Demonstrating the Impact of EAP Services on Workplace Outcomes

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What is the EARF...?

The Employee Assistance Research Foundation was created as a non-profit foundation to stimulate innovative, evidence-based research activities which demonstrate the ability of EAPs to maximize employee contributions to organizational success.

The EARF is incorporated as a 501(c)(3) nonprofit EIN #26-2443117

EARF’s Mission

- To promote excellence in the design and delivery of Employee Assistance services worldwide.
- To support effective measurement practices, performance tools, and outcome criteria.
- To bridge the gap between knowledge and practice by translating valid research findings into contemporary EA services.

EARF Priorities for Action

1. To fund relevant and scientifically rigorous EA research;
2. To investigate promising new trends in EA practice; and
3. To communicate findings to stakeholders.

EARF Funded Research to Date

Round 1: In 2011, two grants of $44,800 were awarded to ISW Limits & the National Behavioral Consortium to study the Current State of EAPs.

Round 2: In 2013, a $112,000 grant was awarded to the OMNI Institute to study the Workplace-Related Outcomes of EAPs.

Round 3: EARF is currently reviewing best and final proposals from researchers interested in producing a global history of EA practice from its beginning to the present.

Dissemination of EARF Research

- Free webinars
- Peer-reviewed articles published with results of EARF-funded studies.
- More scholarly articles in preparation
- Conference sessions for researchers to present EARF-funded study results.
- Numerous additional mentions in various trade publications and cited on various websites.
Historical Representations of “EAP Value”

- High utilization rates
- Positive user satisfaction surveys
- High return on investment ratios

Unfortunately, very few of these representations were grounded in valid scientific methods able to hold up under scrutiny, nor able to be replicated.

So what’s missing in EAP Research?

- Scientifically valid experimental designs
- Large scale, diverse study populations
- Multi-site, occupationally-diverse worksites
- Measureable workplace & clinical EAP effects
- Studies that can be easily replicated

The Impact of Employee Assistance Services on Workplace Outcomes

- Strong study design including a carefully-selected comparison control group
- Study site/population includes many different worksites and occupational classes
- Gathers data on multiple EAP workplace outcomes

Study answers what’s missing in EAP research, provides new quantification of workplace effects of EAP services, and could be easily replicated.

Study Site: Colorado State EAP (C-SEAP)

- Internal EAP for Colorado State Government, housed in the Department of Personnel & Administration
- Population: covers 80,000+ eligible employees in Executive, Legislative, Judicial & Higher Education branches; Educationally, professionally, and socio-economically diverse
- Counseling provided in 9 regional offices across Colorado (rural & urban locations) by licensed professionals.

C-SEAP Today

C-SEAP Service Model

- Provides a 6 session model with the capacity for additional services when assessed as essential to employee well-being
- Comprehensive Service menu: Consultation, mediation, education, crisis response, coaching, facilitated groups, organizational development & emergency financial assistance
- Diverse Employee Population: Executive, Legislative, Judicial & Higher Education branches; Educationally, professionally, and socio-economically diverse - 80,000+ eligible employees
Implementation Lessons

- Acknowledge & address potential staff resistance
- Designate one person to oversee the process
- Create a workflow that builds in extra time
- Give EAP clients options (phone, online, or in person)
- Stay in close communication with research team
- Be flexible & willing to adjust strategy (for example: participant incentives)

Today’s Objectives

- Describe EARF-funded research project
- Provide an overview of study design and methods
- Present study findings to date
- Discuss study’s contribution and potential implications for EA practice

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- OMNI Institute Study Team
  • Melissa Richmond PhD, Ana P. Nunes PhD, Anthony Molieri MSW & Alexis Zimmerman

Study Questions

1. Do employees who receive EA services show greater improvement in clinical and workplace outcomes than similar employees who do not receive services?
2. Do EAP-attributed improvements in clinical outcomes lead to improvements in workplace outcomes?

Study Questions, cont.

3. Which subgroups of employees (if any), benefit the most from EA services?
4. What is the cost-savings in reduction to absenteeism that can be attributed to EA services?

Study Contributions

- Rigorous research study design
- Use of validated, objective and widely accepted measures
- Large employee base which is demographically & geographically diverse
Study Design – Outcome Measures

Clinical outcomes
1. Depression (PHQ-8) – measure of depressive symptom severity (range 0-24)
2. Anxiety (GAD-2) – anxiety symptom screener (range 0-6)
3. Hazardous alcohol use (AUDIT) – screening tool for signs of harmful/hazardous drinking and/or mild dependence (range 0-40)

Workplace Outcomes Suite*
1. Absenteeism: Number of hours taken away from work due personal/work problems.
2. Presenteeism: Extent to which personal/work problems adversely affects work performance.
3. Workplace distress: Degree of discomfort associated with the work environment.

Employee Timecard Data
• Tracked daily by departments

*Open Source; © Chestnut Global Partners, Inc.

Study Design

EAP
Baseline → Services → Follow-up

Control
Baseline → No Services → Follow-up

Study Design – Baseline Measures

EAP Group
- Demographics
- Depression, Anxiety, Substance Use
- Absenteeism, Presenteeism, Workplace distress
- Help-seeking

Control Group
- Demographics
- Depression, Anxiety, Substance Use
- Absenteeism, Presenteeism, Workplace distress
- Help-seeking

Study Design – Propensity Score Matching

EAP Group
Control Group

Group Matching

EAP Group
256 enrolled
239 matched
156 follow-up

Control Group
2,957 enrolled
340 matched
188 follow-up
**Time Between Intake & Follow-up**

<table>
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<tr>
<th>Group</th>
<th>Number (N)</th>
<th>Average Time in Months</th>
<th>Minimum</th>
<th>Maximum</th>
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<td>3.67</td>
<td>1.65</td>
<td>6.28</td>
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<tr>
<td>Control</td>
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<td>Total</td>
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<td>5.98</td>
<td>1.65</td>
<td>12.22</td>
</tr>
</tbody>
</table>

**EAP Group Characteristics**

- **Top 4 Presenting Issues**
  - Relationship Difficulties: 34.6%
  - Psychological Distress: 12.8%
  - Work Conflicts: 19.2%
  - Sub Abuse Concerns: 12.8%

- **Number of Sessions**
  - Average # of sessions = 2.79 (ranged from 0-11)
  - 10.3% no-show/cancellations

**Participant Demographics**

- **Mean Age:**
  - EAP - 44.1 years
  - Matched Control - 45.1 years
  - Full Control - 46.3 years

- **Mean Length of Employment:**
  - EAP - 8.0 years
  - Matched Control - 8.5 years
  - Full Control - 10.0 years

- **Baseline Depression**

  - EAP (n=156): 8.83
  - Matched Control (n=188): 8.23
  - Full Control (n=2903): 4.09
EAP Impact on Clinical and Workplace Outcomes

Baseline Anxiety
- EAP (n=156): 2.46
- Matched Control (n=188): 2.29
- Full Control (n=2903): 1.03

Baseline Alcohol Use
- EAP (n=156): 3.62
- Matched Control (n=188): 3.54
- Full Control (n=2903): 2.65

Baseline Seeking Social Support
- EAP (n=156): 7.78
- Matched Control (n=188): 7.54
- Full Control (n=2903): 6.10

Baseline Absenteeism
- EAP (n=156): 15.15
- Matched Control (n=188): 13.02
- Full Control (n=2903): 9.19

Baseline Presenteeism
- EAP (n=156): 2.88
- Matched Control (n=188): 2.81
- Full Control (n=2903): 1.89

Baseline Workplace Distress
- EAP (n=156): 2.69
- Matched Control (n=188): 2.66
- Full Control (n=2903): 2.09
**EAP Impact on Clinical and Workplace Outcomes**

**EAP Group vs. All Controls**

*Compared to all Control group employees, the EAP study participants:*

- Were slightly younger in age & had shorter length of employment
- Were slightly more likely to be Hispanic/Latino
- Had higher rate of help-seeking behaviors
- Had higher levels of depression, anxiety & hazardous drinking
- Had higher rates of absenteeism, presenteeism & workplace distress

**EAP Group vs. Matched Controls**

*Compared to matched Control Group employees, EAP study participants:*

- Had no significant differences in demographics; length of employment; help-seeking behavior; pre-intervention psychological distress, hazardous alcohol use, absenteeism, presenteeism and workplace distress

**Study Findings**

**EAP Impact on Clinical Outcomes**

- Depression
- Anxiety
- Alcohol Use

**EAP Significantly Improves Depression**

Effect Size = .27

**EAP Significantly Improves Anxiety**

Effect size = .24
No Significant Impact of EAP on Hazardous Alcohol Use

Effect size = .03

No Significant Impact of EAP on Workplace Distress

Effect size = .09

EAP Significantly Improves Absenteeism

Effect size = .25

EAP Significantly Improves Presenteeism

Effect size = .23

Study Question #1 - Findings

Q: Do employees who receive EA counseling services improve clinical and workplace outcomes to a greater degree than similar employees who do not receive services?

A: Employees who received EAP counseling services demonstrated significant reductions in 1) depression, 2) anxiety, 3) absenteeism, and 4) presenteeism at follow-up compared to a matched group of similar employees who did not receive EAP.
**Study Question #1 - Findings**

A: However, among employees who received EA counseling services we did not observe a significant impact of EAP on levels of:
- Hazardous alcohol use or
- Workplace distress

**Relationship between Clinical and Workplace Outcomes**

![Diagram showing the relationship between EAP and reduced presenteeism/absenteeism and reduced depression/anxiety]

**Study Question #2**

Q: Do EAP-attributed improvements in clinical outcomes lead to improvements in workplace outcomes?

A: EAP improves presenteeism through reductions in depression and anxiety

A: EAP improves absenteeism through reductions in depression and anxiety

**Subgroup Comparison**

- Analyzed EAP impact on workplace outcomes as a function of baseline levels of:
  - Absenteeism, presenteeism & workplace distress
  - Depression symptoms
  - Anxiety symptoms
  - Hazardous alcohol use

**Study Question #3 Findings**

Q: Which employee subgroups (if any) benefit the most from EA services?

A: EAP was equally effective for improving presenteeism for those with low/high severity of issues

A: EAP was more effective at reducing absenteeism for employees lower on baseline depression and anxiety

**Study Question #4**

- What is the cost-savings in reduction of absenteeism attributable to EA services?
  - Stay tuned – currently collecting timecard data from HR departments
Implications for Practice

- Strong quantifiable evidence of EAP impact on clinical and workplace outcomes – first study to compare outcomes for similar employees who did not receive EAP services
  - Evidence-based programs rely on rigorous tests of program impact

- Improvements in workplace distress may depend upon one-on-one counseling and changes in the work environment
  - Other factors may impact workplace distress - negative work culture, poor leadership, lack of career opportunity, etc.

- Little evidence of EAP impact on changes in hazardous alcohol use – an unexpected finding

- Potential for underreporting alcohol use
  - Using the full sample of 3,159 respondents prior to matching, only 6.2% scored at risk for hazardous alcohol use (AUDIT score > 7).
  - According to the National Survey on Drug Use and Health, in Colorado, 27.4% of adults engaged in past month binge alcohol use

- EA services are beneficial in reducing presenteeism for employees with varying degrees of productivity, alcohol use, depression, and anxiety

- EA services may be more beneficial in reducing absenteeism for employees with less severe depression and anxiety.
  - More severe cases may necessitate additional treatment, longer lengths of treatment, and leave to resolve

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- Participants were government employees
  - May limit generalizability to for-profit and/or other industry types, although study population has a wide diversity of occupational categories & worksite environments

- EA Program Type
  - C-SEAP is a long-established, internal EA program, unlike the majority of EA services delivered in US

Study Considerations

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Study Limitations

- Unmeasured differences between groups
  - Inability to randomize to study group (EAP client vs control)
- Some EAP clients in significant distress may not have enrolled into the study
  - May not represent the full EAP population
- Differences in length of time between baseline and follow-up for two groups
  - However, may have favored comparison participants

Next Steps

1. Additional Analyses
   - Timecard data (objective absenteeism measure)
2. Dissemination Plan
   - Peer-reviewed publications
   - Manuscript recently submitted to *Journal of Occupational Health Psychology*
   - Conference presentations

The Future of EAP Research Funding

- Federal dollars devoted to EAP research questions have not been available for over 20 years
- The future outlook for an increase in government funding for EAP research is bleak
- The EARF is the only foundation currently underwriting relevant, evidence-based EAP research

Value Proposition for EARF Support

- Creating tangible business benefits of better data on EAP contributions to workplace productivity.
- Demonstrate leadership, commitment and visibility for your organization as an advocate for EAP efficacy, viability, and sustainability of the EAP field.

EARF Contributions to Date

- Donations $165,400
- Matched Funding $200,000
- Still Available Matching Funds = $800,000

Tisone Foundation Matching Pledge

- EARF contributions + matching funds received to date have totaled approximately $365,000.
- Funding of previous research and commitment to current study proposal = over $300,000.
- EARF’s future capacity for funding EAP research studies are simply unsustainable without additional financial support.

The Bottom Line...
How You Can Help

1. Facilitate a contribution from your organization to fund future research efforts.
2. Make a personal tax-deductible contribution to fund future research efforts.
3. Make an in-kind contribution to assist EARF with dissemination of research findings or fundraising efforts.

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Employee Assistance Society of North America
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National Assoc. of County Behavioral Health Directors
National Behavioral Consortium
Massachusetts/Rhode Island Chapter of EAPA
Northern Illinois Chapter of EAPA

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References


