Edison
Eugene S. Schmeiler—Institute of Administration & Management, Union College, Schenectady, New York
Charles Shirley—NYC Affiliate, NCA Industrial Department
Beth Silverman—D.C. 65—DWA
Carol Sussel—Federal Employee Counseling Service
Peter Swissgood—Long Island Council On Alcoholism
Susan Timares—Employee Assistance Program Consortium
Madeleine Tramm—ACTWU; Chair, NYC AILMACA
Harrison Trice—School of Industrial Labor Relations, Cornell University
Leon Warshaw—New York Business Group On Health
Esther Waxman—Johnson & Johnson
APPENDIX F

STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)
Standard Industrial Classification Code (SIC)*

Private Sector

Goods Producing

<table>
<thead>
<tr>
<th>I. Mining</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Metal</td>
</tr>
<tr>
<td>11 Coal</td>
</tr>
<tr>
<td>12 Bituminous Coal</td>
</tr>
<tr>
<td>13 Oil and Gas</td>
</tr>
<tr>
<td>14 Nonmetallic minerals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 General building contractors</td>
</tr>
<tr>
<td>16 Heavy construction contractors</td>
</tr>
<tr>
<td>17 Special trade contractors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Manufacturing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Goods:</td>
</tr>
<tr>
<td>24 Lumber and wood products</td>
</tr>
<tr>
<td>25 Furniture and fixtures</td>
</tr>
<tr>
<td>32 Stone, clay and glass products</td>
</tr>
<tr>
<td>33 Primary metal industries</td>
</tr>
<tr>
<td>34 Fabricated metal products</td>
</tr>
<tr>
<td>35 Machinery</td>
</tr>
<tr>
<td>36 Electric and electronic equipment</td>
</tr>
<tr>
<td>37 Transportation equipment</td>
</tr>
<tr>
<td>38 Instruments and related products</td>
</tr>
<tr>
<td>39 Miscellaneous manufacturing industries</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Durable Goods:</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Food and kindred products</td>
</tr>
<tr>
<td>21 Tobacco manufacturers</td>
</tr>
<tr>
<td>22 Textile mill products</td>
</tr>
<tr>
<td>23 Apparel and other textile products</td>
</tr>
<tr>
<td>26 Paper and allied products</td>
</tr>
<tr>
<td>27 Printing and publishing</td>
</tr>
<tr>
<td>28 Chemicals and allied products</td>
</tr>
<tr>
<td>29 Petroleum and coal products</td>
</tr>
<tr>
<td>30 Rubber and miscellaneous plastics products</td>
</tr>
<tr>
<td>31 Leather and leather products</td>
</tr>
</tbody>
</table>

IV. Transportation and Public Utilities

40 Railroads Transportation
41 Local and interurban passenger transit
42 Trucking and warehousing
44 Water transportation
45 Transportation by air
46 Pipe lines
47 Transportation services
48 Communication
49 Electric, gas and sanitary services

V. Wholesale & Retail Trade

A. Wholesale:
50 Wholesale trade—durable goods
51 Wholesale trade—nondurable goods

B. Retail:
52 Building materials and garden supplies
53 General merchandise stores
54 Food stores
55 Automatic dealers and service stations
56 Apparel and accessory stores
57 Furniture and home furnishing stores
58 Eating and drinking places
59 Miscellaneous retail

VI. Finance, Insurance and Real Estate

60 Banking
61 Credit Agencies
62 Security, commodity brokers and services
63 Insurance carriers
64 Insurance agents, brokers and services
65 Real Estate
66 Combined real estate, insurance
67 Holding and other investment offices

VII. Services

70 Hotels and other lodging
72 Personal services
73 Business services
75 Auto repair, services and garages
76 Miscellaneous repair services
78 Motion pictures
79 Amusement and recreation services
80 Health services
81 Legal services
82 Educational services
83 Social Services
86 Membership organizations
89 Miscellaneous services
APPENDIX G

ALTERNATE PROGRAM TITLES
Based on a review of literature the following program titles are currently used as alternate terms to Employee Assistance Programs:

Employee Counseling Program
Troubled Employee Program
Occupational Mental Health Program
Industrial Mental Health Program
Emotional Health Program
Substance Abuse Program
Occupational Performance Program
Health Evaluation Program
Mental Wellness Program
On-Site Counseling Program
Special Health Services