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On-site Versus Off-site EAPs A Comparison of Workplace Outcomes

By David A. Sharar, John C. Pompe & Mark Attridge

hile the types of services offered through the employee assistance program (EAP) may vary, they are typically delivered through one of three basic staffing models. (See this month's cover story in *Employee Assistance Report* for details.)

Internal Programs

Internal models may be an integral part of either the personnel/human resources or medical departments or else constitute an independent service directly responsible to senior management. These in-house programs range from simple assessment, referral, and follow-up to more extensive short-term counseling or psychotherapeutic treatment of employees.

One of the unique strengths of an internal model is that EAP professionals can develop a greater understanding and knowledge of an organization than external vendors. As a result, higher quality services that are designed for that specific organization can be delivered. The internal program may be designed to fit any organizational need. Due to its link with other parts of the organization, a valuable relationship may be built between the EAP and management, supervisors and union representatives.

Internal (or in-house) EAPs likely receive a greater percentage of internal referrals from within the company, such as supervisors, HR staff, and others. The use of internal EAP for management consultations and other organizational services is also typically higher than in the external model.

Yet another positive factor is that walk-in contact between employees and EAP counselors is possible with internal programs because EAP staff is available at one or more worksites. (Editor's note: Advantages and disadvantages of the internal model are presented in the Handout section on page 4.)

External Programs

External programs are defined primarily in terms of an outside vendor that is contracted to provide most or all aspects of the EAP. The vendor company employs the staff that provides the EAP services to the organization. External programs come "ready-made" and therefore are easier to implement. Because the degree of onsite presence is typically lower than with internal programs, the use of phone-based EAP counseling may be emphasized. Twenty-four hour telephonic access and triage is usually available as needed.

The use of EAP for management consultations and other organizational services tends to be low. Website information and services for the EAP may be integrated into the company's website or may be established by the external vendor and utilized by the vendor's customer – although often with separate branding. Promotion of the EAP is often less robust.

Companies choose to implement the external EAP for various reasons. The external model provides better accountability, lower legal liability, and easier implementation. This model requires less internal resources, where typically a liaison manager will simply be delegated responsibility for coordination.

Companies may prefer a contractual approach because they believe an outside vendor can better foster an employee's confidence in the confidentiality of the program. Confidentiality is more readily perceived and maintained when counseling services are provided outside the structure of the work organization or the sessions are offered over the phone.

The major drawback to external EAP services is believed to be a lack of integration with the workplace. Dispatching employees to affiliates



can become the principal focus and thus other organizational EAP services such as primary prevention, and management consultations and training can be absent. Moreover, it is more difficult to hold accountable and evaluate staff that are providing external EAP counseling and other off-site services. (Editor's note: Advantages and disadvantages of the external model are presented in the Handout section on page 4.)

Comparison of Outcomes for the Two Models

We examined the EAP services provided onsite versus off-site, as well as various "workplace effects" for one major company with a hybrid EAP model. The Workplace Outcome Suite (WOS) self-report questionnaire was completed by cases at both on-site and off-site offices. The WOS is a valid, 25-item measurement tool specifically designed for EAPs.

The data was measured at two points in time for each case: *Before* the first session of EAP services and again *after* the counseling was completed. This time frame was usually about 60 to 90 days and is thus long enough to determine if use of the EAP had a sustained impact on workplace performance. The primary focus of the study was to see if there were significant differences in the level of outcome improvement (i.e. change in WOS subscale scores from before to after use of counseling) between the clients in the two groups.

The two study groups included 107 individuals in the on-site evaluation and 201 off-site participants.

The subscales include <u>Absenteeism</u>, <u>Presen-</u> <u>teeism</u>, <u>Work Engagement</u>, <u>Life Satisfaction</u>, and <u>Workplace Distress</u>. The Absenteeism scale assesses the number of hours absent due to a personal problem that takes the employee away from work. In addition to a lack of physical presence, the WOS includes "absence" even if the employee is on the job site. This is referred to as *Presenteeism*, a scale that addresses decreases to productivity that occur when an employee is not working at 100 percent due to unresolved personal problems. In other words, is the employee doing what he or she is supposed to be doing – or is the worker distracted by personal issues?

The *Work Engagement* scale refers to the extent the employee is invested in or passionate about

Table 1					
Results for Workplace Outcome Suite Pre and Post Use Scores: By Group					
WOS Scale	Group	Pre Score	Post Score	Difference Raw Score	Difference Percentage
	<u>On-site</u>	8.0	6.8	1.15	14.4% Improvement
Absenteeism•	Off-site	10.0	6.2	3.77	37.8% Improvement
	<u>On-site</u>	14.4	11.4	3.03	20.1% Improvement
Presenteeism•	Off-site	14.7	10.5	4.23	28.8% Improvement
	<u>On-site</u>	17.9	17.3	0.69	3.3% Decline
Work Engagement• •	Off-site	17.1	17.6	0.50	2.9% Improvement
	<u>On-site</u>	14.5	15.5	1.03	7.1% Improvement
Life Satisfaction• •	Off-site	13.8	15.2	1.44	10.4% Improvement
	<u>On-site</u>	14.0	12.4	1.63	11.7% Improvement
Work Distress•	Off-site	13.0	12.1	0.90	6.9% Improvement

Note: Sample sizes: On-site n = 107; Off-site n = 201. Statistical tests found that the groups did *not* differ in degree of change over time on any of the WOS measures.

• Lower scores are a better outcome.

• • Higher scores are a better outcome.



his or her job. Workplace problems are likely to diminish when employees are highly engaged or enthusiastic about their work.

The *Life Satisfaction* scale is more of an overall measure that addresses the impact of work and life issues on a person's general sense of well-being. This outcome is really a perceived improvement in one's quality of life.

Finally, the *Workplace Distress* scale looks at the degree of distress at work from any number of sources. Employees usually seek EAP services because they are distressed about something, so the outcome is to reduce the mental state that makes a person less effective at work.

Results

The results are presented in Table 1 on page 2. Overall, users of EAP counseling reported positive changes on four of the five measures, with *reduced* absenteeism, presenteeism, and work distress, and *increased* life satisfaction. However, little change was evident in work engagement. This pattern is consistent with other data using the same WOS tool.

Of greater interest, the results revealed that the on-site and off-site locations of the counselors for the two groups did not differ significantly in any of the subscales. Once someone got to see the EAP counselor, the outcomes were similar regardless of the location of the office.

Note that we did not use a study design that would have randomly assigned clients to on-site or off-site counselors. Nor did we take into account other factors that could have potentially influenced changes in workplace outcomes for these clients – such as demographics, the type of problem, level of assessed severity, the number of clinical sessions per case, and so on.

Conclusion

There is abundant literature that outlines the perceived pros/cons of the various EAP models, but this study differs by offering recent, hard data using an applied research design that represents *typical* delivery of EAP services.

On-site or internal may outperform external in select areas, (such as formal supervisor referrals), but the difference in workplace outcomes following clinical counseling is likely to be insignificant. In other words, if you provide standard EAP services both on- and off-site, both seem equally effective.

Other internal studies have demonstrated some apparently significant differences in on- versus off-site EAP. Though the data was not integrated into this study, the authors have observed EAP models where clients with workplace-related presenting problems are seen *onsite*, while other personal and family issues are seen *off-site*. In models like this, where on- and off-site populations differ, outcomes also differ. It is feasible that workplace impact of EAP is more a function of the presenting problem and *how* the EAP clinical service is delivered, than *where* the service is delivered.

This is not to suggest that on-site and off-site EAPs hold equal value – or are the same. In fact, the value of internal and external EAP may be in the eye of the purchaser. The goals of the employer may dictate how the purchaser defines value and impact. For example, if efficient, insightful EAP consulting and training is a primary goal, perhaps on-site EAP may be more valued.

Likewise, some purchasers may require standardization of EAP across locations, in which case the off-site model may have more perceived value.

Therefore, employers wishing to implement an EAP should carefully evaluate the needs and goals of both their company and the EAP. Moreover, EAP vendors selling commercial products should take the time to consider the needs of their customers in order to implement a program that will result in the most meaningful outcome for that particular workplace. ■

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Advantages & Disadvantages of Models

Advantages of Internal EAP Model:

- Ownership of the program lies within the organization, i.e. "it's our program";
- Knowledge of the organization and its culture;
- Greater communication within the organization;
- More credible with some supervisors;
- Assessments can be made in the context of organizational systems;
- Can offer mediation services;
- Practitioner can provide multiple roles;
- On-site problem assessment capability;
- Greater coordination of treatment and monitoring of follow-up; and
- EAP may be better integrated into other HR, occupational and benefit programs.



Disadvantages of Internal EAP Model:

- Too closely identified with a particular department, group or individual;
- Confidentiality of employee problems can be more difficult to protect;
- Can be expensive due to salary, administrative support and logistical costs;
- Only large organizations can justify full-time staff;
- Less diversity in clinical staff;
- Possibility of staff "burnout" with one-person EA program;
- The practitioner can be more subjective in assessments; and

• The practitioner's neutral position in the organization can be compromised.

Advantages of External EAP Model:

- Less costly for small or medium-size organizations;
- Confidentiality easier to maintain due to limited contact with people other than clients;
- Separate from the corporate politics of the organization;
- Off-site counseling offers more privacy and less stigmatized route to access;
- Better linkage and referral to community resources in multiple or smaller locations;
- May have access to more diverse and specialized EAP staff, and more diverse scheduling options;
- Can provide a broad range of related work/life or wellness services;
- The organization cannot be held responsible for malpractice of practitioners; and
- No need for the employer to hire and manage additional employees.

Disadvantages of External EAP Model:

- Counseling is usually not provided in-person at organization worksites;
- May not be able to adapt or tailor the program to the needs of the organization;
- Some employees and supervisors may be reluctant to deal with "outsiders" for help;
- Lack of knowledge about the organization and its unique corporate culture;
- Communication problems can occur between the EAP service center and the organization;
- Less "ownership" by the organization of the EAP;
- Externals can be "profit" oriented and may not always serve the interests of the organization or client; and
- May offer less accessibility for appointments.

Sources: David Sharar, John Pompe and Mark Attridge.