A STUDY OF THE NATURE, CONTENT, AND PROCESS OF EMPLOYEE ASSISTANCE PROGRAMS AT SELECTED HIGHER EDUCATION INSTITUTIONS

DISSERTATION

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The problem with which this study is concerned is to determine the extent to which American colleges and universities utilize employee assistance programs (EAPs) to overcome faculty and non-faculty staff members' personal, social, and medical problems. The purpose of this study is to assess the employee assistance programs at institutions that were involved in a related 1979 study conducted by the University of Missouri, Columbia.

This study reviews the content and process of the responding programs to determine the extent to which they provide for early recognition, treatment, and rehabilitation of employees for personal, social, and medical problems that potentially affect job performance. The direct outcome of this study is the development of an EAP model for use by higher education institutions.

Although 143 institutions of higher education were involved in the UMC study (to which questionnaires for this study were mailed), only 37 of the 79 responding institutions have a policy that addresses the health-related poor
performance of employees, and only 32 of these have established EAPs. The findings of this study, therefore, are not necessarily generalizable. On the basis of a literature review, certain findings of the UMC study, and survey responses, it appears that only a limited number of colleges and universities presently utilize the EAP concept.

The findings of this study appear to indicate that institutions of higher education are not yet convinced of the need for and value of employee assistance programs. They are lagging behind business and industry in their recognition of the degree to which employees' problems affect job performance.

The resulting model for developing an academic EAP carefully considers specific institutional characteristics. Beyond the review and determination of these factors, other critical ingredients of the model include policies (statement and confidentiality); procedures for referrals by management, family, peer, and self; administrative aspects; EAP employee education and training; resources; funding; and program evaluation.
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CHAPTER I

INTRODUCTION

Throughout the history of work in America there has been some concern about the maintenance of maximum worker performance and productivity in order to improve organizational effectiveness. Since the early 1940s corporate and industrial organizations have demonstrated their recognition of the impact of personal life problems—such as alcoholism, drug abuse, emotional distress, and other personal, social, and medical problems—on the struggle to keep the American worker performing at the highest possible level. In response to these problems occupational alcoholism programming emerged, which was originally designed to combat the crippling effects of alcoholism. At this point psychologists, medical practitioners, and social workers had established firm evidence relating the occurrence of alcoholism to the retardation of the individual's ability to perform as a member of a functioning family unit, a member of a worker unit, or as a responsible member of any other societal group.

The National Institute on Alcohol Abuse and Alcoholism reports that

Prior to 1939 there was little hope for the alcoholic worker. Alcoholics Anonymous (A.A.) was founded in 1935 by a New York stockbroker and an Akron, Ohio
physician. By 1939 there were 100 alcoholics maintaining sobriety because of their involvement in A.A. In 1941 the Saturday Evening Post published an article by Jack Alexander that received national attention. This marked the beginning of employee alcoholism programs (9, p. 4).

Among the first alcoholism programs established were those developed by companies like DuPont, Eastman Kodak, Burlington Northern Railroad, and Allis-Chalmers. Over time the field of occupational alcoholism programming underwent very deliberate but somewhat unstructured growth. Inconsistency in the structure and content of the programs adopted by companies was largely based on their appreciation for the problem of alcoholism, the way the problem was interpreted philosophically, and the particular approach toward providing remedies for the effects of the problem on the worker. Roman says,

...The so-called occupational alcoholism movement, which has most recently evolved into employee assistance programming, can be characterized as a rather unique intertwining of concepts of health, organizational management and labor relations. It subsumes a variety of notions, including what organizations should and should not do in regard to their members, of the appropriate responsibilities of the health care system versus those of work organizations, of the manner in which supervisors and subordinates relate to one another, and of the cooperation and conflict that may surface in relations between the interests of labor and management. At a macro-level, this movement represents a set of relationships between a segment of the health care system (alcoholism and mental health specialists) and, ideally, the entire spectrum of management and labor functionaries engaged in the sustenance activities of the total society (12, p. 16).
A review of the original focus of occupational programs shows that they almost singularly focused on alcoholism which had become a menacing problem adversely affecting worker and organizational effectiveness. Early programs functioned largely on a trial and error basis due to the absence of any experience with such programs. Their effectiveness was severely hampered because the society of the day approached alcoholism as being a moral problem and made any number of other similarly erroneous assumptions.

Occupational programming did not experience significant growth and change until the 1960s when the findings and conclusions of related medical and psychological research were more readily available. Major changes in program focus occurred when veterans from the Vietnam conflict began returning home and re-entered the workforce. Drug dependencies and hard additions were more distinct as were related psychological and emotional disturbances. When many companies realized that this set of problems could ultimately become a serious threat to their economic stability, they were moved to act; "for no society has developed a technology so encompassing in its ability to meet human needs as to obviate the requirements for human labor" (20, p. 31).

Statement of the Problem

The problem with which this study is concerned is the extent to which American colleges and universities utilize
employee assistance programs to overcome faculty and non-
faculty staff members' personal, social, and medical problems
(i.e., alcoholism and stress related illness).

Purpose of the Study

The general purpose of the study is to assess the
employee assistance programs at 164 institutions that were
involved in an earlier related study conducted by the
University of Missouri at Columbia (5). This study reviews
and assesses the natural content and functional process
of these programs and the extent to which they provide
for the early recognition, treatment, and rehabilitation
of faculty and non-faculty employees for personal, social,
and medical problems that adversely affect job performance.
Based on this information, a developmental model is con-
structed and presented for use by higher education institu-
tions that propose to offer such services.

Research Questions

To carry out the purposes of this study, answers are
sought to the following questions regarding the nature,
content, and process of employee assistance programs.

1. What are the legal or statutory factors setting
forth the impetus for establishing the employee assistance
program?

2. What is the nature and the scope of the operating
employee assistance program?
3. What are the operating policies governing program functioning?

4. What is the extent to which any existing network of service providers conforms to EAP services offered?

5. What type of measures are necessary for determining an employee's need for employee assistance services?

6. What types of training and/or preventive measures are utilized by the institution to enhance employee performance or productivity as related to the involvement of the employee assistance program?

7. What are the characteristics of the institutions under study?

8. How is the program effectiveness measured?

9. To what extent does the program protect user identities?

10. What are the criterion measures used to determine adequacy of faculty/non-faculty performance relative to EAP intervention?

Definition of Terms

The following terms are defined as they relate to this study.

1. Alcohol abuse or drug abuse prevention function mean any programs or activities relating to alcohol abuse or drug abuse education, training, treatment, rehabilitation, or research.
2. An alcoholic or problem drinker is a person whose chronic drinking interferes with job performance and other life processes.

3. Alcoholism is a chronic disease characterized by repeated excessive intake of alcohol which interferes with the individual's health, interpersonal relations, or economic functioning, ultimately leading to significant life problems. If untreated, alcoholism is progressive and fatal.

4. Alcoholism or problem drinking is the condition of a person whose chronic drinking interferes with job performance and physical, emotional and mental wellness.

5. Broadbrush is the approach to addressing multifaceted problem issues occurring in the workplace. The issues most often considered under this concept include alcohol abuse, alcoholism, other chemical dependencies, family relations problems, legal problems, emotional distress, financial problems, and physical health problems. The issues become a matter of concern when they adversely impact job performance.

6. Counseling and assistance are supervised or directed services designed to promote nonmedical health involving the employee, the employee's dependents, or social relationships or responsibilities.

7. Drug abuse or dependence is a health problem characterized by the use of or dependence on a drug in a manner or to a degree which interferes with the person's health, interpersonal relations, economic functioning, or social standing.
8. A **drug abuser** is a person who uses any drug substance not under the supervision of a medical doctor or in an excessive manner not prescribed.

9. **Emotional stress (distress)** is intrapersonal tension causing a disturbance in equilibrium which may lead to inefficient physical and/or emotional functioning.

10. **Employee Assistance Program (EAP)** is a program designed to aid employees with personal problems which include, but are not limited to, mental or physical health or health related problems, alcoholism, drug dependence, or other personal life situations that appear to have caused a deterioration in work performance.

11. **Formal policy** is a written statement of intent, direction, or philosophy adopted for the governance of an institution or organization.

12. **Occupational Alcoholism Program** is a structured program of assistance offered to employees identified as reflecting a deterioration in work performance due to problem drinking. A program of singular focus that have evolved into the broad brush employee assistance program (EAP).

13. **Problem employees** are those whose job history is characterized by absenteeism, tardiness, erratic productivity, or improper conduct on the job.

14. **Rehabilitation** is a period of enforced abstinence or therapeutic assistance during which the drug or alcohol abuser is directed toward achieving and maintaining a state
of chemical free functioning. Rehabilitation may consist of inpatient treatment only, outpatient treatment only, or a combination of both, either of which may be considered a part of the overall treatment process.

15. **Treatment modality** is the specific approach or prescribed method used for treating certain symptoms or illnesses.

16. **Troubled employee** is an employee with personal life problems that contribute to deteriorating job performance.

17. **Wellness** is a state of being that hormoniously blends physical strength, emotional stability and mental alertness which contributes to an experientially rich, productive lifestyle.

**Significance of the Study**

There is an increasing concern about the plight of the troubled employee in the post-secondary education setting. Among others, Roman (10,11) Scott (13) and Trice (16) report the urgency with which colleges and universities must move to implement a selected model of the employee assistance program (EAP) concept to provide services for recognition, treatment, and rehabilitation of faculty and non-faculty employees who exhibit problem behavior associated with declining work performance.

This study is significant in that it (a) identifies the operational status of employee assistance programs at selected
higher education institutions; (b) sets forth the philosophical and operational orientation of these respective programs; (c) identifies trends regarding the content, policy, and process of active employee assistance programs at these higher education institutions; (d) enhances the consciousness level of institutions that have expressed an interest in, but have not yet developed or implemented an employee assistance program; and (e) serves as a reference for institutions seeking assistance relative to the planning, development and implementation of an employee assistance program tailored to meet the needs of their institution.

This study differs from the 1979 University of Missouri study (5) in that the major thrust of the University of Missouri effort was to establish essential lines of communications between existing programs. This study seeks to link with the originally identified programs and to understand program trends and needs in order that appropriate types of assistance can be determined with respect to the planning, development, implementation, and evaluation of programs. The 164 institutions identified in the former study provide a contact base for the purpose of this study. The uppermost goal of this study is to develop a model that can use as a base the nature, content, and process of the programs from the original study along with subsequent programs identified by the University of Missouri.
Background of the Study

Our society traditionally views the problem employee or the problem drinker as one who closely resembles the "skid row" type. But research indicates that 95% of problem drinking individuals are gainfully employed and are socially stable. It has also been shown that, in addition to the fact that the life situations of problem employees adversely impact their job performance, their job conditions may also contribute to the drinking problems they encounter. Trice and Roman (17) add additional arguments that, in effect, contend that alcohol and other related addictive behaviors are used by employees as a means for coping with dissonance between their real levels of performance and abilities and their aspired to power and status.

The college professor is envied by members in other professions because of the relative lack of structure in the work environment of the college campus. The impact of the publish-or-perish pressure placed on tenure aspirants, plus the pressures of a career that is peaking as faced by professors with long-standing careers, nevertheless represent sources of very real pressures that exist in the college community. The 1982 Digest of Education Statistics produced by the National Center for Education Statistics (21), shows that in 1980-81 383,851 full-time instructional faculty were employed in two- and four-year higher education institutions. Although there is a virtual absence of data on the
scope of the problems of alcoholism, other chemical dependencies, or the impact of problem behaviors on the performance of these educators, approximately 23,000 of these teachers are alcoholics based on statistics produced from research by the National Council on Alcoholism (8).

Scott notes that

Studies of alcoholism-problem drinking among these professional educators have also been limited. An ERIC search in January 1974 at the Indiana University School of Education was conducted under search number 2008. The search printout listed only two titled studies, neither of which was useful to the research (13, p. 35).

Scott adds that "the first article on alcoholism in education to appear in an educational journal was published in The American School Board Journal in November, 1976" (13, p. 38).

Four of twenty-eight programs or workshops offered at the Seventh Annual Meeting of the Association of Labor-Management Administrators and Consultants on Alcoholism, Inc., (ALMACA), (1), focus on problem issues related to the implementation of employee assistance programs in the college and university setting. There appears to be agreement with Roman who says,

...Systematic attention to alcohol abuse and other personal problems affecting work performance among faculty and staff is a recent innovation in higher education. Since 1975, four National Conferences on this topic for college and university representatives have been held: attendance at these sessions indicates growing interest in programmatic strategies to deal with these programs (10, p. 135).
The Employee Assistance Program (EAP) is the most recent term used to identify the "broadbrush" program concept of structured services that are designed to provide corrective assistance for employees who encounter personal, social, legal, or medical problems that hinder their effective job performance. The original version of the EAP, the occupational alcoholism program was first developed in and for employees in industrial settings. As indicated in the works of Hellan (6), Holden (7), Stiteler (14), and Wells (19), there is strong historical evidence to support the contention that in any type of organization employing a large workforce there will be 10 percent of the workers who will be involved with one or some combination of social, emotional, or medical problems including alcohol abuse, alcoholism, dependence on prescribed or non-prescribed drugs, emotional distress, marital or family distress, or other such problems. Frequently employees are capable of confronting and resolving these problems before the problems produce a negative impact on their job performance. In other situations in which these life problems cannot be resolved by the employee, the result is work deterioration, excessive use of leave time, or absenteeism, which invariably results in termination and which is a loss to both employee and the organization.

The performance efficiency and productivity of the post-secondary education institution relies on the quality
of the institution's faculty and staff and on the general
physical and emotional wellbeing of faculty and staff. Although these concerns are becoming more prominent in post-secondary education, such problems have been dealt with by business and industrial organizations since the early 1900s. Post-secondary education, as an industry, is only just beginning to profit from the accomplishments of the use of the EAP by industry to safeguard the full functioning of their employees.

As in other functioning business organizations, the human element in post-secondary education is the industry's most important resource. Faculty and non-faculty employees of the post-secondary education industry are subject to the same problems (such as alcoholism, drug dependence, emotional distress) as are employees in other industries. Statistics reported by the National Institute of Alcoholism and Alcohol Abuse (NIAAA) (9) indicate that nearly nine million adult men and women are inclined toward alcoholic behavior. The NIAAA further states that at least 6 per cent of the American workforce (which includes all industries including post-secondary education) are alcoholic.

The annual financial losses to businesses due to alcoholism are phenomenal—estimated at $31.4 billion. These losses, estimated by Berry and Boland (3), are reported as lost production, $14.8 billion; health care,
$8.2 billion; motor vehicle accidents, $4.6 billion; fire losses, $270 million; violent crime, $1.4 billion; the criminal justice system, $529 million; and $1.6 billion to miscellaneous causes of a related nature. These researchers further indicate that "the effects of family anguish, physical and emotional illness, and suicide are not, as yet measurable" (3, p. 11). Statistics of this magnitude point to the direct imperative that colleges and universities (in line with industry's response) step up their efforts to establish every feasible programmatic development to promote and preserve the holistic wellness of the human resource in order to contribute to their enhanced performance capability.

The liberal social environment on the American college or university campus fosters experimentation (non-scientific as well as scientific) with alcohol use, recreational drug use, a wide variety of approaches to marital and interpersonal relationships, and the creation of a vast number of consciousness-altering practices. These social behaviors tend to affect personal emotional health and stability. The magnitude of the related problem becomes virtually insurmountable due to individual and group denial. Denial systems appear in the form of covering up the problem.

In his study of the problem, Scott indicates that Covering up has been shown to be a common on-the-job behavior of problem drinkers (Trice, 1962).

In his report of two studies, Trice (1962)
identified those typical behaviors: first, no cover-up of any kind; second, self cover-up; and third, cover-up by work associates. Results of both studies were almost identical. Just over forty percent of the subjects reported self cover-up; about twenty percent, no cover-up at all; and thirty-six percent reported cover-up work associates (e.g., immediate supervisors, peers and subordinates). Further analysis was made of cover-up actions in relation to three factors: occupational type, amount of job freedom, and off-the-job drinking.

At one level of the study (questionnaire) occupational type did not show a relationship, but at the interview level of the study, self cover-up generally showed a relationship to occupational level for high-status alcoholics. This was attributed often to the freedom from close supervision; reliance on work associates for cover-up was unnecessary. The analysis of amount of job freedom confirmed this trend.... High status drinkers studied received assistance from peers and supervisors. Stamps (1965) also found that job freedom was associated with cover-up and, in particular, that problem drinkers with greater freedom from supervision came to work while those with less freedom on the job and with closer supervision were absent (13, pp. 28-29).

With such openness and freedom in the environment, situations get out of control and contribute to problem behavior that may become destructive to the individual. Specifically, problems related to abusive drinking and drug use tend to be issues of primary concern. Research shows that these two behaviors are frequently utilized in some fashion as mechanisms for coping with other personal problems that include general anxiety, stress related to personal job situations, stress related to interpersonal relations difficulties not directly associated with the job, and a myriad of other personal, interpersonal, and intrapersonal conflicts that individuals may face.
In 1978, the Addiction Research Foundation of Ontario, Hamilton, Ontario, Canada, conducted a study that is described by Bennett (2). The paper identifies the success-enhancing characteristics of the employee assistance programs that were studied. These characteristics include (a) a written policy, (b) clear procedures, (c) top management endorsement, (d) union executive endorsement, (e) joint union-management committee, (f) management and supervisory education, (g) union executive and steward education, (h) employee and family education, (i) good communication at all levels, (j) an active committed coordinator, (k) informal and/or formal counselors, (l) active in-house health services, (m) active AA involvement, (n) backup residential treatment center, (o) good liaison with community services, and (p) periodic program assessment and update (2, pp. 72-73).

Although these listed characteristics are based on the content and structure of EAPs in industry or other settings, certain selective factors appear to contribute as well to the success of EAPs in higher education. Thoreson (15, pp. 176-177) describes the EAP at the University of Missouri, Columbia (5) and highlights several of the success-enhancing characteristics in that program that are also identified in the Addiction Research Foundation Study (2). The particular characteristics of the University of Missouri, Columbia, program include (a) a written policy, (b) a determined set of procedures, (c) endorsement by the Chief Administrative Officer, (d) an active education and preventive component,
(e) a broad communication base, (f) support from total health care systems, and (g) periodic program assessment (15).

A major element of the success of the University of Missouri, Columbia's (5) is its prevention orientation. This model recognizes the competition within the academic community and the competence needs of individual professors as having potential for either facilitation or decline of job performance.

Discussing the identification of the problem teacher with an alcohol dependency, Scott says,

There are rather obvious traits that little attention was given such as: 1) chronic lateness or early departures; 2) 'instant' excuses for numerous absences, e.g., headaches, toothaches; 3) constant use of 'problems at home' to explain away poor classroom preparation or other instruction problems (13, p. 38).

Roman also notes that

Very much unlike blue-collar settings the measurement of job performance among university faculty persists as a major problem; this issue generates much discussion and suggestion, but few clear-cut resolutions. Judgements of degrees of productivity and creativity do not readily level themselves to ordinal scaling. Further, the measurement of teaching effectiveness remains totally unclear, likely because of an absence of clear-cut goals for teaching outcomes. Under such circumstances the documentation and measurement of deteriorating performance of a faculty member could rest only upon blatant indicators such as repeated absence from class or specific deviant behavior in the presence of students or other faculty. . . . Thus, to attempt implementation that is visible and can be documented, as is advocated for most other work settings, is inappropriate for reaching college and university faculty because of performance measurement problems (10, p. 143).
Such an atmosphere, given the low supervision and low visibility of faculty, makes them primary candidates for ongoing problematic drinking without quick and decisive intervention (15, p. 177).

Braunstein (4) discusses several particular facets of EAP delivery methodologies taken from the traditional industrial model that can be modified to meet the unique needs found in the ecological system of the university setting. Braunstein believes, as do Trice and Roman, that "This lack of application for managerial employees is magnified by the low supervision and low visibility of faculty job performance" (17, p. 110). In the industrial organization, "the work setting is compatible with early identification efforts based on documentation of impaired job performance which leads to a supervisory confrontation" (11, p. 328). Braunstein (4), Roman (10, 12), Trice and Roman (17) and Von Wiegand (18) are very direct to point out that the problem of visibility and the observation of performance deterioration is an extremely crucial factor in the attempt at providing a means for restoring and maintaining healthy and productively functioning employees in the higher education setting.

Organization of the Study

Chapter I presents the problem, purposes, definitions, and significance of the study. Chapter II is a review of
the relevant literature, and Chapter III discusses the procedures for data collection. Chapter IV presents the statistical data and data findings. The conclusions, implications, and recommendations for future research are presented in Chapter V.
CHAPTER BIBLIOGRAPHY


CHAPTER II

REVIEW OF THE RELATED LITERATURE

Introduction

The literature review for this study pertains to the overall area of employee assistance programming. The review includes a section on employee assistance program applications that focuses on the development of the concept and its use in a business or industrial setting. This review of the literature also focuses on the recent relevant research available to support the theoretical and pragmatic development and use of the employee assistance concept in higher education institutions.

Employee Assistance Program Applications in Business and Industry

The research done in this category reflects the experience of various industries in their utilization of the employee assistance concept to address drinking and non-drinking problem behavior as an adverse impact on declining job performance. Many research reports reveal that employee assistance programs are being used in business, industry, and government.

Roman and Thomas (19) state that employee assistance or occupational alcoholism programs have grown rapidly.
The growth is indicated by the number of program efforts shown in various surveys, the growth in membership of the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA), and the surveys at Tulane University on occupational program consultants. They point out that the rapid growth in program activity inevitably has produced problems associated with development, implementation, and the counseling and treatment service that make it possible for clients to return to full job performance.

Roman and Thomas (19) believe that these potential problem areas are best addressed by appropriately defining the scope and process of the program according to the specific work organization. They state that although current data is inadequate to define what constitutes an adequate program for a specific organizational setting, they add that the adequacy of a work-based employee alcoholism program can be what the decision makers want it to be. While there is little uniformity in the content of successful programs, employee education is an ingredient that is consistently present in successful programs. Other structural ingredients that appear to be crucial to successful programs include (a) written policy, (b) written procedures, (c) inpatient insurance coverage, (d) outpatient insurance coverage, (e) assurance of confidentiality, (f) supervisory training, (g) management orientation, (h) employee education (i) access of dependents, and (j) a twenty-four hour hotline.
Holden (9) considers that the development of alcoholism programs in government and industry is a giant stride in the history of preventive medicine. Aside from the introduction of the occupational alcoholism program, she notes that there have been no other dramatic breakthroughs in the treatment of alcoholism. The National Institute of Alcoholism and Alcohol Abuse was instrumental in changing the perception of the alcoholic personality from the skid row image to one that includes neighbors and coworkers. Holden suggests that although industry is paranoid about conveying the wrong connotations about alcoholic stigma, this is gradually being overcome because of the success documented by numerous organizations (e.g., General Motors, Merill Lynch, the United Auto Workers, DuPont, and Eastman Kodak) after each implemented some type of employee or member occupational alcoholism program. While these programs primarily focus on alcoholism, they also address other problems including marital and family relations, financial planning, job dissatisfaction, emotional problems, and physical and emotional illnesses.

Despite the fact that such programs are reporting 60 to 80 per cent success rates, Holden says that other companies remain reluctant to get involved with such programs. The reluctance is apparently a translation of the fear that an
organized, visible program may be construed as evidence that a massive alcoholism problem exists within the organization (9).

Henderson and Bacon (7) discussed the features of the renowned Yale Plan. Components of the plan include development of an educational and prevention component and establishment of an in-house treatment facility or, alternatively, the development of a referral system. Application of the procedure is limited to employees whose work performance is impaired by alcohol abuse.

Henderson (8) proposes a uniform drug-abuse policy for organizational employees. The policy, which is modeled on recommendations made by the National Council of Alcoholism, Inc., deals with alcoholism as an element of drug abuse. The policy pertains to employees who desire to correct their job performance but who need professional assistance that is not available within the organization.

Levens (12) reports that, according to statistics generated by the National Institute of Alcohol Abuse and Alcoholism (NIAAA), over two-thirds of the adult population of the United States drink alcohol at least on an occasional basis; approximately 10 per cent of the adult drinking population are problem drinking and nearly half of the problem drinkers are considered alcoholic; nearly 5 per cent of the United States workforce is comprised of alcoholic men and
women. Levens indicates that most of the 400 to 500 programs are considered to be Employee Assistance Programs to avoid stigmatizing the alcoholic employee and to increase the involvement of other employees who exhibit problem behavior. The cost-benefits and the cost-effectiveness of the program efforts are key concerns. Improvement of employees who access program services is a very important measure. The criterion for success is identified when the employee establishes a good family life, work record, and respectable position in the community, and is capable of controlling his drinking behavior. A 60 per cent success rate is a standard for program success. Focus is given to the programs of (a) duPont, (b) 3M, (c) American Cyanamide (d), and others that have a 60-80 per cent success rate. Improvements in work performance and decrease in wage loss (pre and post) are identified. Levens concludes that (a) employees can expect an acceptable rate of return on their investment of resources in the program; (b) programs can achieve success rates that range from 60 to 80 per cent at nominal cost relative to potential loss; and (c) the cost effectiveness of the program is improved when the broadbrush concept of the EAP is used (12).

Wrich (30) discusses the background and the current growth rate of employee assistance programs in major corporations. He elaborates on the inherent value of the EAP contrasted to the special focus occupational program. The
author also discusses the elements of a viable program, program implementation procedures, and associated cost factors.

Wrich (30) explains the elements of an effective program and adds that assessment and referral are the critical links between the troubled employee and the service necessary for remediating the problem situation; the specialist must be trained in order to assess the problem and refer appropriately. The process includes an intake interview, referral and, once assessment is completed, follow-up and coordination of the benefits package. He adds that the other crucial element of the program is confidentiality. The issue is concerned not only with compliance with federal statutes but also with provision of some element of protection against the social stigma associated with the alcoholic or other personal problems addressed by the program.

Wrich (30) says that the major outline of procedures for implementing the EAP are (a) the official who has the authority to decide about the program's existence, (b) the program focus, (c) the inventory of available service providers, (d) the standards by which services will be provided, and (e) other policymaking and procedural responsibility assignments. These elements, according to Wrich, are proven to have positive impact on the effectiveness of EAPs.
The discussion of cost factors includes the costs for (a) program development, (b) formal program administration, and (c) other ongoing benefits costs. Wrich (30) also identifies the need to establish process and outcome goals to evaluate the effectiveness of the program.

Sadler and Horst (20) pointed out in 1972 that there was a relative scarcity of occupational alcoholism programs in firms large enough to support the programs. A model program designed to detect and rehabilitate employees with alcohol related problems is described as including (a) company commitment, (b) distribution of information to employees, (c) training of supervisors and managers, (d) identification of treatment resources, and (e) follow-up procedures such as record-keeping and periodic evaluation.

Trice (23) encourages the use of the broadbrush approach to programming to respond to the needs of troubled employees. Trice, who examines the strengths and weaknesses of the approach, points out that the broadbrush program is most effective in organizations that have access to treatment facilities that offer a comprehensive range of counseling services.

Von Wiegand (28) reports on the history of the National Council on Alcoholism's involvement in occupational programming. The author recommends an approach to occupational programming that is based on labor management cooperation.
This approach involves (a) a responsibility for supervisor's evaluating performance, (b) the necessity for improving supervisory skills, (c) adopting the program's identification procedures to problems other than alcoholism, (d) improving labor management relationships, and (e) improving employee attitudes. The labor-management cooperative approach reportedly contributes to reducing alcohol-related problems in the workplace.

Weaver (29) presents a strategy for designing employee assistance programs that focuses on reducing preventable loss that is attributable to troubled employees. In addition, this strategy is effective in complying with the federal statutes that protect the rights of "qualified handicapped" workers. The definition applies to individuals whose major life activities are affected by alcoholism and other drug addictions.

Employee Assistance Programs in Higher Education

The literature presented in this section reflects the use of the employee assistance program concept and the unique ways in which programs are modified from the original industrial model to meet the needs of the college or university environment. The recent literature reviewed in this section points to specific areas where substantial change is required to address the needs of certain employees in the
higher education setting, and it focuses on the unique problem areas that must be addressed to be successful.

Thoreson (25) describes the design and strategy for employee assistance program implementation. The author's model is intended for use in settings that involve low supervision and low visibility such as with faculty in a college or university.

Koumans and Fleming (11) describe the formation and subsequent function of a broad-based planning group to combat diminished work effectiveness of employees at the Massachusetts Institute of Technology due to alcoholism, family problems, drug use, etc. They point out that the efforts of the committee evolved into the implementation of the Institute Personal Assistance Program for troubled employees. The effectiveness of the program was based on an early-stage recognition and referral of troubled employees. During the first six months of the program, implementation of an initial loading effect occurred due to there having been no previous such program available to the employees. There were 95 employees to access program services during the first year with 77 employees still employed and 18 that were either voluntarily or involuntarily separated from the university.

Koumans and Fleming (11) suggest that without the help of the program, M.I.T. would have lost the majority of the productive individuals as well as the years of investment
in their training. They also point out that the cost of the program is returned to MIT many times over by employees who are retained in satisfactory employment, diminished medical expenses, and diminished time lost due to accidents. They state that this tends to confirm the experience gained in the programs of other large organizations and should encourage continued support in this direction.

Madsen (13) addresses the task of delivery of employee assistance program services to faculty members in a higher education setting. He criticizes the approaches traditionally taken to accomplish this feat as being insensitive and inaccurate because of the unique sociocultural context of the college or university. Madsen addresses the fact that the university, like society at large, is currently impacted by a shifting culture system. This change, which attacks the social ritualistic nature of the college setting, creates definite negative aspects for the possibility for success of the EAP or alcoholism program which are designed to help faculty. He adds that various disciplines accept alcoholic behavior and alcoholism differently. The key to the success of the EAP is to sell the realities of the disease concept of alcoholism to the academic community.

Madsen states that the most acceptable approach to selling the faculty is through professional organizations that have the attention, loyalty, and respect of the faculty. This approach is most effective when it illustrates broadbased
issues as they are impacted by alcoholism and other problem behavior.

Thoreson and others (27) undertook a research project to determine the effectiveness of the EAP model used in industry to combat declining job performance through the development of an intervention model to facilitate the referral of university faculty and staff who encounter deteriorating job performance due to personal problems. A major goal of the study was to bridge the gap between the structured work environment found in the industrial setting and the unstructured environment characteristic of the higher education setting. The modified delivery model utilizes the early intervention of the industrial model and adds a developmental prevention component to facilitate intervention and service to people in less structured faculty positions.

The model that emphasizes self referrals, and which uses tripartite prevention strategies and multiple avenues for referral, was found to be most effective in the referral of faculty employees. The traditional industrial model was found to be most effective with non-academic, non-exempt staff. It was determined that the project was cost-effective by virtue of estimated savings based on self-reported increases in job effectiveness after EAP intervention and treatment and by a recognizable decrease in health benefits experience after client treatment (27).
Thoreson, Hosokawa, and Talcott (26) discuss the employee assistance program developed at the University of Missouri, Columbia (UMC). The program was designed to provide assistance to faculty and staff who suffer from alcohol abuse, marital, or financial problems that interfere with job performance. They point out that the model implemented at UMC was modified to adapt to the unique characteristics of both the university environment and the professional-executive employee in academe. The model emphasizes primary, secondary, as well as traditional tertiary prevention, and provides an effective mechanism for reaching both distressed faculty and staff, especially those with alcohol problems. The success of the program is based on its emphasis on self-referral and quick and confidential service by support systems in the community that result in individual and institutional enhancement.

Hosokawa (10) discusses the uniqueness of the horizontal administrative structure of the higher education setting. She points out that this unique structural arrangement, coupled with diverse work values among sub-populations of employees and the wide variance in policies and procedures impacting different employee groups (faculty vs. staff), requires very careful attention in the development of an employee assistance program. Caution must be exerted in the planning, implementation, and maintenance stages of the program's life.
Paul (15) cites data which indicate that 25 per cent of Americans suffer from severe emotional stress. Nearly 15 per cent of that group needs treatment for emotional stress and 67 per cent need treatment for alcohol and drug problems. He adds that approximately 10 to 15 per cent of the workforce are impacted by personal problems to the extent that job performance is adversely affected. Paul estimates that 6 per cent of the troubled employees suffer from alcohol and drug problems, and approximately 80 per cent of this group have experienced occupational accidents and employee firings.

The general growth in EAPs in all industries, and the growth in EAPs in higher education settings specifically is noted by Paul as a response to the increased human cost in these organizations. Employee assistance programs are considered employee management systems that facilitate the identification of troubled employees and encourage them to get the assistance needed to correct their problem behavior and improve performance at work. Paul points out that programs are largely special focus, such as an alcoholism, or they are broadbrush, which approach a broad range of problems. The broadbrush program has shown a 6 to 1 cost-benefit-success ratio for some programs in the business setting. The author states that data is not as readily available about EAPs in the higher education setting. Two higher
education programs, the University of Missouri, Columbia, and the Rochester Institute of Technology programs have well-documented experience records that show dramatic cost savings in total dollar amounts saved and improvements in employee behaviors (15).

Talcott and Thoreson (22) refer to the EAP as a means to assess and refer employees who suffer persistent problems that impede their job performance. Although the program originated in the private industrial setting, it is effective at reaching university employees who have alcohol problems. The maximum effectiveness of the EAP in a loosely structured professional white-collar setting, such as the college or university, is brought about by allowing for self-initiated referrals. To be successful, outreach efforts must be tailored to the unique needs and issues of occupational groups and to the external events that impact the workplace.

Pascoe (14) discusses the special evaluation issues involved in measuring the success of the employee assistance program in a large university setting. The author focuses on the levels of program activities, the stability of the organizational system, the effectiveness of training and education about services available to potential users, the direct contributions faculty members make to the success of the program, and the quantity and quality of data collected and appropriately shared.
Thoreson (24) outlines the keys to successful implementation of an EAP in academia. The two major areas of concern that must be concentrated on to enhance the success of a program are (1) factors that may limit program success in the academic community (such as (a) the lack of objective performance standards, (b) the limited social distance between deans and other supervisors and the faculty members they supervise, and (c) social control which calls for rewarding prudent behavior and punishing inappropriate behavior); (2) characteristics of the academic setting that block identifying and treating troubled employees (such as (a) low visibility and unstructured supervision, (b) myths about academics that set them apart from the problems that impact mortals (c) quasi-identured status with a cap on upward promotion opportunities for academic and non-academic professionals, (d) colleagueal relations in work units that foster close informal relations between supervisors and the faculty they manage, (e) tenure which effectively removes the motivation to improve job performance or face a threat of job loss as proposed in the industrial model, (f) a stable workforce that is fraught with frustration from salary and status erosion, and (g) a group of academics who are facing advancing age).

Thoreson (24) indicates that several unwritten rules that also prevent successful intervention are (a) inappropriately applying principles of academic freedom to performance standards, (b) vague job descriptions, (c) avoidance
of cost effective management concepts, and (d) respect for the person. Several considerations recommended by Thoreson for setting up a successful program are (a) there must be provision for direct referral resources, (b) faculty development concepts must be used as part of the positive intervention strategy, (c) the EAP must be presented as a consulting process to faculty, (d) the attitudes of practicing alcoholics are basic to academics and are applauded in the academic setting. The EAP required for the academic setting includes an approach that serves academic and non-academic employees with an instructive, creative, employee-oriented confrontation process.

Roman (17) defines employee assistance and alcoholism programs as efforts to identify and provide assistance to employees whose job performance shows a pattern of deterioration. The author warns that caution must be taken to safeguard against risks associated with the referral of employees to external treatment organizations where professional qualification standards are minimal or non-existant. Roman states, in essence, that treatment by such agencies can increase the risk of damage to the self-concept and the self-worth of the employee. Due to this concern and the concern for avoiding related legal liabilities for confidentiality in the treatment process, it is critically important for the employee to participate in the decisions
about dealing with his developing pattern of job deterioration. Roman says that additional research is required to determine the structure and function of the EAP in the college or university setting.

Donovan (5) points out that discussion of the issues that surround the successful implementation of EAPs in a higher education setting requires that three major issues be stressed. These are (a) adapting existing program models to a specific campus setting, (b) the emphasis and the openness that alcohol problems receive, and (c) the problem of reaching troubled faculty. He says that it is very important to adapt a particular program model to the campus to be served. This means that particular academic and non-academic departments must be considered when setting program policy.

Donovan states, in essence, that he feels strongly that problem behavior, particularly alcoholic behavior, must be promptly addressed in the academic setting. When formulating program policy and the language used in the program, it is important to be sensitive to the fact that faculty do not perceive themselves to be employees of the institutions. To overcome potential barriers in this regard, the group in which the faculty member works should be viewed as a family unit when setting the tone for confronting problem behavior. This approach should be used to encourage a department head
or dean to fulfill this part of their responsibility vigorously.

According to Donovan (5), education and prevention are critical to the success of the program. To enhance program success, information must be provided to individuals and groups from whom the troubled employee can likely receive assistance.

Roman (18) criticizes the current approaches taken regarding the implementation of the broadbased employee assistance programs. The author suggests that professionals in the field of occupational programming are concerned that the broadbased approach diffuses the emphasis on alcohol and alcoholic behavior while the reality of the problem has not changed as much. He says that the issues should be obvious, and that if such programming is to be most effective, the focus of the broadbased EAP must also sustain the attention to alcohol problems.

Roman discussed four EAP strategies, two of which have been implemented in higher education settings, pointing out the variability of the programs. He adds, however, that program strategies appear directly related to the type of attitude change that occurs during various program development periods. This allows program emphasis to shift from alcoholism focus to broadbased focus and back, depending upon the needs of the organization. He states that academicians
appear more receptive to the broadbased approach. The work-based isolation experienced by the academic professional, the absence of specific differentiation of the supervisory role, and the implications of high role stress vis-a-vis job burnout, contribute to the acceptability of the broad-base employee assistance approach in the higher education setting as opposed to the central focus alcoholism program.

Roman (18) clearly points to the dangers of accepting and reacting to the prevalence of other problems in the higher education setting, thus destigmatizing alcoholic behavior. This points to the historic problem of society and its institutions in dealing with the problems of alcohol. While there are no clear cut strategies for addressing the needs of the alcoholic professional, the attention to the problem must be maintained. If the personal pathology involving alcoholic behavior among the academic professional is to be controlled, considerable intellectual innovation will be required to destroy the prevailing myths and to plan programs accordingly.

Roman (16) is critical of the bureaucratic nature of the programming concept applied to the EAP in colleges and universities as a hindrance to potential success. He points out that the high visibility which the program classification affords to services in the higher education setting, and the competition for power and control between the academics
and the administrators, create a climate that does not support the EAP. In addition, the changes currently experienced by colleges and universities cause a competition for operating funds among existing curricular structures, which in turn has a developing impact on academicians that results in an unfriendly regard for the employee assistance program. Roman points out that a new set of attitudes pervading the higher education institution are largely due to the partial transformation of the university from a closed community to a service delivery system. He adds that all these are reasons for gloom and create an inhospitable environment for and undermine the viability of employee assistance programming.

To improve the chance for success of the EAP, it is imperative that precise goals for EAP achievement be developed. Roman indicates that since the original intent of the EAP is to improve performance, and if the institution is void of a faculty leadership base regarding the performance issue, the success of the EAP is limited. A direct attempt should be made to give a definite stake in the development and administration of the program. The EAP in the higher education setting must be organizationally based with a strong occupational orientation specific to the academic (16).

Baxter (1) describes the University Personnel Counseling Service (UPCS) at Rutgers University in 1974 as one of the
first employee counseling services in a major American university. The program is seen as an attempt to humanize the work environment and to increase the emphasis on administrative efficiency, fiscal responsibility, and productivity.

Baxter (1) discusses case finding methods, available treatment services and training programs offered via the UPCS. From September 1, 1974, to June 30, 1976, 340 people used the UPCS; 251 employees were served by intake interview and a brief period of counseling; 89 employees were served indirectly through consultation services with their supervisors. Of the 340 employees to access the program, 18 per cent were faculty, 49 per cent were staff, 22 per cent were family members, and 10 per cent were administrative and professional workers. Categories of problems treated are alcohol related (21%); job related (19%); marital (19%); personal adjustment (18%); other family (17%); health related (3%); financial, legal and housing (3%); and drug related (1%).

Baxter (1) points out that the cost benefit analysis demonstrates clear economic justification for the Personnel Counseling Service. The savings from reduced absenteeism are significantly higher than the cost of the program.

Sherman (21) discusses the problems associated with developing programs to serve high-status and high-position employees in business and private industry, government, organized labor, the military, and in academia. He addresses the four areas where alcoholic behavior occurs—(a) the self,
Sherman points out that current job-based programs are still not sensitive enough to reach troubled employees until they are in the more advanced stages of their problem behavior. He states that "most programs focus on performance factors such as absenteeism, lateness, grievances, interpersonal problems, quantity of work, quality of work, and attitude" (22, p. 6). These factors may reflect the performance of lower-level employees, but they will not adequately reflect the performance of the executive-level employee. Identifying the high-status and high-position problem employees in the stated settings, particularly academia, is extremely difficult due to the conspiracy of silence that is forged and the barrier resulting from the traditional stigmatization.

Sherman recommends five points for establishing EAPs for this critical group.

1. The program must have a strong educational orientation;

2. Training should be devised to aid the supervisor of this target group to know how to recognize an employee encountering problems;

3. The program must clearly state its commitment to confidentiality;

4. There must be a clearly defined process for motivating an employee to seek assistance; and
5. With a broadbrush, EAP approach, there is greater probability of reaching troubled employees at earlier stages. (20, p. 8).

Coleman and Hosokawa (4) point out the historical significance of the role played by advisory groups used in a broad range of organizational settings. The need for the insightful contributions made by advisory groups is a definite need for the higher education institution involved in various stages of implementing employee assistance programs. The authors present an array of strengths and weaknesses—promises and pitfalls—that contribute to the success or failure of the implementation of the EAP by the advisory group.

Considerations are provided by the authors regarding the selection and composition of the EAP advisory group, the role and function of the group, and the relationships between the advisory group and implementation and evolution of the program. It is suggested that an advisory group can be extremely influential in the success of the EAP experience in the higher education setting if properly engineered.

Summary

Since 1977 the most prominent single source of research information about the use of employee assistance programs in the higher education setting has been information disseminated by the University of Missouri, Columbia, program staff.
The UMC staff, with the aid of grants from the National Institute of Alcoholism and Alcohol Abuse (NIAAA), has conducted an Annual Conference on Employee Assistance Programs In Higher Education at several locations across the United States. Social scientists were invited to present research papers covering a wide range of topics that impact the field of employee assistance programming as it relates to the higher education setting. The conferences have yielded a broad base of knowledge in the field, and they have also encouraged additional research.

It is for these reasons of credibility that a significant number of entries in this review of the related literature have as their source the conference proceedings of the two most recent conferences on Employee Assistance Programs In Higher Education.

The review of the related literature presented in this chapter is not intended to represent all the research conducted and reported on the subject of this study. However, it does reflect the critical studies reported that communicate the major developments in the field of employee assistance programming that have evolved into the state-of-the-art of special services programming for employees at higher-education institutions. The efforts set forth in this chapter identified the historical perspective of occupational programming as it originated with a singular alcohol focus in the industrial
setting during the 1940s through the 1960s. The change in focus from occupational alcoholism to the multiple focus employee assistance program concept grew out of the needs of business and industrial organizations during the late 1960s and throughout the 1970s. The chapter highlights the current issues, primarily philosophical in nature, that question program intent and the services provided based on the nature of the contemporary business and industrial organization and its employees. Finally, the chapter presents a perspective on the introduction of the occupational programming concept to the higher education setting. It traces the steps in the development of the concept for application with college or university faculty and nonfaculty employees. The critical issues are explored that impact the application and effectiveness of employee assistance programs in such a unique socio-cultural setting, which involves a human dynamic very different from the set of dynamics found in the organizational settings in which the concept of programming originated.

Additional References Regarding Employee Assistance Program Applications In Business and Industry

The research items presented in this section are provided to add support to the first section of the review of related literature. The reports reflect contemporary concerns in the field of employee assistance programming.
Belohlav and Popp (2) indicate that substance abuse, in the form of alcohol and drugs, are serious social, economic and medical concerns that adversely impact a wide variety of professional and social groups in contemporary society. The abuse of alcohol and drugs represents an increasingly larger cost to business and industrial work system. The associated cost factors include decreased productivity, medical and health costs, absenteeism, overtime pay, impaired morale, turnover, and a myriad of other related components.

The problem may be minimized or it may continue to flourish within the organization due to the attitude that management has regarding the prevailing set of problem issues. The most productive manner of handling the situation requires that management assume a direct approach to establishing a substance abuse policy, educating the employees and supervisors about the extent and impact of the substance abuse problem, and acknowledging the consequences of related federal legislation impacting alcohol and drug abuse such as Section 504 of the 1973 Rehabilitation Act. It is necessary that the planning, development and implementation of policies and procedures affecting all personnel actions reflect the immediate concern for controlling and minimizing the impact of substance abuse on the productivity of the organization.

Hall and Fletcher (6) address the importance of the availability of a program designed to address problem behavior and improve the quality of work life of the employees in an
organization. The authors discuss the programming concept used by Control Data Limited in its international organization. After reviewing the results of a survey investigation the program model and implementing methodology were selected. It was pointed out that the program held five guiding principles: (a) to be effective, the program must be organized to reflect independence from other company functions; (b) employees must trust that use of the program is treated with utmost confidentiality; (c) the services offered by the program should be available on a 24-hour, seven day a week basis; (d) employees feel the need to seek assistance on a wide range of personal or job related problems; and (e) it is important that employees feel free to use the services voluntarily and at no cost.

It is most appropriate that marketing the program appropriately address the benefits afforded by the program.

Bensinger (3) discusses the prevailing problem of drug abuse in the workplace as a direct correlation with the impact of the issue on the broader community. It is pointed out that if direct attention is not directed in controlling the problem, it may flourish and destroy the productivity and overall health of the organization. The author states that it is incumbent upon the organizational leadership to establish and clearly communicate a policy that firmly condemns the use or possession of drugs in the workplace. He adds that to be effective, the policy must be enforced.
consistently and directly coordinated with the company's grievance procedure. To eliminate the problem the leadership of the organization must act immediately and deliberately.
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CHAPTER III

PROCEDURES FOR DATA COLLECTION

Introduction

The selected higher education institutions involved in this study include the 164 institutions that were identified in the earlier research effort done by the University of Missouri, Columbia staff (2). Also included in this study is a group of colleges and universities that have formally inquired about or taken steps to establish employee assistance programs (EAPs) in whole or in part at their institution. To gather appropriate data, the descriptive survey method utilizing the questionnaire approach was used. The method is based on the availability of information that directly responds to the research questions listed in Chapter I of this study. As noted by Kerlinger, "survey research is probably best adopted to obtaining personal and social facts, beliefs, and attitudes" (3, p. 422). Fox states that

in educational research there are two conditions which occurring together suggest and justify the descriptive survey: first, that there is an absence of information about a problem of educational significance, and, second, that the situations which could generate that information do exist and are accessible to the researcher (1, p. 424).
The review of the literature shows that there is limited information available related to EAPS in colleges and universities, which meets the terms of Fox's (3) first condition. The terms of Fox's second condition are also met in that the situation exists that will allow the researcher to access existing information.

Design of the Survey Instrument

The first step in the data collection process was to construct a survey instrument to gather information from the selected higher education institutions participating in the study. Program elements to be assessed were determined to be (a) institutional characteristics, (b) program's location, method of financing, and administrative characteristics, (c) services offered, (d) program's administrative process, (e) methods of program evaluation and reporting, and (f) related concerns and comments.

To establish a research base for this study and the construction of the survey instrument, consultations were held with current practitioners and educators in the fields of alcoholism counseling, occupational or employee assistance programming, clinical and counseling psychology, medical doctors, and rehabilitation specialists. The instrument was then designed to secure data to answer each of the research questions listed in Chapter I of this study.
The next step was to test the instrument for content validity. A panel of eight reviewers was consulted to establish the validity of the items to be included in the questionnaire. The reviewers were selected on the basis of their recognized knowledge, competence, and practical contributions to the field related to occupational or employee assistance program development, implementation, consultation, or program theory. Each of the reviewers was requested to evaluate the items of the questionnaire in terms of (a) clarity, (b) appropriateness, (c) language usage, (d) overall logic in the instrument design, and (e) relationship to practical application.

The eight member review panel includes the following individuals.

1. Joe Moore, Director of the Employee Assistance Program, Tarrant Council on Alcoholism and Drug Abuse;
2. Michael Glick, Director of the Methodone Treatment Program, Texas Department of Mental Health, Mental Retardation Center, Dallas;
3. Vic Shaw, Director of the Addiction Treatment Center, Hurst-Buless-Bedford Hospital;
4. George Lewis, Director of the Alcohol Education Program, Southern Methodist University;
5. Marion Metivier, Director of the Employee Assistance Program, University of New Mexico;
6. Kim Wilson, President of the American Wellness Company;

7. Betty Pascoe Hosokawa, Director of the Employee Assistance Program, University of Missouri, Columbia; and

8. Paul M. Roman, widely published author, clinician, and Favrot Professor of Human Relations, Department of Sociology, Tulane University.

Both a letter introducing the study and the questionnaire were mailed to each reviewer. All reviewers were asked to respond to the items of the questionnaire by stating whether they thought each item was valid for use in the study, item intent was clear, the questionnaire was comprehensively appropriate for the stated purpose of the study, or whether they were unable to determine item or instrument relationships. The reviewers were encouraged to provide comments or other items they felt were relevant to the study. Two-thirds of the reviewers had to agree that an item was valid for use in the study or the item was omitted. The modification of content or structure of an item, or the complete deletion of an item, was made on the basis of the impact of the item on the progress of the study. Upon receiving the written responses from the reviewers, telephone interviews were held in certain instances to clarify some of the responses and recommendations.
The efforts of the eight reviewers were quite satisfactory to the extent that 70 per cent of the modifications and changes suggested are related to clarity of item intent and the validity of particular items. Twenty per cent of the suggested changes were based upon style and 5 per cent were based on uncertainty of item relationship to the purposes of the study. Of the 31 items in the questionnaire presented to the reviewers, 20 were restated and broadened to clarify and elicit more practical information, and 22 items were added. In final form the questionnaire contains 53 items. The instrument was restructured to facilitate both the participants' willingness to respond and the statistical treatment of the data received.

The Survey Instrument

The research instrument is a questionnaire that also provides for the collection of certain demographic data. Additional data were collected with respect to the size and type of the population for each responding college or university. Participants were requested to check the appropriate blank indicating (a) the highest level of offering, (b) type of institutional control, (c) number of students (head count, Fall semester), (d) number of full-time tenured faculty (Fall semester), (e) number of full-time non-tenured faculty (Fall semester), (f) number of part-time faculty (Fall semester), (g) number of full-time
non-faculty (Fall semester), (h) number of part-time non-faculty (Fall semester), (i) range of years in current position, and (j) the percentage of time spent administering the employee assistance program.

The questionnaire provides items relative to the status and administrative characteristics of the employee assistance program. There are six items regarding the employee assistance program operation. Four items each are related to confidentiality assurances and program evaluation and reporting. Eight items are designed to elicit information about employee assistance programs considered but not developed; this section is designed to gather data about institutions that may have determined a need for an EAP-type program, but for certain reasons have not taken the appropriate steps to fulfill the need. A general comments section is provided to elicit unstructured but related information. After review and evaluation by the eight reviewers with necessary modification, the instrument was ready for distribution.

The third step in the research process was to send an introductory letter and copy of the questionnaire to a designated contact person who is affiliated with the employee-assistance program at each of the 164 colleges or universities involved in the previous study (2). The named contact persons were sent the questionnaire because of a presumption of their knowledge about the development and
implementation of the program. It was anticipated that if the official responsible for program operation had changed, the questionnaire would be forwarded for appropriate action. It was also expected that some form of an employee assistance program or plans to develop a program continued to exist. Each participant was asked to complete the questionnaire by filling in the name of the institution and checking appropriate blanks to identify certain program variables including participation. Extra spaces were provided to elicit information that would not appropriately be codified in the spaces provided. A stamped, pre-addressed envelope was provided to encourage the return of the instrument. Follow-up procedures were used where appropriate to ensure at least a 51 per cent return of the questionnaire.

Procedures for Analysis of Data

Upon receipt of 51 per cent of the completed questionnaires, the data were processed by the North Texas State University computing center. The determination of the distribution of items and the determination of response percentages were used to treat the data. The data are compiled and reported in tabular form in Chapter IV. The tables show the distribution of each survey question category. The categories include (a) institutional characteristics, (b) program's location, method of
financing, and administrative characteristics, (c) services offered, (d) program's administrative process, (e) methods of program evaluation and reporting, and (f) related concerns and comments.

The responses in each category are compiled and the percentages of total respondents per category, per item are repeated. Additionally, the percentages of the responses for the overall questionnaire and the related profile are arranged to reflect the descriptive characteristics of the selected higher education institutions pertaining to the employee assistance program issue.
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CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

Introduction

The general purpose of this study is to review and assess the employee assistance programs at the selected institutions that were originally involved in a related study conducted by the University of Missouri, Columbia (UMC). The present study reviewed the content and functional process of the programs at institutions identified by UMC as having been a part of the earlier study. The review focused on determining the extent to which the programs provide for the early recognition, treatment, and rehabilitation of faculty and non-faculty employees that exhibit problem behavior or poor performance. The expected outcomes from the study are (a) to identify certain characteristics of participating institutions and correlate them with a set of services to meet employee needs and (b) to establish a developmental model for other higher education institutions that plan to offer EAP services.

Data for this study were collected from returned questionnaires and telephone interviews with officials at the participating colleges and universities. When the
The original UMC participant list was reviewed, it was found that twelve names are duplicate representatives (more than one person is affiliated with one institution). In addition, nine institutions are not higher education institutions. The actual base group for this study is the 143 non-duplicated, two- or four-year colleges or universities that were involved in the 1976 UMC study. One hundred forth-three questionnaires were mailed to the participant institutions. The usefulness of the data is based on a predicted 51 per cent return of the total 143 questionnaires. Of the 143 questionnaires distributed, 59 were appropriately completed and returned by mail, and 20 questionnaires were completed by telephone interview to establish a return rate of 55 per cent.

The analysis and discussion of the data obtained is presented and discussed in this chapter in the sequence in which it appears in the questionnaire. Further analysis directly responds to the ten research questions posed in Chapter I. A summary of the major data findings concludes this chapter.

**Demographic Data**

Part I of the questionnaire elicits data about the characteristics of the participating institutions as stated in research question seven. These data are very important since assumptions are based on the nature and unique needs of the institutions. In addition, the data provide a basis
for determining the types of services and the availability and accessibility of EAP-related support services.

Table I includes all demographic data on the 79 responding institutions of higher education. The majority (70.9%) of the institutions are universities that offer the doctoral degree; the majority are also publicly funded institutions (79.7%) that are located in urban areas (65.9%). The majority (54.4%) of the institutions enroll between 10,000 and 29,999 students.

The number of full-time tenured faculty members is almost equally divided between the categories of 499 or fewer (46.8%) and more than 500 (46.8%) tenured faculty. For non-tenured full-time faculty, the institutions appear to employ fewer than 500 (44.2%); however, these data may not be representative because 55.7 per cent of the respondents failed to supply this figure. The number of part-time faculty employed in the majority of institutions is fewer than 200 (53.2%).

The data for the number of full- and part-time non-faculty employees is also not representative. More than 50 per cent of the respondents failed to supply these data for both full- (54.5%) and part-time (57%) non-faculty employees.

The majority (53.2%) of the representatives of the institutions who answered the survey instrument have held
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<td>Less than 1 year</td>
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their present positions for between less than one year and four years. A notable percentage (41.7%), however, have held their present positions for more than five years.

A large proportion of the respondents failed to answer the questions that asked about the percentage of time spent by the respondents on administration of the employee assistance program in their institutions. The data appear to indicate, however, that administration of an employee assistance program is not a full-time job in most institutions.

Status and Administrative Characteristics of Employee Assistance Programs

Employee Assistance Program Designation

Items in Part II of the questionnaire identify the particular philosophical and administrative components that determine the operational effectiveness of the EAP in the specific setting of the educational institution. These data are presented in Table II.

Historically, organizations that implement EAPs use poor performance as the benchmark for initiating a relationship between an employee and the program. Item II:1 of the questionnaire asked participants whether or not such a policy exists at their institutions. Respondents are evenly divided at 46.8 per cent concerning the existence of a performance-based policy. Item II:2 asked whether the institution utilizes a program or administrative procedure to address
TABLE II

INCIDENCE OF INSTITUTIONAL POLICY AND PROGRAMS THAT ADDRESS EMPLOYEE HEALTH-RELATED POOR PERFORMANCE

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<tr>
<th>Institutional Incidence</th>
<th>Number of Responses</th>
<th>Percent</th>
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<tr>
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<td>37</td>
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<td>Availability of EAP:</td>
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<tr>
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poor performance related to health problems. Over 55 percent of the responding institutions indicated they do not have a program or procedure that addresses health related poor performance.

Data from Designated Employee Assistance Programs

As shown in Table II, 32 respondents (40.5%) indicated that their institutions have a program or procedure that addresses the health-based performance deficiencies of their employees. Information will be drawn from the following data for the development of the model for this study. Table
III data show the status and administrative characteristics of the 32 employee assistance programs; these characteristics are designated by name and item number (e.g., II:3) that correspond to survey instrument questions.

Data for item II:3 of Table III show the number of years of EAP operation for the responding 32 institutions. The majority of the programs (62.5%) have been in operation for 6 or fewer years.

Data for item II:4 of Table III show that 81.3 per cent of the responding 32 institutions of higher education call such programs Employee Assistance Programs. Other titles used are Faculty or Staff Assistance Programs, Alcohol Treatment Program, Help Center, Counseling Assistance and Referral Services, Personal Services Program, and Personal Assistance Program.

Data for item II:5 in Table III show that 43.8 per cent of the EAPs are administratively located in the personnel division of the institution. The majority of the EAPs offer services (II:6, Table III) that include referral (100%), supervisory consultation (81.3%), counseling (71.9%), and education and training (71.9%).

An employee assistance program may be set up to operate with a single focus, a limited multiple focus, or a broadbrush focus (which indicates a multiple focus on several integrated
TABLE III

STATUS AND CHARACTERISTICS OF EMPLOYEE ASSISTANT PROGRAMS
N=32) IN INSTITUTIONS OF HIGHER EDUCATION

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<th>Item and Question</th>
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<td>11:4 Name of Program:</td>
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<tr>
<td>11:12 Composition of Program Staff:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake and Referral Counselors</td>
<td>11</td>
<td>34.4</td>
</tr>
<tr>
<td>Clinical Social Workers</td>
<td>8</td>
<td>25.0</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>6</td>
<td>18.8</td>
</tr>
<tr>
<td>Alcoholism Counselors</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>37.5</td>
</tr>
<tr>
<td>11:13 Qualifications of Program Staff:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>Certified Alcoholism Counselor</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>Licensed Psychologist</td>
<td>3</td>
<td>9.4</td>
</tr>
<tr>
<td>Recovering Alcoholic</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>37.5</td>
</tr>
<tr>
<td>11:14 Number of Years Program Has Been Operational:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 years or more</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>9-5 years</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td>4-1 years</td>
<td>15</td>
<td>46.9</td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>9.4</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100.0</td>
</tr>
<tr>
<td>11:15 Treatment Resources Used:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>17</td>
<td>53.1</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>21</td>
<td>65.6</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>22</td>
<td>68.8</td>
</tr>
<tr>
<td>Legal Counseling</td>
<td>20</td>
<td>62.5</td>
</tr>
<tr>
<td>Financial Counseling</td>
<td>21</td>
<td>65.6</td>
</tr>
<tr>
<td>Medical Counseling</td>
<td>19</td>
<td>59.4</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>59.4</td>
</tr>
<tr>
<td>11:16 Methods of Payment for EAP Services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Paid by Institution</td>
<td>6</td>
<td>18.8</td>
</tr>
<tr>
<td>Total Paid by Employee</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>Third Party</td>
<td>12</td>
<td>37.5</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>37.5</td>
</tr>
</tbody>
</table>
program areas). The data for item II:7 of Table III show that 90.6 per cent of the responding EAPs have a broadbrush focus; they address all areas that have been found to be directly related to problem behavior or poor performance among employees (alcoholism, emotional health, medical problems, and legal problems). Among the other identified areas are family relations, financial problems, and occupational counseling.

Data for item II:8 in Table III show that the majority (56.3%) of the responding EAPs project service delivery goals of from 25 to 49 per cent of the institution's employees. Only two institutions have goals of reaching from 75 to 100 per cent of their employees.

Data for item II:9 of Table III covers the specific causal issues that may contribute to issues addressed by the programs' focus. The problem areas are numerous, but the two that rank highest are alcoholism (71.9%) and drug abuse (68.8%).

The number of people that the program is designed to serve is generally a projection which is directly related to planned rate of penetration (annual goals). The data for item II:10 of Table III show that there is no consensus; however, 46.8 per cent of the programs are designed to serve 200 or more employees.
The method of funding is crucial to the level of effectiveness of an EAP. The data for item II:11, Table III, indicate that the majority (56.3%) of the programs are funded as a regular budget item. No programs are funded from grants.

Data for item II:12 of Table III show the composition of the staff for the responding EAPs. As shown in Table II, the greatest number (34.2%) of the respondents work with the EAP on a part-time basis; furthermore, the greatest number (34.4%) of these personnel are intake and referral counselors.

The qualifications of the EAP staff are shown by data for item II:13, Table III. In situations where broadbrush programs are involved, a staff member is required to comply with a specialized qualification; in other instances, no specific licensure or qualification is required to perform assigned functions in the administration of the program. Qualifications appear to vary according to the services offered.

Data for item II:14 indicate that the majority of the programs (87.5%) have been established for between 1 and 9 years. The largest percentage of programs (46.9%) have been in operation for less than 5 years.

The types of treatment resources used in the programs are directly related to the services offered and the programs' focus. These data are presented as item II:15 of Table III.
and point up the fact that most of the programs rely on multiple resources (broadbrush programs). More than 50 per cent of the programs surveyed offer both in- and outpatient care, and counseling for family, financial, legal, and medical matters.

In regard to the methods used to pay for EAP services (item II:16, Table III), the greatest percentage (37.5%) of the programs use the third-party method of payment in which health insurance is available to cover expenses. The other methods of payment involve joint responsibility between institution, employee, and insurer in different combinations.

Employee Assistance Program Operation

The third part of the research instrument is related to the operational processes of employee assistance programs. These data are presented in Table IV, items III:1 through III:5.

In regard to methods used by employees to obtain EAP services (item III:1, Table IV), the data indicate that the majority of applicants (90.6%) are self-referrals. Also frequently used are supervisory referral (87.5%), peer referral (68.6%), and crisis intervention (59.4%).

The data for item III:2, Table IV, show that an employee's job performance is the basis upon which the majority (84.4%)
of the EAP referrals are made. Deteriorating job performance and related changes in lifestyle patterns are signals that prompt supervisory referral, peer referrals from other sources close to the troubled employee are needed.

The types of training provided for supervisory personnel constitute the responses for item III:3 of Table IV. Broad-brush education (65.5%), which is related to providing information and structured education or training programs on issues related to the EAP services offered, and supervisory confrontation training (62.5%) are the most usual training programs offered to EAP personnel. The data also indicate (item III:4, Table IV) that these training programs are conducted by in-house staff (75%).

Information about the services of the EAP is disseminated largely (74%) through written announcements (item III:5, Table IV). A newsletter is also used by 59.4 per cent of the respondents. Some EAPs sponsor seminars and workshops.

Confidentiality Assurances

Part IV of the survey instrument focuses on identifying the steps taken in the administration of the EAP to safeguard the confidential treatment of client information. Assurances of confidentiality appear to be necessary to establish and maintain program credibility among current and future users. Data on confidentiality are presented in Table V, items IV:1 through IV:4.
### TABLE IV

**OPERATIONAL PROCESSES OF EMPLOYEE ASSISTANCE PROGRAMS**

(N=32) **IN INSTITUTIONS OF HIGHER EDUCATION**

<table>
<thead>
<tr>
<th>Item and Question</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>III:1 Methods Used to Obtain EAP Services:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Referral</td>
<td>29</td>
<td>90.6</td>
</tr>
<tr>
<td>Supervisory Referral</td>
<td>28</td>
<td>87.5</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>19</td>
<td>59.4</td>
</tr>
<tr>
<td>Peer Referral</td>
<td>22</td>
<td>68.8</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>21.9</td>
</tr>
<tr>
<td><strong>III:2 Deteriorating Job Performance as Basis for EAP use:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27</td>
<td>84.4</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td><strong>III:3 Types of Training Provided for EAP Personnel:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broadbrush education</td>
<td>21</td>
<td>65.6</td>
</tr>
<tr>
<td>Supervisory Confrontation</td>
<td>20</td>
<td>62.5</td>
</tr>
<tr>
<td>Supervisory Coaching</td>
<td>18</td>
<td>56.3</td>
</tr>
<tr>
<td>Alcohol education</td>
<td>14</td>
<td>43.8</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td><strong>III:4 Source of Training for Supervisory Personnel:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-House Staff</td>
<td>24</td>
<td>75.0</td>
</tr>
<tr>
<td>Contract Staff</td>
<td>7</td>
<td>21.9</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td><strong>III:5 Methods for Disseminating Information about EAP:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written announcements</td>
<td>24</td>
<td>75.0</td>
</tr>
<tr>
<td>Newsletter</td>
<td>19</td>
<td>59.4</td>
</tr>
<tr>
<td>Check Stuffer</td>
<td>11</td>
<td>34.4</td>
</tr>
<tr>
<td>Television ads</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>43.8</td>
</tr>
</tbody>
</table>
### TABLE V

METHODS USED TO ASSURE CONFIDENTIALITY BY EMPLOYEE ASSISTANCE PROGRAMS IN INSTITUTIONS OF HIGHER EDUCATION

<table>
<thead>
<tr>
<th>Item and Question</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IV:1 Types of Client Information Filed by EAP:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Diagnosis</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td>Treatment Contract</td>
<td>12</td>
<td>37.5</td>
</tr>
<tr>
<td>No Personally Identifiable Information</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>31.3</td>
</tr>
<tr>
<td><strong>IV:2 Nature of Client Information Shared with Supervisors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem-Related Information</td>
<td>18</td>
<td>56.3</td>
</tr>
<tr>
<td>Problem Diagnosis</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td>Complete Record</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>21.9</td>
</tr>
<tr>
<td><strong>IV:3 Use by EAP of Signed Release-of-Information Form:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
<td>50.0</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>25.0</td>
</tr>
<tr>
<td>No Response</td>
<td>8</td>
<td>25.0</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>IV:4 Use by EAP of Published Confidentially Statement:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>23</td>
<td>71.9</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>18.8</td>
</tr>
<tr>
<td>No Response</td>
<td>3</td>
<td>9.4</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Regarding the type of client information filed by the EAP, three areas of information appear to be retained equally (item IV:1, Table V). Data is usually maintained on the diagnosed problem (40.6%) and the treatment contract (37.5%), although much of the information is not personally identifiable (i.e., statistics). The criteria appear to be based on the nature of the case and the impact of the situation on the personal safety of the employee and his coworkers and whether or not the case involves violations of law or certain statutes; such cases are given careful consideration to determine how and where the information will be maintained.

The data for item IV:2, Table V, indicate that the majority (56.3%) of the institutions do not share problem-related client information with supervisors. Only 50 percent of the surveyed EAPs use a signed release-of-information form (item IV:3, Table V), although 71.9 percent of these EAPs publish a statement regarding the confidentiality of client records (item IV:4, Table V).

Employee Assistance Program Evaluation and Reporting

Part V of the survey instrument focuses on how the effectiveness of the surveyed EAPs is determined and reported. These data are presented in Table VI, items V:1 through V:3.
TABLE VI
METHODS USED TO EVALUATE AND REPORT EAP PROGRESS

<table>
<thead>
<tr>
<th>Item and Question</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>V:1 Use of Formal Mechanism for Evaluation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>46.9</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>V:2 Frequency of Formal Evaluation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td>Semi-annually</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>Quarterly</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>No response</td>
<td>10</td>
<td>31.3</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>V:3 Frequency of Formal Reporting:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annually</td>
<td>12</td>
<td>37.5</td>
</tr>
<tr>
<td>Semi-annually</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td>Quarterly</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>No response</td>
<td>10</td>
<td>31.3</td>
</tr>
</tbody>
</table>
Only 40.6 per cent of the responding EAPs have a formal mechanism for use in evaluating their programs. The data for item V:2 in Table VI show that these 13 EAPs (40.6%) formally evaluate their programs annually. Several other programs appear to evaluate their work on an informal basis.

Only 37.5 per cent of the EAPs make an annual formal progress report (item V:3, Table VI), although an additional 31.2 per cent make formal progress reports at other yearly periods. Such reports are usually directed to the vice president for administration, the EAP advisory committee, or the personnel director.

EAP Programs under Consideration

All respondents (79) were encouraged to complete part VI of the survey instrument, especially those whose institutions do not presently have an employee assistance program although one is planned but not developed. Eighteen respondents completed this part of the survey. These data are presented in Table VII.

The value of these data is subject to question because of the small number who responded. Briefly, however, these responses indicate generally that there is a perceived institutional need for an employee assistance program although the leadership of the institution has not reached consensus on the merits of an EAP. Most of these respondents appear to
### TABLE VII
CONSIDERATIONS THAT AFFECT DEVELOPMENT OF AN EMPLOYEE ASSISTANCE PROGRAM

<table>
<thead>
<tr>
<th>Item and Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Do Not Know</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI:1 Institution Has Need for EAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>12.7</td>
<td>8</td>
<td>10.1</td>
<td>1</td>
<td>1.3</td>
<td>60</td>
</tr>
<tr>
<td>VI:2 No Institutional Consensus on Merits of an EAP</td>
<td>5</td>
<td>6.3</td>
<td>8</td>
<td>10.1</td>
<td>2</td>
<td>2.5</td>
<td>61</td>
</tr>
<tr>
<td>VI:3 Institutional Familiarity with EAP Procedures</td>
<td>1</td>
<td>1.3</td>
<td>3</td>
<td>3.8</td>
<td>5</td>
<td>6.3</td>
<td>60</td>
</tr>
<tr>
<td>VI:4 EAP Cost Not Feasible to Institution</td>
<td>1</td>
<td>1.3</td>
<td>4</td>
<td>5.1</td>
<td>5</td>
<td>6.3</td>
<td>61</td>
</tr>
<tr>
<td>VI:5 Attractiveness of Contracting EAP Services</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>6.3</td>
<td>6</td>
<td>7.6</td>
<td>60</td>
</tr>
<tr>
<td>VI:6 EAP Diagnosis Covered by Health Benefits</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>7.6</td>
<td>3</td>
<td>3.8</td>
<td>61</td>
</tr>
<tr>
<td>VI:7 EAP Treatment Covered by Health Benefits</td>
<td>2</td>
<td>2.5</td>
<td>11</td>
<td>13.9</td>
<td>3</td>
<td>3.8</td>
<td>60</td>
</tr>
</tbody>
</table>
believe that their institutions are familiar with the procedures for establishing such a program and that the cost of such a program is not a deterrent. There is no consensus among these respondents about contracting with an outside firm to handle their EAP or about whether or not their health benefits would cover the costs of an EAP diagnosis. These respondents do, however, agree that their health benefits would cover the costs of treatment and rehabilitation for EAP related matters.

Responses to Research Questions

The research questions were posed in Chapter I to guide this research study. This section lists an answer to each research question based on the data collected.

Research Question One

Research question one asks, "What are the legal or statutory factors setting forth the impetus for establishing the employee assistance program?"

The data show that the only institutions to have acknowledged legal or statutory basis for establishing the EAP are the institutions in the state of Washington. The state of Washington administers an employee counseling service for the employees of all state agencies including the higher education institutions. However, some of the colleges or universities are developing employee assistance programs to serve their respective employees independent of the program provided by the state.
Under Section 504 of the 1973 Rehabilitation Act, alcoholism and similar conditions are considered a disability. Therefore, higher education institutions that are impacted by the 504 jurisdiction should follow the letter and spirit of the appropriate regulation when programs are developed for serving their employee groups. Public Law 91-616, introduced into Congress by Senator Harold Hughes (D-Iowa) encouraged and advised Federal and State entities, and promote industry to develop employee alcoholism programs.

Research Question Two

Research question two asks, "What is the nature and the scope of the operating employee assistance program?"

Data from the research show that there are 32 of the 79 responding institutions that have EAP-type programs. Of the 32 established programs, over 8 per cent use the designation employee assistance program, and 90.6 per cent of the 32 operate the program with a broad brush, multi-focus perspective. Another dimension of the nature of the 32 programs shows that over 56 per cent of the programs are financed with regular budget funds. The scope of the programs service delivery is projected as a goal for penetration; more than 56 per cent of the EAPs plan to reach 25 to 49 per cent of the employees of the respective institutions.

While the service delivery is projected as broadbase, alcoholic behavior or alcoholism and drug abuse are the major
direction for services made available to employees. The goals or projected program penetration rates are made despite the fact that most of the respondents operate programs in which the key EAP administrators are on part-time assignments to the program; only six (7.6%) of the programs employ EAP administrators on a full-time basis. The location of the administrative center for EAPs appears to impact the nature of program services and effectiveness; most of the programs surveyed are located in the personnel area of the institution.

Research Question Three

Research question three asks, "What are the operating policies governing program functioning?"

The data from the study shows that over 84 per cent of the EAPs utilize a policy regarding employee job performance as a basis for other related program policy issues. This orientation determines subsequent policies regarding when and how program services may be accessed, how an employee's job status is affected by conditions warranting EAP service access, and the way services are paid for.

Research Question Four

Research question four asks, "What is the extent to which any existing network of service providers conforms to EAP services offered?"

The study reveals that 90.6 per cent of the programs surveyed make a wide range of services available to the
institution's employees. Although most of the institutions use services that have only limited availability within the organization, they rely upon other service providers to fulfill program needs. Fifty-three per cent have inpatient (self contained) services available either through the institution's own hospital or through a hospital that is involved in a structured agreement for serving the employees of the college or university.

The majority of services are made available on an outpatient, short-term basis; these services include family counseling (68.8%), legal counseling (62.5%), financial counseling (65.6%), and specific medical counseling (59.4%). Nonetheless, these services available to employees on outpatient, short-term contact are generally also offered by other organizations within the community or immediate area.

Research Question Five

Research question five asks, "What type of measures are necessary for determining an employee's need for employee assistance services?"

There were 37 (46.8%) institutions involved in the study that indicated that an institutional policy on declining or poor performance is the critical factor for initiating a relationship with the EAP. The study also shows that 40.5 per cent of the 32 EAP respondents state that a program exists which is related to the policy on performance deficiencies.
While the data reflect that 90.6 per cent of the employees that access EAP services are self referrals, the data also show that 84.4 per cent of the program users have experienced a deterioration in job performance or a related impairment of some lifestyle functions.

Research Question Six

Research question six asks, "What types of training and/or preventive measures are utilized by the institution to enhance employee performance or productivity as related to the involvement of the employee assistance program?"

The results of the study indicate that more than 65 per cent of the programs provide a broadbrush education program that is directly associated with the areas of service offered in the EAP. Over 62 per cent of the programs offer confrontation-skills training for managers and supervisors. Fifty-six per cent of the respondents teach managers and supervision how to coach employees through problem performance. Alcohol education services are made available in over 43 per cent of the responding EAPs.

Research Question Seven

Research question seven asks, "What are the characteristics of the institutions under study?"

Of the 79 institutions that responded to the questionnaire, more than 70 per cent are doctoral degree granting
institutions, 79 per cent receive public funding, and 65.9 per cent are located in urban areas. Over 54 per cent of the responding institutions enroll from 10,000 to 29,999 students. Other relevant institutional characteristics include (a) number of full time tenured faculty, 46.9 per cent have 499 or fewer, and 46.8 per cent have more than 500; (b) full time non-tenured faculty, 44.2 per cent have fewer than 500; and (c) part-time faculty, 53.2 per cent have fewer than 200.

Research Question Eight

Research question eight asks, "How is the program effectiveness measured?"

The study reveals that 40.6 per cent of the institutions are using some type of formal mechanism to measure program effectiveness on an annual basis. The data also points out that 37.5 per cent produce a formal annual performance report.

Research Question Nine

Research question nine asks, "To what extent does the program protect user identities?"

Data from the study reveals that 71.9 percent of the respondents utilize a published statement regarding the confidentiality measures required in the handling of EAP client information. In addition 50 per cent of the
responding 32 programs require that clients sign a release form verifying that named individuals are eligible to receive specific personal information relative to their involvement with the EAP.

More than 56 per cent of the programs limit the type of client information shared with supervisors or other individuals. There are 40.6 per cent of the programs that do not maintain personally identifiable client data; they keep generic statistical data only. Another 40.6 per cent of the programs keep data only on the problem diagnosis of clients. It was also shown that these programs only allow personally identifiable data on client diagnoses to be maintained and shared by the clinicians and other key service delivery professionals. A varied combination of policies and practices are employed by the administrations of the 32 programs to protect the confidentiality of people that use the EAP.

Research Question Ten

Research question ten asks, "What are the criterion measures used to determine adequacy of faculty/non-faculty performance relative to EAP intervention?"

The measure generally accepted relative to this issue is that the program user (employee) is restored to a level of performance that is acceptable in the particular work unit.
Summary of Data Findings

Following is a summary listing of the major data findings from this study.

1. Although 37 of the 79 responding institutions of higher education have a policy that addresses the health-related poor performance of employees, only 32 of these institutions have established programs that are designed to assist such employees with their personal problems.

2. The characteristics of these 32 programs indicate that (a) the majority (62.5%) have been in operation for six or fewer years, (b) the majority (81.3%) are called Employee Assistance Programs, (c) such programs are most likely to be administered by the personnel division (43.8%), (d) the programs offer multiple services [referral (100%), supervisory consultation (81.3%), counseling (71.9%), education and training (71.9%)], (e) the programs have a broad-brush focus (90.6%) (multiple focus on several integrated program areas), (f) the programs have goals of reaching from 25 to 49 per cent (56.3%) of the institution's employees, (g) the two highest ranked problem areas among employees are alcoholism (71.9%) and drug abuse (68.8%), (h) the programs are usually able to handle at least 200 employee clients (46.8%), (i) these EAPs are funded by the institution as a regular budget item (56.3%), (j) the EAP counselors are likely to work in the program on a part-time (34.2%) basis
doing intake and referral (34.4%) counseling, (k) the counselors' qualifications appear to vary according to the services offered by the EAP, and (l) payment for services is likely to be paid in part by the client-employer's health insurance (37.5%).

3. In regard to the operational processes of the EAPs, employers are treated on the basis of self-referral (90.6%), supervisory referral (87.5%), and peer referral (68.8%), which are based in the majority of cases on deteriorating job performance (84.4%). The EAP counselors have usually received broadbrush (65.5%) training in program-related areas from in-house employees (75%). EAPs usually disseminate information about their services through written announcements (75%) and newsletters (59.4%).

4. Confidentiality of client-employee information is assured by the EAPs through a published statement (71.9%) and a signed release-of-information form (50%). The majority (56.3%) of EAPs do not share client information with supervisors except perhaps, under extreme (life-threatening) circumstances.

5. In regard to program evaluation, only 40.6 per cent of the EAPs use a formal evaluation mechanism on an annual (40.6%) basis. The majority (68.7%) of the EAPs make formal progress reports at various yearly intervals to an institutional administrator.
6. Respondents from institutions that are considering establishment of an employee assistance program report that although they perceive an institutional need for such a program, there appears to be a lack of administrative consensus about the merits of such a program. Cost and knowledge of guidelines for establishing an EAP are not considered as deterrents. Although present health benefits are not likely to cover EAP diagnoses, treatment for the diagnosed problems is probably covered by the employees' health insurance.
CHAPTER V

SUMMARY, CONCLUSIONS, DEVELOPMENTAL MODEL FOR AN ACADEMIC EMPLOYEE ASSISTANCE PROGRAM, AND RECOMMENDATIONS FOR FUTURE RESEARCH

Summary

The problem with which this study is concerned is the extent to which American colleges and universities utilize employee assistance programs to overcome faculty and non-faculty staff members' personal, social and medical problems (e.g., alcoholism; stress-related illness). The purpose of this study is to assess the employee assistance programs at institutions that were involved in an earlier related study conducted by the University of Missouri, Columbia. This study reviews the content and process of these programs to determine the extent to which they provide for early recognition, treatment, and rehabilitation of employees for personal, social, and medical problems that potentially affect job performance. The direct outcome of this study is the development of a model for use by higher education institutions that propose to offer EAP services.

To gather the data needed to answer the ten research questions posed in Chapter I, a questionnaire was developed...
and refined using the procedures described in Chapter III. The questionnaire was originally intended to survey designated representatives of the 164 educational institutions as identified by the attendance rosters of the related workshops conducted by the University of Missouri, Columbia (UMC); however, the UMC list was reviewed and further refined to include only higher education institutions, with a limitation of one representative respondent per institution. The non-duplicated list includes 143 institutions to which direct questionnaires were mailed. Follow-up mailings and telephone calls were directed to non-responding institutions until a 51 per cent response rate was achieved. Data were tabulated at a university computing center.

Analysis and discussion of the data are provided in Chapter IV. To facilitate the interpretation of these data, statistical tables report numbers and percentages of responses.

Summary of Major Data Findings

Following is a summary listing of the major data findings from this study.

1. A profile of the responding higher education institutions that have operational employee assistance programs includes the following characteristics. The institution is a senior-level state-supported university which offers doctoral degrees and which is located in an urban setting
that has a population of over 100,000 people; the fall semester student enrollment ranges between 10,000 to 29,999 students; the number of full-time tenured faculty ranges between 200 to 499 but often to 1,000 or more members; the number of full-time non-tenured faculty ranges between 51 to 199 members; the number of part-time faculty members is 50 or fewer; the number of full-time non-faculty employees exceeds 1,000; the number of part-time non-faculty employees is 50 or fewer.

2. Although 37 of the 79 responding institutions of higher education have a policy that addresses the health-related poor performance of employees, only 32 of these institutions have established programs that are designed to assist such employees with their personal problems.

3. The characteristics of these 32 programs indicate that (a) the majority (62.5%) have been in operation for six or fewer years, (b) the majority (81.3%) are called Employee Assistance Programs, (c) such programs are most likely to be administered by the personnel division (43.8%), (d) the programs offer multiple services [referral (100%), supervisory consultation (81.3%), counseling (71.9%), education and training (71.9%)], (e) the programs have a broad-brush focus (90.6%) (multiple focus on several integrated program areas), (f) the programs have goals of reaching from 25 to 49 per cent (56.3%) of the institution's employees,
(g) the two highest ranked problem areas among employees are alcoholism (71.9%) and drug abuse (68.8%), (h) the programs are usually able to handle at least 200 employee clients (46.8%), (i) these EAPs are funded by the institution as a regular budget item (56.3%), (j) the EAP counselors are likely to work in the program on a part-time (34.2%) basis doing intake and referral (34.4%) counseling, (k) the counselors' qualifications appear to vary according to the services offered by the EAP, and (l) payment for services is likely to be paid in part by the client-employer's health insurance (37.5%).

4. In regard to the operational processes of the EAPs, employers are treated on the basis of self-referral (90.6%), supervisory referral (87.5%), and peer referral (68.8%), which are based in the majority of cases on deteriorating job performance (84.4%). The EAP counselors have usually received broadbrush (65.5%) training in program-related areas from in-house employees (75%). EAPs usually disseminate information about their services through written announcements (75%) and newsletters (59.4%).

5. Confidentiality of client-employee information is assured by the EAPs through a published statement (71.9%) and a signed release-of-information form (50%). The majority (56.3%) of EAPs do not share client information with supervisors except, perhaps, under extreme (life-threatening) circumstances.
6. In regard to program evaluation, only 40.6 per cent of the EAPs use a formal evaluation mechanism on an annual (40.6%) basis. The majority (68.7%) of the EAPs make formal progress reports at various yearly intervals to an institutional administrator.

7. Respondents from institutions that are considering establishment of an employee assistance program report that although they perceive an institutional need for such a program, there appears to be a lack of administrative consensus about the merits of such a program. Cost and knowledge of guidelines for establishing an EAP are not considered as deterrents. Although present health benefits are not likely to cover EAP diagnoses, treatment for the diagnosed problems is probably covered by the employees' health insurance.

Discussion of Data Findings

This study reinforces certain findings made in the 1976 study conducted by the University of Missouri, Columbia, and the results reported in Chapter II of this study. Generally, only a limited number of colleges or universities utilize the employee assistance program concept to address problem behavior that adversely affects employee performance.

This study, as reported in Chapter IV, identifies 32 colleges and universities that have EAPs which are currently
active. Twenty-seven of these programs have been operational for eleven years or less. The content and process of the 32 active programs conforms to the unique characteristics of the institutions such as (a) the size of the institution, (b) the location or institutional setting, (c) the fiscal constraints experienced, (d) the institution’s experience with categorical problem behaviors among employee groups, and (e) the unique character of the employee group.

Higher education institutions are not aware of appropriate cost efficient models that support the use of the EAP concept to address the performance or behavioral problems of employees. The model developed from this study is proposed to fill this need.

Conclusions

Based upon the findings of this study, the following conclusions appear to be warranted.

1. Institutions of higher education are not yet convinced of the need for and value of employee assistance programs.

2. Noting that the majority of the established employee assistance programs are located in populous urban areas points up the fact that services related to treating problems are more prevalent in such an environment. Furthermore, the fact that such urban institutions which do have EAPs most likely use the broadbrush approach indicates the
multiplicity of problem areas that confront employees of large institutions.

3. The structure of the employee assistance programs in institutions of higher education has little uniformity because of geographic location, size, and type of control of each institution. However, whether or not such structuring is further limited by employee need or degree of institutional involvement is unclear.

4. The level of success of the institutional EAP appears to be directly related to the level of commitment exhibited by the higher levels of administration; such commitment is further directly related to the funds available for implementation and operation of such a non-academic program.

5. Institutions of higher education appear to be lagging behind business and industry in their recognition of the degree to which employee problems affect job performance. It is possible that this reluctance on the part of university administrators to instigate such programs is related to the historic independent nature of a university community.

Developmental Model for an Academic Employee Assistance Program

When selecting or tailoring a model for developing an academic EAP, careful consideration must be directed to specific characteristics of the institution that include (a)
institutional size, (b) institutional setting, (c) fiscal status of the institution, (d) the categorical behavioral or performance problems at the institution, and (e) the unique personality of the institution's employee groups.

Beyond the review and determination of these factors, several critical ingredients should be part of the program. Those critical ingredients are presented in the following subsections.

Policies

**Policy Statement.**—The institution should adopt a written statement on the problems to be covered by the EAP, that is signed by the chief executive official of the institution. The statement should reflect the administration's position in regard to the program and its related objectives. It should be clearly stated that the EAP will in no way alter the administration's responsibility or authority, nor does program participation protect employees from disciplinary action.

**Confidentiality.**—A statement should be written and published that specifies how records will be maintained within specific time parameters and identifies the persons who will have access to such records. Stipulations should be included about the condition and use of any client records.
Procedures

Procedures for employee use of the program as a result of management referral.--A procedure should be written and published that outlines actions to be taken by management representatives when referring employees to the EAP for treatment or assistance. It should be clear that this process is an integral part of the institution's management system.

Procedures for employee use of EAP services by self referral, referral by family members, or peer referral.--A procedure should be written and published that allows employees to use EAP services without management involvement. Employees should be able to use the EAP by self referral, referral by family members, by peer referral, or other means of non-management referral. When using this process, only generic information should be generated for management evaluation.

Administration

Administrative location of the EAP.--The EAP should be administratively located to insure the involvement and commitment of top management. This type of commitment is critically important to the success of the program.

Physical location of the EAP.--The location of the EAP should be carefully planned to facilitate access to the program's services and professionals. The location should
also allow for protecting the confidentiality of the employees that use these services.

**Record keeping.**—The records maintained by the program should be arranged to assure the confidentiality of employees that use the EAP. The records maintenance system also should allow for case follow-up and management, which requires only that data is accessible for statistical reporting.

**Compatibility of the employee health and disability benefits for covering EAP treatment and rehabilitation services.**—Staff should evaluate the institution's health and disability benefits plan for employees to determine the adequacy of the plans to cover diagnoses, treatment, and rehabilitation of problems officially covered by the program.

**Certifications or qualifications of EAP staff.**—Staff members who are directly involved in implementing the EAP should have skills that are appropriate for the recognition, counseling, referral, or treatment of program clients according to program focus and the EAP services offered. Selected members should have the necessary skills to administer the program effectively. (See Appendices E, F, and G.)

**Disseminating Program Information**

Special efforts should be made to insure that all persons who are eligible to participate in or benefit from EAP
services are aware of the terms and conditions under which such services are available. Consideration should be given to the use of both traditional and non-traditional methods for informing existing employee groups, new employees, and any others who are eligible to use the program.

**Employee Education and Training**

**Educational seminars.**—A schedule of programs should be planned and implemented to insure that all employees and other eligibles are made aware of relevant facts associated with the focal issues of the EAP. Issues such as alcoholism, drug abuse, stress management, or the broad-brush focus should be represented in the regular topics addressed in the ongoing schedule of educational seminars.

**Special training.**—The program should make training available to specific employees or group of eligibles to acquaint them with certain trends or issues related to their relationship to the program. In some instances, training could be provided to supervisors in confrontation strategies to equip them with the skills to initiate and carry out actions for referring troubled employees to appropriate EAP diagnosis and treatment. Other special training sessions should be directed to special concerns that are not routinely addressed by the program.
EAP orientation programs.---Orientation programs should be held periodically throughout the year to reacquaint employees and other eligibles with information in regard to program policy, program philosophy, management's role in program implementation, role and function of EAP staff, procedures for accessing the EAP, and provisions for protecting client confidentiality.

EAP Resources

A published directory of resources should be easily accessible to employees, supervisors, and other eligibles to facilitate referrals to EAP services. This directory of resources should be arranged in a manner consistent with the focus of the EAP. The resources should be representative of the agencies or groups in the immediate community that are established for the delivery of services which relate to the services offered by the program. The directory should list (a) the type service by category, (b) the name or identity of the organization providing the service, (c) the name and title of the organization's contact person, (d) the business address and telephone number of the contact person, (e) the key services provided by the organization, (f) the fees for services, and (g) the operating hours the organization observes. The directory should be distributed throughout the institution as widely as is feasible.
Program Evaluation

A process should be established for periodic review and evaluation of the effectiveness of the program's operation. The evaluation should be conducted with a frequency that will allow for program evaluation and appropriate modification in order to maintain maximum effectiveness of the EAP operation. The program should also allow for evaluating the performance of EAP staff members.

An official report should be appropriately directed in order to facilitate necessary management decisions for improving program performance. The reports should correspond with the regular evaluation process.

Special continuing efforts or incentives should be planned to encourage higher education employees to use the EAP. Incorporating the use of the EAP into an employee wellness or health promotion program can be very beneficial in this respect; this combination program represents an ideal effort for a comprehensive human resource management system. Although the idea is new to the higher education setting, it is experiencing considerable growth. It provides for an ongoing education-oriented program that allows employees to understand the value of controlling health-risk factors in their lives in order to improve their overall wellness and enhance the general quality of their personal
and professional lives. Employees learn to be responsible for their wellbeing and to control this multi-faceted approach to lifestyle management.

In addition, the EAP component provides for identification, treatment, and restoration in problem areas when employees' lifestyles contribute to problem behavior or health-related dysfunction. The major concern is the impact that this dysfunction may have on any of the employees' major life functions, including the responsibility to work.

Recommendations for Future Research

The following recommendations are based on the findings and conclusions of this study.

1. There is a need for additional research into the feasibility and availability of applying the EAP concept in diverse higher education settings.

2. A study should be conducted to determine the effectiveness of active EAPs in specific settings. The major concern would be to assess the appropriateness of the program model for the specific setting, and the factors that cause or detract from program effectiveness.

3. An investigation should be conducted to identify a comprehensive list of higher education institutions that have active employee assistance programs. The list should be published with a cross reference of institutional
characteristics to facilitate selection of the most appropriate model to guide the development and implementation of an EAP.

4. There is a need for establishing a communications network among active EAPs in order to disseminate program related research and development information.

5. There is a need for EAP models and related consulting resources available to colleges and universities so that each may determine specific institutional needs and develop corresponding programs.
Institution Codes

1. Appalachian State University
2. Boston College
3. Brown University
4. Central Michigan University
5. Cornell University
6. Dallas County Community College
7. Dartmouth College
8. Delaware Valley College
9. East Los Angeles College
10. Fairleigh Dickinson University
11. Georgia Institute of Technology
12. Georgia State University
13. Henderson County Junior College
14. Idaho State University
15. Iowa State University
16. Johnson County Community College
17. Kansas University
18. Kent State University
19. Lake Land College
20. Lake Region Junior College
21. Loyola University
22. Manchester Community College
23. Mankato State University
24. Mercy College
25. Metropolitan State College
26. Michigan State University
27. North Carolina State University
28. North Dakota State, School of Science
29. Ohio State University
30. Oklahoma University
31. Old Dominion University
32. Oregon State University
33. Pennsylvania State University
34. Rochester Institute of Technology
35. Roger Williams College
36. Rutgers University
37. Saginaw Valley State College
38. South Dakota State University
39. St. Joseph College
40. St. Louis Community College
41. Stanford University
42. State University College of Arts and Sciences
43. State University of New York A & T College
44. State University of New York, Albany
45. State University of New York, Binghamton
46. Temple University
47. Texas Tech University Complex
48. University of Arizona
49. University of California, Berkeley
50. University of California, Los Angeles
51. University of California, Santa Cruz
52. University of Delaware
53. University of Guelph
54. University of Idaho
55. University of Iowa
56. University of Louisville
57. University of Maine, Orono
58. University of Massachusetts
59. University of Missouri, Columbia
60. University of Missouri, Rolla
61. University of Nebraska
62. University of Nevada
63. University of New Mexico
64. University of Northern Iowa
65. University of Notre Dame
66. University of South Carolina
67. University of Southern Mississippi
68. University of Tennessee, Knoxville
69. University of Texas, Austin
70. University of Texas, El Paso
71. University of Vermont
72. University of Washington, Seattle
73. University of Wisconsin, Stevens Point
74. University of Wisconsin, Stout
75. Wake Forest University
76. Washington State University
77. Washington University, St. Louis
78. West Georgia College
79. Western Washington State College
Eight Member Review Panel

1) Joe Moore, Director of the Employee Assistance Program, Tarrant Council on Alcoholism and Drug Abuse;

2) Michael Glick, Director of the Methadone Treatment Program, Texas Department of Mental Health, Mental Retardation Center, Dallas;

3) Vic Shaw, Director of the Addiction Treatment Center, Hurst-Euless-Bedford Hospital;

4) George Lewis, Director of the Alcohol Education Program, Southern Methodist University;

5) Marion Metivier, Director of the Employee Assistance Program, University of New Mexico;

6) Kim Wilson, President of the American Wellness Company;

7) Betty Pascoe Hosokawa, Director of the Employee Assistance Program, University of Missouri, Columbia; and

8) Paul M. Roman, widely published author, clinician and Favrot Professor of Human Relations, Department of Sociology, Tulane University.
APPENDIX C
Date: 30 April 1983

TO: Employee Assistance Program Administrators

Re: Doctoral Research

I am a doctoral candidate at North Texas State University currently pursuing a degree in Higher Education Administration.

I am involved in a study of the Higher Nature, Content and Process of Employee Assistance Programs at Selected Education Institutions, and I need your help.

The purpose of the study is to review and assess the Employee Assistance Programs at colleges and universities identified by the University of Missouri-Columbia as being active or developmental. A questionnaire was designed to gather information about the nature, content and functional process of these employee assistance programs to aid in determining the configuration of program components that contributes to maximum effectiveness. From this information, a developmental model will be constructed to facilitate program development at higher education institutions proposing to offer employee assistance program services.

You may think that other areas, not addressed in the questionnaire, should be a part of this study. Please feel free to provide this type of information.

Enclosed are the questionnaire and a self-addressed, stamped envelope for returning the completed questionnaire. Your prompt reply is appreciated.

Sincerely,

Troy Coleman
P. O. Box 2024
Fort Worth, Texas 76101

Enclosures
APPENDIX D
A STUDY OF THE NATURE, CONTENT AND PROCESS OF EMPLOYEE ASSISTANCE PROGRAMS AT SELECTED HIGHER EDUCATION INSTITUTIONS

QUESTIONNAIRE

PART I. Institutional Data

1. Name of the Institution ____________________________________________________________

2. Institutional Location _____________________________________________________________

3. Highest Level of Offering (Check one only.)
   ___a. Two, but less than four years beyond secondary school
   ___b. Four or five year baccalaureate degree
   ___c. First-professional degree
   ___d. Master's degree or beyond master's but less than doctorate
   ___e. Doctorate

4. Institutional Control
   ___a. Public
   ___b. Private (Church affiliated)
   ___c. Private (Non-Church affiliated)
   ___d. Other. Explain _____________________________________________________________

5. State the number of students enrolled at your campus per headcount, Fall enrollment.
   ___a. 45,000 and over
   ___b. 44,999 - 30,000
   ___c. 29,999 - 10,000
   ___d. 9,999 - 4,000
   ___e. 3,999 and under

CHECK THE APPROPRIATE RESPONSE FOR NUMBERS 6 THROUGH 10.

6. Number of Full-time tenured faculty, Fall term
   ___a. 50 or less
   ___b. 51 - 199
   ___c. 200 - 499
   ___d. 500 - 999
   ___e. 1000 or more

7. Number of full-time non-tenured faculty, Fall term
   ___a. __________________________
   ___b. __________________________
   ___c. __________________________
   ___d. __________________________
   ___e. __________________________

8. Number of part-time faculty, Fall term
   ___a. __________________________
   ___b. __________________________
   ___c. __________________________
   ___d. __________________________
   ___e. __________________________

9. Number of full-time, non-faculty staff, Fall term
   ___a. __________________________
   ___b. __________________________
   ___c. __________________________
   ___d. __________________________
   ___e. __________________________
10. Number of part-time, non-faculty staff, Fall term
   a. __________ b. __________ c. __________ d. __________

11. Institutional Setting (Check one)
   a. Urban, over 100,000 population
   b. Urban, under 100,000 population
   c. Rural, over 25,000 population
   d. Rural, under 25,000 population

12. Number of years in your current position.
   a. 10 years or more b. 9 years to 5 years c. 4 years to 1 year d. Less than one year

13. What is the amount of time you spend administering the EAP?
   a. Full-time b. Part-time Please state percent __________

PART II. Status and Administrative Characteristics of Employee Assistance Program

1. Does your institution have a policy that addresses poor employee performance?
   __________ Yes __________ No. If yes, please return a copy with completed questionnaire.

2. Does your institution have a program or standard administrative procedure for meeting needs of employees with poor performance related to personal or health problems?
   __________ Yes __________ No. If no, please complete only Part VI of this questionnaire.

3. How long has program or procedure been operational? __________________________

4. State name of program __________________________

5. Where is the program administratively located and what is the related reporting process (i.e., personnel, health center, etc.)?

6. The services offered by the program include (Check the appropriate spaces):
   a. Counseling d. Education and training
   b. Referral services e. Long term care
   c. Supervisory consultation f. Other. Explain __________________________

7. The focus of the program is:
   a. Alcoholism d. Legal
   b. Medical e. Broadbrush
   c. Emotional Health f. Other. Explain __________________________
8. The annual goals or the percent of employees served by the program:
   a. 100 - 75%
   b. 74 - 50%
   c. 49 - 25%
   d. 24 - 1%
   e. Other. Explain

9. The problem area(s) the program was designed to address include:
   a. Excessive Absenteeism
   b. Alcoholism
   c. Organizational Stress
   d. Drug Abuse
   e. Occupational illness
   f. Other. Explain

10. The number of people the program is designed to serve is:
    a. 1000 or more
    b. 500 - 999
    c. 200 - 499
    d. 51 - 199
    e. 50 or less
    f. Other. Explain

11. The method of program funding is:
    a. Regular budget item
    b. Grant
    c. Contract
    d. Unbudgeted funds
    e. Other. Explain

12. What is the breakdown of the program staff?
    a. 1-3 Clinical Social Workers
    b. 1-3 Clinical Psychologists
    c. 1-3 Intake and Referral Counselors
    d. 1-3 Alcoholism Counselors
    e. Other. Explain

13. The specialized qualifications/certifications required of program staff include:
    a. Licensed Psychologist
    b. Licensed Clinical Social Worker
    c. Certified Alcoholism Counselor
    d. Recovering Alcoholic
    e. Other. Explain

14. How long has the program been operational?
    a. 10 years or more
    b. 9 years to five years
    c. 4 years to 1 year
    d. Less than one year
    e. Other. Explain

15. What types of treatment resources are used in the Program?
    a. Inpatient care
       (Hospital/Freestanding)
    b. Outpatient Care (Freestanding)
    c. Family Counseling (Short and long term)
    d. Counseling - Legal
    e. Counseling - Financial
    f. Counseling - Medical
    g. Other. Explain

16. How is treatment or assistance paid for?
    a. Institution pays total cost
    b. Employee pays total cost
    c. Third Party payment
    d. Other. Explain
PART III. Employee Assistance Program Operation

1. The planned methods the program services can be initially used by clients include:

   a. Self referral  
   b. Supervisory referral  
   c. Crisis intervention  
   d. Peer referral  
   e. Other. Explain  

2. Is the program use, as it applies to faculty and non-faculty personnel, based on deteriorating job performance? Yes No.  
   If yes, describe criteria and process and return a written copy with completed questionnaire.  
   
   If no, explain basis for determining program use  

3. The training provided as a program component includes:

   a. Alcohol education  
   b. Supervisory confrontation training  
   c. Supervisory coaching  
   d. Broadbrush education  
   e. Other. Explain  

4. The program training component is provided by

   a. In-house staff  
   b. Contract staff  
   c. Other. Explain  

5. The methods used to disseminate information about available services include:

   a. Written announcements  
   b. Newsletter  
   c. T.V. ads  
   d. Check stuffer  
   e. Other. Explain  

PART IV. Confidentiality Assurances.


   a. Employee problem diagnosis  
   b. Employee treatment/contract  
   c. No personally identifiable information  
   d. Other. Explain  

2. The nature and content of client information shared with supervisors includes
   a. Employee problem diagnosis
   b. Employee treatment/whole record
   c. No problem related information
   d. Other. Explain

3. Does the program utilize a signed "release-of-information" form to govern the release of personally identifiable client information? Yes  No.
   If yes, please return a copy of the form with the completed questionnaire.
   Also please explain the point in the client/program relationship at which the form is signed, and the conditions under which the form must be signed.

   If no, please explain procedures or assurances taken to protect client confidentiality.

4. Is there a published statement concerning client confidentiality? Yes  No. If yes, please provide copies of materials where statement is published.

PART V. Program Evaluation and Reporting

1. Do you have a formal mechanism for program evaluation? 
   a. Yes
   b. No
   If yes, please provide a copy.

2. What is the frequency of formal program evaluation?
   a. Annually
   b. Semi-Annually
   c. Quarterly
   d. Other. Explain

3. What is the frequency with which formal program progress reports are made?
   a. Annually
   b. Semi Annually
   c. Quarterly
   d. Other. Explain

4. State the title(s) or position(s) of the person(s) to whom reports are directed.

PART VI. Employee Assistance Program Considered but Not Developed.

Directions: Please circle the appropriate response.

1 2 3 4 5
Strongly Agree  Agree Don't Know Disagree Strongly Disagree
1. The institution has a need for an EAP-type program.

2. The institution leadership has not reached consensus on the merits of establishing an EAP.

3. The institution is not familiar with the procedures for establishing such a program.

4. The cost for establishing and maintaining an EAP is not feasible for this institution.

5. Contracting with an outside firm for EAP services is an attractive alternative for this institution.

6. The health benefits program(s) at this institution cover the costs of diagnosis of EAP-related matters only.

7. The health benefits program(s) at this institution cover the costs of treatment rehabilitation of EAP matters.

8. Comments or questions.

PART VII. General Comments.

This section of the questionnaire is provided to allow you to elaborate on any of the aspects of your EAP that were not previously addressed. Any other comments that may enhance the value of this research effort are also welcomed.
APPENDIX E
APPENDIX E

LOSS CONTROL BASED FORMULA USED TO ESTABLISH EAP OPERATING BUDGET

Formula

Total Number of Employees X 10% (Troubled Employees in the Workforce) X Average Salary X 25% (Level of Productivity Loss) = Total Value of Annual Loss

The formula, originated by the National Council on Alcoholism, shows the average cost per troubled employee to an organizational payroll.

EXAMPLE: 1,000 employees X 10% X $10,000 Average Salary X 25% = $250,000 Annual Loss.

A cost effective EAP can be operated on a budget that assumes a 70% efficiency rate compared to the organization's annual cost for productivity losses. Wherein an organization identifies annual productivity losses of $250,000 due to troubled employees, the organization should anticipate 70% average program efficiency thereby determining the budget limits set by savings created by the program.

The EAP Improves and Reduces

Retention Absenteeism
Morale Sick Leave Abuse
Productivity Medical Claims
Lost Time
APPENDIX F

ORGANIZATIONAL PLACEMENT OF THE EAP

The results of the study revealed that 43.8% of the EAPs are administered by the institutional Personnel Office. The ideal structural arrangement designed to maximize program efficiency for working with faculty and staff suggests the use of an EAP advisory group. As stated by Coleman and Hosokawa [The Promises and Pitfalls of Working with EAP Advisory Groups in Higher Education Institutions], the Presidential appointment of key leaders from the faculty and staff groups to serve on the advisory committee will assure appropriate input into the content and process of the EAP.
Poor Employee Performance

Confronted Documented by Supervisor

Referred to EAP

Employee Accepts Referrals and Assistance

Work Performance Corrected

Suspension or Probation

Behavior Corrected

Employee Fails to Acknowledge Problem

Supervisor Issues Warning About Poor Performance

Performance Continues to Deteriorate

Supervisor Takes Corrective Discipline

Discharge
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