EMPLOYEE ASSISTANCE PROGRAMS:
A COMPARISON OF INTERNAL AND EXTERNAL PROGRAMS WITH RESPECT TO SERVICES PROVIDED, PROBLEMS ENCOUNTERED, AND THE CHARACTERISTICS OF USERS AND PROVIDERS

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An Abstract

Presented to

the Graduate Council of

Austin Peay State University

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In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

Whitney Anne Clark

January, 1989

ABSTRACT

A sample of 48 internal and external Employee Assistance Programs (EAP's) were surveyed as to services provided, problem areas encountered, user characteristics, and service provider characteristics. The survey instrument was partially adapted from a questionnaire previously designed by Braun and Novak (1986) and partially designed for this study. Data were examined on the basis of a comparison between internal and external programs to determine similarities or differences. Results indicated many similarities for the four areas surveyed, and differences were noted between programs for services provided, user occupations and gender, and provider characteristics concerning gender, training, and licensing/certification. It is concluded that more research on EAP's and the consortium model would provide companies with information on what is needed and also affordable.

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by

Whitney Anne Clark

January, 1989

To the Graduate Council:

    I am submitting herewith a Thesis written by Whitney Anne Clark entitled "Employee Assistance Programs: A Comparison of Internal and External Programs with Respect to Services Provided, Problems Encountered, and the Characteristics of Users and Providers." I recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Arts, with a major in Clinical Psychology.

_____
Major Professor

_____
Second Committee Member

_____
Third Committee Member

Accepted for the
Graduate Council:

_____
Dean of the Graduate School

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

Introduction

One out of every ten employees in the U. S. labor force needs the help of mental health professionals sometime during his/her work experience (Dawson, 1982). As a result, business and industry management personnel perceive a need for services for troubled employees who, because of personal problems, are not productive at the work place.

The concept of employee assistance was introduced in the 1940s. The programs were originally called Employee Alcohol Programs and began in an effort to deal with alcoholism among white collar workers (Liebowitz, 1982). Since the early history of Employee Alcohol Programs they have played an intricate and important role in the delivery of mental health services to employees. Eventually, they became Employee Assistance Programs (EAP's), offering a variety of services beyond the original treatment of alcoholism. Services are now provided for marriage and family problems, financial problems, drug abuse, work related problems, and emotional problems.

Dickman and Emener (1982) reported part of the importance of EAP's is due to a considerable growth during the last ten years in the incidence of emotional and mental difficulties among the U.S. labor force. Furthermore, termination of an employee is not seen by most employers as economical (Liebowitz, 1982). EAP's serve as a form of

rehabilitation and may keep the company from having to hire and train new employees. Therefore, not only from a mental health view but also from a business perspective, EAP's offer the employee and the employer helpful, as well as economical, avenues to pursue.

The present study was developed to obtain more information concerning EAP's, based upon a comparison between programs in the company and programs outside of the company. The comparison was based upon services offered, problems encountered, and the characteristics of service users and providers.

Review of the Literature

Available research provides limited information about the types of services offered, problems encountered, those persons using EAP's, and the perceptions of those who have EAP's as to effective characteristics of EAP providers (Ford & McLaughlin, 1981).

Services are made available to employees through two approaches: internal programs within the company or external programs that are community based. Internal programs involve significant initial start-up costs and require longer periods of time to gain employee trust. Of particular concern is client confidentiality (Akabas & Krauskopf, 1986; Liebowitz, 1982).

Research has shown other limitations for internal programs to be liability and size. Wyrtzen (1985) reported Polaroid paid $1.5 million to a client who sued on grounds of being treated incorrectly. With respect to size, a study utilizing a questionnaire revealed that only five percent of organizations with 100 employees or less had EAP's. The percentage increased for each additional 500 employees up to 5,000 (Ford & McLaughlin, 1981).

As a result, smaller organizations along with some larger ones are contracting to external mental health centers, social work services, EAP consultants, and family counseling agencies. Thus, a diversified group of professionals are available to provide services (McClellan,

1985). However, external programs have certain limitations. Organizations attempting to monitor external services cannot expect full accountability because of the ethical implications of violating the employees' rights to confidentiality. Thus, there may be a greater possibility that the trustworthiness of the provider will be inaccurately perceived.

Wyrtzen (1985) reported that regardless of whether the program is internal or external, the following are key qualities for the services to be effective: (a) strong management backing and cooperation; (b) written policy and procedures; (c) statement on health insurance coverage; (d) assurance of confidentiality; and (e) training supervisors in stress areas, educating employees, and a continuous updating of a resource file on providers of assistance.

Personal Performance Consultants, Inc., a St. Louis national provider, conducted a nationwide investigation of industry which revealed the extent to which services were sought by employees for various problem areas. The following statistics were reported: 27% emotional; 23% marital; 22% family/child; 15% alcohol/drug; 5% office/job; 4% legal; 3% financial; 1% medical (Lydecker, 1985).

Braun and Novak (1986) developed a survey which was designed to discover demographic characteristics of employees who did not utilize the EAP's. Their final sample included 498 EAP's across the United States and Canada. The study revealed that non-utilizers tended to have these

characteristics: (a) from middle to upper management and professional occupations; (b) male; (c) victims of high job stress; (d) 50 years of age or older.

The EAP directors and coordinators completing the survey indicated the following reasons for workers not making use of the services: (a) feeling they could handle their problems; (b) EAP use would devalue them and be disgraceful; (c) problem denial; (d) EAP's are for other people; (e) concern about confidentiality; (f) resistance to change; (g) lack of EAP information; (h) concern about job security; and (i) belief that supervisors were unsupportive of EAP use.

Fifteen years ago, two thirds of all EAP referrals were alcohol related (McClellen, 1985). Most programs employed recovering alcoholics to provide services. However, referrals to EAP's today involve a broader scope of problems and require professionals with training in other areas. Other groups which may be represented are social workers, psychologists with masters and doctoral degrees, psychiatrists, and psychiatric nurses. Akabas and Krauskopf (1986) stated that for both the internal and external programs, the credentials of the providers should be an important criterion for selection and hiring purposes. A minimum of graduate training in one of the mental health professions should be required.

The fact that there was limited research concerning the types of services offered, problems encountered, and characteristics of users and providers indicated that these

areas merited further research. This study gathered descriptive information related to these four factors. In order to investigate these areas of concern, five hypotheses were tested:

1. There is no difference between the internal and external EAP as related to services provided.

2. There is no difference between the internal and external EAP as to problems encountered.

3. There is no difference between the internal and external EAP as to people using the services.

4. There is no difference between the internal and external EAP as to the perceptions of directors and coordinators with regard to the following: (1)training and credentialing, (2)demographic characteristics, and/or (3)skill level of the EAP providers.

5. Overall, there are no major differences among services provided, problems encountered, or user and provider characteristics for the EAP's surveyed.

CHAPTER 2

Method

Subjects

A sampling plan was designed to select EAP's from Kentucky, Missouri, and Tennessee. The 1986-1987 Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA) membership directory was used for the selection. Surveys were mailed to 170 ALMACA members identified in the directory as EAP directors, administrators, coordinators, representatives, or counselors. Of the 170 surveys mailed, 13 were returned undeliverable. One hundred nine surveys were not returned, thus the final sample included 48 programs.

Procedure

Questionnaires were mailed to each of the directory members in the three states. Participation was voluntary. The responses from the internal and external programs were scored on a seven point scale and were converted to percentages to evaluate the research hypotheses.

Instrumentation

The instrument used (see Appendix A) was partially developed from a previously published questionnaire designed by Abby Braun and Donald Novak (1986). Their questions were oriented toward factors in non-utilization of services.

Survey questions 1-8 were designed by the above

authors, and permission was given to use the questions in this study. These questions survey services offered, problems encountered, and user characteristics. Questions 9-13 were developed specifically for the present study in order to obtain information related to the EAP providers themselves.

CHAPTER 3

Results

The data were examined to determine differences between internal and external programs as to services provided, problems encountered, user characteristics, and provider characteristics.

The sample included a total of 170 programs and 48 programs participated in the study, resulting in a 28% response rate. Twenty-five of the respondents were involved in internal programs and twenty in external programs. Five percent of the respondents indicated that their program was both internal and external. Of the external programs, 90% were located outside of the main physical structure of the organization. Of the internal programs, 87% were located inside the main physical structure of the organization.

Services Provided

With regard to services provided (see Table 1), most of the respondents from the internal and external programs reported that they provided referral, follow up, and assessment services. However, counseling/other interventions were offered by 100% of the external programs and by 56% of the internal programs. Crisis lines were also reported to be offered more often by the external programs.

Problems Encountered

The problems encountered were ranked on a seven point scale (1=rarely or never to 7=very often). Survey answers

revealed that for both programs the problems most encountered (see Table 2) were family, marital/relationship, psychological, and alcohol/chemical, with alcohol/chemical being encountered somewhat more often by the internal programs. The least encountered problem by both internal and external programs was legal.

Characteristics of Service Users

The same scale was used to identify the groups of employees using the services. The skilled/crafts and service/maintenance most frequently used internal programs and skilled/crafts also most frequently used external programs. Executive/managerial were the least likely to use both programs (see Table 3).

Respondents indicated that for both internal and external programs (see Table 4), 30-39 year olds were most likely to use EAP's and 50+ year olds were least likely to use EAP's. Within internal programs, the distribution of ratings for 50-59 year olds was bimodal (2 and 5).

Male and female usage of services as rated on the seven-point scale revealed that females and males used internal programs about equally; however, males used external programs less often than females (see Table 5).

White and black employees used EAP's the most frequently, with white employees showing slightly greater usage. The other ethnic groups--Hispanic, Asian-American, American Indian, and other--used them very rarely or never (see Table 6).

Provider Characteristics

Provider characteristics perceived as being effective, according to those surveyed, were ranked on a seven-point scale (1=not effective to 7=very effective). Both programs (see Table 7) perceived service providers ages 30-49 as most effective. Respondents from external programs indicated no preference concerning gender, whereas those from internal programs preferred female service providers slightly more than males. Both programs preferred white service providers over black and other. Respondents from both internal and external programs rated 18-29 year olds as least effective.

Those persons qualified to provide services were rated on a seven-point scale (1=not qualified to 7=highly qualified). Respondents from both programs (see Table 8) reported psychiatrists and social workers with bachelor's degrees as least qualified to provide EAP services. Master's level social workers and psychologists and doctoral level psychologists were rated as highly qualified by respondents from internal and external programs.

Respondents were surveyed as to what specialty areas of Psychology they preferred for the hiring of service providers. Experimental psychologists were not preferred by either program. Respondents from the external programs equally preferred the areas of clinical and counseling psychology; however, counseling was preferred slightly more than clinical by internal programs. Within external

programs the distribution of ratings for the industrial/organizational area was bimodal (2 and 5, see Table 9).

Skills perceived by respondents to be necessary in providing services were rated 1 through 7 (1=not necessary to 7=very necessary). Referral, counseling, diagnosing, interviewing, consultation, and crisis intervention were all reported as very necessary. Testing was the only skill surveyed which was reported as not necessary (see Table 10).

For the internal programs, 48% of the respondents reported that licensing/certification was a requirement for employment as an EAP provider in their programs and 52% reported it was not required. For the external programs, 58% reported a requirement and 42% as not required.

Thus, as to services provided, both programs provided referral, follow up, and assessment. External programs offered counseling/other interventions and crisis lines more often than internal programs. The problems most encountered by internal and external EAP's were related to family, marital/relationship, psychological, and alcohol/chemical issues. Legal problems were the least encountered. The demographic characteristics for employees most likely to use internal and external EAP's were skilled/crafts, ages 30-39, and white.

For both programs, the most effective characteristics and most qualified service provider were perceived to be white, 30-49 years old, and a master's level social worker

or psychologist or a doctoral level psychologist. Internal programs reported a slight preference for female service providers, and external had no preference. Respondents appear to prefer psychologists trained in the clinical or counseling areas and they perceived referral, counseling, diagnosing, interviewing, consultation, and crisis intervention as all being very necessary skills. More external than internal programs reported a requirement of licensing/certification.

CHAPTER 4

Discussion

The data reveal many similarities, along with some differences, for this sample of internal and external programs. Furthermore, several of the findings are consistent with those of previous researchers who have surveyed Employee Assistance Programs and industry in general. Contrary to expectations, a difference is reported in terms of services offered in that external programs provide more services than internal programs. It may be that external EAP's, the majority being community services and mental health agencies, have a wider range of services to offer compared to internal programs.

Concerning the problem areas encountered, the present study supports findings reported by Lydecker (1985) that marital problems, family/child, and alcohol/drug were the most prevalent issues.

Respondents indicated the following demographic characteristics for those employees most often using both programs: (a) skilled/crafts jobs; (b) 30-39 year olds; (c) female; and (d) white. This would be in accordance with females characteristically self-referring themselves for help more often than males and that the majority of the work force is white.

The findings for employee characteristics are similar to those of Braun and Novak (1986) regarding non-use of

EAP's. Internal programs report executive/managerial and professional groups using the program less often. External programs reveal executive/managerial, professional, and service/maintenance as rare user groups. Respondents report in this study also, as did the above authors, employees 50 years of age or older used both programs the least. Employees with these characteristics may tend to demonstrate denial of their problems and the belief that they can solve their own personal problems.

For both programs the following are perceived by survey respondents to be effective characteristics for service providers: (a) white; (b) ages 30-49; and (c) a master's level social worker; (d) a master's level psychologist; or (e) a doctoral level psychologist. Service providers in the past were usually recovered alcoholics since, as previously stated, the programs were alcohol treatment programs for employees. Responses indicate this is no longer true. This study supports the report by Akabas and Krauskopf (1986) that service providers should have a minimum of graduate training in one of the mental health professions. It appears this has become a necessity in order to provide appropriate services for the variety of employee problems encountered today in business.

Clinical and counseling psychologists are preferred over experimental and industrial/organizational psychologists by both programs which one would expect based on the problem areas reported. Experimental psychologists

conduct research and industrial/organizational psychologists would be more involved with the technical and managerial aspects of the business. That counseling is preferred slightly more over clinical by internal programs constitutes some difference in the training required. Respondents from external programs indicated no gender preference, whereas internal program respondents report a preference for female service providers. Female therapists may be seen as more tolerable and understanding of problems in the workplace and at home.

All skills are overwhelmingly reported to be necessary for providing services to internal and external EAP's with the exception of testing. Testing may be viewed as a more lengthy process and one requiring specialization on the part of the therapist. Furthermore, for internal programs in particular, this may be a factor for counseling psychologists being slightly preferred over clinical as clinical psychologists are more frequently trained in the area of testing.

External programs more often report licensing/certification to be a requirement for service providers. Individual businesses with internal programs may be able to employ unlicensed service providers for less pay and thus choose to do so.

Survey information revealed that highly trained service providers need a repertoire of fine tuned skills to appropriately treat a wide variety of problems beyond

alcoholism. Frequent EAP users are white blue collar employees approaching middle age whose work performance may be affected by mid-life personal problems. Furthermore, those who probably need help, the 50+ age white collar executives and managers with high stress/increased responsibilities, are the groups using the services the least. This may become significant for business and industry in the future as the majority of the population will be composed of an older age range. It would be financially productive for companies to begin to view EAP's as a tool to save them money.

For many smaller companies EAP's are financially out of the question. An answer has been proposed in the way of a "consortium" (MacDonald, 1985; Wojahn, 1984). This type of arrangement makes EAP's available to companies who otherwise could not afford services. Several companies come together forming a consortium to fund an EAP which is jointly controlled by the member companies. This would allow a share in financial costs.

The published research located for this study is on EAP's in general rather than a comparison between internal and external programs. The purpose of this research has been to determine similarities or differences for four areas related to Employee Assistance Programs. Differences were noted between programs for services provided, user occupations and gender, and provider characteristics concerning gender, training, and licensing/certification.

There seemed to be a tendency for the internal respondents to be somewhat more limited on the issues surveyed and having more specific preferences. This may be due to their programs usually being smaller than external programs.

EAP's appear to be an area which is geared toward experienced mental health professionals who have a minimum of graduate training in clinical and counseling areas. Trends seem to predict that employees will continue to experience a variety of problems which will affect their work performance. Further research in the area of consortiums and individual EAP's, whether internal or external, will help to direct companies to what they need and can afford.

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TABLES

Table 1

Services Provided by Internal and External Programs

		Frequencies		
Services	N	Internal	N	External
Referral	25	24	20	20
Follow up	25	20	20	20
Assessment	25	19	20	20
Counseling/other interventions	25	14	20	20
24-hour crisis line	25	6	20	17
Other	25	8	20	13

Table 2

Reported Frequencies of Problems Encountered by Internal
and External Programs

Problems	N	Internal	N	External
(1=rarely or never, 7=very often)				
Legal	25	2.5 (2)	20	2.3 (1)
Financial	25	3.6 (3)	20	3.1 (3)
Family	25	5.8 (7)	20	6.1 (7)
Psychological	25	5.4 (7)	20	5.7 (7)
Job-related	25	4.7 (5)	20	4.0 (4)
Physical health	25	3.0 (3)	20	2.6 (2)
Alcohol/Chemical	25	5.9 (7)	20	5.1 (5)
Marital/Relationship	25	5.3 (6)	20	6.0 (7)
Supervisory	25	4.0 (5)	20	3.2 (3)

Note. Modal responses in parentheses.

Table 3

Reported Frequencies of User Groups for Internal and
External Programs

Group	N	Internal	N	External
(1=rarely or never, 7=very often)				
Professional	25	3.8 (6)	19	4.3 (3)
Secretarial	24	4.4 (5,6)	19	4.9 (5)
Skilled/Crafts	24	5.1 (6)	18	5.1 (5,6)
Executive/Managerial	25	3.0 (2)	19	3.9 (6)
Service/Maintenance	24	5.1 (5)	19	4.2 (4)

Note. Modal responses in parentheses.

Table 4

Reported Frequencies of User Ages for Internal and

External Programs

User age	N	Internal	N	External
(1=rarely or never, 7=very often)				
19-29 years	23	4.5 (6)	19	4.7 (6)
30-39 years	24	5.5 (7)	19	5.8 (6)
40-49 years	23	4.9 (5)	19	5.1 (5)
50-59 years	22	3.5 (2,5)	18	3.4 (4)
60+ years	22	2.1 (1)	18	2.2 (1)

Note. Modal responses in parentheses.

Table 5

Reported Frequencies of Use by Gender for Internal and

External Programs

Gender	N	Internal	N	External
(1=rarely or never, 7=very often)				
Male	24	5.1 (7)	19	4.8 (4)
Female	24	5.0 (6,7)	19	5.8 (5,7)

Note. Modal responses in parentheses.

Table 6

Reported Frequencies of Ethnicity of Users for Internal
and External Programs

Group	N	Internal	N	External
		(1=rarely or never, 7=very often)		
Hispanic	22	2.5 (1)	18	2.3 (1)
Asian-American	22	2.4 (2)	18	1.6 (1)
American Indian	22	1.9 (1)	18	1.4 (1)
Black	25	4.8 (4,6)	19	3.4 (4)
White	25	5.7 (7)	19	6.1 (6)
Other	11	2.4 (1,2)	9	1.4 (1)

Note. Modal responses in parentheses.

Table 7

Perceived Effectiveness of Providers by Personal

Characteristics for Internal and External Programs

Characteristics	N	Internal	N	External
(1=not effective, 7=very effective)				
Male	19	5.2 (4,6)	15	6.3 (6)
Female	20	5.6 (7)	15	5.9 (6,7)
18-29 years	17	3.7 (3)	13	3.8 (4)
30-39 years	20	5.5 (6)	13	6.0 (6)
40-49 years	20	5.8 (6,7)	14	6.3 (6,7)
50-59 years	19	4.7 (5)	14	5.5 (6)
60+ years	19	3.9 (4)	14	4.7 (6)
Black	19	4.9 (4)	13	4.8 (6)
White	19	5.6 (5,6)	14	6.3 (6)
Other	5	3.8 (4)	3	5.3 (4,5,7)

Note. Modal responses in parentheses.

Table 8

Perceived Effectiveness of Providers by Qualifications

for Internal and External Programs

Qualifications	N	Internal	N	External
(1=not qualified, 7=highly qualified)				
Relative experience	21	4.0 (3)	20	3.8 (3)
Social worker(Bachelor's)	22	2.9 (3,4)	20	2.6 (2)
Social worker(Master's)	22	4.7 (5)	20	5.6 (7)
Psychologist(Master's)	22	5.0 (5)	20	5.6 (5)
Psychologist(Doctoral)	22	4.7 (6)	20	5.7 (5,6,7)
Psychiatrist	22	3.2 (1,2)	20	3.6 (2)

Note. Modal responses in parentheses.

Table 9

Perceived Effectiveness of Providers by Specialty Areas
for Internal and External Programs

Specialty	N	Internal	N	External
(1=not preferred, 7=highly preferred)				
Clinical	20	5.3 (6)	19	6.1 (7)
Counseling	23	6.1 (6,7)	19	5.9 (7)
Experimental	19	1.8 (1)	19	1.8 (1)
Industrial/Organizational	23	4.6 (5)	18	3.8 (2,5)
No preference	8	1.4 (1)	6	1.5 (1)

Note. Modal responses in parentheses.

Table 10

Perceived Effectiveness of Provider Skills for Internal
and External Programs

Skills	N	Internal	N	External
		(1=not necessary, 7=very necessary)		
Testing	23	3.2 (1)	18	2.3 (1)
Referral	24	6.4 (7)	20	6.5 (7)
Counseling	24	6.2 (7)	20	6.8 (7)
Diagnosing	22	5.9 (7)	20	6.7 (7)
Interviewing	24	6.4 (7)	19	6.7 (7)
Consultation	22	6.3 (7)	19	6.3 (7)
Crisis Intervention	23	6.5 (7)	17	6.6 (7)

Note. Modal responses in parentheses.

APPENDIX

The following set of questions refers to your EAP. If you have more than one program, answer the questions with only <u>one</u> program in mind.

1. Is your EAP ○ an internal program ○ an external program?

2. Is your office located within the main physical structure of the organization? ○ Yes ○ No

3. Which of the following services does your EAP provide?

○ counseling/other interventions   ○ 24-hour crisis line

○ referral to community resources   ○ follow up

○ assessment of presenting problem   ○ other

4. Indicate how often the following problems are encountered. (1=rarely or never, 7=very often)

Legal	1	2	3	4	5	6	7	Physical Health	1	2	3	4	5	6	7
Financial	1	2	3	4	5	6	7	Alcohol/Chemical	1	2	3	4	5	6	7
Family	1	2	3	4	5	6	7	Marital/Relationship	1	2	3	4	5	6	7
Psychological	1	2	3	4	5	6	7	Supervisory	1	2	3	4	5	6	7
Job-related	1	2	3	4	5	6	7							

5. Indicate how often each group of employees uses your EAP. (1=rarely or never, 7=very often)

Professional	1	2	3	4	5	6	7	Executive/Managerial	1	2	3	4	5	6	7
Secretarial	1	2	3	4	5	6	7	Service/Maintenance	1	2	3	4	5	6	7
Skilled/Crafts	1	2	3	4	5	6	7							

6. Indicate how often each of the age groups uses your EAP. (1=rarely or never, 7=very often)

19-29	1	2	3	4	5	6	7	50-59	1	2	3	4	5	6	7
30-39	1	2	3	4	5	6	7	60+	1	2	3	4	5	6	7
40-49	1	2	3	4	5	6	7							

7. Indicate how often each gender uses your EAP. (1=rarely or never, 7=very often)

Male	1	2	3	4	5	6	7	Female	1	2	3	4	5	6	7

8. Indicate how often each ethnic group uses your EAP. (1=rarely or never, 7=very often)

Hispanic	1	2	3	4	5	6	7	Black	1	2	3	4	5	6	7
Asian-American	1	2	3	4	5	6	7	White	1	2	3	4	5	6	7
American Indian	1	2	3	4	5	6	7	Other	1	2	3	4	5	6	7

The following questions will refer to your perceptions of who is best suited to provide the services and what provider characteristics are most effective as viewed by the clients.

9. Indicate the client perceived effectiveness of providers with the following characteristics.(1=not effective, 7=very effective)

Male 1 2 3 4 5 6 7   Female 1 2 3 4 5 6 7

18-29 1 2 3 4 5 6 7   50-59 1 2 3 4 5 6 7

30-39 1 2 3 4 5 6 7   60+ 1 2 3 4 5 6 7

40-49 1 2 3 4 5 6 7

Black 1 2 3 4 5 6 7   Other 1 2 3 4 5 6 7

White 1 2 3 4 5 6 7

10. Indicate which of the following mental health professionals are qualified to provide EAP services. (1=not qualified, 7=highly qualified)

Person with relevant experience (ie.,recovered alcoholics) 1 2 3 4 5 6 7

Social workers (Bachelor's degree) 1 2 3 4 5 6 7

Social workers (Master's degree) 1 2 3 4 5 6 7

Psychologists (Master's degree) 1 2 3 4 5 6 7

Psychologists (Doctoral degree) 1 2 3 4 5 6 7

Psychiatrists 1 2 3 4 5 6 7

11. If hiring a psychologist, indicate which of the following specialties you would prefer. (1=not preferred, 7=highly preferred)

Clinical 1 2 3 4 5 6 7 Industrial/Organizational 1 2 3 4 5 6 7

Counseling 1 2 3 4 5 6 7   No Preference 1 2 3 4 5 6 7

Experimental 1 2 3 4 5 6 7

12. Which skills are necessary to provide services.(1=not necessary, 7=very necessary)

Testing 1 2 3 4 5 6 7   Interviewing 1 2 3 4 5 6 7

Referral 1 2 3 4 5 6 7   Consultation 1 2 3 4 5 6 7

Counseling 1 2 3 4 5 6 7   Crisis Intervention 1 2 3 4 5 6 7

Diagnosing 1 2 3 4 5 6 7

13. Is licensing/certification a requirement for employment as an EAP provider? ⚪Yes   ⚪No