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Current trends in employee assistance concerns : employee assistance professionals' reports on the presenting concerns of employees

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Theodore R. Healy
Current Trends in Employee
Assistance Consumer
Concerns: Employee
Assistance Professionals'
Reports on the Presenting
Concerns of Employees

ABSTRACT

This study explored current trends in the most commonly presented areas of

concern Employee Assistance (EA) professionals observed among their clients. It is

important to understand a comprehensive view of the state of current issues in the field as

well as the individual in context and the role work plays in individuals' lives; from

providing a source of income to a sense of self.

A nonprobability expert sample of 111 EA professionals was recruited through

participants' membership in professional organizations and a web-based group related to

the field. Participants held master's level certification or greater in mental health-related

fields, were certified in the EA field (CEAP), and currently provided EA services.

Participants took part in a quantitative online survey and were given an opportunity to

participate further in brief follow-up phone or email interviews.

Research found "Stress-related concerns," "Mental health," and "Marital

concerns" to be the top three concerns seen among EA clients. The effects of these issues

among our workforce can be widespread (e.g., physical health impacts) and costly (e.g.,

insurance increases). The findings of this study were both significant and representative

of the EA field. Identifying the prevalence of these concerns is of major importance to

providers and organizations who need this information to allocate resources for providing

services and indicates the importance of having trained professionals available to assist individuals. This study's findings also defend the position that mental health issues should achieve the same status (parity) physical health issues currently hold with regard to insurance benefits.

CURRENT TRENDS IN EMPLOYEE ASSISTANCE CONSUMER CONCERNS:

EMPLOYEE ASSISTANCE PROFESSIONALS' REPORTS ON THE PRESENTING

CONCERNS OF EMPLOYEES

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER I

INTRODUCTION

Freud has been quoted as saying: "Love and work are the cornerstones of our

humanness." Put another way, everyone works. Whether it is behind a desk, on a factory

floor, or in the home; humans employ their strengths, creativity, talents, efforts, and skills

to achieve a desired effect or result. For most adults, their experiences in their working

lives constitute a significant life domain typically representing roughly half of one's

waking hours throughout their lives (Russell, 2008). It provides a source of income, a

meaningful activity, personal development, a sense of self for individuals, and

productivity for society (Pavot & Diener, 2004; Russell, 2008).

Previous Employee Assistance (EA)-related research has presented a wide array

of issues present among individual clients over the past ten years, including mentoring

and coaching, work-related stress, client health or medical concerns, work and family life

balance, job performance and productivity, mental health, management and leadership

issues, critical incident or trauma response, and personal relationship issues. Further

research has identified the interrelatedness of these concerns and their broader

implications on such areas as individuals' satisfaction with their work and personal or

family lives and mental and physical health. As has been widely studied, individuals'

happiness, satisfaction with life, subjective well-being, and physical and mental health

are largely influenced by their work lives (Gottfredson & Duffy, 2008; Greenhaus &

Beutell, 1985; Judge & Watanabe, 1993; London, Crandall, & Seals, 1977; Russell, 2008;

Tait, Padgett, & Baldwin, 1989; Warr, 1999).

This study was designed to answer the question: "What are currently the most common areas of concern EA consumers are bringing to EA professionals when seeking their help?" The findings from this study will offer important information for the EA field. Identifying the most prevalent current concerns being presented by consumers of Employee Assistance Programs (EAPs) will assist EA programs in preparing for and providing the most appropriate services to their clientele.

In this study, EA professionals were asked to share their professional experiences of issues and frequencies currently facing EA consumers through an online survey. Participants were required to have had master's level or greater training and hold Certified Employee Assistance Professional (CEAP) licensure. Participants also had to have provided EA services for the past two years and be currently providing EA services to EA consumers.

Due to the nature of this topic and its potentially wide-reaching applicability, this is an area of study that can produce interesting and useful knowledge to the field of social work and beyond. EAPs are an important component of not only the mental health field but of the business world in general. EA professionals act as a front line resource for both individuals and organizations providing vital assessment, referral, and consultation services towards the betterment of their clients. This area of study could lead to the enhancement of social, mental health, and employment policy while also positively impacting employees' quality of life through the enhancement of services provided.

With individuals' work lives being of such significance to sense of self and social identity, in addition to directly affecting individuals' non-work lives, this area of study could also have many important implications for the mental health field in general. As

the workforce in the United States continues to evolve and adjust to the forces of the

global market, it will become increasingly important to understand the needs of all

employees and the dynamic relationship individuals have with their work.

CHAPTER II

LITERATURE REVIEW

So why is it important for the field to understand the nature of the current concerns facing employees in today's workplace? EAPs exist in a unique niche within the workplace. They can be generally characterized as a front line provider under the umbrella of the more general field of human services. They serve the needs of both individual and organizational clients towards the goal of ensuring both clients' success via happiness, health, and productivity. Due to their situation in and around companies and organizations, interventions provided by EAPs are typically directed towards addressing the presenting concern in the context of the workplace. With so much of individuals' lives spent in the workplace, and the significance of work in individuals' professional and social identities, it is no wonder that issues of daily life cross the blurred boundaries between individuals' work and non-work lives. Further, the significant role of work in individuals' lives and individuals' relationships and perceptions thereof can considerably impact individuals' overall sense of satisfaction, subjective well-being, and physical and mental health.

The relationship between individuals' work and non-work lives has been widely studied over the last half century. Tait, Padgett, and Baldwin provided the first meta-analytic estimate of the relationship between work satisfaction and life satisfaction in their 1989 research. Their analysis of correlations from 34 studies dating from 1955 through 1984 (combined N=19,811) estimated the average corrected correlation between

work satisfaction and life satisfaction to be .44, suggesting that a significant positive correlation exists between work satisfaction and life satisfaction (Tait et al., 1989).

Tait et al. (1989) hypothesized that gender would be a moderating factor in this relationship and that the correlation for women would be higher in more recent data than had been identified through earlier research. Through their analyses, they found that the correlation between work satisfaction and life satisfaction for women in the studies conducted after 1974 (.39, as compared to .37 for men in the same period) was nearly twice that for women in the studies prior to 1974 (.20, as compared to .40 for men in the same period). These data indicate that the relationship between life and work has changed substantially for women over the past 35 years.

Judge and Watanabe (1993) expanded upon Tait et al.'s (1989) research by attempting to answer the question of causality between work and life satisfaction. Their results confirmed Tait et al.'s (1989) findings of a positive relationship between work and life satisfaction, and went on to describe the two variables as being mutually causative (Judge & Watanabe, 1993). Results from their cross-sectional model suggested that the effects of the variables at one point in time were relatively strong and that the mutual effects were not significantly different. Their longitudinal study revealed that work and life satisfaction remained significantly positively and mutually related (over 5 years), although the direction of effect showed that the impact of life satisfaction on work satisfaction was significantly stronger than the effect of work satisfaction on life satisfaction (Judge & Watanabe, 1993).

Additional studies have pointed out the necessity of including other aspects of individuals' lives which may impact perceptions of work and life satisfaction. London,

Crandall, and Seals (1977) suggested that work satisfaction and attitudes toward work could not be understood in isolation. They hypothesized that leisure was an important aspect of life quality that may be important to work as well. In their study, they found little correlation between work and leisure satisfaction, although both measures accounted for meaningful variation in perceived quality of life across their sample. When controlled for demographic subgroups differences, however, their findings suggested that work satisfaction and leisure satisfaction contributed relatively little to the quality of life of minorities and other often "disadvantaged" subgroups compared to "advantaged" workers (London et al., 1977). The results of this study demonstrate that non-work-related variables can be more important to a full life than work satisfaction for many subgroups of the population.

Pearson (1998) also saw leisure as an additional factor that could positively affect an individual's work satisfaction and mental health, which thereby contributes to one's perception of quality of life. Similar to London et al. (1977), Pearson studied the extent to which work satisfaction and leisure satisfaction predicted psychological health, but instead controlled for occupational level ("blue-collar" and "white-collar" workers). He argued that while the education of the US workforce was at its highest point in history, most of the newly created jobs did not offer meaningful or challenging work. In this case, he hypothesized that workers would invest more in leisure activities as a means of enhancing quality of life (Pearson, 1998). He found a significant positive relationship between work satisfaction and mental health (also a quality of life variable), similar to results of previous studies that looked at the relationship between work satisfaction and quality of life variables (Tait et al., 1989).

Work satisfaction and leisure satisfaction were found to be significant positive predictors of mental health, although work satisfaction was found to be a better predictor of mental health. While work satisfaction was found to be significantly higher for "white-collar" workers than for "blue-collar" workers, the prediction of mental health was not affected by occupational status (Pearson, 1998). Similar to London et al. (1977), Pearson also found that the combination of work satisfaction and leisure satisfaction to be a stronger predictor of mental health than work satisfaction alone.

Subjective well-being was found to be an additional factor influencing general life satisfaction in a meta-analysis conducted by Russell (2008). Subjective well-being refers to "people's perceptions of their existence or their subjective view of their life experience. It consists of both cognitive and affective evaluations of their life and represents an ongoing state of psychological wellness" (p. 117). It is defined by "emotional well-being and positive functioning (psychological well-being and social well-being)" (Russell, 2008, p. 117).

Russell reviewed research on the relationships between work-related subjective well-being and both physical and mental health at work. She also focused on strategies for promoting well-being in the workplace which could potentially increase both subjective well-being and employee performance. Russell hypothesized that a workplace with employees exhibiting lower subjective well-being would have a higher rate of physical and mental health problems (Russell, 2008).

The research included in Russell's review of the literature presented a significant relationship between lower levels of subjective well-being and negative physical and mental health outcomes (Russell, 2008). Similar to previous findings of Tait et al. (1989)

and Judge and Watanabe (1993), Russell (2008) also suggested that work satisfaction should influence an individual's subjective well-being. Russell (2008) also suggested that an individual's opportunity for control, skill use, variety, interpersonal contact, and obtaining a valued social position are variables that have been found to influence work satisfaction, and thus subjective well-being and psychological and physical health. In sum, as Pavot & Diener (2004) note:

> … the pattern is consistent: Subjective well-being is associated with good success in the work-place. Happy workers are productive, satisfied workers, and their positive affect is associated with good organizational citizenship, good relations with coworkers, and improved conflict resolution. (p. 685)

Gottfredson and Duffy (2008) also reviewed research in the area of subjective well-being while focusing on person-environment congruence in the workplace. They hypothesized that individuals will seek and remain in work environments that are congruent with their personalities and vocational abilities, and that few individuals occupy largely incongruent environments. Their review of the literature found that congruence of individual and work environment is significantly related to subjective well-being and work satisfaction.

Hulin and Smith (1964) studied the relationship between gender and job satisfaction through research including 295 males and 163 females from four industrial plants located in New England and the Midwestern US. They indicated that previous findings generally found women were less satisfied than men since they tend to be placed in lower level jobs which have lower pay and offer fewer opportunities for promotion. Hulin and Smith

(1964) carried this belief forward in their hypothesis that female workers would be less satisfied than male workers.

Hulin and Smith (1964) found that female workers tend to be somewhat less satisfied than their male counterparts (in three out of four samples). They went beyond the basic concept of gender as a mediating factor by noting that gender alone did not determine one's job satisfaction. Hulin and Smith (1964) offer that it was only through the addition of such contextual variables as job level, pay, opportunity for promotion, and societal norms that differences in gender related to job satisfaction begin to emerge.

Some 40 years later, Kim (2005) also studied the relationship between gender and job satisfaction through a sample of public employees of the general service in the Seoul Metropolitan Government in Korea. Although sharing similar hypotheses as Hulin and Smith (1964), Kim (2005) also identified that previous studies around the relationship between gender and job satisfaction produced contradictory results. She hypothesized that, among the governmental employees of Korea, there would be a gender gap in job satisfaction, that gender would contribute to explaining job satisfaction, and that men would emphasize extrinsic job attributes (e.g., pay, promotion) while women would emphasize intrinsic job attributes (e.g., work satisfaction).

In Kim's (2005) survey of public employees (N=5,218), she found that women are slightly (11%) more satisfied with their jobs than are men across ten facets of job satisfaction measured. She also found that women and men value different attributes in their work lives with male respondents identified more with extrinsic rewards (e.g., promotion) and female respondents identified more with intrinsic rewards (e.g.,

satisfaction with work itself); a finding she identified as being consistent with previous studies of US workers.

Kim (2005) found that men who considered promotion as an important motive were less satisfied with their jobs than their female counterparts. She postulated that as a result of females' belief that promotion to the higher ranks of government jobs is very difficult, they tend to focus more on the challenge of the job itself than promotional opportunities and were thus more satisfied with their jobs than their male counterparts.

Additional variables to consider in the relationship between work and non-work life involve those around the family. The influences of individuals' families on their work and non-work lives can be both profound and conflictual. Greenhaus and Beutell (1985) examined sources of conflict between the work role and the family role through a meta-analysis of 24 studies. The authors posit that despite the blurring of work and family activities in some situations, work and family roles had distinct norms and requirements that may be incompatible with one another. Greenhaus and Beutell define work – family conflict as a "form of interrole conflict in which the role pressures from work and family domains are mutually incompatible in some respect" (1985, p. 77).

Greenhaus and Beutell (1985) found that participation in the work role can be made more difficult by virtue of participation in the family role, and vice versa. They identified three major forms of work – family conflict in their meta-analysis: time-based conflict (i.e., time is both finite and mutually exclusive), strain-based conflict (i.e., strain related to one role can affect another role), and behavior-based conflict (i.e., different roles often elicit and endorse different behaviors). Based on the literature reviewed,

Greenhaus and Beutell (1985) identified a model of work – family conflict pointing to a generally increasing interdependence of work and family lives.

Kossek and Ozeki (1998) explored the relationship among work – family conflict, policies, and job and life satisfaction through a meta-analytic review of 46 correlations between job satisfaction and work – family conflict, and 26 correlations for life satisfaction. They found that regardless of the type of measure used (bidirectional work – family conflict, work-to-family, or family-to-work), a consistent negative relationship existed among all forms of work – family conflict and job – life satisfaction. They found that people with high levels of bidirectional work-to-family conflict tend to be less satisfied with their jobs (-.31). The relationship found for combined work-to-family and bidirectional conflict measures was .44 for job satisfaction and .47 for life satisfaction. Kossek and Ozeki (1998) also found that as people experienced more conflict between their work and family roles, their levels of job and life satisfaction decreased. The study indicated that work interference with family life (work-to-family conflict) is likely to hurt workers' job satisfaction to a greater extent than family-to-work conflict.

Duxbury and Higgins (1991) introduced gender as a moderating factor in the work – family relationship in an attempt to identify differences in the antecedents and consequences of work – family conflict. Their study included two samples (131 males and 109 females) of managerial and professional individuals with managerial or professional spouses and children from 19 organizations. Duxbury and Higgins (1991) hypothesized that both male and female parents have been changing foci: women were increasingly being forced to deal with job-related demands that limit their performance of family roles, while men were becoming more involved with their families and their

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priorities were shifting away from work. These trends resulted in increasing levels of

work – family conflict.

 Duxbury and Higgins (1991) found that both men and women seem to experience

the same degree of difficulty in balancing work and family demands as a consequence of

family expectations. They also found that the relationship between quality of work life

and life satisfaction was found to be significantly stronger for women while the

relationship between quality of family life and life satisfaction was significantly stronger

for men. The gender differences in Duxbury and Higgins' (1991) findings indicated that

gender differences in the antecedents and consequences of work – family conflict

experienced by partners in dual-career families may be a consequence of the societal

expectations and behavioral norms that people face as they occupy a combination of

roles, rather than a result of inherent biological differences between men and women.

 Duxbury and Higgins' (1991) findings also indicated that few changes have occurred

in society's perception of gender-specific work- and family-role responsibilities in the

recent past. They surmised that at least as of 1991, "the redistribution of roles within the

family to match increased role responsibilities outside the home has not yet occurred"

(Duxbury & Higgins, 1991, p. 60). Lastly, they suggested that women may have fewer

options than men for achieving control over competing role demands as professional

women were expected to be committed to their work just as were men, at the same time

that they were required to give priority to their family roles.

Thematic Review of Employee Assistance Literature

As a means of assessing the recent trends in issues presented in the EA literature,

a thematic review of 121 randomly selected articles was conducted. These articles were

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selected from five EA-related journals: The Journal of Employee Assistance, The Journal of Occupational and Environmental Medicine, The Journal of Organizational Behavior, The Journal of Workplace Behavioral Health, and The Academy of Management Review. Articles from the part ten years were selected by their relevance to the topic of this study (i.e., topics selected were considered to be more oriented towards issues of individual consumers/employees as opposed to more general issues oriented towards a company/organization or towards the profession as a whole). Significant themes within these articles were identified and coded yielding 42 themes. For purposes of this review, a topic or theme's presence in the EA literature was considered an indication that the field has deemed it to be currently prevalent or of particular interest regarding future trends.

This review of recent EA literature found such themes as "Mentoring/coaching" (16% of the articles' themes reviewed), "Stress" (10%), "Client health/medical concerns" (9%), "Work life and family/personal life balance" (8%), "Job performance/productivity" (8%), "Mental health" (5%), "Management/leadership issues" (5%), "Critical incident/trauma response" (5%), and "Personal relationships" (5%). These nine thematic areas accounted for 20% of the 42 thematic areas identified in the articles and for over 70% of the 121 articles' themes reviewed.

The literature and research presented above describes individual issues deemed important by the field. While each topic presented is relevant and of significant value to the field, this study proposed to survey the most prevalent concerns/issues among employee assistance consumers today. This study's exploratory/descriptive design hoped to detail the current trends in concerns EA consumers are presenting to EAPs as

described by EA professionals. As will be evident in the Findings chapter later, the

current survey's results differ from those in previous research studies.

CHAPTER III

METHODOLOGY

The purpose of this study was to enhance understanding of the current trends in issues affecting employees in the workforce. Identifying the current concerns being presented by consumers of EAPs will assist program directors in ensuring that the most appropriate services are being offered. The study was designed to answer the question: What are the most common areas of concern employee assistance consumers are bringing to employee assistance professionals when seeking their help?

A mixed and flexible method was applied in this descriptive research design consisting of: 1) a survey including multiple choice questions and brief open-ended answer boxes, and 2) an optional follow-up interview via telephone or email where participants could expand on topics from the survey and their professional experience relevant to the study. An eleven item self-created survey was used which asked participants to rate the frequencies among clients of fifteen areas of concern, including: client health and/or medical concerns; significant other health and/or medical concerns; marital concerns; family, significant other, and/or parenting concerns; work life and personal and/or family life balance; financial concerns; alcohol and/or drug related issues; legal concerns; stress-related concerns; mental health; job performance and/or productivity; work-related issues (manager and/or supervisor, relationships); major life event and/or personal adjustment; eating disorders; and housing concerns (see Appendix A for a copy of the online survey). Participants were also given the opportunity to include and rate additional areas of concern among their clients as they saw appropriate.

Basic demographic information, location of practice, experience in the field, type of professional training, percentage of clients that were mandated for services, and percentage of clients that sought services of their own volition were information items collected as well. The survey was administered using SurveyMonkey.com, an online survey tool allowing for secure and anonymous data collection (see Appendix B for a copy of the recruitment flier).

Follow-up interview data were collected from survey participants who indicated their interest in participating further in the online survey. Interviews were conducted via telephone and email and followed a structured interview guide that was used in conjunction with questions that emerged within each unique interview in order to elaborate on the content of the research. Descriptive statistics were used to describe in quantitative terms the group of participants who volunteered and the nature of their clients' presenting concerns.

Sample

All participants included in this study were required to be employed as EA professionals who met the following criteria: 1) participants must be at least 21 years of age; 2) participants must hold, at minimum, a master's level professional license in a mental health related field (e.g., social work, marriage and family therapy, clinical psychology, psychiatry); 3) participants must currently be a CEAP; 4) participants must have provided EA-related services for at least the last two years; 5) participants must be currently providing services to EA consumers in the field; and 6) participants must be willing to take part in an online survey and potentially the follow-up interview.

Those excluded from this study included: 1) individuals under the age of 21; 2) individuals who did not hold a master's level professional license in a mental health related field; 3) individuals who were not currently licensed as CEAPs; 4) individuals who had not provided Assistance -related services during the last two years; 5) individuals who were not currently providing services to EA consumers.

A nonprobability expert sample (Anastas, 1999) of 125 EA professionals was recruited through participants' membership in one of two Employee Assistance professional organizations (the Employee Assistance Society of North America [EASNA] or the Employee Assistance Professionals Association [EAPA]) or through their membership in the Employee Assistance Manager (EAM) national online listserv (see Appendix C for a copy of the letter from EAPA with approval to distribute an invitation to participate in the online survey among their members). During initial analyses, 14 participants were removed from the sample: 13 did not complete the survey beyond the demographic questions (questions 1-8) and one indicated s/he was a trainee and thus did not meet selection criteria. The final sample consisted of 111 EA professionals.

Advertising primarily online through EA professional organizations reached a segment of the population who would have been more technologically sophisticated and potentially more connected with their professional organizations. Participants were those privileged enough to be able to volunteer their time for the brief survey. Anastas points to the unknown "volunteer factor" and the unanswerable question of "who among those who read the advertisement and met the study criteria volunteered and who did not" (1999, p. 286). There is no tool to identify potential participants who met study inclusion

criteria and chose not to participate. Participants were individuals possibly more interested in their profession or felt they had valuable information to share. The data will not reflect viewpoints of those who felt they had little to report of their experiences within the field or were not interested in their current roles.

Data Collection

Following approval of the study's design and all materials to be used by the Smith College Human Subjects Review Committee, the study began December 7, 2008 and concluded March 27, 2009 (See Appendix D for a copy of the Human Subjects Review Committee approval letter). A brief introduction and description of the study and a link to the online survey were posted in the member section of the EAPA website, in the member chat room of the EASNA website, and as two different chat items over the course of data collection in the EAM national online listserv. All participants were informed that the eleven item online survey would take approximately ten minutes to complete and that if they chose, they would also have the opportunity to take part in a follow-up interview.

Participants who chose to access the online survey clicked on the link included in the brief introduction and description of the study mentioned above. Once routed to the survey, participants arrived at an informed consent page which asked if they met the previously mentioned inclusion criteria and agreed to the terms of the consent (see Appendix E for a copy of the online survey informed consent). After reading and clicking "OK" to indicate participants had read and agreed to the online survey informed consent form, they were able to begin the survey.

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SurveyMonkey allowed for complete anonymity among survey participants if they chose. Basic demographic information such as age, gender, race/ethnicity, type of professional training and the geographic area in which participants practiced were collected. Participants were not asked where they were employed although they were asked to specify within a range of years how long they had provided services in the EA field and the percentage of their clients who were mandated to services or sought services of their own volition. In addition, participants' age, type of professional training, and years of experience in the field were collected in order to determine if participants met desired study criteria.

The main quantitative questions of the online survey asked participants to rate the frequency of fifteen presenting concerns of their clients using a 6-item Likert scale ("All the time"; "Very often"; "Often"; "Sometimes"; "Rarely"; "Never"). Participants were also given adequate space to enter in additional client presenting concerns and rate them using the same 6-item Likert scale. Participants were given the opportunity to expand on their previous responses in an open-ended format and given space to respond if they chose (see Appendix A for copy of the online survey).

At the completion of the online survey, participants who chose to participate in the follow-up interview portion of the study were provided space to include their contact information. The researcher's contact information was also provided allowing interested participants to not include their contact information and still take part in a follow-up interview. All contact information was gathered from the secure online data source on a regular basis. Once this contact information was gathered, any ties to the participants' survey responses were removed.

Participants who indicated interest in taking part in follow-up interviews were contacted by the researcher and separate informed consent forms were distributed (see Appendix F for a copy of the follow-up interview informed consent). Only individuals who returned signed and completed follow-up informed consent forms to the researcher participated in follow-up interviews.

Follow-up interviews were conducted by phone and email. Interview participants were asked the range of years they had provided services in the field of Employee Assistance, type of professional training, type of EA program they were currently working in (internal, external), the most commonly occurring presenting concerns within their clientele during the past year, and any changes participants have observed in their clients' presenting concerns during their experience in the EA field. Additionally, interview participants were asked to elaborate on current presenting concerns, changes they have observed in presenting concerns during their professional experience, and/or to provide case examples which illustrated their observations. Interview participants were not asked where they were employed and no information was collected that could connect any interview participants to their online survey response (see Appendix G for a copy of the follow-up interview guide).

Follow-up interviews conducted by phone were recorded and the salient points transcribed. Texts from email correspondence with interview participants were reviewed and the salient points saved. Follow-up interview consent forms, electronic correspondence, and interview recordings were coded and securely stored.

Because this research study surveyed EA professionals' observations of their clients' presenting concerns, risks to study participants were dramatically decreased.

Survey participants were able to remain completely anonymous. Since all participants were mental health professionals, a referral resource list for those who might need counseling for survey-related distress was not provided. This study provided EA professionals with the opportunity to report on the state of affairs of their clients' concerns in their expert opinions. Participants could have benefited from reflecting on their professional experiences and from contributing to a greater understanding of EA consumers' needs while potentially assisting in the future development of EA programs.

Data Analysis

Once the data collection period ended, data were downloaded from SurveyMonkey. Data were reviewed for errors. Responses from survey question ten (participant added concerns) were analyzed and combined by theme. Where appropriate, participant added concerns were recoded as the original 15 concerns of the survey (e.g., participant added concerns "child issues" and "eldercare concerns" were recoded as the original "Family/significant other/parenting concerns"). Participant added concerns that did not thematically match the original 15 concerns were combined by theme where appropriate into unique additional concerns (e.g., participant added concerns "feeling threatened" and "bullying in the workplace" were recoded as "Workplace bullying/violence"). Data were then sent to the statistical consultant for Smith College, School for Social Work for analysis. For each area of concern, the percentages of respondents rating that concern at each level were calculated. Descriptive data analysis provided the mean, median, and modal scores of concerns by participants' demographic information.

Participants who only provided demographic information and did not rate the provided fifteen areas of client concerns or who did not meet inclusion criteria were not included. Out of 125 participants who began the survey, 111 at least partially rated the provided fifteen areas of client concerns and were used in analysis.

Included in the survey was one open-ended question asking participants to elaborate on their responses to the previous survey questions and on whether they felt some important aspect of their work or the issues facing their clients had been overlooked in the survey. Follow-up interviews were conducted in order to further explore participants' experiences in the EA field and their clients' presenting concerns. Responses to the open-ended survey question and follow-up interviews were analyzed for common themes around participants' clients' presenting concerns. Each category was assigned a code in the analysis. Data gathered through the open-ended survey question and follow-up interviews enhanced the quantitative survey results.

For a full summary of data collected by this study, please refer to Chapter IV: Findings.

CHAPTER IV

FINDINGS

The study was designed to answer the question: What are the most common areas of concern employee assistance consumers are bringing to employee assistance professionals when seeking their help? To that end, EA professionals were asked to share their professional experiences of issues currently facing EA consumers through an online survey. The findings from this study offer important information for the EA field. Identifying the most prevalent current concerns being presented by consumers of EAPs will assist EA programs in preparing for and providing the most appropriate services to their clientele.

Out of 125 participants who viewed or began the online survey, 111 participants completed the survey. Frequencies were calculated with N=111. Of those 14 participants removed, one indicated s/he was a trainee and thus did not meet selection criteria. The remaining 13 did not complete the survey beyond the demographic questions (questions 1-8). There were four cases where participants entered in additional areas of concern but did not rate their frequencies. There was also one case where a participant entered a frequency rating but did not indicate the corresponding concern. In both of these cases the data were removed.

Sample

For this participant sample, participants' mean category of age was 51-55 years of age (24.3%) with nearly one third indicating being between 56-60 years of age (31.5%). Participants were overwhelmingly female (64.9%, male=35.1%). Few participants

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reported being of racial/ethnic backgrounds other than European American/White (94.6%), with remaining participants identifying as African American/Black, Spanish/Hispanic/Latino, and Hispanic American/White. All participants provided services in the United States. The findings revealed that within the sample, participants' years of experience in the EA field ranged from five years or less (4.5%) to 31-35 years (0.9%) with an average of 16-20 (27.9%) years of experience.

Figure 1: Participant Age

Figure 2a: Participant Years in EA Field

Figure 2b: Participant Years in EA field

Figure 3: Participant Professional Training
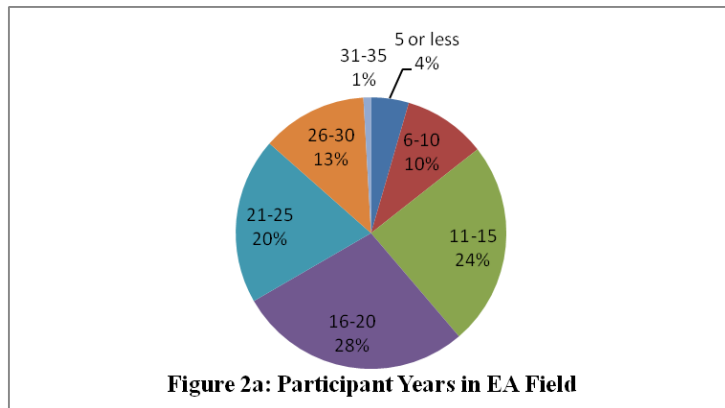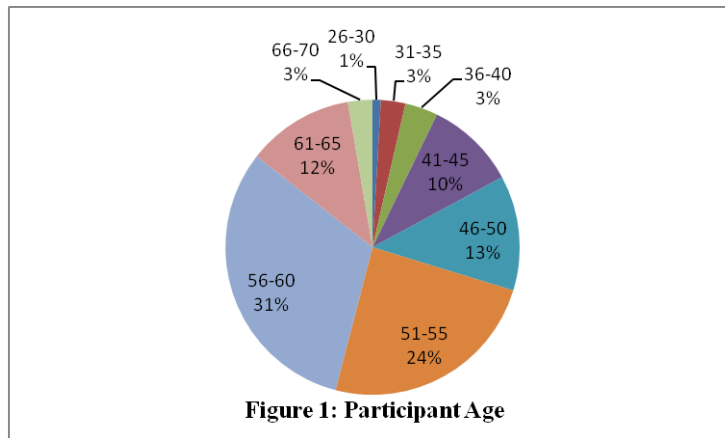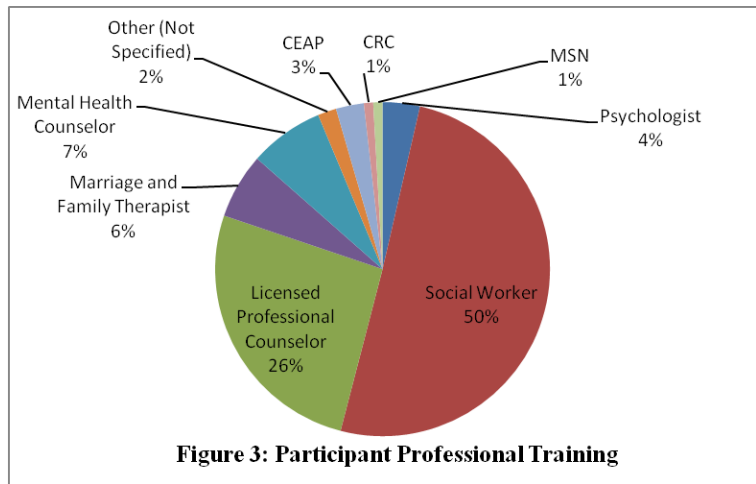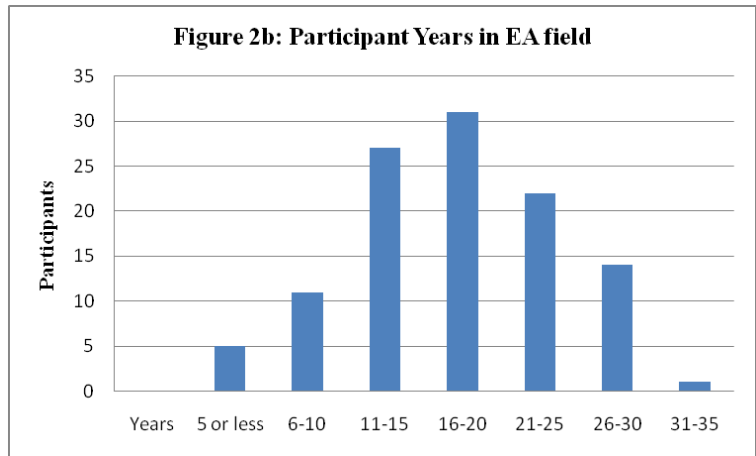
Over one-half of participants were trained as Social Workers (50.5%) with over

one quarter trained as Licensed Professional Counselors (LPC) (26.1%). In general, all

professional disciplines represented in the sample rated the 15 original concerns included

in the study while participants indicating being trained as Social Workers and LPCs

accounted for a majority of frequency ratings of the participant added concerns. A

majority of participants indicated that their clients largely sought services of their own

volition (non-mandated). Nearly two-thirds of participants (58.6%) indicated that only

1%-10% of their clients were mandated to services. As was hoped, when participants

were asked in two separate survey questions to report on the percent of their clients who

were mandated to services and on the percent of their clients who were not mandated

("… sought services of their own volition"), participants responded in a generally

mutually exclusive manner. Over 80% of participants reported that 20% of their clients

or less were mandated to their services while greater than 71% of participants reported

that 81% of their clients or greater sought EA services of their own volition.

Figure 4: Percent Mandated Clients

Figure 5: Percent Non-Mandated Clients
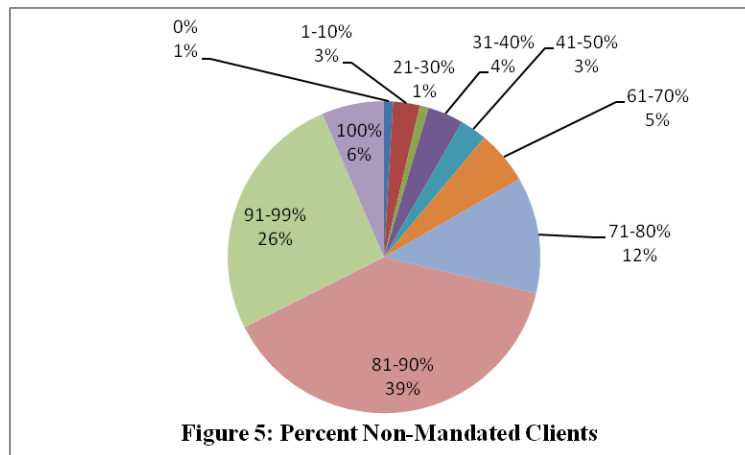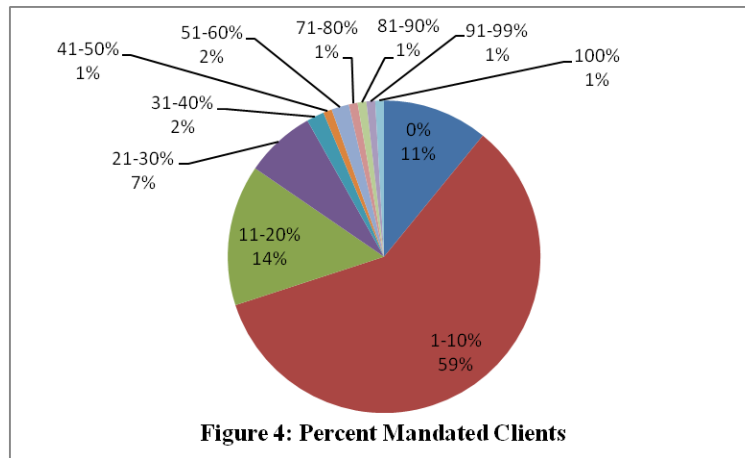
A recent national study of EA professionals commissioned by the Employee

Assistance Professionals Association (EAPA) (N=379) found similar age (mean years of

age=53.3), gender (female=59.1%, male=40.9%), and amount of professional experience

(mean years experience as an EA professional=15.8; mean years experience since CEAP

certification=11.8) to this study's sample (Applied Measurement Professionals (AMP),

2009). While this study found all participants to be practicing in the United States,

participants in the EAPA's study represented 13 countries in addition to 41 states and the

District of Columbia. This study's inclusion criteria stipulated that participants hold a

master's level or higher degree. The EAPA's study found nearly 70% of participants to

hold a master's degree and 75% to hold a graduate (master's or doctoral) degree (AMP,

2009). Based on these statistics of the same EA professional population, this study's

sample and findings are largely generalizable.

<div align="center">Responses-All Concerns</div>

Participants tended to rate concerns in the middle to upper-middle range of the

six-item Likert scale ("All the Time," "Very Often," "Often," "Sometimes," "Rarely,"

and "Never"). Fewer than 10% of participants rated concerns as "All the Time" with less

than one percent rating concerns as "Never". Ratings "Very Often," "Often," and

"Sometimes" accounted for nearly 80% of participants' responses (79.34%) and the

distribution of responses across these three frequency ratings varied by less than one

percent.

Figure 6: Mean Concern Frequency Ratings Pie Chart (All Concerns)

- 9% All the Time
- 27% Very Often
- 26% Often
- 26% Sometimes
- 11% Rarely
- 1% Never
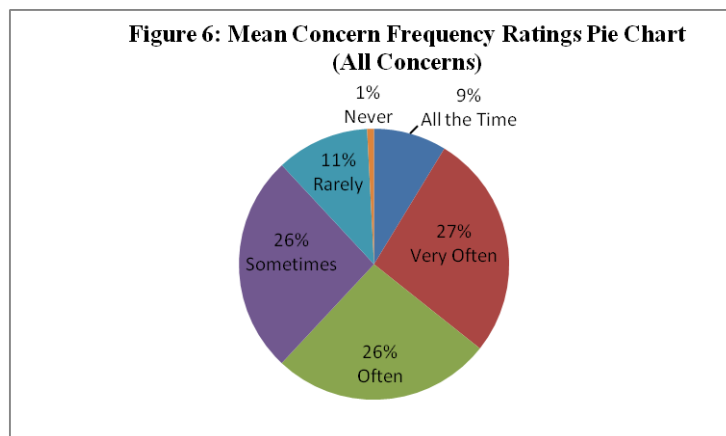
For the purpose of data analysis, concerns' frequency ratings were coded with corresponding numerical values ("All the Time"=1, "Very Often"=2, "Often"=3, "Sometimes"=4, "Rarely"=5, and "Never"=6). For the purpose of discussion, concerns' frequencies will be primarily reported in the way they were presented in the survey (e.g, "All the Time"). In cases of fractions, .4 or less was rounded "up" to the next more frequent rating while .5 or greater was rounded "down" to the next less frequent rating.

This study found "Stress-related concerns" (mean=1.89; "Very Often"), "Mental health (e.g. depression, anxiety, other emotional/psychological issues)" (mean=1.97; "Very Often"), and "Marital concerns" (mean=2.23; "Very Often") to be the three concerns most commonly seen by EA professionals among their clients (among concerns with greater than one respondent).

Figure 7: Mean Concern Frequency Ratings, All Concerns

* = Concerns with 1 response
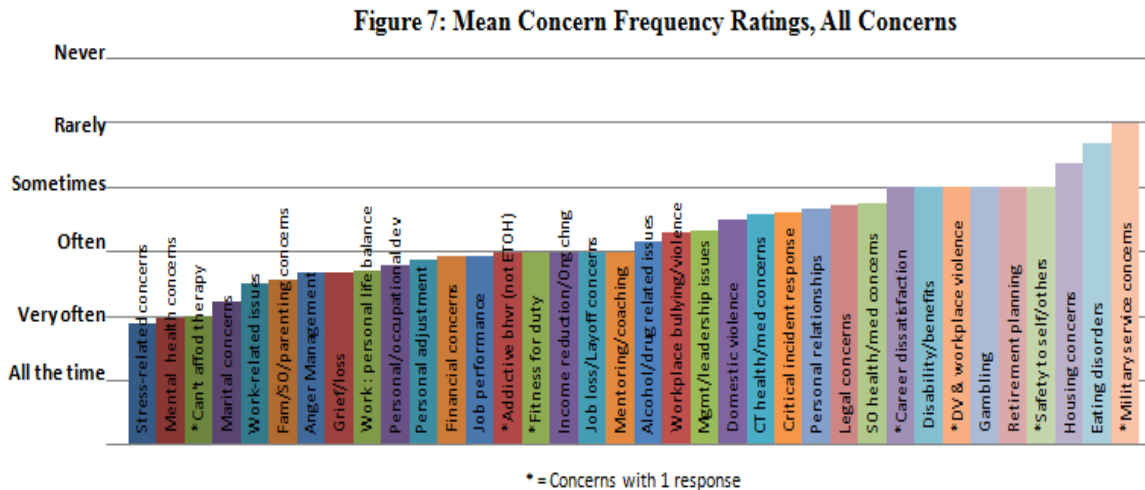
Responses and Frequency Ratings-Original 15 Concerns

In the survey, participants were initially asked to rate the frequency with which they were presented with 15 areas of client concerns. Participants were also given space to include additional areas of concern beyond these original 15. As expected, participants

provided frequency ratings for the original 15 concerns more often than they chose to add and rate additional concerns. As a result and similar to the concern ratings of the study's 36 concerns, ratings "Very Often," "Often," and "Sometimes" accounted for nearly 80% of participants' ratings (78.80%) of the 15 original concerns and the distribution of responses across these three ratings varied by less than two percent.
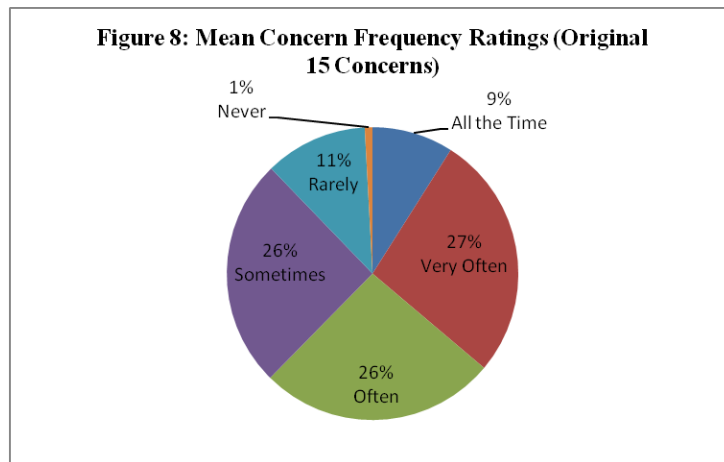
Figure 8: Mean Concern Frequency Ratings (Original 15 Concerns)

Nearly one-third of participants (30.84%) who rated the frequency of "Stress-related concerns" in this study indicated that it was seen "All of the time" among their clients. Nearly one-quarter of participants (23.64%) who rated the frequency of "Mental health (e.g., depression, anxiety, other emotional/psychological issues)" in this study indicated that it was seen "All of the time" among their clients. Of the original 15 areas of concern included in the online survey, "Stress-related concerns" (83.18%), "Mental health (e.g., depression, anxiety, other emotional/psychological issues)" (80.91%), and "Marital Concerns" (70.0%) were rated as occurring "Very Often" or more frequently by participants.

"Mental health (e.g. depression, anxiety, other emotional/psychological issues)" (98.18%), "Stress-related concerns" (97.20%), "Marital Concerns" (94.55%), "Work-

related issues (manager/supervisor, relationships)" (89.09%), "Family/significant other/parenting concerns" (86.36%), and "Work life and personal/family life balance" (82.57%) were rated by 80% or more of participants as occurring "Often" or more frequently. Conversely, a majority of participants indicated that the concerns of "Eating disorders" and "Housing concerns" occurred "Rarely" or less frequently (62.96% and 53.27% respectively).

<div align="center">Responses-Participant Added Concerns</div>

Beyond the original 15 concerns included in the survey, 42 participants (37.83% of the sample) chose to enhance their responses by adding a total of 105 additional concerns. On average, these 42 participants added 2.5 additional concerns each (minimum=1 additional concern [11 participants]; maximum=7 additional concerns [3 participants]). Participant added concerns were analyzed and grouped by theme.

Where appropriate, participant added concerns were recoded as the original 15 concerns of the survey; 45 (42.86%) participant added concerns were deemed similar in theme to ten of the 15 original concerns and were recoded as these ten original concerns. Sixty participant added concerns (57.14%) were deemed significantly different from the fifteen original concerns. Of these 60 participant added concerns, 21 new concerns were created and coded.

In cases where the rating of the recoded concern was the same as the original concern's rating, only one rate was included for analysis. In cases where the rating of the recoded concern was different from the original concern's rating, the additional concern's rating was averaged with the original concern's rating. When the average of these two rates yielded a fraction, the fraction was rounded "up" to the next more frequent rating

<div align="center">30</div>

(21 instances). Two participant added concerns that were recoded as one of the 15 original concerns were noteworthy based on the quantity of responses per category: 19 participant added concerns were recoded as "Family/significant other/parenting concerns"; seven participant added concerns were recoded as "Work related issues."

Of the participant added concerns that were grouped by theme and coded as unique additional concerns, five were noteworthy based on the quantity of responses per category: seven participant added concerns were grouped and recoded as "Job loss/layoff concerns"; seven participant added concerns were grouped and recoded as "Workplace bullying/violence"; five participant added concerns were grouped and recoded as "Critical incident/trauma response"; five participant added concerns were grouped and recoded as "Gambling"; and five participant added concerns were grouped and recoded as "Personal/occupational development."

There were six participant added concerns which were deemed unique from the rest where their frequencies were only rated by one participant. These seven additional concerns were included as unique concerns: "Addictive behavior other than drugs/alcohol" (i.e., internet addiction); "Cannot afford therapy"; "Career dissatisfaction"; "Domestic violence/workplace violence"; "Military service concerns" (i.e., post deployment issues); and "Safety to self/others." Although "Gambling" could have been grouped with "Addictive behavior other than drugs/alcohol," there were five instances as previously noted where "Gambling" was added verbatim by participants and thus was kept as a unique concern.

Frequency Ratings-Participant Added Concerns

Despite taking additional time during the online survey to list and rate the

participant added concerns, the majority of participants tended to rate these additional

concerns in the middle to lower-middle range of the six-item Likert frequency scale.

Only one participant (two percent of the participants who chose to list and rate additional

concerns) indicated that s/he saw an additional concern "All the time" ("Anger

Management"). Ratings "Often" and "Sometimes" on either side of the midpoint of the

six-item Likert scale accounted for nearly 75% of participants' ratings (72.58%) of these

additional concerns.

Figure 9: Mean Concern Frequency Ratings (Participant Added Concerns)
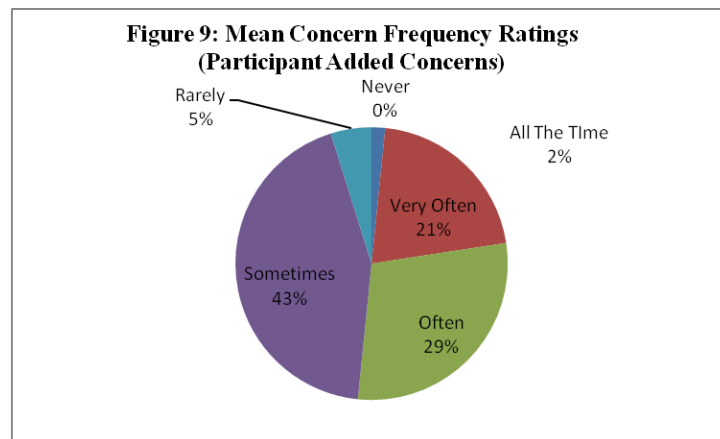
Of the participant added concerns, this study found "Anger Management" and

"Grief/Loss" (mean=2.67 for both; "Often"), "Personal/occupational development"

(mean=2.80; "Often"), and "Income reduction/Org change/Job change," "Job loss/Layoff

concerns," and "Mentoring/coaching" (mean=3.00 for all three; "Often") to be the

concerns most commonly seen by EA professionals among their clients (among concerns

with greater than one respondent. Although the concerns "Cannot afford therapy" and

"Addictive behavior other than drugs/alcohol" were rated as occurring "Often" or more

frequently, they were excluded from the above list due to only one participant

adding/rating them.

One-third of participants (33.33%) who rated the frequency of "Anger

Management" in this study indicated that it was seen "All of the time" among their

clients ("Anger Management" was the only participant added concern that received any

frequency ratings of "All of the time" in this study). Of the 21 additional concerns added

by participants in this study that received two or more responses, "Mentoring/coaching"

(50.00%, two responses) and "Fitness for duty" (50.00%, two responses) were rated as

occurring "Very Often" by participants. "Mentoring/coaching" (100%, two responses),

"Grief/Loss" (100%, three responses), and "Personal/occupational development"

(80.00%, five responses) were rated by 80% or more of participants as occurring "Often"

or more frequently. Conversely, a majority of participants indicated that the concerns of

"Gambling" (80.00%, five responses), "Domestic violence" (75.00%, four responses),

"Management/leadership issues" (66.67%, three responses), and "Personal relationships"

(66.67%, three responses) occurred "Sometimes" or less frequently.

Correlations: Concerns and Professional Training

Participants were similar in their concern frequency ratings across professional

disciplines with a mean rating of "Often" (3.11). Concern rating responses varied by less

than one point (0.76) among professional training categories. On average, participants

indicating being trained as CEAPs rated frequencies of client concerns included in this

study the most frequent while participants indicating being trained as LPCs rated

frequencies of client concerns the least frequent. There were no significant variations by

discipline between the concern frequency ratings of the original 15 concerns and the

entire set of 36 concerns.

Figure 10: Mean Concern Frequency Rates by Professional Training (All Concerns)
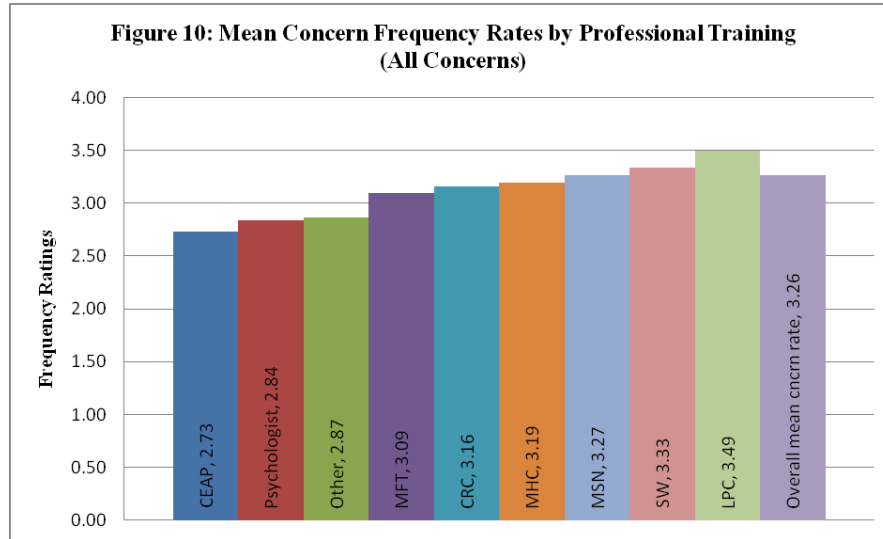
There were two instances where participants who indicated being trained as

LPC's reported significantly different concern frequency ratings compared to the mean

frequency rating across all professional disciplines: in the case of "Work life and

personal/family life balance," the mean LPC rating was "Never" (5.79) compared to the

overall mean rating of "Often" (2.70) across all professional disciplines; and in the case

of "Stress-related concerns," the mean LPC rating was "Rarely" (5.17) compared to the

overall mean rating of "Very Often" (1.89) across all professional disciplines.

It is not surprising that participants indicating being trained as MFTs rated

"Domestic violence" (mean= 2, "Very Often") as occurring more frequently among their

clients than other professional disciplines (overall mean=3.5, "Sometimes" – four

responses). Participants indicating being trained as MHCs and CEAPs indicated seeing

"Job loss/Layoff concerns" more frequently among their clients (means=2, "Very Often")

than their Social Work (mean=3.25, "Often") and LPC (mean=3, "Often") counterparts (overall mean=3, "Often" – seven responses).

Participants indicating being trained as Social Workers (mean=4, "Sometimes") and LPCs (mean=2, "Very Often") varied dramatically in their frequency ratings of "Personal/occupational development" compared to an overall mean of "Often" (mean=2.8, five responses). Participants indicating being trained as Social Workers varied in their frequency ratings of "Retirement planning" (mean=5, "Rarely") and CEAPs (mean=3, "Often") compared to an overall mean of "Sometimes" (mean=4, two responses.

Correlations: Concern Frequencies and Years Experience

Participants were similar in their concern frequency ratings across years of experience in the EA field with a mean rating of "Often" (3.09). Concern rating responses varied by less than one point (0.71) depending upon respondents' years of experience. On average, participants with 6-10 years of experience rated frequencies of client concerns the most frequent while participants with 26-30 years of experience rated frequencies of client concerns the least frequent. In general, this study found that participants with more professional experience rated the 36 study concerns as occurring slightly less frequently among their clients than participants with fewer years of experience. On average, frequency ratings of the participant added concerns showed somewhat greater variation among the categories of professional experience than frequency ratings of the set original 15 concerns or the entire set of 36 original and participant added concerns.

Figure 11: Mean Concern Frequency Rates by Years Experience (All Concerns)

Frequency Ratings (y-axis: 0.00 to 4.00)

Bars labeled:
- 6-10, 2.71
- 5 or less, 2.88
- 16-20, 2.99
- 31-35, 3.16
- 11-15, 3.23
- 21-25, 3.25
- 26-30, 3.42
- Overall mean cncrn rate, 3.26

Figure 12: Mean Concern Frequency Rates by Years Experience (Participant Added Concerns)

Frequency Ratings (y-axis: 0 to 4)

Bars labeled:
- 5 or less, 2.50
- 6-10, 2.60
- 11-15, 2.88
- 16-20, 3.40
- 21-25, 3.50
- 26-30, 3.64
- 31-35, 3.67
- Overall mean cncrn rate, 3.41

Participants with 6-10 years of experience rated "Alcohol/drug related issues" as being significantly more frequent among their clients (mean=2.36, "Very Often") than those with 5 or fewer years of experience (mean=3.60, "Sometimes") and more frequent than the mean rating of "Often" (3.16). The participant with 31-35 years of experience rated "Job performance/productivity" as being significantly more frequent (mean=2.00, "Very Often") than did this person's colleagues with 26-30 years of experience (mean=3.36, "Often") and the overall sample's mean rating of "Often" (2.94), although

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only one participant in the sample reported having 31-35 years of experience. The participant with 31-35 years of experience rated "Major life event/personal adjustment" as being less frequent (mean=4.00, "Sometimes") than did his/her colleagues with 16-20 years of experience (mean=2.27, "Very Often") and the mean rating of "Often" (2.89), although again only one participant in the sample reported having 31-35 years of experience.

In general, this study found significant amounts of variation among frequency ratings of participant added concerns when compared to participants' years of professional experience. Participants with 6-10 years of experience rated "Anger Management" as being significantly more frequent (mean=2.00, "Very Often") than those with 11-15 years of experience (mean=4.00, "Sometimes") and more frequent than the mean rating of "Often" (2.67) among three total responses. Mean concern frequencies of categories where participants numbered only one or two were not included in this discussion.

Participants with 26-30 years of experience rated "Gambling" as being significantly more frequent (mean=3.00, "Often") than those with 11-15 years of experience (mean=5.00, "Rarely") and more frequent than the mean rating of "Sometimes" (4.00) among five total responses. Participants with 11-15 years of experience rated "Income reduction/Organizational change/Job change" as being significantly more frequent (mean=2.00, "Very Often") than those with 11-15 years of experience (mean=4.00, "Sometimes") and more frequent than the mean concern rating of "Often" (3.00) among four total responses. Participants with five or fewer years of experience rated "Job loss/Layoff concerns" as being significantly more frequent

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(mean=2.00, "Very Often") than those with 21-25 years of experience (mean=4.00, "Sometimes") and more frequent than the mean rating of "Often" (3.00) among seven total responses. Participants with 6-10 and 16-20 years of experience rated "Workplace bullying/violence" as being significantly more frequent (both means=2.00, "Very Often") than those with 21-25 years of experience (mean=4.00, "Sometimes") and more frequent than the mean rating of "Often" (3.29) among seven total responses.

Participants with 26-30 years of experience rated "Management/leadership issues" as being significantly more frequent (mean=2.00, "Very Often") than those with 11-15 or 16-20 years of experience (both means=4.00, "Sometimes") and more frequent than the mean rating of "Often" (3.33) among three total responses. Participants with 11-15 years of experience rated "Personal relationships" as being more frequent (mean=2.50, "Often") than those with 26-30 years of experience (mean=4.00, "Sometimes") and more frequent than the mean rating of "Sometimes" (3.67) among three total responses.

Correlations: Concern Frequencies and Percentage of Mandated and Non-Mandated

Clients

Participants were similar in their concern frequency ratings in relationship to the percentage of clients who were mandated to their services. In general, this study found that as the percentage of mandated clients a participant sees decreases (or the percentage of non-mandated clients a participant sees increases) the frequency with which participants rate concerns decreases. Participants who reported on the percentage of their clients who were mandated to their services had a mean frequency rating across all 36 concerns of 2.76 ("Often") while participants who reported on the percentage of their clients who were not mandated had a slightly more frequent mean frequency rating across

all concerns of 2.55 ("Often"). Concern rating responses varied by less than one point

within each group and had virtually no variation between the two groups of responses

(0.81 for participants reporting on the percentage of their clients who were mandated;

0.88 for participants reporting on the percentage of their clients who were not mandated).

Among participants reporting on the percentage of their clients who were

mandated, those who indicated 81-90% of their clientele were mandated rated higher

frequencies of client concerns (mean=2.60, "Often") while participants who indicated 1-

10% of their clientele were mandated rated lower frequencies of client concerns

(mean=3, "Often"). Among those reporting on the percentage of their clients who sought

services of their own volition, participants who indicated zero percent of their clientelle

were not mandated rated higher frequencies of client concerns (mean= 2.60, "Often")

while participants who indicated 91-99% of their clientelle were not mandated rated

lower frequencies of client concerns (mean=3.48, "Often").

Figure 13: Mean Concern Frequency Rates by Percent Mandated Clients (All Concerns)

Figure 14: Mean Concern Frequency Rates by Percent Non-Mandated Clients (All Concerns)
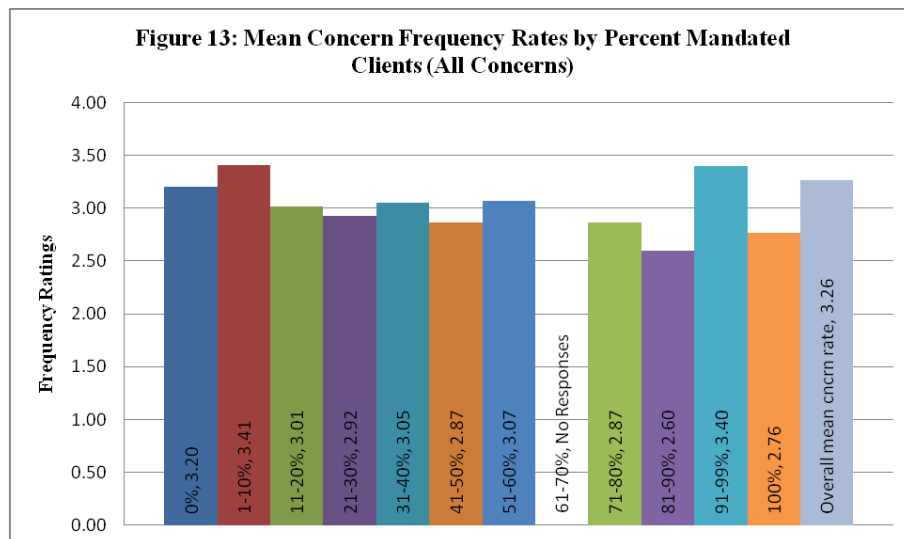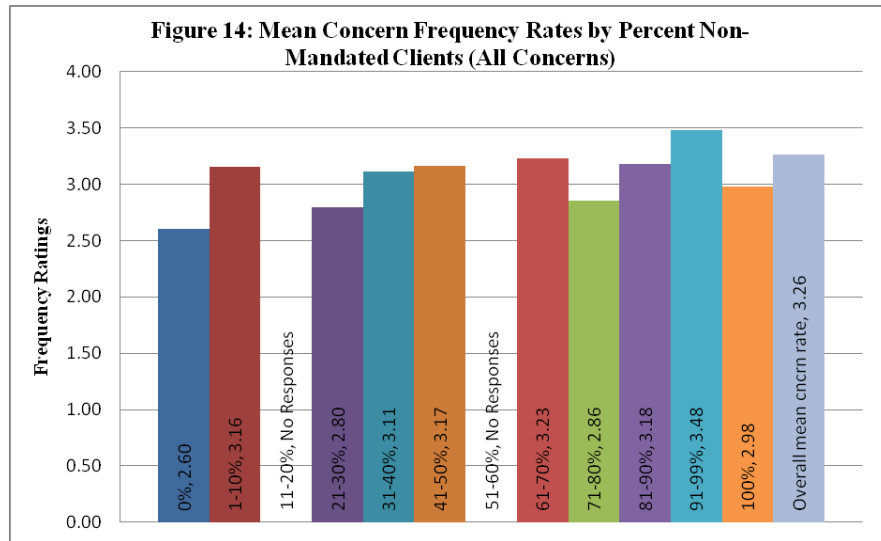
Contrary to the general concern frequency ratings for participants who reported percentages of their clientele who were either mandated or not mandated to services, this study found "Marital concerns" and "Family/significant other/parenting concerns" to be rated as less frequent on average by participants who reported higher percentages of mandated clients. On average, "Income reduction/Organizational change/Job change" was found to be rated as seen more frequently as the percentage of non-mandated clients seen by participants increased. It was not surprising that "Alcohol/drug related issues," "Job performance/productivity," "Work-related issues (manager/supervisor, relationships)" and "Anger Management" were seen significantly more frequently by participants reporting a higher percentage of mandated clients. No significant differences were found among frequency ratings for "Mental health" by participants depending upon their reported percentages of mandated and non-mandated clients.

Qualitative Survey Responses

After participants responded to the quantitative questions in the survey, they were given the opportunity to elaborate on their responses to the previous questions and/or on

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any issues they saw among their clients that were possibly overlooked in the survey. Participants were not asked to rate the frequencies of these additional areas of concern. As previously mentioned in the methodology chapter, qualitative survey responses were analyzed and grouped by theme. Qualitative survey response themes that were similar to the 36 concern categories were coded as such. New concern categories were created from new themes that emerged from these responses.

Thirty-two participants (28.82%) chose to respond and include their additional thoughts. Two participants provided suggestions for improving the study which were removed from the sample of qualitative responses. Participants described16 areas of concern; eight which were coded as having been already included as one of the 15 original concerns and eight that were coded as one of the participant added novel concerns. It is noteworthy that the top five concerns rated most frequently by participants among their clients were also represented in the qualitative responses.

Table 1: Open-ended Survey Response Concern Frequencies			
Concern	**Total Occurrences**	**Mean Concern Rate**	**Rank***
Mental health (e.g. depression, anxiety, other emotional/psychological issues)	6	1.97	2
Marital concerns	4	2.23	3
Financial concerns	4	2.92	10
Alcohol/drug related issues	4	3.16	13
Family/significant other/parenting concerns	3	2.58	5
Job performance/productivity	3	2.94	11
Stress-related concerns	1	1.89	1
Work-related issues (manager/supervisor, relationships)	1	2.50	4
N=30			

 *Among all concerns with greater than one response

Participants also described four new areas of concern that were commonly seen among their clients, including: "Worker's compensation issues" (one participant), "Cross cultural conflict" (one participant), "Complex situation triage" (one participant), and "Civil service workers' concerns" (one participant).

While this survey focused on employee concerns presented to EA professionals, participants also described the importance of both the organization they worked with as well as the individual employee as clients. Three participants described the significance of management consultations and trainings in their work. Although the themes of these management consultations have been previously described, it is noteworthy to describe the different entities EA professionals work with. One participant described the importance of EA professionals' cultural competency. Despite not being a direct concern observed among clients, this concept is no less important to an EA professional's ethical and effective practice.

One participant described the "psychological (and physical) repercussions" of the 9/11 terrorist attack cleanup efforts on civil service and other workers. Another participant noted the prevalence of mental health issues both in the present as well as throughout their professional experience ("consistently been a need to address mental health issues"). Yet another participant described how "mental health issues cut across the client base" in terms of client age. Two participants noted the interrelationship between concerns, identifying that "most people come for mental health … concerns that are at best indirectly related to job performance" and that clients are displaying "increasing concerns around depression/anxiety … as financial concerns become more prominent."

One participant emphatically described the significance of "Marital concerns" among their clients: "It seems to me we should have a massive public mental health effort for marital distress"; and that "the lack of marital communication skills among (my) needs to be addressed." Another participant described predominantly seeing "marriage (and family) issues" among their older clients. One participant pointed out the more global impacts of marital and relationship issues on an individual's job performance. One participant identified the impacts the recent financial situation has had on relationships/marriages. Another participant indicated the significance of stress-related issues as issues compound: "most participants request services because a number of issues occur at the same time and the stress is geometrically increased."

Follow-up Interview Responses

At the end of the online survey, participants were given the opportunity to take part in a follow-up interview. As previously described in the methodology chapter, follow-up interviews were conducted via phone and email. Participants were asked to describe the issues or areas of concern that they felt were most prevalent among their clients and to provide any contextual information or relevant case examples. Follow-up interview responses were analyzed and grouped by theme. Response themes that were similar to the 36 concern categories were coded as such.

Six participants (5.41%) chose to take part in follow-up interviews. Follow-up interview participants reported being trained as LPCs, LADACs, and Social Workers. The average years of experience in the EA field was 24.5. Interview participants described 18 areas of concern: nine which were coded as having been already included as one of the 15 original concerns, seven that were coded as one of the participant added

novel concerns, and two that were coded as one of the novel concerns described in the qualitative survey responses. It is noteworthy that four of the top five concerns rated most frequently by participants among their clients in the online survey were also represented in the follow-up interviews.

Table 2: Follow-up Interview Concern Frequencies			
Concern	Total Occurrences	Mean Concern Rate	Rank*
Financial concerns	6	2.92	10
Marital concerns	6	2.23	3
Alcohol/drug related issues	5	3.16	13
Mental health (e.g. depression, anxiety, other emotional/psychological issues)	5	1.97	2
Stress-related concerns	4	1.89	1
Family/significant other/parenting concerns	3	2.58	5
Critical incident/trauma response	3	3.60	17
Personal relationships	3	3.67	18
N=6			

*Among all concerns with greater than one response

Many participants noted that financial issues have remained consistently frequent among their clients with two participants describing a significant number of their clients who do not know how to manage their finances. As a result of the recent economic downturn (fall 2008), one participant noted that his clients were coming in "a little more obviously with finances as their issue." Another participant also observed an increase in the frequency of financial concerns in the last year and provided greater detail of the presenting issues, including: family lost one of its incomes/spouse laid off and increasing concerns over previously manageable high interest-rate debts. Yet another participant described the compounding of client concerns while noting an increase in marital and relationship issues as economic strains increase.

Three participants indicated that the category of marital issues was the most frequently occurring primary presenting concern among their clients. Participants described issues as ranging from "mild adjustment issues to planning divorce," including custody issues and other relationship issues. Many participants indicated anxiety and depression (i.e., feeling "down," not sleeping or eating well, irritability) as the most prevalent mental health concerns presented by their clients. These participants also described the interrelatedness of clients' presenting mental health-related concerns (e.g., increased reports of depressive and anxious symptoms with the declining economic climate).

Among participants describing the prevalence of alcohol and drug related issues within their clientele, one participant noted the chronicity of this issue among her clients: "… (Substance abuse) issues cost the company money … and the company wants the employee to get help, but (the company) doesn't want to pay for it." Another participant described the close relationship he had with the organization and the local union he worked with as having a significant impact on reducing the stigma and other barriers associated with substance abuse issues and treatment: "… because I knew almost all of the staff, supervisors would urge one of their employees who was having a problem with alcohol to come see (participant) and they would. I don't know if they would have come otherwise." Other participants described the prevalence of mandatory and random substance abuse assessments and testing in their work.

All four participants who described workplace stress in follow-up interviews indicated that it was the most frequently presented category of concern among their clients. One participant described his "extremely demanding workplace" with

"prolonged hours" and "constantly fluctuating schedules" as they key variables contributing to stress in the workplace. Another participant noted that many of the stress-related presentations he has seen related to issues of "work and family life balance, corporate downsizing, and increasing work duties."

Many follow-up interview participants also described changes in the frequencies of concerns and of concerns themselves during their experience in the EA field. Two participants noted increases of critical incident/stress debriefing/trauma response concerns: "… more need for this now than previously … EAPs now help to deal with a lot more serious stuff than they did 20 years ago." Two participants described more recent changes in the presenting concerns of their clients related to the economic downturn: "… job performance/productivity has been increasing with recession-related changes within companies"; "… rise in economic strains have led to increases in marital/relationship issues." Two participants identified decreases in substance abuse-related concerns: "… decline in the rate of (substance abuse) issues being identified as a result of the general internal to external EAP shift." One participant noted an increase in generational conflict within the company he consulted with between older, more experienced "Baby Boomer" employees and younger "Millennial" employees newer to the workforce. Another participant identified work and family life balance and the challenges of leading "a productive professional-life while maintaining a healthy lifestyle" as a "growing concerns" among his clients.

CHAPTER V

DISCUSSION

The findings of this study were both significant and representative of the EA field. Identifying the prevalence of mental health issues, stress-related issues, and marital concerns is of major importance to organizations which need this information to allocate resources in order to provide optimum services. It is very important to understand the current concerns and their implications for individuals' lives, such as productivity, job satisfaction, mental and physical health, the relationship between individuals' work and non-work lives, and how individuals perceive their overall subjective well-being. The effects of psychological stress can be buffered by appropriate coping mechanisms, including access to mental health services provided by EA professionals (Friedman & Booth-Kewley, 1987).

Although the sample size of this study was relatively small (N=111), as described in the findings, it was very similar demographically to the sample of a recent national study of EA professionals commissioned by the EAPA (AMP, 2009). These close similarities in sample demographics suggest that this study's sample was representative of the EA field. While the prevalence of "Stress-related concerns" (mean="Very Often") and "Mental health (e.g., depression, anxiety, other emotional/psychological issues)" (mean="Very Often") issues among clients of the EA professionals in this sample are significant and of interest in and of themselves, these findings may have broader applications toward mental health practice and policy.

Regardless of the origins of these issues, the effects of stress and mental health issues among our workforce can be widespread and costly. Within a company or organization, these issues can lead to decreases in employee productivity, revenues, and overall job satisfaction. Neither are the effects of these issues contained within the four walls of the workplace. Outside of the workplace, the effects of stress and mental health issues can be debilitating to both individuals and their families. The prevalence of these concerns among consumers of EA services indicates the importance of having trained mental health professionals available to assist individuals.

The prevalence of "Marital concerns" among clients of the EA professionals in the sample is also significant and of interest. Similar to stress and mental health issues, marital issues can have wide-ranging effects on both an individual's work and non-work/personal lives. As Judge and Watanabe (1993) identified, just as work-related issues effect an individual's personal life, so too do non-work issues affect an individual's performance and abilities in her/his work life. These findings about marital issues also parallel current divorce trends in the US: "for the average couple marrying for the first time, the American divorce rate today remains between 40% and 50%." (Popenoe & Whitehead, 2006).

Correlations: Mental and Physical Health

The prevalence of mental health and stress-related concerns among clients of the EA professionals in the sample is also significant in terms of their greater implications towards individuals' physical health, productivity, and the services that should be made available to them. Correlations between mental health and physical health have been a part of human discourse throughout history. Beginning with Hippocrates, ties between

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temperament (e.g., the depressed "melancholic"; the angry "choleric"; the apathetic "phlegmatic"; and the optimistic "sanguine") and disease have been written about for 2,000 years (Allport, 1961). More recent studies have confirmed significant correlations between physical and mental health (Friedman & Booth-Kewley, 1987; George & Landerman, 1984; Hays, Marshall, Wang, & Sherbourne, 1994; Wells, Golding, & Burnam, 1988; Wells et al., 1989). Depression, for example, has been found to be both a precursor (Keefe, Wilkins, Cook, Crisson, & Muhlbaier, 1986) and a consequence (Brown, 1990) of physical pain. The fact that these links between emotion, personality, and health have been written about across millennia suggests a strong element of truth in these concepts.

Depression is just one example of a significant individual and systemic mental health issue that is seemingly part of daily popular culture. In their 2003 research, Kessler et al. identified major depression as affecting up to 24% of Americans at some point during their lifetime. The costs associated with depression, including lost productivity and medical costs, have increased at an alarming rate; from 44 billion dollars in 1990 (Greenberg, Stiglin, Finkelstein, & Berndt, 1993) to 83 billion dollars in 2000 (Greenberg et al., 2003). Societal costs associated with depression, including poor concentration, severe impairment in social and work roles, increased substance use, and suicide (Pincus & Pettit, 2001; Kessler et al., 2003; Greden, 2001), can be more difficult to quantify. The importance and dramatic, wide-ranging effects of mental health issues, along with their prevalence among clients of this study's sample impel a call to action.

This study's findings defend the position that mental health issues should achieve the same status (parity) physical health issues currently hold with regard to insurance

benefits. This issue remains unresolved despite Federal legislative efforts to achieve

parity in mental health insurance coverage beginning in the 1970s. The Surgeon

General's 1999 report on mental health shone new light on the inequitable limits that

continue to be applied to mental health services. Such extensive limits on mental health

benefits can create major financial burdens for consumers and their families. Studies

have shown that the gap in insurance coverage between mental health and other health

services has been getting wider (Office of the Surgeon General, 1999).

One economic study modeled the out-of-pocket burden that families face under

existing mental health coverage using different mental health expense scenarios. For a

family with mental health treatment expenses of $35,000 a year, the average out-of-

pocket burden is $12,000; for those with $60,000 in mental health expenses a year, the

burden averages $27,000 (Zuvekas, Banthin, & Selden, 1998). This is in stark contrast to

the out-of-pocket expense of only $1,500 and $1,800 that a family would pay for

medical/surgical treatment, respectively.

Efforts in support of parity have been hampered by a lack of valid information on

the effects of such a mandate. Recent analyses of experiences with state and Federal

parity laws have begun to provide a more accurate basis for such estimates, indicating

that implementing parity laws is not as expensive as some opponents have suggested.

Case studies of five states that had a parity law for at least one year revealed negligible

effects on premiums (1-3%, plus or minus). Further, employers did not attempt to avoid

the laws by becoming self-insured or by passing on costs to employees (Sing, Hill,

Smolkin, & Heiser, 1998).

Evidence from the Surgeon General's report has shown the importance of mental health parity and the positive impacts this type of legislature would have on individuals and families. The Surgeon General's report has also shown the effects of parity laws' costs to be minimal to non-existent depending on how the laws are implemented (Office of the Surgeon General, 1999). This study's findings of the prevalence of mental health and stress-related issues among clients of EA professionals further support this important policy and landmark legislation.

Findings and the Literature

Although this study's sample showed strong similarities to the EA field, this study's findings were somewhat dissimilar from the prevalent themes presented in the thematic review of EA-related literature of the past 10 years. "Stress-related concerns" and "Mental health" were found to be the two most frequently observed concerns among this study's sample (both means="Very Often"). Nearly one-third of participants (30.84%) who rated the frequency of "Stress-related concerns" and one-quarter of participants (23.64%) who rated the frequency of "Mental health" in this study indicated that they were seen "All of the time" among their clients.

The same categories of stress and mental health were found to be in the top five thematic areas observed in the EA literature within the last 10 years; however they only accounted for 15% of the themes presented (stress=10%, mental health=5%). While the thematic review found the literature to be focused on such themes as "Mentoring/coaching" (16%), "Client health/medical concerns" (9%), "Work life and personal/family life balance" (8%), "Job performance/productivity" (8%), and "Management/leadership issues" (5%), this study's findings showed these concerns to be

slightly less frequently observed among the presenting concerns of EA consumers. This study's findings suggest more attention could be paid to the areas of stress and mental health in the professional literature and may point to a need for more resources directed at mental health issues.

As has been widely studied, individuals' happiness, satisfaction with life, and subjective well-being are largely influenced by their work lives (Judge & Watanabe, 1993; Tait et al., 1989; London et al., 1977; Russell, 2008; Greenhaus & Beutell, 1985). With so much time spent at work (nearly half of an individual's waking life per Russell, 2008), it is no surprise that this area of life has such a significant impact. Further, it is not surprising that individuals' satisfaction with work is a significant positive predictor of their mental health (Pearson, 1998) and that employees exhibiting lower subjective well-being have a higher rate of physical and mental health problems (Russell, 2008). While the prevalence of stress and mental health issues found by this study was also not surprising, their presence suggests the value of continuous monitoring of these significant issues and of their impacts on individuals' work and non-work lives.

This study's findings of the prevalence of "Marital concerns" (mean="Very Often"), "Family/significant other/parenting concerns" (mean="Often"), and "Work life and personal/family life balance" (mean="Often") are in line with previous studies' findings around the bidirectional impacts of work and family roles (Greenhaus & Beutell, 1985; Kossek & Ozeki, 1998; Duxbury & Higgins, 1991). Greenhaus and Beutell (1985) identified that "the role pressures from work and family domains (can be) mutually incompatible in some respect" (p. 77) and that participation in one role can be made more difficult by virtue of participation in the other, and vice versa.

Although this study did not look at gender as an additional variable in the frequency of EA client concerns, it is no less significant. Duxbury and Higgins' (1991) findings indicated that the addition of gender differences in work – family conflict experienced by partners in dual-career families may be a consequence of the societal and behavioral norms that individuals face as they occupy a combination of roles. Society's expectations of gender specific work- and family-role responsibilities can further exacerbate the relationship between work and life satisfaction. For example, women may have fewer options than men for achieving control over competing role demands as professional women, and are expected to be just as committed to their work as men, while at the same time they are required to give priority to their family roles (Duxbury & Higgins, 1991).

Kossek and Ozeki (1998) described the implications work – family conflict as including decreases in job satisfaction and productivity as well as potential decreases in physical health. Adding these issues to the research of Pearson (1998) and Russell (2008), a lack of balance between individuals' work and family lives can then lead to strain on relationships and decreased subjective well-being, which can also lead to physical and mental health issues (Kossek & Ozeki, 1998). The concerns described in this study's findings and presented above are significant and their relationships to one another are complicated. The prevalence of these issues among the clients of this study's sample and their potential implications on individuals' satisfaction, subjective well-being, and overall physical and mental health are of great importance to the field.

It is worth noting that data collection for this study took place during the earlier stages of a financially unsettled period in history. As collection began in early December 2008, symptoms of the financial crisis were being increasingly experienced by larger numbers of Americans. News headlines described growing numbers of home foreclosures, labile stock markets, and increasing numbers of banks and financial firms going out of business. The term "recession" increased from a whisper to being officially used by the government to describe the situation in early November 2008. Everything was down – the economy, the stock markets, corporate profits, and public morale. The only things seemingly going up were the unemployment rate and the number of companies seeking government-funded bailouts (Grunberg, Moore, & Greenberg, 2009).

The stress involved with such a wide-reaching financial pandemic can affect all aspects of individuals' work and non-work lives. Employees are undoubtedly nervous and anxious while wondering whether employers will be able to ride out the storm. People are wondering how they will survive the recession, how they will manage their finances, and how they will (potentially) find new jobs. Being laid off can produce psychological, economic, and social distress. Survivors in the workplace are also not spared. With friends, coworkers and supervisees being laid off, experiences of heightened job insecurity, anxiety, and stress – perhaps even survivor guilt – can be damaging to individuals' physical and psychological well-being (Grunberg et al., 2009).

The broader economic context of this study certainly played some part in the prevalence of issues such as "Stress-related concerns" (mean="Very Often"), "Work-related issues" (mean="Often"), "Personal/occupational development" (mean="Often"),

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"Major life event/personal adjustment" (mean="Often"), "Financial concerns" (mean="Often"), "Job performance/productivity" (mean="Often"), "Income reduction/Organizational change/Job change" (mean="Often"), and "Job loss/Layoff concerns" (mean="Often"). It was surprising that issues that were more directly related to finances and job status were not reported as being more frequent among clients of the sample's participants, although the relative location of the data collection period in the earlier stages of the broader cirisis may account for this.

Participant Concern Ratings

During the design process of this research project, I as a new researcher anticipated that a fair number of participants would take the time to indicate additional concerns, and that any participant-added concerns would be rated as occurring with some frequency. Participants who chose to include additional areas of concern (42 participants, 37.83% of the sample) were very detailed and specific in their descriptions. While such a significant number of participants added concerns, only one participant rated a participant added concern as occurring "All the time." The majority of participants rated these additional concerns as occurring "Sometimes" (43.55% of participants who added and rated additional concerns) compared to 25.41% ("Sometimes") of participants who rated the original 15 concerns. Nearly 50% (48.39%) of participants who added and rated additional concerns rated them as occurring "Sometimes" or less frequently.

It is possible that these participants felt that the original fifteen concerns did not fully present the types of concerns being presented by their clients and thus indicated additional concerns. It is possible that despite these additional concerns' lower frequency ratings, participants who added concerns did so in order to present the most

comprehensive picture of the work that they do and the services they provide. It is also possible that these participants felt compelled to recognize the importance of their clients' struggles. If these additional concerns had been included in the original survey, it is possible that more participants would have rated their frequencies among their clients.

More participants rated the original 15 concerns than added and rated the participant added concerns. As a result, the mean frequency ratings by other variables (e.g., years of professional experience) are more affected by the ratings of the 15 concerns than by the participant added concerns. The frequency ratings of the participant added concerns in general appear more varied (e.g., in cases with a smaller number of responses and widely varying frequency ratings). It is likely that the validity of the participant added frequency ratings is less reliable in light of this.

Limitations and Suggestions for Future Research

This study asked participants to indicate what percentage of their clients were mandated to their services and what percentage of their clients sought their services of their own volition. Seven participants indicated in their qualitative survey responses that this language was not the most appropriate way to depict this concept. One participant noted that although a client may report that they came to EA services on their own, they may have been directed or otherwise told to do so previously: one respondent offered the dramatic quote "someone's heel prints are visible on their back side to get them in EA." Asking whether an employee was referred by their employer (boss, supervisor, HR, etc.) or was self-referred may be a more appropriate way of eliciting this type of information.

An important variable that this study did not explore is that of the relationship of the EA professional to the company or organization to which it provided services (i.e.,

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internal versus external). This is a significant aspect of both the professional-client relationship and the services provided. Half (3) of follow-up interview participants described the general impacts of this shift to external EAPs: "… the key to the ultimate success or failure of any EAP is the support given to it by management within the organization"; "(I've seen a general) decline in the frequency of alcohol and drug issues being detected as a result of EA staff being external (and potentially not as in touch with the clients)"; "(as described by an individual who was once part of an internal EAP and is now an on-site EA contractor for the same company) … there is no way my successor will enjoy the same relationships that I do, no one treats me like a contractor … my successor one day will not have the relationships that I've created … many of the things that I get to do I wouldn't be able to if I were sitting in an office off site." These participants identified the general disadvantages around relationships and potential effectiveness of the EAP due to their "outsider" status as opposed to the potential for opportunities afforded internal EAPs to build stronger relationships with leadership and staff. "If an employee feels that their boss thinks using EAP is a good thing, they are more likely to use it themselves."

Although EAPs began as internal components of a company or organization, there has been a general shift towards EAPs as external consultants over the last 30 years. This shift has presumably led to a potential decrease in relationship between a company or organization and EA professionals, as well as a potential decrease in ownership of the EAP and benefits it can offer to an organization based on that relationship. Perhaps this shift could have also led employees to feel confidentiality is better protected if EAPs are external from the workplace, or perhaps the greater time and distance required to access

an off-site location would reduce usage of EAPs. Future research would benefit from collecting data on this relationship and the specific positive and negative impacts of internal versus external EAPs.

An additional variable to consider in future research is that of client gender. Although the format of this study did not allow for easy collection of gender characteristics among clients of the sample's participants, gender is of no less significance. Past research has shown that depressive eposides occur twice as frequently and Dysthymic Disorder occurs two to three times as frequently in women than in men (American Psychiatric Association, 2000). The effects of a client's gender on presenting concerns could be an area of interest for future research.

It is important to note the lack of racial and ethnic diversity of participants in this sample (94.6% responded "European American/White"). While it is impossible to determine whether this sample is representative of the race and ethnicity of the EA profession due to the fact that these data were not collected in AMP's study of EA professionals (AMP, 2009), it is probable that there is significantly more diversity in the clients serviced by EA professionals. Although the format of this study did not allow for easy collection of the racial and ethnic characteristics among clients of the sample's participants, race/ethnicity is also of no less significance. Questions around the impacts of a lack of diversity among providers on their assessments of a more diverse client populations' presenting concerns are of significant interest. Regardless of whether the racial and ethnic characteristics of this study's sample are representative of the EA profession, it is incumbent upon the field to maintain significant diversity among all EA professionals. It would be important for future research to include the racial and ethnic

demographics of both EA professionals and their clients and explore the relationships therein.

Further research focused on the broad category of "Mental health (depression, anxiety, other emotional/psychological issues)" concerns is strongly indicated based on the prevalence of these issues among clients of the sample's participants and on the lack of research on this topic found in the recent review of EA literature. Although this study included a separate category of "Stress-related concerns," it may be significant for future research to further describe the broad category of "Mental health" concerns by including more detailed response options (e.g., mood disorders, anxiety disorders, adjustment disorders). The concern "Work-related issues" proved to be an overly broad and ambiguous category of concern. Many significant concepts or themes of concern could be lost within this title. More specific definition of this variable would be important in future research.

This study focused on the concerns of individual EA clients (i.e., employees). It did not allow for participants to describe the other significant client in EA professionals' work, the company or organization. Three participants indicated the importance of management consultations in their relationship with the company or organization. Despite this study's focus on concerns of the individual consumer, it is also relevant to include management consultations as an important aspect of the services provided by EA professionals. Additionally, this type of work is significant as it includes working with management on addressing many of the individual client concerns reported by participants of this study, including employee work performance and productivity issues, consultation about grief or trauma in the workplace, work reorganization, and general

management training (as reported by the qualitative responses of three survey participants). Depending on the goals of future research, studies may be well served differentiating between individual clients and organizational clients of EAPs.

Among other inclusion criteria, this study requested that participants hold at least a master's level professional license in a mental health related field.   This criterion was included to ensure that participants had sufficient training, skills, and professional experience in order to report on their clients' concerns. At the beginning of data collection, three EA professionals responded with concerns about significance of non-master's level EA professionals' experiences that would potentially be excluded as a result of this criterion (e.g., one professional reported that: "there are a lot of individuals with a wealth of experience who are not included in your research."). Many experienced CEAPs do not hold master's level degrees. While it is impossible to quantify the number of potential participants who met all study inclusion criteria except holding a master's level degree, their experiences are no less valid. Including CEAPs both with and without master's level training in future research would be appropriate.

One potentially important consideration in participants' reports of their clients' presenting concerns is that of whose definition of the concern was represented in the survey, the participant's or the client's: did participants report on what was being presented to them as defined by the client or did they report on their own assessment of what the concern was related to? It was presumed that participants were reporting on their interpretations of what the concern was related to. As one follow-up interview participant identified, "what (clients) complain about and what is actually going on are not always the same thing." It is often the case that the true nature of a client's

presenting concern may not be completely discernable in the typically limited time afforded by many EAP formats, although this would vary by EA model. Participants working within different models could have reported the presenting concerns of their clients differently depending on their assessments – which can vary considerably, depending in part on the amount of time spent with a client (e.g., "assess-refer-follow up" model vs. another model providing more time with clients). This research design counted on the validity of participants' assessments of their clients' concerns. Although there is no tool to measure such validity or accuracy, this variable could have been a confounding factor in the reports of participants.

Throughout this project, EA clients' presenting concerns have been presented as individual, stand-alone categories for ease of identification and discussion. However, these individual issues, if they can even be identified uniquely, do not exist in a vacuum. This point was evident among many of the qualitative survey responses and follow-up interviews. The most prevalent occurrences of the interrelations of issues were observed under the guise of financial concerns: "I've found that there are increasing concerns around depression/anxiety and family conflict as financial concerns become more prominent"; "Many clients try to work two jobs and lead a healthy life. (Work and family life balance), health issues, and substance abuse usually show up with the increasing stresses of this situation"; "Economic strains have led to increase in marital/relationship issues."

In practice, it is impossible to remove one presenting concern from an individual's context without identifying the bigger picture. It is of utmost importance to approach the client and their issue/s from a biopsychosocial model of assessment in order

to consider all the different variables and their relatedness and interrelatedness at any one time in an individual's life (Cooper & Lesser, 2005; DeBellis et al., 1999; Nelson & Carver, 1998). The process of parsing these issues out separately may have affected the accuracy of participants' reports in this study. Exploration of the interrelatedness of presenting concerns may be of interest in future research.

This study sought to answer the question: "What are the most common areas of concern that EA consumers are bringing to EA professionals when seeking their help?" As stated above, identifying the prevalence of mental health issues, stress-related issues, and marital concerns is of major importance to organizations who need this information to allocate resources for providing services. The significance of these findings and their representativeness of the EA field have yielded important data informing practice and policy within the field of social work and the EA profession. Implications for ongoing debates around mental health parity policy are of significance to all levels of human service fields. It is very important to understand the current concerns and their implications on individuals' work and non-work lives, such as productivity, job satisfaction, mental and physical health, the relationship between individuals' work and non-work lives, and how individuals' perceive their overall subjective well-being. This study provided a snapshot of the issues affecting EA clients in today's workplace and will inform future research of the issues facing the EA profession and the most effective methods of addressing them.

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Appendix A

Online survey: Current trends in concerns employee assistance consumers are presenting

to Employee Assistance professionals

#	Question	Response	Response format
1	What is your age?	A. 21-25; B. 26-30: C. 31-35; D. 36-40; E. 41-45; F. 46-50; G. 51-55; H. 56-60; I. 61-65; J. 66-70; K. 71 and over	Mutually exclusive answers.
2	What is your gender?	A. Female; B. Male; C. Transgender; D. Other	Mutually exclusive answers with a brief open-ended response box following.
3	How would you self-identify in terms of your racial or ethnic background?	A. European American/White; B. African American/Black; C. Asian; D. Pacific Islander; E. Native American or Alaska Native; F. Spanish/Hispanic/Latino; G. Biracial/Multicultural (please specify in the space provided below); H. Other	Mutually exclusive answers with a brief open-ended response box following.
4	Currently, I primarily provide services in:	A. United States; B. Canada; C. Europe; D. Asia; E. South America; F. Africa; G. Oceana; H. Other	Mutually exclusive answers.
5	How many years have you worked in the employee assistance field?	A. 5 or less; B. 6-10; C. 11-15; D. 16-20; E. 21-25; F. 26-30; G. 31-35; H. greater than 36	Mutually exclusive answers.
6	I am professionally trained as a:	A. Clinical Psychologist; B. Social Worker; C Licensed Professional Counselor; D. Marriage and Family Therapist; E. Psychiatrist; F. Mental Health Counselor; G. Other	Mutually exclusive answers.
7	What percent of your clients are mandated to employee assistance services by their employer, etc.?	A. 10 or less; B. 11-20; C. 21-30; D. 31-40; E. 41-50; F. 51-60; G. 61-70; H. 71-80; I. 81-90; J. 91-100	Mutually exclusive answers.

#	Question	Response	Response format
8	What percent of your clients sought employee assistance services of their own volition?	A. 10 or less; B. 11-20; C. 21-30; D. 31-40; E. 41-50; F. 51-60; G. 61-70; H. 71-80; I. 81-90; J. 91-100	Mutually exclusive answers.
9	Please indicate how often the following areas of concern have been presented by your clients over the past year:	A. Client health/medical concerns; B. Significant other health/medical concerns; C. Marital concerns; D. Family/significant other/parenting concerns; E. Work life : personal/family life balance; F. Financial concerns; G. Alcohol/drug related issues; H. Legal concerns; I. Stress-related concerns; J. Mental health (e.g. depression, anxiety, other emotional/psychological issues); K. Job performance/productivity; L. Work-related issues (manager/supervisor, relationships); M. Major life event/personal adjustment (e.g. birth, death, accident); N. Eating disorders; O. Housing concerns	Six-item Likert scale for each item ("All The Time", "Very Often", "Often", "Sometimes", "Rarely", and "Never").
10	Please list any additional areas of concern (in addition to the choices in the previous question) that you feel have been common among your clients over the past year (if applicable).		Open-ended response boxes (10).
11	Please rate these additional areas of concern that you entered in question 10 above in terms of how often they have been presented by your clients over the past year:		Six-item Likert scale for each item ("All The Time", "Very Often", "Often", "Sometimes", "Rarely", and "Never").

#	Question	Response	Response format
12	Please use the space below if you would like to elaborate on your responses to the previous questions, or if you feel as though some important aspect/s of your work or the issues facing your clients has/have been overlooked in this survey (e.g. you feel your responses may be different based on a client's gender, age, type of job (e.g. professional, administrative, production, etc.), marital status, etc.).		Open-ended response box.
	Thank you very much for your time and responses to this survey. I am eager to learn from your experience. If the previous questions have not provided you space to fully explain your thoughts and/or experiences and you would like to briefly expand your answers in a **confidential** follow-up phone call or email, please contact me (Ted Healy) at thealy@smith.edu. You may also enter your contact information in the space provided below and I will contact you shortly. Thank you again for your time and contribution to this study.		Open-ended response box.

Appendix B

Recruitment Flier

Dear Employee Assistance Professional,

My name is Ted Healy. I am a graduate student at the Smith College School for Social Work and am conducting research on current trends in the concerns employee assistance consumers are presenting to employee assistance programs (EAPs). Your participation is important and valuable to the understanding of consumers' needs and for the further development of employee assistance programs. This research study is being conducted for my Master of Social Work (MSW) thesis.

To participate, you must be an adult, 21 years old or older. You must hold, at minimum, a master's level professional license in a mental health related field (e.g. social work, marriage and family therapy, clinical psychology, psychiatry) and be a Certified Employee Assistance Professional (CEAP). You must also have provided EAP services for the past two years and be currently providing services to employee assistance consumers.

You are being asked to participate in this research study because of your membership in (*professional organization*) and the unique perspective you have to offer as a certified employee assistance professional. If you have any questions about this research study or would like information regarding your rights as a research subject, please contact me by phone (*removed*), email (thealy@smith.edu), or traditional mail (*removed*). You may also contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at 413-585-7974.

Please click on the link below and take a moment to fill out the brief online survey (the survey will take approximately minutes to complete).

(*Surveymonkey.com URL*)

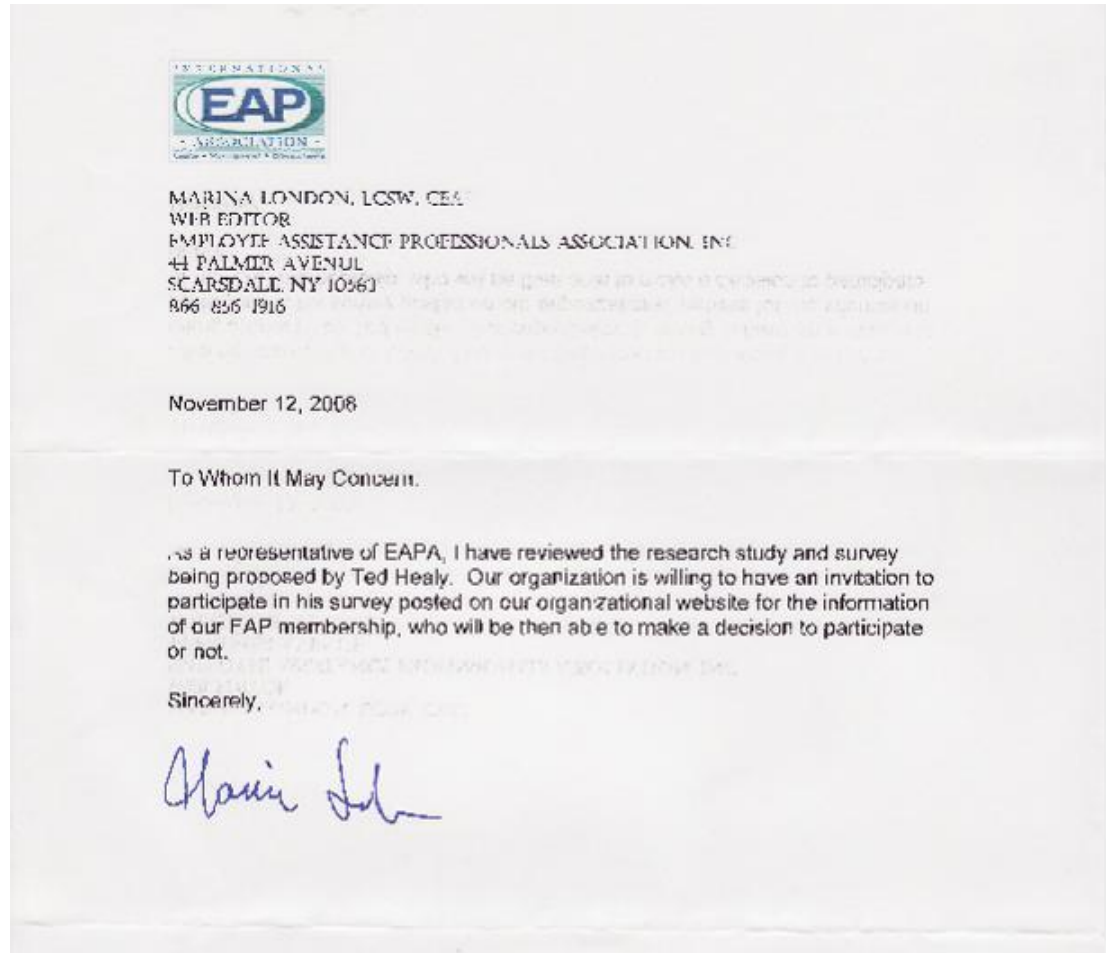Thank you very much in advance for your time and your contribution to this study.

Sincerely,

Ted Healy

(*Address and phone number removed*)
thealy@smith.edu

Appendix C

Permission to Include an Invitation to Participate in Online Survey by the Employee

Assistance Professionals Association, Inc. (EAPA)

MARINA LONDON, LCSW, CEA
WEB EDITOR
EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION, INC.
44 PALMER AVENUE
SCARSDALE, NY 10583
866 856 1916

November 12, 2008

To Whom It May Concern,

As a representative of EAPA, I have reviewed the research study and survey
being proposed by Ted Healy. Our organization is willing to have an invitation to
participate in his survey posted on our organizational website for the information
of our EAP membership, who will be then able to make a decision to participate
or not.

Sincerely,

Appendix D

Human Subjects Review Committee Approval Letter

November 17, 2008

Ted Healy

Dear Ted,

The Human Subjects Review Committee has reviewed your amended materials. You have done an excellent job in completing your revisions and all is now in order. We are therefore happy to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your very interesting project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor

Appendix E

Online Survey Informed Consent

Dear prospective research participant,

My name is Ted Healy. I am a graduate student at the Smith College School for Social Work and am conducting research on current trends in the concerns employee assistance consumers are presenting to employee assistance programs (EAPs). Your participation is important and valuable to the understanding of consumers' needs and for the further development of employee assistance programs. This research study is being conducted for my Master of Social Work (MSW) thesis.

You are being asked to participate in this research study because of the unique perspective you have to offer as a certified EAP professional. To participate, you must be an adult, 21 years old or older. You must hold, at minimum, a master's level professional license in a mental health related field (e.g. social work, marriage and family therapy, clinical psychology, psychiatry) and be a Certified Employee Assistance Professional (CEAP). You must also have provided EAP services for the past two years and be currently providing services to employee assistance consumers.

If you choose to participate in this research study, you will be asked to complete the following 12-item online survey composed of questions about your experiences of working with EAP consumers. In order to help me assess whether I have succeeded in recruiting a diverse sample, you will also be asked basic demographic information such as age, gender, racial/ethnic background, the primary geographical area where you provide services, years of experience in the employee assistance field, and type of professional degree. Your participation in the online survey is completely voluntary and anonymous. Data collection for this research study will begin (*as soon as possible*) and conclude March 15, 2009.

The survey will take approximately ten minutes to complete. It is anticipated that your participation in this research study will pose no more risk to you than that typically involved in normal daily life when discussing your work. Although there will be no compensation for participation, you may benefit from the opportunity to reflect on your experiences as an employee assistance professional and the more prevalent concerns currently facing employee assistance consumers. Your participation will also help to contribute to a greater understanding of employee assistance consumers' needs while assisting in the future development of employee assistance programs.

You will have the opportunity to remain anonymous throughout this online survey. If you choose to include your contact information in order to participate in a brief voluntary follow-up interview after this survey, any personally identifying information received will be kept confidential and numerically coded instead of using your name or other identifying information. Once any identifying information has been coded and removed, online survey data will be stored electronically in a secure location for three years in accordance with Federal guidelines. Data collected from this research study will be presented as a whole; however, some illustrative quotes may be included in the thesis or future presentations. Findings from this study may be published or presented in various forms beyond my master's thesis. All data will be reported without

connection to any identifying information. Access to the data will be limited to the principal investigator and any academic advisors. Should the materials be needed beyond the three year period, they will continue to be stored in a secure location. Materials will be destroyed when they are no longer needed. Online survey respondents' anonymity will be maintained at all times throughout the research study.

Your participation in this research study is voluntary. You have the right to withdraw from the study at any time during this survey, for any reason, without penalty by exiting the website. You may also refuse to answer any question/s in this survey without penalty and without exiting the survey. Once you have submitted the survey, your anonymous results will be added to the data set and therefore cannot be identified as yours for withdrawal. If you have further questions about this research study or would like further information regarding your rights as a research subject, please contact Ted Healy by phone (*removed*), email (thealy@smith.edu), or traditional mail (*removed*). You may also contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at 413-585-7974. Participants may print this screen for their records.

CLICKING "OK" AT THE BOTTOM OF THE SCREEN AND ENTERING THIS SURVEY INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Appendix F

Follow-up Interview Informed Consent

Dear research participant,

My name is Ted Healy. I am a graduate student at the Smith College School for Social Work and am conducting research on current trends in the concerns employee assistance consumers are presenting to employee assistance programs (EAPs). Your participation is important and valuable to the understanding of consumers' needs and for the further development of employee assistance programs. This research study is being conducted for my Master of Social Work (MSW) thesis.

You are being asked to participate in this research study because of the unique perspective you have to offer as a certified EAP professional. To participate, you must be an adult, 21 years old or older. You must hold, at minimum, a master's level professional license in a mental health related field (e.g. social work, marriage and family therapy, clinical psychology, psychiatry) and be a Certified Employee Assistance Professional (CEAP). You must also have provided EAP services for the past two years and be currently providing services to employee assistance consumers.

If you choose to participate in the follow-up interview portion of this research study, you will be asked to briefly discuss the more common and important issues your clients are faced with in greater detail. In order to help me assess whether I have succeeded in recruiting a diverse sample, you will also be asked basic demographic information such as age, gender, racial/ethnic background, the primary geographical area where you provide services, years of experience in the employee assistance field, and type of professional degree. The follow-up interview may be recorded to ensure accuracy in reporting your responses. Your participation in the follow-up interview is completely voluntary and confidential. Data collection for this research study will begin (*as soon as possible*) and conclude March 15, 2009.

The follow-up interview will take approximately 20-30 minutes to complete. It is anticipated that your participation in this interview will pose no more risk to you than that typically involved in normal daily life when discussing your work. Although there will be no compensation for participation, you may benefit from the opportunity to reflect on your experiences as an employee assistance professional and the more prevalent concerns currently facing employee assistance consumers. Your participation will also help to contribute to a greater understanding of employee assistance consumers' needs while assisting in the future development of employee assistance programs.

Any identifying information received during follow-up interviews will be kept confidential and numerically coded instead of using your name or other identifying information. Data collected from this research study will be presented as a whole; however, some illustrative quotes may be included in the thesis or future presentations. Findings from this study may be published or presented in various forms beyond my master's thesis. All data will be reported without connection to any identifying information. Once any illustrative quotes have been collected during follow-up interviews, they will be transcribed and stored in a secure location for three years in accordance with Federal guidelines. Access to the data will be limited to the principal

investigator and any academic advisors. Should the materials be needed beyond the three year period, they will continue to be stored in a secure location. Materials will be destroyed when they are no longer needed. Respondents' confidentiality will be maintained at all times throughout this research study.

Your participation in the follow-up interview portion of the research study is completely voluntary. You have the right to withdraw from the follow-up interview portion of the study at any time during the interview, for any reason, without penalty. You may also refuse to answer any question/s during the interview without penalty. Once you have completed the interview, you may withdraw from the follow-up interview portion of the study by indicating in writing that you are no longer interested in participating. You will have until March 15, 2009 to withdraw from the follow-up interview portion of the study. After this date, I will begin writing the Results and Discussion sections of my thesis and any confidential quotes or other information included will not be changed.

If you have further questions about this research study or would like further information regarding your rights as a research subject, please contact Ted Healy by phone (*removed*), email (thealy@smith.edu), or traditional mail to the address below. You may also contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at 413-585-7974. Participants may copy this letter for their records.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

_____   _____

Signature of Participant   Date

Please return this consent form in the included addressed and stamped envelope before March 1st, 2009 to indicate your intention of participation in a follow-up interview. Please also indicate the best day(s), time(s), and method(s) to contact you:

Day(s) of the week: _____
Time(s): _____
Method(s) (phone number(s), email address(es), etc.):
_____
Other information that might be helpful in contacting you:
_____

Thank you very much in advance for your time and your contribution to this study.

Sincerely,

Ted Healy

(*Address and phone number removed*)
thealy@smith.edu

Appendix G

Follow-up Interview Guide

Thank you for completing the online survey and for your additional time in participating in this follow-up interview. You have the right to respond to only the questions you feel comfortable answering and/or to end the interview at any time. This data will be used for my Master of Social Work thesis at the Smith College School for Social Work. It will enhance an understanding of the common areas of concern that employee assistance consumers are seeking help with and will potentially inform development of future programs or services to address consumers' needs. Any information you provide will be kept strictly confidential. If any of your responses are included in my thesis or any subsequent presentations, they will be presented without any identifying information.

1. How many years have you been working in the employee assistance field?
2. What is your professional training?
3. What is your age?
4. What is your gender (if unclear from their name, etc.)?
5. How do you self identify in terms of race/ethnicity?
6. What is the primary geographical area in which you provide services?
7. I know that you have already answered the online survey questions but I would like to briefly review the questions with you and get your impressions of the common areas of concern facing your clients. Some of the areas of concern included in the survey were (list). Please tell me about the issues or areas of concern that you feel are most prevalent among your clients.

In an effort to adapt to an evolving conversation, the following areas may be discussed to elicit further discussion with participants:

    a. Can you give me an example of one/some of these concerns that really stand out to you from your experience?
    b. What are your impressions of how these issues affect your clients?
    c. What are your impressions of how these issues affect your clients' job satisfaction?
    d. What types of additional services (if any) have been helpful to clients facing these most common areas of concern?
    e. In your experience, have you seen any general changes in the issues commonly affecting your clients since you began work as an employee assistance professional/ in the last 10 years/ in the last 20 years?
    f. Are there any topics or areas that I may have overlooked in the survey and/or this interview that you feel are important?